



our community our kids

a division of ACH Child and Family Services

# OCOK Operations Manual

Rev. 11-2022

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## **Section 1**

### **OCOK Overview**

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1.01 ACH/OCOK Core Values and Ethics			
Domain	OCOK Overview, ACH Behavior Support and Management		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 4-2022
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy - Service Modalities and Interventions, COA NET 1, NET 1.01, NET 1.02, NET 4, NET 4.01, NET 4.04, NET 9, NET 9.01, NET 9.02		

**Purpose:**

ACH Child and Family Services’ (ACH) philosophy of care is centered on producing quality outcomes for children and families. Its approach to achieving quality focuses on recruiting and training high quality staff, implementing evidence-based or evidence-informed treatment strategies whenever possible, providing thorough information both through written reports and testimony for court, and developing strong collaborations and partnerships with other providers, to best leverage resources. This approach has successfully led to the development of a strong continuum of services for children and families, and excellent partnership relationships with nearly every organization serving children and families in our community. With the mindset of ‘the right services – at the right time” ACH prides itself on providing innovative leadership for children suffering abuse and neglect, and on effective and efficient asset utilization across our mature continuum of care.

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service receipts safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

ACH’s service continuum is outcome-focused, data-informed, and fiscally sound. ACH has designed the network development process to improve Provider availability in a manner that is responsive to the needs and demographics found in Fort Worth, TX and surrounding rural communities (Tarrant, Parker, Johnson, Hood, Palo Pinto, Erath, and Somervell counties). The Network delivers the most appropriate array of services for meeting the needs of its clients.

The Single Source Continuum Contact (SSCC) is managed by a Division of ACH called “Our Community Our Kids” (OCOK). OCOK manages a Provider Network and provides direct Case Management Services through its centralized structure that provides for the integration and coordination of services of the participating services providers, community partners and court officials. OCOK is a lead agency that has a Network of Subcontractors and is legally authorized to operate as the lead agency for this project through the Single Source Continuum Contract with the Texas Department of Family and Protective Services.

In alignment with ACH’s operational philosophy of community engagement and community care, the SSCC organizational design leverages the strengths of community providers to best meet the needs of children, youth, and families in our catchment area. Operating under ACH’s present governance and

organizational structure, the network administration body will build upon the significant relationships ACH has established in its 107-year history with community leaders and partnering organizations.

In addition, OCOK provides direct Case Management Services to children and families that are referred to us and are in conservatorship with the Texas Department of Family and Protective Services. OCOK ensures the quality delivery of all case management requirements within the SSCC contract.

OCOK's present continuum of care offers a variety of placements and innovative service offerings for children and youth from and in our area as well as quality parent services for families, parents, and relatives. ACH recognizes individual needs of each child and family and seeks to always 'provide the right services at the right time.' In support of achievement of the established DFPS service objectives - OCOK is prepared to evaluate current service offerings and expand and adapt our capacity, as necessary.

OCOK is committed to supporting the development of a network of providers for both children and families who have strategies for implementation of a variety of best, promising and evidence-based service practices. The process of a Request For Information for potential involvement in special projects addressing identified gaps in services in the network is one of the mechanisms used by OCOK to encourage the development of such practices within the network. Providers are vetted by both the Quality and Contracts Department and Care Coordination/Intake prior to contracting so as to assess their ability to provide quality services and meet the needs of our clients.

OCOK Network participation ensures full access to needed services and supports within a system of care for clients referred. OCOK recruits and/or contracts with members and community partners based on anticipated and identified needs of the service population, including needs related to geographic location and cultural and linguistic diversity.

OCOK demonstrates through the Provider Network, a commitment to providing clients with access to Provider organizations that best meet their needs and preferences, including Providers who are responsive to the diverse cultural needs of clients and are able to connect clients with natural supports within the community as needed. OCOK is inclusive of and seeks out providers that can meet the targeted needs of our client population, including Providers who might not otherwise be able to participate in the Network due to constraints of size, budgetary capacity, organizational development, IT or data sophistication or similar limitations. OCOK Network is more robust, we believe, due in part to this inclusive approach that supports access for our clients to Providers that can meet their needs and preferences. To ensure long term success of these Providers, OCOK will work together with them to develop support plans that will assist them in meeting the Network contract requirements despite any constraint they may have.

1.02 Outcomes and Performance Measures			
Domain	OCOK Overview, Performance and Quality Improvement		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 4-2022, 10-2022, 11-2022
Documents			
Reference	DFPS Statement of Work, Provider Performance Report, Texas Provider Network, COA NET 2.02, NET 8, RPM 1, RPM 2, RPM 2.01, RMP 7		

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program. The PQI program defines the process by which data is collected, analyzed and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive outcomes for clients served. The PQI process involves broad-based participation from staff and stakeholders for continuous improvement through the utilization of data and feedback in order to maintain programs that meet a need in the community and deliver quality outcomes for those participating in services.

**Procedure:**

The Network’s functions include a system for managing information that integrates the Network operations and Network Providers’ information, including key costs, performance data, outcome indicators, and stakeholder’s satisfaction data.

**I. Performance Measures and Contract Outcomes**

A Network-wide outcomes measurement system evaluates individual progress and service delivery program effectiveness at the program level. OCOK provides Child-Placing Agencies Providers with a quarterly “Provider Performance Report” that outlines the Provider’s performance on key indicators on several domains. Examples of information that may be provided: Placement Performance, Contract Compliance, Safety Performance, Financial Wellness, Child Wellness, etc. Information allows the Provider to see trends over time of their own performance as well as how they compare to the Network.

A. OCOK’s overall purpose is to protect children and youth and to act in their best interest. OCOK focuses on children, youth, and their families and seek active involvement of the children and youth’s family members to solve problems that lead to abuse or neglect. The objectives outlined by DFPS and agreed to by OCOK are to:

1. Prevent further harm to children and youth and keep them with their families when possible;
2. Provide permanency for children and youth in substitute care by resolving family safety concerns and returning children and their youth to their families; and
3. Provide permanency for children and youth who cannot return to their families.

B. As part of their daily work, the OCOK Data Quality team uses automated discrepancy reports to compare data across multiple business systems, including IMPACT and OCOK's placement matching system (CareMatch), Provider's services and payment system (Evolv). When

discrepancies appear or when data is missing, the Data Quality Coordinator is responsible for working with others to track down the correct information and to resolve discrepancies, with the goal of ensuring data in all systems match.

Service Providers no longer enter PMET data. Instead, the OCOK Data Manager compiles this information based on internal data sources and validates the specific information.

- C. Providers will be monitored through the OCOK's Continuous Quality Improvement process on an annual basis in order to ensure compliance with applicable federal, state, and local laws, codes and regulations, including those related to the following but is not limited to:
1. Licensure
  2. Facilities
  3. Accessibility
  4. Health and safety
  5. Financial stability
  6. Human resources

## **II. OCOK's Continuous Quality Improvement process includes monitoring the following regarding the Providers:**

- A. Acceptable levels of performance on contract outcomes. Performance measures include but are not limited to the following:
1. Children/youth are safe in foster care
  2. Children/youth have stability in their placement
  3. Children/youth are able to maintain connections to family and community.
  4. Youth are fully prepared for adulthood
  5. Children/Youth in foster care are placed in the least restrictive environment
  6. Children/Youth participate in decisions that impact their lives
  7. Children will obtain timely permanency ensuring reduced lengths of stays in foster care.
  8. Children will attend their same school as is appropriate and possible.
  9. Children will be safe and stable in their permanent placement.
- B. Regular and timely submission of extensive data and information for each child served as well as data on foster homes or facilities within the Network. This includes placement vacancies, documents related to PMET outcomes quarterly, reporting of specific data elements into the Texas Provider Gateway and any other data as needed by OCOK.
- C. Compliance with applicable minimum standards for each service type provided by the Provider. Citations received by the Provider will be reviewed by OCOK as part of the SSCC Continuous Quality Improvement process. Action plans (Quality Improvement Plans (QIP)) for Network Providers will be created based on the type of citation/violation received.
- D. Acceptable performance on stakeholder and consumer surveys administered by OCOK.

## **III. OCOK's internal Continuous Quality Improvement process**

OCOK is committed to conducting prevention and risk reduction activities, and monitoring and evaluating risk prevention and management effectiveness by ensuring the following is in place:

- A. A Quality Care Committee and Safety Committee to ensure review of immediate and on-going risks, transparency and information sharing.
- B. OCOK's personnel participation to the different OCOK risk management committees.

C. Quarterly review of immediate and ongoing risk management reports (to include but not limited to incidents, serious incidents, accidents, grievances, stakeholder complaints, allegations of abuse and neglect, finance concerns, safety issues, serious illness, injuries and deaths, suicidal/homicidal attempts, Provider's service modalities, placement needs, use of seclusion or restraint as a restrictive behavior management intervention).

1.03 Applicable Regulations, Statutes and Policies			
Domain	OCOK Overview, ACH Ethical Practice		
Effective	January 01, 2014	Revision Dates	1-2018, 4-2022, 11-2022
Documents			
Reference	CCR Minimum Standards, ACH Child and Family Services Policy - Indian Child Welfare Act, Ethical Practice Policy and Statement, DFPS Statement of Work		

**Policy:**

All employees, volunteers and interns of ACH Child and Family Services are required to know and follow the code of ethics for their respective positions and professions.

**Procedure:**

OCOK will comply with all applicable Child Care Regulation (CCR) Minimum Standards for 24-hour Residential Child-care Operations and with state and federal laws and regulations, including but not limited to the following:

Indian Child Welfare Act (ICWA) - Information on ICWA can be found by visiting:  
<http://uscode.house.gov/download/pls/25C21.txt>

Multiethnic Placement Act (MEPA) - Information on MEPA- Information on MEPA can be found by visiting:  
[http://www.childwelfare.gov/systemwide/laws\\_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=46](http://www.childwelfare.gov/systemwide/laws_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=46)

OCOK will work in partnership with DFPS to improve outcomes for Children as it relates to the Federal Child and Family Service Review (CFSR). Information on the CFSR can be found by visiting:  
<http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr>

National Youth in Transition Database (NYTD) – OCOK will assist children and support the necessary activities including on-going computer access required for entry of data into NYTD system. Information on NYTD can be found by visiting:  
<http://www.dfps.state.tx.us/txyouth/NYTD/default.asp>

OCOK will comply with all court orders regarding the provision of paid foster care and/or purchased services for children, youth, and families served through the SSCC.

OCOK will report known critical incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations and violations that occur within OCOK’s service model to DFPS in accordance with CCR Minimum Standards and contract requirements.

OCOK will make reasonable efforts to ensure services provided to children and families are offered in the individual's primary language.

In order to become and function as a Child Placing Agency (CPA) ACH Child and Family Services/OCOK will submit an application to HHSC Child Care Regulation (CCR) department.

Foster Care Policy and Procedures will be developed to meet CCR Minimum Standards for CPAs. OCOK employees will receive a copy of ACH/OCOK CPA Policy and Procedures.

Policies and Procedures developed for this CPA are as follow:

CPA Document Index			
Document Name	Document Type	Subject	Description
<a href="#"><u>FC-ADM-001</u></a>	Program Procedure	Screening and Intake Procedure for Foster Care	Foster Care - Admissions OCOK
<a href="#"><u>FC-ADM-003</u></a>	Program Procedure	Foster Care Placement Criteria	Foster Care - Admissions OCOK
<a href="#"><u>FC-ADM-010</u></a>	Program Procedure	Releasing Adoptive Client Information	Foster Care - Admissions OCOK
<a href="#"><u>FC-ADM-011</u></a>	Program Procedure	Kinship Care Priority	Foster Care - Admissions OCOK
<a href="#"><u>FC-ADM-012</u></a>	Program Procedure	Admission and Care for Children with Primary Medical Needs	Foster Care - Admissions OCOK
<a href="#"><u>FC-CPP-001</u></a>	Program Procedure	Clothing and Personal Possessions for Foster Children	Foster Care - Clothing and Personal Possessions for Foster Children OCOK
<a href="#"><u>FC-CR-001</u></a>	Program Procedure	Client Rights and Responsibilities	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-002</u></a>	Program Procedure	Biological Parent/Guardian Involvement in Foster Care Services	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-003</u></a>	Program Procedure	Clients with Special Communication Needs	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-004</u></a>	Program Procedure	Non-Discrimination in Service Provision Policy	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-005</u></a>	Program Procedure	Family/Guardian Visitation	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-006</u></a>	Program Procedure	Termination of Parental Rights	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-009</u></a>	Program Procedure	Rights and Responsibilities for Foster Parents and ACH Child and Family Services	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-010</u></a>	Program Procedure	Resident Mail	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-011</u></a>	Program Procedure	Telephone Contact	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-012</u></a>	Program Procedure	Privacy Policy and Procedure	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-013</u></a>	Program Procedure	Religious Activities for Foster Children	Foster Care - Client Rights and Responsibilities OCOK
<a href="#"><u>FC-CR-014</u></a>	Program Procedure	Appeal Process	Foster Care - Client Rights and Responsibilities OCOK

<u>FC-CR-015</u>	Program Procedure	Client Complaint Policy and Procedure	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-016</u>	Program Procedure	Reporting Child Abuse, Neglect and Exploitation	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-017</u>	Program Procedure	Internal Incident Investigation	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-18</u>	Program Procedure	Incident Report and Reports to Licensing Procedure	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CSBM-001</u>	Program Procedure	Foster Home Provisions for the Child	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-003</u>	Program Procedure	Cultural Sensitivity and Competence	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-004</u>	Program Procedure	Foster Parents and Child Ratio and Supervision	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-005</u>	Program Procedure	Infant and Toddler Care Procedure	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-009</u>	Program Procedure	Behavior Management Assessments and Plans	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-010</u>	Program Procedure	Behavior Management	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-011</u>	Program Procedure	Foster Parents and Specialized Foster Children	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-012</u>	Program Procedure	Evaluation Services for MR Treatment Services	Foster Care, Supervision and Behavior Management OCOK
<u>FC-CSBM-017</u>	Program Procedure	Critical Incident Communication Procedure	Foster Care, Supervision and Behavior Management OCOK
<u>FC-DS-001</u>	Program Procedure	Foster Home Daily Schedule	Foster Care Daily Schedule and Recreation OCOK
<u>FC-DS-002</u>	Program Procedure	Foster Children and Therapeutic Recreational Activities	Foster Care Daily Schedule and Recreation OCOK
<u>FC-DS-006</u>	Program Procedure	Foster Homes and Transportation	Foster Care Daily Schedule and Recreation OCOK
<u>FC-HS-002</u>	Program Procedure	Medical Consent Procedure	Foster Care Health and Safety OCOK
<u>FC-HS-004</u>	Program Procedure	TB Testing for Foster Children	Foster Care Health and Safety OCOK
<u>FC-HS-007</u>	Program Procedure	Medication Consent	Foster Care Health and Safety OCOK
<u>FC-HS-008</u>	Program Procedure	Medication and Medical Supply Storage and Disposal for Foster Care	Foster Care Health and Safety OCOK
<u>FC-HS-009</u>	Program Procedure	Nutrition and Food Preparation for Foster Homes	Foster Care Health and Safety OCOK
<u>FC-HS-011</u>	Program Procedure	Smoking, Drinking and Drugs	Foster Care Health and Safety OCOK
<u>FC-HS-014</u>	Program Procedure	Disaster and Emergency Evacuation Plan	Foster Care Health and Safety OCOK
<u>FC-HS-016</u>	Program	Environmental Health and Safety for Foster Children	

	Procedure		Foster Care Health and Safety OCOK
<u>FC-HS-017</u>	Program Procedure	Fire Prevention and Safety Procedure	Foster Care Health and Safety OCOK
<u>FC-HS-018</u>	Program Procedure	Weapons, Firearms, Explosive Materials, and Projectiles	Foster Care Health and Safety OCOK
<u>FC-LS-007</u>	Program Procedure	Tobacco Use by Foster Parents	Foster Care Licensure and Support OCOK
<u>FC-LS-008</u>	Program Procedure	Ongoing TB and Drug Screening	Foster Care Licensure and Support OCOK
<u>FC-LS-030</u>	Program Procedure	Fees for Service/Fees for Adoption	Foster Care Licensure and Support OCOK
<u>FC-SQR-001</u>	Program Procedure	Qualifications for Child Placing Agency Administrator	Foster Care Staff Qualifications and Responsibilities OCOK
<u>FC-SQR-002</u>	Program Procedure	Professional Level Service Provider Responsibilities	Foster Care Staff Qualifications and Responsibilities OCOK
<u>FC-SQR-003</u>	Program Procedure	Treatment Director Requirements and Responsibilities	Foster Care Staff Qualifications and Responsibilities OCOK
<u>FC-SQR-004</u>	Program Procedure	Child Placement Staff Responsibilities and Qualifications	Foster Care Staff Qualifications and Responsibilities OCOK
<u>FC-TDP-003</u>	Program Procedure	Discharge Planning Procedure	Foster Care Transition and Discharge Planning OCOK
<u>FC-TS-001</u>	Program Procedure	Pre-Service Foster Parent Training	Foster Care Training and Supervision OCOK
<u>FC-TS-002</u>	Program Procedure	Annual Training Requirements	Foster Care Training and Supervision OCOK
<u>OCOK-001</u>	Program Procedure	Behavior Management Assessments and Plans	OCOK
<u>OCOK-002</u>	Program Procedure	Criminal Background and Central Registry Checks	Criminal Background and Central Registry Checks for Potential Employees/Caregivers/Foster or Adoptive Parents OCOK
<u>OCOK-003</u>	Program Procedure	Foster Children and the Threat of Self Harm or Physical Injury	OCOK
<u>OCOK-004</u>	Program Procedure	Medical, Dental, Vision and Pharmacy Services for Children and Youth in Foster Care	OCOK
<u>OCOK-005</u>	Program Procedure	Medication Management and Administration for Foster Children	OCOK

## **Section 2**

### **Jurisdiction**

- 2.01 HHSC CCR Role of Licensing Overview**
- 2.02 DFPS Conservatorship and Relationship with Providers**
- 2.03 Role of OCOK as the SSCC**
- 2.04 OCOK Network Assessment and Planning**

2.01 HHSC CCR Role of Licensing Overview			
Domain	Jurisdiction		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022
Documents			
Reference	CCR Minimum Standards, 40 TAC §700.1321(e)		

**Procedure:**

**I. Facility Licensure**

Network Providers shall:

- A. Comply with HHSC Child Care Regulation Department (CCR) Minimum Standards for any child-care license issued by the Department to the Provider for services provided under this Contract;
- B. Comply with the operating or regulatory agency’s regulations if the Provider as a Facility operated or regulated by one of the state agencies specified in 40 TAC §700.1321(e);
- C. Comply with all applicable service levels as designated by OCOK Care Management staff.
- D. Ensure that all staff providing direct services to the Child complies with state professional laws pertaining to the services provided including laws pertaining to licensure and confidentiality.

**II. Role of Licensing**

- A. Network Provider must report to OCOK known critical incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations and violations that occur within Network Provider’s business in accordance with CCR Minimum Standards and contract requirements. For these circumstances in particular, and at all times in general, the Network Provider must have operational procedures and mechanisms in place to ensure staff are knowledgeable of and respond immediately to conditions or situations that may pose a threat to child safety.
  
- B. OCOK will regard any failure to disclose and report such incidents by the Network Providers as a breach of the Provider Services Agreement with OCOK. CCR's role with all licensed Providers, including the SSCC Network Providers, will remain unchanged and all Providers are expected to maintain compliance with licensing standards and regulations at all times.
  
- C. Additionally, CCR will continue to accomplish the following including but not limited to:
  - 1. Monitoring the Providers for compliance with Licensing Regulations and Standards
  - 2. Registering the Provider’s foster/adoptive homes
  - 3. Monitoring the Provider’s foster/adoptive homes
  - 4. Involvement in closure of the Provider’s foster/adoptive homes
  - 5. Manage the CLASS System - follow up on Criminal Background Checks, Criminal History and FBI Checks
  - 6. Conducting Abuse / Neglect Investigations
  - 7. Following up on all violations

2.02 DFPS Conservatorship and Relationship with Providers			
Domain	Jurisdiction		
Effective	January 01, 2014	Revision Dates	1-12-2020, 2-2022
Documents			
Reference	SSCC Master Contract		

**Procedure:**

**I. Conservatorship and DFPS Relationship with OCOK and Providers**

DFPS had identified the need to provide paid foster care and purchased services that support safety, permanency, and well-being of children in its legal conservatorship who reside in paid foster care. DFPS views a performance-based service delivery model, provided through a Single Source Continuum Contract (SSCC), as the approach that can most effectively meet this need in a manner that achieves better outcomes for children in its conservatorship and in paid foster care.

OCOK will be responsible for ensuring that services are provided to children and their families who are in conservatorship in the contracted service area and who are referred to the SSCC by DFPS. OCOK will also be responsible for delivery of purchased services, with necessary service coordination, to the families and/or any other individual for entity that is significant to the achievement of safety, permanency, and well-being of children in paid foster care.

In order for OCOK to ensure services for full conservatorship in the contracted service area, implementation of OCOK as the SSCC will occur in 3 stages after an initial start-up period:

- A. Start-up Period; OCOK builds the infrastructure and competencies necessary to provide full continuum of paid foster care and purchased services (in place of DFPS Contracting)
- B. Stage I (Begins the day the first referral for paid foster care and/or purchased services for a child/youth is made to the SSCC following the Start-Up Period).
  - 1. For all children entering paid foster care and referred by DFPS, OCOK will provide the full continuum of paid foster care in a manner that eliminates (to the degree possible and based on the child's individual needs) the necessity for change of placement as service needs evolve to ensure stability and reduce the number of moves a child or youth must make while in care and that provides necessary, individualized services within the child's own community and placement.
  - 2. OCOK will accept DFPS referrals for children from the catchment area placed in paid foster care prior to implementation of redesign to the SSCC in the event that they require a change of placement. There will be no additional moves solely for the purpose of moving the child into the SSCC's continuum of paid foster care and purchased services.
  - 3. OCOK will be reimbursed a single blended foster care rate for each child served through this contract (excluding youth who are residing in a Supervised Independent Living (SIL) program and children/youth who the Department has approved for the Exceptional Foster Care Rate) for each day of service.
  - 4. OCOK will provide Preparation for Adult Living (PAL) Life Skills training, Purchased Adoption Services, and Foster Care Day Care in Stage I for children and youth who are served by the SSCC and meet appropriate criteria for these services.

- C. Stage II (Begins the day the first referral for purchased service). In addition to the procedures outlined in Stage I, OCOK will utilize allocated funds referred to as purchase of service funds, to provide services for families and other individuals that support the achievement of safety, permanency, and well-being for children in DFPS conservatorship and will develop and provide for case management services for all family members (parents and identified relatives or kin) who have children in conservatorship and who are referred to OCOK. OCOK will provide all court related duties for the resolution of children's court cases.
- D. Stage III
  - 1. OCOK will be responsible for providing the services outlined in Stages I and II.
  - 2. OCOK will be held financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children.
  - 3. During Stages I and II OCOK will develop an array of services for children.
  - 4. In Stage II OCOK will develop an array of services for parents/kin as well as a direct workforce to provide all case management services.
  - 5. In the first year of Stage III, OCOK will have the opportunity to gauge effectiveness of services related to the timeliness to permanency.

2.03 Role of OCOK as the SSCC			
Domain	Jurisdiction, ACH Organizational Integrity		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 11-2022
Documents	SSCC Provider Services Agreement		
Reference	CCR Minimum Standards, SSCC Contract, OCOK Operations and Provider Manual, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities, COA NET 1.02 (a) (b) (c), RPM 7, RPM 7.02		

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services’ mission which includes Our Community Our Kids successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

**Procedure:**

**I. Provisions of Services**

- A. OCOK will provide all Providers with an SSCC Provider Services Agreement to be signed prior to purchasing services from the Provider which clearly defines the scope of services to be rendered by the Provider to all clients referred to them by OCOK.
- B. The Provider will provide paid foster care and/or purchased services (“Services”) to Clients in a manner that complies with DFPS and SSCC standards and best practices. All Services shall be performed in accordance with the SSCC Provider Services Agreement with OCOK, the Master Contract and the OCOK Provider Manual (“Provider Manual”).
- C. All children’s service Providers are expected to comply with HHSC Child Care Regulation (CCR) Minimum Standards at all times.
- D. It is OCOK’s expectation of the Providers to ensure that all children’s service Provider Policy and Procedures are in compliance with CCR Minimum Standards and remain in compliance at all times.
- E. Under the SSCC contract with DFPS, OCOK is directly responsible for ensuring compliance with DFPS Current Contract Regulations which can now be found directly in the Single Source Continuum Contract.
- F. Responsibilities outlined below are a compilation of the standard regulations held within the SSCC Contract and the Provider Services Agreement between the Provider and OCOK.

**II. Provider Roles**

Below is a list of responsibilities including but not limited to the following:

- 1. Maintaining good standing with CCR, the Comptroller’s office, DFPS, and/or state’s regulating body
- 2. Licensing foster homes and registering them within CLASS, if applicable
- 3. Updating the placement availability in CareMatch, if applicable
- 4. Reviewing and Receiving Referrals
- 5. Accepting Placements, if applicable
- 6. Abiding by the Provider Services Agreement and the OCOK Operations and Provider Manual
- 7. Communicating with OCOK in a timely manner via established protocol

8. Working with OCOK regarding discrepancies, disputes regarding case information, and or days of care reimbursements
9. Providing OCOK with the required PMET data within required timeframes, if applicable
10. Recruitment of Foster Homes, if applicable
11. Recruitment of Adoptive Families, if applicable
12. Managing the direct service delivery of subcontractors
13. Managing provision of their own services
14. Work with OCOK to provide services to Birth Families, when applicable
15. Manage a Disaster and Emergency Response Preparedness Plan, if applicable
17. Providing quality services evidenced by maintaining children/youth safe and in the least restrictive environment, if applicable
18. Structure services to be able to respond and adapt easily and quickly to changes in the services environment and the needs of the persons served to achieve desired results

### **III. Responsibilities of Providers**

A Provider is only authorized to act as the SSCC's agent if appointed in writing by the SSCC and only for the specific purpose and scope identified by the written appointment. All responsibilities are covered in the Provider Services Agreement and OCOK Operations and Provider Manual.

2.04 OCOK Network Assessment and Planning			
Domain	OCOK Overview, ACH Organizational Integrity		
Effective	January 31, 2018	Revision Dates	2-2022, 9-2022
Documents			
Reference	ACH-SSCC Program Proposal, COA NET 3, NET 3.01 (a) (b) (c) (d) (e) (f) (g) (h), NET 3.02, NET 3.03 (a) (b) (c) (d) (e), NET 3.04 (a) (b), FKC 17.01, FKC 17.02, FKC 17.03, AS 3.04		

**Purpose:**

ACH Child and Family Services is centered on ensuring that children and family’s needs are met through a Network of Providers who together provide a continuum of services tailored to meet the identified needs. To ensure that the Network understands and is responsive to client’s needs as they change, OCOK will complete assessment and planning on regular intervals of the needs and the ability of the network to meet the needs. A Network-wide planning process supports the Network’s commitment to achieving positive outcomes for the persons and families it serves.

**Policy:**

ACH Child and Family Services commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

**Procedure:**

In developing and maintaining the Network, the Network’s leaders consider, and annually review as part of their annual planning:

- a. the full range of services within the Network’s scope and the Network’s capacity to meet its responsibilities and goals, both for children’s services and family services;
- b. geographic access to Network Services, including travel times to locations, proximity to public transportation and/or access to financial assistance for travel expenses;
- c. the demographic makeup of Network Service Providers compared to the demographic makeup of service recipients, as is outlined in internal data reports;
- d. access to Specialty Service Providers, including culturally relevant Service Providers; and
- e. flexible hours of operation that meet the needs and preferences of service recipients.

As it is informed by the above Network review process, OCOK annually develops a short-term plan that:

- a. evaluates and identifies the type of service providers by license status, admittance demographics outlined or program model as well as the number of service providers required to accomplish the overall, comprehensive mission, goals, and objectives; and
- b. supports the achievement of the Network’s long-term goals and objectives.

The above important elements of service delivery are reviewed on an as needed basis as well throughout the year, but the annual Network Provider assessment is an OCOK leadership process that is

completed in a Director's Special Meeting and is documented in narrative. The results of this review are utilized to inform network development planning for the upcoming year.

Every three (3) years OCOK, through the ACH Child and Family Services Strategic Planning, conducts a network-wide, long-term, strategic planning process that:

- a. reviews the organization's mission, values, and strategic direction;
- b. assesses its strengths and weaknesses;
- c. establishes goals and objectives that support fulfillment of its mission and mandated responsibilities;
- d. identifies appropriate strategies for meeting identified goals, including considerations of the organization's, program and the Network's continued sustainability and possible need to redirect, eliminate, or expand service to respond to changing community demographics and needs;
- e. allocates resources to support capacity development for the delivery system, as needed;
- f. addresses changes in the funding environment;
- g. addresses changes in the regulatory environment;
- h. includes the input of stakeholders including the Board, funders, service recipients and their families; and
- i. supports annual work plans to achieve identified goals.

Once every long-term planning cycle, OCOK reviews the demographics of the persons and families it serves and compares it to the demographics of its defined service population.

Though OCOK does not recruit individual foster or adoptive homes but rather supports the efforts of our network providers to do so, OCOK does annually review a plan for all types of beds in order to meet the continuum of needs of the children we serve. This includes foster homes, adoptive homes and therapeutic settings including PHBC homes, GRO/RTC settings, Psychiatric Residential Treatment Facilities and more. Additionally, OCOK reviews and puts plans in place for increasing kinship placements and getting kinship families licensed. The plan which is reviewed at least once annually, is based on a collection and analysis of data from the 3B catchment area and beyond and takes into consideration the needs and characteristics of our children. We identify targeted recruitment strategies that will focus on our greatest needs and develop plans for child-specific recruitment efforts as necessary. OCOK ensures that Providers have plans and strategies to recruit foster and adoptive homes for kids with special needs including therapeutic, medical, developmental, etc., as well as tribal homes for Native American Indian and Alaskan children.

In order to be a support to the providers in their recruitment efforts, OCOK works with the Quality Parenting Initiative and Recruitment team to ensure that providers are advising prospective families with general, and culturally-responsive information about eligibility requirements, the certification process (including time frames, requirements, training and other assessments of experience), available supports and services, any fees and/or reimbursements that may apply, the roles and responsibilities and needed competencies of the caregiver/s as well as what to expect when they have a child placed with them and what the next steps may be. Information about the types of children that are in need of

foster homes and their needs should also be shared with potential caregivers. Each agency has the ability and responsibility to provide information on their own philosophy on treatment and parenting which OCOK supports so long as it is trauma-informed. OCOK host Joint Information Meetings collaboratively with providers to provide prospective families with an opportunity to meet with potential agencies. OCOK encourage the providers to have a welcoming and supportive approach and will ensure the providers are responding timely in an equitable and culturally-responsive manner and follow up at each step of the process. If they family does not select an agency at the time of the JIM, OCOK will follow up with the caregiver to help them connect with any agency. OCOK encourages the use of current foster parents who are in good standing as a technique for recruitment and ensures that open houses, orientations, JIMs and other training sessions are easily accessible and inviting to the public. Information on how to find a meetings can be found on the OCOK website as well as TARE.

## **Section 3**

### **Purchasing Services**

**3.01 Enrollment and Termination of Providers**

**3.02 SSCC Provider Services Agreement**

3.01 Enrollment and Termination of Providers			
Domain	Purchasing Services, ACH Behavior Support and Management		
Effective	June 01, 2014	Revision Dates	1-2018, 12-2019, 2-2022, 6-2022, 11-2022
Documents	Network Provider Application, SSCC Provider Services Agreement & Addendums, Family Services Provider Services Agreement & Addendums		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions, COA NET 2.04 (b), NET 9, NET 9.01, NET 10, NET 10.01 (a) (b), NET 10.02 (a) (b), NET 10.03 (a) (b) (c) (d), RPM 3, RPM 6, RPM 6.01 (a) (b) (c), RPM 7.01 (a-b)		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior. Staff and Foster parents will only utilize approved interventions and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

**Procedure:**

OCOK will establish a Provider Network in order to provide an array of services for DFPS clients. The network services are delivered to Region 3b clients through an integrated Network of Providers with the goal of ensuring optimal access, quality of care, and stakeholder satisfaction.

Residential Providers complete an application on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)) expressing a formal interest in providing paid residential services and/or purchased services through the OCOK Provider Network in Region 3b (Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Tarrant County). Applications for General Residential Operations and Residential Treatment Centers Providers are sent to the Director of Network Development and Director of Intake for their review and follow up. Applications for Child Placing Agency and Adoption Providers are reviewed by the Director of Quality Improvement and Contracts to determine need for service.

Family Services Providers complete an application found on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)) and emails it to [www.familyservicesproviders@oc-ok.org](mailto:www.familyservicesproviders@oc-ok.org) expressing a formal interest in providing Family Services through the OCOK Provider Network in Region 3b (Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Tarrant county) or outside the Region. Applications are reviewed by the Director of Quality Improvement and Contracts to determine need for service.

OCOK uses this information to determine if the Provider is a qualified residential/family services provider and meets the criteria to become a part of the Provider Network with OCOK. The Provider’s current standing with DFPS or the state’s regulation entity (for out of state Providers) is an important determiner as to the appropriateness of the Provider’s entrance into the OCOK Network.

OCOK intends to contract with any Provider in its catchment area who can successfully meet the needs the communities in the region(s). The following procedures ensure the success in enrolling, contracting,

and securing the delivery of services to the children and families of Region 3b. HHSC Child Care Regulation Minimum Standards, the Community-Based Care RFP, the SSCC Master Contract and the OCOK's proposal will serve as the primary rule governing the actions of the SSCC and its Provider Services Agreement.

## **I. Enrollment of Network Providers**

### **Residential Network Providers**

A. OCOK will purchase the following services in Region 3b from qualified Providers in the Region(s). If the service is not available in Region 3b it will be purchased outside of Region 3b as needed:

1. Foster Care
2. Adoption
3. Residential Services
4. Supervised Independent Living (SIL)
5. Preparation for Adult Living (PAL)

B. Request for Applications. OCOK recruits and/or contracts with Providers based on anticipated and identified needs of the service population, including needs related to therapeutic services, geographic location, and cultural and linguistic diversity. Prospective Providers must promote continuity of care for Region 3b clients (family connections, service planning, independent living skills, etc.). OCOK will announce any Request for Applications to Providers; this request will be sent out in one or more of the following methods:

1. Email
2. Letter
3. Website announcement ([www.oc-ok.org](http://www.oc-ok.org))

C. Providers are able to submit an application. The *Network Provider Application* can be found on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)).

D. The application should be completed in its entirety and submitted per the instructions. The following must be turned in with the Application:

Submit/Upload required information:

- Subcontractor Consent Form
- Certificate of Insurance (ACH/OCOK must be the certificate holder and the limits must be as outlined in the agreement)
- DFPS or state's Monitoring Reports
- CCR or state's licensing body Compliance History Reports
- Financial information –
  - a) A copy of their most recent audited financial statements along with a copy of the auditor's management letter
  - b) Financial statements from their most recent fiscal year (Balance Sheet, Income Statement & Statement of Cash Flows)
  - c) Most recent interim financial statements for the current year
- Copy of the facility/program licenses and accreditations

E. OCOK may consider enrolling Providers who have not formerly provided services in the identified specific catchment area. New Providers to Region 3b may contact OCOK at any time to inquire about enrollment opportunities and/or the enrollment process. Inquiries can be emailed to [qualityandcontracts@oc-ok.org](mailto:qualityandcontracts@oc-ok.org).

F. Eligibility Criteria. Providers must meet eligibility criteria in order to be considered for a contract with OCOK. Provider eligibility criteria include but is not limited to:

1. Have a current HHSC CCR Residential Child Care License or State License prior to application submission;
2. Currently provide needed services in the OCOK Provider Region(s), if not currently providing services will be evaluated by OCOK to determine possibility of enrollment;
3. Are currently in good standing in the State Comptroller's office and licensing body; and
4. Comply with applicable federal, state, and local laws and regulations.

G. Insurance Requirements.

OCOK will ensure the Network Provider is adequately insured. Provider must submit insurance coverage documentation with the Application and subsequent renewals. SSCC will not execute, or renew, a contract if this documentation is not provided or is found to not meet the insurance requirements.

*Automobile Insurance.* The required amount of insurance is the greater of the amount required by city, county or state ordinance or regulation, or \$1 million per accident. The Automobile Liability Insurance must include coverage for any automobile, including but not limited to all owned, non-owned, and hired automobiles. The insurance policy must specify either "Any Auto" or symbols "2," "8" and "9".

*General Liability Insurance.* \$1 million per occurrence and \$2 million aggregate. Such insurance must be written with "broad form" coverage that includes contractual liability. The General Liability Policy must include sexual abuse and molestation coverage to the full policy limit.

*Professional Liability Insurance.* \$1 million per occurrence and \$2 million aggregate.

Sexual Abuse and Molestation coverage, to the full policy limit, must be included in this policy if not included in the General Liability Policy.

The Automobile and General Liability policies shall name ACH Child and Family Services and the Department as "Additional Insured." The General Liability insurance policy shall be primary and non-contributory but only with respect to the liability assumed by Network Provider in Section 8.4 of the Provider Services Agreement. All policies must include a waiver of subrogation. These requirements must be included on the Certificate of Insurance.

*Workers' Compensation Insurance* or Non-Subscriber program as required by the State of Texas.

The QI&C Specialist is responsible for tracking the Provider's insurance coverage and annually verifies a current Certificate of Insurance is on file for the Network Provider.

### **Family Services Network Providers**

- A. OCOK will purchase the following services in Region 3b from qualified Providers in the region(s). If the service is not available in Region 3b it will be purchased outside of Region 3b as needed.

Drug Testing

Substance Abuse - Assessment, Counseling, Therapy

Assessment, Counseling, Therapy (Non-Substance Abuse)

Parent/Caretaker Training

Psychological/Psychiatric Evaluation/Assessment

Permanency Planning Meetings

Camping

Concrete Services  
Translator Services  
Court Related Services  
Supervised Visitation

- B. Providers currently serving the catchment area are able to submit an application via email to [www.familyproviders@oc-ok.org](mailto:www.familyproviders@oc-ok.org), the *Family Services Network Provider Application* can be found on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)).
- C. The application should be completed in its entirety and submitted per the instructions. The following must be turned in once the Application is reviewed by the Quality Improvement and Contracts Department and requested from Provider:  
Submit required information:
- Subcontractor Consent Form
  - Certificate of Insurance (ACH/OCOK must be the holder and the limits must be as outlined in the agreement)
  - Form OCOK PCS-102 Contracting Entity and List of Staff
- D. Insurance Requirements  
OCOK will ensure the Network Provider is adequately insured. Provider must submit insurance coverage documentation with the Application and subsequent renewals. SSCC will not execute, or renew, a contract if this documentation is not provided or is found to not meet the insurance requirements.
- Coverage must be provided through an insurance company licensed and authorized to do business in the State of Texas with a "B" or higher rating.*
1. All policies and coverage are to be maintained throughout the contract term.
  2. The required insurance types, endorsements and coverage are:
    - a. Commercial General Liability Coverage [TBD via SSCC]**  
Commercial General Liability Insurance or equivalent insurance coverage including but not limited to liability with a minimum coverage of three-hundred thousand dollars (\$300,000) for each occurrence, and six-hundred thousand dollars (\$600,000) aggregate limit.
    - b. Crime Policy**  
Commercial Crime Policy Insurance or equivalent insurance coverage to cover losses from fraudulent and dishonest acts with:
      - i. Minimum coverage of twenty-five thousand (\$25,000) for each occurrence; and
      - ii. A third-party endorsement and an employee dishonesty endorsement or equivalent.
    - c. Professional Liability**  
Professional Liability Insurance or equivalent insurance coverage including but not limited to liability with a minimum coverage of three-hundred thousand dollars (\$300,000) for each occurrence, and six-hundred thousand dollars (\$600,000) aggregate limit.
- E. OCOK may consider enrolling Providers who have not formerly provided services in the identified specific catchment area. New Providers to Region 3b may contact OCOK at any time to

inquire about enrollment opportunities and/or the enrollment process. Inquiries can be emailed to [qualityandcontracts@oc-ok.org](mailto:qualityandcontracts@oc-ok.org).

## **II. Provider Selection & Review Process**

- A. The Provider must complete a Network Provider Application and submit as described above. The Applicant must provide full, accurate, and complete information as required by the solicitation. As part of the review process, OCOK staff may validate any aspect of the application for enrollment. Validation may consist of an on-site visit, review of records, and confirmation of the information submitted by the Applicant with the Applicant and third parties (other SSCCs, DFPS, regulatory and licensing body, etc.).
- B. The documentation submitted with the Network Provider Application is reviewed by the Director of Quality Improvement and Contracts.
1. The Director of Quality Improvement and Contracts will consult with the Director of Intake and/or Adoption Supervisor for the need of Child Placing Agency and Adoption Providers when these types of applications are received and will move forward with the contracting process if it is determined that the service is needed.
  2. The Director of Quality Improvement and Contracts forwards the Network Provider Application for General Residential Operations (GRO) and Residential Treatment Centers (RTC) to the Director of Network Development and the Director of Intake for their review.
  3. The Director of Network Development is responsible for following up on all GRO and RTC Network Provider Applications within 5-10 business days and to set up a meeting or site-visit to discuss the Applicant's program/facility and OCOK's need for service.
  4. The Director of Network Develop with consult with the Director of Intake for approval to move forward with the contracting process. Once this is decided, the Director of Network Development notifies the Director of Quality Improvement and Contracts to move forward with engaging the Applicant in the contracting process.
  5. The Applicant is then assigned to a Quality Improvement and Contracts Specialist in order to start the contracting process.

All Applicants will be evaluated based on:

1. Network Provider Application
2. Policies and Procedures
3. Services to be provided
4. Compliance history (HHSC CCR or state's licensing, other SSCCs, DFPS)
5. Financial stability
6. Community/OCOK need
7. Current license and accreditations
8. Impact the applying Provider may have on continuity of care for Region 3b clients

### **C. Establishing a Contract**

1. OCOK estimates that the enrollment process for establishing a contract for services shall not take more than 30 to 45 days from the date of application submission to OCOK to the execution of a contract.
2. These times will vary due to a variety of circumstances to include the Network Provider's ability to submit the required documentation in a timely manner; however, OCOK will make its best effort to meet or exceed this timeframe. OCOK has provided this estimate to Applicants for informational purposes only and makes no promise or guarantee as to the length of time of any contracting process.

#### D. Non-Responsive Applications

An application will be considered non-responsive and will not be considered further when any of the following conditions occur:

1. The Application is not entirely completed and/or signed;
2. The Applicant fails to meet major application specifications, including:
  - a. The Applicant fails to submit the required application, supporting documentation, or forms;
  - b. The Applicant does not accept the payment rate established by the Provider Services Agreement;
  - c. The Applicant does not hold a current license.

#### E. Decision to Contract

1. The Applicant will be notified via electronic mail by the assigned Quality Improvement and Contracts Specialist if the application process has been completed and if any further information/documentation needs to be submitted as part of the contracting process in order to be considered as a Network Provider;
2. Once the SSCC Provider Services Agreement is executed by the ACH Child and Family Services Chief Executive Officer or designee, it is sent to DFPS for final approval, along any other required documents, and for the Applicant to be added to the OCOK Network;
3. The Senior Director of Care Management and Placement Services and the Director of Intake make the final decision to move forward with contracting with a Residential Provider based on the documentation gathered in reference to the Applicant's compliance history and OCOK's need for service. They review any compliance history and DSI reports available to OCOK before making the final decision.
4. Once DFPS acknowledges via electronic mail that the Applicant has been added to the Network the Applicant then will be notified of its acceptance via electronic mail;
5. The Director of Quality Improvement and Contracts will notify Applicants if not accepted in the Network via electronic mail within 45-days of submission of the application;
6. Applicants not accepted in the Network can submit further information about their program and services to the Senior Director of Care Management and Placement Services and to the Director of Intake for further review of the information;
7. OCOK reserves the right to make the decision to contract with Providers based on need, experience, and success of the Applicant's program;
8. If an Applicant is not satisfied with the decision, it will then go up the chain of command to the OCOK Chief Operations Officer (COO), and if the Applicant is not satisfied with the decision of the OCOK COO the Applicant can take the information to the ACH Child and Family Services Chief Executive Officer for further review of the information and final decision; and
9. OCOK will announce via its website if an open enrollment is taking place for any residential and purchased services needed.

### III. Term, Decision to Terminate, and Termination

#### Residential Network Providers - Provider Services Agreement:

1. **Term.** The term of this Agreement shall be one year from the Effective Date. The "Effective Date" is the date this Agreement is executed by SSCC as set forth on the signature page. This Agreement shall be automatically renewed for up to four successive one-year periods unless either party shall give notice of termination 60 days prior to the

last day of any term.

- 2. Termination with Notice.** Either party may terminate this Agreement with or without cause for any reason upon 60 days written notice. To the extent Provider does not provide the full range of contracted Services during the 60-day period, Provider shall receive payments in proportion to the Services provided, with appropriate documentation, and in accordance with the requirements of the Provider Manual and this Agreement. Upon termination of this Agreement, Provider shall, on or before the effective date for said termination return to SSCC all records and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain property of SSCC.
- 3. Termination upon Breach.** In the event either party gives written notice to the other that such other party has substantially and materially breached the terms of this Agreement, and such breach shall not have been cured within 30 calendar days of the giving of such notice, the party giving such notice shall have the right to terminate this Agreement at any time thereafter upon written notice of such termination to the other party. In lieu of curing the breach, SSCC, at its option, may accept a corrective action plan from Provider. The corrective action plan may include financial penalties as per the Master Contract and this Agreement. Upon termination of this Agreement, Provider shall, on or before the effective date for said termination return to SSCC all records and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain the property of SSCC.
- 4. Automatic Termination.** This Agreement may be terminated at any time by SSCC, upon the occurrence of one or more of the following events:

  - i. The Master Contract is terminated for any reason, or the funding received by SSCC from the Department for the Services is terminated for any reason.
  - ii. Provider is suspended, becomes disqualified from, or loses its license or certification to provide the Services, or otherwise is subject to disciplinary action that materially adversely affects Provider's ability Provider to perform the Services under this Agreement.
  - iii. Provider or Staff are determined by a court to be negligent with respect to or caused harm to a Child.
  - iv. Provider or its officers or directors are convicted of or plead "guilty," "no contest," or otherwise admits to, any crime involving a corrupt act or practice or any felony offense.
  - v. Provider fails to achieve the outcomes and performance standards required in accordance with the terms and provisions of this Agreement and the Provider Manual.
  - vi. Provider (i) makes an assignment for the benefit of creditors, (ii) files a voluntary petition in bankruptcy, (iii) is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceedings, or (iv) has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed within 120 days after

commencement thereof.

- vii. No placement activity for more than 12 consecutive months or 12 months within a fiscal year. Once the Provider is notified of the contract termination the Provider can decide to become inactive if they would like to pursue placements in the future at which time, they will need to meet OCOK requirements as a Network Provider.
- viii. Upon termination of this Agreement, Provider shall, on or before the effective date for said termination return to SSCC all equipment, records, and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain the property of SSCC.
- ix. Upon Notification of termination by either party, SSCC will develop and execute a case transition plan, with which case transition plan Provider will participate and cooperate, to ensure seamless delivery of Services to all Qualified Individuals.

**5. Payment by SSCC upon Termination.**

- i. Within 30 days of termination of this Agreement for any reason, Provider shall submit to SSCC an itemized invoice for any fees and other sums due under this Agreement. SSCC shall pay to Provider accrued but unpaid compensation through the date of termination. Such payment shall be in full and complete discharge of any and all liabilities or obligations of SSCC to Provider under this Agreement and Provider shall be entitled to no further benefits under this Agreement. Any amounts owing to SSCC from Provider may be offset from this payment.
- ii. To the extent Provider continues to provide pre-approved by SSCC post-termination Services, Provider shall receive post-termination payments in proportion to the Services provided and in accordance with the requirements of this Agreement.

- 6. Effect of Termination.** Upon termination of this Agreement, neither party shall have any further obligation hereunder except for (i) obligation accruing prior to the date of termination, and (ii) obligations or covenants contained herein that are expressly intended to extend beyond the term of this Agreement, including, without limitation, covenants relating to confidentiality, indemnification, and non-compliance. Notwithstanding the foregoing, if this Agreement is terminated for any reason, Provider shall use best efforts and fully cooperate with SSCC to ensure an orderly and smooth transition of the Services.

**Family Services Network Providers - Provider Services Agreement:**

**Termination Clauses - With & Without Cause**

As long as the SSCC is awarded a Community Based Contract in the region the SSCC retains any and all rights to terminate this contract both "with" and "without" cause. The Parties agree that this contract can terminate after 90-days provided both parties mutually agree (bilateral agreement) to terminate, and the agreement is without cause. The 90-day period will begin to run after the bilateral notice is served upon each party. This contract can be terminated by the SSCC for cause after the expiration of 30-days following the service of notice upon the

PROVIDER. Cause is to be at the sole discretion of the SSCC.

For the current above-mentioned clauses must refer to the current Provider Services Agreement in place for Residential and Family Services Network Providers.

### **Termination Process**

If for any reason a Network Provider terminates their OCOK contract or OCOK terminates a Network Provider's contract, OCOK will immediately set up a transition planning meeting with the Provider to outline the following transition activities and responsibilities:

1. Determine transition timeframes ensuring sufficient time to complete transition activities.
2. Determine service provision plans during and after transition ensuring no gaps in service planning, service provision and supervision of the home/children.
3. Outline communication plans for notification to CPS, affected homes, child service providers, stakeholders, etc.
4. Outline the Provider and OCOK's role in assisting any homes that would like to transfer to another agency within the Network.
5. Determine if any homes are choosing to close. If so, OCOK will set up staffings with the Permanency Specialist on each child's case to determine the child's Permanency Plans and assess the need/appropriateness of subsequent placement.
6. Determination of OCOK's monitoring/oversight of transition activities including any direct support/supervision of the homes/children needed and any on-going transition plan review meetings.

OCOK will copy the CBC Contract Administration Manager in communications with the Provider about the contract termination. The Senior Director of Care Management and Placement Services and the Director of Intake will be in close contact with the CPS CBC Administrator until the Provider is completely closed/inactive in the OCOK Network.

The Director of Quality Improvement and Contracts will notify the OCOK CBC Contract Administration Manager when a Network Provider is terminated in the OCOK Network within five (5) business days of termination.

<b>3.02 SSCC Provider Services Agreement</b>			
Domain	Purchasing Services, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 1-2020, 6-2022, 11-2022
Documents	SSCC Provider Services Agreement and Addendums, Family Services Provider Services Agreement and Addendums, Form W-9, OCOK Direct Deposit Form		
Reference	SSCC Master Contract, OCOK Operations and Provider Manual, OCOK Case Management Manual, Texas Provider Gateway, SSCC Joint Monitoring Tool, IMPACT, COA NET 10.01 (c), RPM 6 (a-c), RPM 6.01 (a-c), RPM 6.02, RPM 6.03 (a-g)		

**Procedure:**

All Network Providers will be required to know and follow the SSCC Provider Services Agreement. The Quality Improvement and Contracts Specialist (QI&C Specialist) will ensure each Network Provider completes the contracting process.

The SSCC Provider Services Agreement includes but is not limited to the following information:

1. Provision of Services
2. Responsibilities of Provider (performance, insurance coverage, qualifications, criminal background checks, adherence to SSCC policies and procedures and governance documents of DFPS, conduct, risk prevention and incident reporting, quality improvement activities, fiscal assurance, reporting and record keeping, access to case record provisions, eligibility, communication, rights of children, cultural competency, training, publicity, complaint reporting debarment, suspension)
3. Compensation (compliance with Master Contract, return of fund, utilization management)
4. Agreements Regarding to Services (authority, review, coordination, confidentiality)
5. Term and Termination (notice, breach, automatic termination, payment upon termination, effect of termination)
6. Standard Provisions (remedies, violations, indemnification, notice, amendment, interpretation, attorney’s fees and cost)

Once the SSCC Provider Services Agreement (Provider Services Agreement) is signed by both parties, the QI&C Specialist will request/provide the following information to Providers:

- OCOK will retain the original signed Provider Services Agreement
- OCOK will provide a copy of the Agreement via electronic mail to the Provider
- Providers will be asked to review and sign any Addendums to the Provider Services Agreement; those will be available to the Provider via electronic mail
- The Provider will complete Form W-9 and OCOK Direct Deposit Form (provided by OCOK)
- Providers will be asked to submit their program’s Polices and Procures for an Administrative Review (if applicable), and will be informed of their upcoming Monitoring Review (on-site and/or desk review) for compliance with OCOK contract requirements
- Within 30 days of the signed Agreement, Network Providers will submit a copy of their Disaster and Emergency Response Preparedness Plan and Disruption Mitigation Plan, if applicable
- Providers will provide their IMPACT Resource ID to OCOK staff, if applicable

- Providers will need to assign Medical Consenters for their operation(s) and provide the information to the QI & Contracts Dept., if applicable
- Providers will be informed of Performance Measures and submittal information, if applicable
- Providers will be informed of access to SSCC Master Contract and documents, OCOK Operations Manual and Provider Manual
- Providers will be informed of access to the Texas Provider Gateway

### **I. Contracting with OCOK**

- A. OCOK reserves the right to contract with Network Providers that best meet the eligibility requirements, and can provide quality services to obtain the best outcomes for the children in care.
- B. OCOK is committed to ensuring provision of the highest quality services to the Clients originating from Region 3b. Because accreditation is generally accepted nationwide as a clear indicator of quality services, OCOK highly recommends that Network Providers attain national accreditation by a national accreditation body and maintain that accreditation in good standing for the life of the agreement with OCOK.
- C. A copy of the signed SSCC Provider Services Agreement will be sent via electronic mail to the Provider once it is executed by both parties.
- D. Once the Provider Services Agreement is executed a copy will be sent via electronic mail to the SSCC Contract Manager.
- E. Once the Provider becomes part of the Network it is the Provider's responsibility to learn about OCOK requirements for Network Providers (Residential and Family Services).
- F. Network Providers have access to the most up-to-date Provider Manuals, Operations Manual, Case Management Manual, SSCC Joint Monitoring Tool, DFPS contract documents, training opportunities, and announcement of on-going requirements via its website ([www.oc-ok.org](http://www.oc-ok.org)).
- G. Network Providers are responsible for assigning staff to participate in the different OCOK Committees/Meetings available to the Network in order to be up to date with OCOK requirements and quality improvement initiatives (i.e., Quality Committee, Clinical Committee, Quality Parenting Initiative, and Provider Meeting).
- H. Network Providers will be informed via electronic mail of any training opportunities available in order to meet OCOK requirements. Network Providers are responsible for participating in Network trainings.

### **II. Non-contractual Service Agreements – Memorandum of Understanding**

OCOK will partner with community Providers in order to provide an array of services to Region 3b clients. This can be accomplished through purchased services or non-reimbursed services. OCOK will pursue Memorandums of Understanding with community Providers that will outline the following:

1. Services exchanged or provided, and/or performance outcomes of such collaborations;
2. Roles and responsibilities of each organization including reporting responsibilities;
3. Procedures for sharing referrals and information;
4. Confidential protections, including signed written consent forms;

5. Assignment of case coordination responsibilities;
6. Service authorization procedures including accepting or rejecting referrals/cases; and
7. How to resolve communication difficulties.

## **Section 4**

### **Contract Management and Oversight of Providers**

- 4.01 Overview of Contract Management and Oversight of Providers**
- 4.02 Case Review System**
- 4.03 Monitoring Review Process**
- 4.04 Continuous Quality Improvement Process**
- 4.05 Quality Management Overview**
- 4.06 Disaster and Emergency Response Preparedness Plan (DERPP)**
- 4.07 Culturally Competent Service Delivery**
- 4.08 Dispute, Complaint, Grievance and Conflict of Interest**
- 4.09 Stakeholder Satisfaction Survey**
- 4.10 Risk Prevention and Incident Reporting**
- 4.11 Continuous 24-hour Awake Supervision**
- 4.12 Initial and Rolling Capacity Limits for New Facilities**
- 4.13 Abeyance of Staff**

4.01 Overview of Contract Management and Oversight of Providers			
Domain	Contract Management and Oversight of Providers, ACH Organizational Integrity		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 11-2019, 6-2022, 11-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities, COA RPM 2, RPM 2.01, RPM 7.02		

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services’ mission.

**Procedure:**

**I. Overview of Contract Management/Oversight of Providers**

- A. OCOK will manage the Provider Network, and does not intend to provide direct services, nor to compete with its service partners. Provider performance will be evaluated and monitored regularly. Assistance will be made available to Providers in order to assist them in meeting performance standards. In addition, OCOK plans to recruit Providers to fill gaps created by agencies failing to meet standards.
- B. Each Provider must specify a technical contact, a person familiar with program operations and relevant technology systems used within the organization. The technical contact’s responsibilities include the following:
  - serve as liaison between the Provider and OCOK technical staff;
  - request the creation and deactivation of user accounts for OCOK software systems;
  - request training and support for the Provider’s staff in the use of OCOK software systems; and
  - report technical problems related to OCOK software systems.
- C. OCOK’s approach to managing services is outcome driven, data informed, and performance based. As the OCOK, we will implement network-wide service management and outcomes measurement system that will allow us to evaluate case progress and service program effectiveness at both the case and system levels.
- D. Providers who deliver more than one service will have separate contracts for each service to ensure compliance with applicable state and federal laws, regulations, and rules, and to allow for more accountability for outcomes.
- E. Providers are paid a daily rate per client and are responsible for the day-to-day needs and activities of the client (to include but not limited to; food, housing, transportation, educational services, and any health and safety needs).

F. Interactions between OCOK and Network Provider include but not limited to the following:

**Residential Network Providers:**

1. A Monitoring Review (desk and/or on-site) will be completed for at least 90% of the total Network Providers within the first year of enrollment.
2. At least 80% of the Child Placing Agency Providers will have an on-site monitoring visit within the first year of enrollment. The assigned OCOK Care Coordinator will conduct case review on an ongoing basis to monitor for Service Delivery.
3. At least 70% of Emergency Shelter/General Residential Operation/Residential Treatment Center Providers will have an on-site monitoring visit within the first year of enrollment if serving more than ten (10) Region 3b clients in a quarter. The assigned OCOK Care Coordinator will conduct case review on an ongoing basis to monitor for Service Delivery.
4. After an initial Monitoring Review there will be annual Monitoring Reviews (desk and/or on-site) in order to monitor compliance with OCOK contract requirements and quality management. Providers will also be engaged in regular and on-going training, and evaluation of appropriateness of placements made through the regular submission of data for performance outcomes.
5. Inactive Providers by OCOK will not receive an annual Monitoring Review. Once they become active an Administrative Review of Policies and Procedures will take place within 30-days of becoming active again in the Network and a Program Review will take place within 3-6 months of first placement.

**Family Services Network Providers:**

1. At least 50% of the Family Services Providers will have a Monitoring Review within the first year of enrollment.
2. Credentials of Family Services Providers will be reviewed annually. OCOK will ensure Family Services Providers are qualified to provide services to children and families.
3. The Finance Department will be tracking all services paid and will request needed documentation as proof that service was provided before it is paid.

**II. OCOK's role of ensuring compliance of providers within the Network**

Our approach to quality management is to "Define, Measure, Analyze, Improve and Control" (DMAIC) service delivery to our children. At the center of every discussion is how process improvement will impact our children and families.

Additional information regarding the levels of oversight and the process of managing the Network Providers is described in the OCOK Provider Manual.

4.02 Case Review System			
Domain	Contract Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 12-2019, 6-2022, 11-2022
Documents			
Reference	ACH Child and Family Services Policy – Case Record Review, Access to Case Records Policy and Procedures, COA NET 7.06 (b), RPM 2, RPM 2.01, RPM 7.02		

**Policy:**

ACH Child and Family Services maintains the confidentiality of case records while providing persons served or their designated legal representatives access to their case records in accordance with state and federal privacy laws.

**Procedure:**

**Case Review System**

**Residential Network Providers**

- A. On an annual basis, 10% of all cases served during the time period will undergo a case record review completed by a Quality Improvement and Contracts Specialist.
- B. The sample size will also be determined by using the total number of clients served during the specified review period. The population size will include any case that was active for at least six (6) months during the review period.
- C. These reviews will focus on specific needs within our community, and consumer serving population which will be determined through the required case reviews. We have also developed risk factors regarding case reviews, a process that initiates a case review when certain risk factors are present. For OCOK those risk factors that will generate case reviews include, but are not limited to;
  - 1. Separated siblings
  - 2. Multiple moves
  - 3. Incident reports
  - 4. Length of stay in care relative to the age of the child
- D. OCOK Care Coordinators will complete case reviews on an ongoing basis as they are responsible for monitoring the Service Delivery.

**Family Services Providers**

- A. For the first year of enrollment 20% of all cases served during the time period will undergo a case review completed by a Quality Improvement and Contracts Specialist.

- B. For the second year of enrollment and on an annual basis thereafter, according to DFPS' fiscal year, 10% of all cases served during the time period will undergo a case review completed by a Quality Improvement and Contracts Specialist.
- C. The sample size will be determined by using the total number of clients served during a specified month in the fiscal year. The population size will include any case that was active for at least six (6) months during the review period.
- D. OCOK Permanency Specialists will complete case reviews on an ongoing basis as they will be monitoring the Service Delivery.

4.03 Monitoring Review Process			
Domain	Contract Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 12-2019, 9-01-2020, 6-2022, 9-2022, 11-2022
Documents	SSCC Joint Monitoring Tool, Performance and Quality Improvement (PQI) Plan		
Reference	ACH Child and Family Services Policy – Access to Case Records Policy and Procedures, COA NET 10.01, RPM 2, RPM 2.01, RPM 7, RPM 7.02		

**Policy:**

ACH Child and Family Services maintains the confidentiality of case records while providing persons served or their designated legal representatives access to their case records in accordance with state and federal privacy laws.

**Procedure:**

**Residential Network Providers**

**I. Monitoring Review**

A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists (QI&C Specialist), a review of the following components:

1. Records: Client, Caregiver/Foster Parent, Personnel, Policies and Procedures
2. Physical Site

B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.

1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
2. OCOK reserves the right to make unannounced on-site monitoring visits to the Provider during normal business hours.

C. Quality Improvement and Contracts Specialists will complete an annual Monitoring Review for each active contracted Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review. The Director of Quality Improvement and Contracts may determine that a Monitoring Review needs to be postponed until a placement is secured by the Provider in order to have a more comprehensive Monitoring Review that will include client records.

D. Financial Monitoring will be completed by the Finance Department. Monitoring and compliance of administrative and programmatic records, and performance and quality improvement process is completed by the Quality Improvement and Contracts Department. OCOK Care Management Department is responsible for case reviews on an ongoing basis as they will be monitoring for Service Delivery.

E. Quality Improvement and Contracts Department is responsible for the following:

1. Scheduling the Monitoring Review with the Provider and sending a letter requesting required information prior to the review. The Monitoring Review Notice may be sent 30 days in advance of the Monitoring Review.
2. Completing an Administrative Review of Policies and Procedures, via desk review, preferably before the Monitoring Review is conducted to ensure all required policies and procedures are up-to-date and have been obtained.
3. Scheduling of entrance and exit interviews with the Provider's key personnel, as needed.
4. Being the point of contact for the Provider during the monitoring activities.
5. Consolidating and preparing the final Monitoring Report to issue to the Provider requesting any necessary Performance and Quality Improvement Plans (Quality Improvement Plans (QIPs).
6. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plans).

F. Quality Improvement and Contracts Specialists will participate in pre-meetings, on-site monitoring and/or desk reviews, entrance and exit interviews, and any activities needed for the final monitoring report and any sanctions as requested by the Director of Quality Improvement and Contracts.

G. The Provider should be prepared to make available the following, including but not limited to:

1. Policy and Procedure Manual
2. Personnel Records
3. Caregiver/Foster Parent Records
4. Client Records
5. Financial Records
6. CCR or State's Compliance History and Documentation

H. Pre-monitoring Activities

1. Quality Improvement and Contracts Specialists will send a Monitoring Review Notice to the Provider announcing the date of the Monitoring Review and requesting needed documentation.
2. Quality Improvement and Contracts Specialists will review the Provider's contract record to ensure that all applicable Monitoring Reports, licensing summaries and other documentation is on file.
3. Quality Improvement and Contracts Specialists will meet with the Director of Quality Improvement and Contracts to review prior reports and any current issues, review monitoring tools and determine roles and timelines.
4. For In-state Providers, the most current SSCC Joint Monitoring Tool will be utilized for the Monitoring Review.
5. For Out-of-State Providers, and in order to determine monitoring items, the Quality Improvement and Contracts Specialist will request, via the Monitoring Review Notice, a copy of the table of contents for personnel, client, and caregiver/foster parent records, as well as a copy of the training log for required trainings by the Provider and their state. Once these documents are received, the Quality Improvement and Contacts Specialist and the Director of Quality Improvement and Contracts review the documents and the SSCC Joint Monitoring Tool in order to determine if the SSCC Joint Monitoring Tool needs to be modified in order to align monitoring requirements with the Provider's procedures and their state's requirements. The SSCC Joint Monitoring Tool is then modified as needed and a Monitoring

Tool is developed specific to the Out-of-State Provider. The Provider is then notified of items that will be reviewed during the Monitoring Review.

#### I. Monitoring Review Activities

1. Quality Improvement and Contracts Specialists will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview. For desk reviews this entrance interview can be accomplished via Zoom/Teams meeting.
2. Quality Improvement and Contracts Specialists may be reviewing a variety of records, including but not limited to policies and procedures, personnel records, client records, and caregiver/foster parent as deemed appropriate in the pre-monitoring activities and during the Monitoring Review.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the facility will be requested for all General Residential Operations (GRO) and Residential Treatment Centers (RTC).
5. Quality Improvement and Contracts Specialists will compile work product papers as part of the Monitoring Review. These papers are confidential during the review and must be secured daily. They may be included as back-up in the OCOK record once the monitoring is concluded.
6. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the Monitoring Review, if a safety concern is apparent, it will be addressed immediately with the Provider and will required immediate action and intervention.
8. Quality Improvement and Contracts Specialists will require a private space to review records.

J. When the Monitoring Review is completed, Quality Improvement and Contracts Specialists will review the preliminary results with the Provider during an exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview signature form will be obtained as evidence this was completed with the Provider. For desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

#### K. Monitoring Report and Follow-up

1. Quality Improvement and Contracts Specialists will document findings (Observations) noted during the Monitoring Review.
2. Within 30 business days of the exit interview, the assigned Quality Improvement and Contracts Specialists will compile a final Monitoring Report and will send to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The Director of Quality Improvement and Contracts or designee approves this Monitoring Report.
  - a. If the Provider disagrees with the Observations on the Monitoring Report the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement and Contracts.
  - b. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
  - c. OCOK will send a written respond within 10 business days of receipt of the Provider's response with a final decision.
3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and OCOK are discussing an Observation in question. OCOK retains the

- right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. OCOK may determine that a PQI Plan is not needed or relevant if:
    - a. The Provider is making the appropriate efforts to meet the requirement,
    - b. There were only one to three (1-3) records reviewed, or
    - c. If the finding (Observation) is not in the areas of Health and Safety.The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
  5. If the PQI Plans are approved OCOK will notify the Provider.
  6. If the PQI Plans are in need of corrections and updates the Provider will be notified and a revised PQI Plan will be requested.
  7. Once the PQI Plan is approved OCOK will follow-up (during the next Monitoring Review) to ensure progress is made in the specific area.
  8. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review.

L. Contract monitoring file. Monitoring records will be maintained according to published retention schedules, to include:

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current Performance and Quality Improvement Plans with backup documentation, and
4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.

## **II. SSCC Joint Monitoring Review**

The SSCC's Quality Improvement/Assurance/Provider Relations staff for ACH Child and Family Services/OCOK, SJRC Texas/Belong, 2INGage and Saint Francis Ministries/Saint Francis SSCC will share responsibility for completing the annual Monitoring Review (on-site monitoring visit/audit/desk review) of CPA and GRO/RTC Providers that have contracts with multiple SSCCs as appropriate.

An SSCC Joint Monitoring Tool will be utilized by all SSCCs for the annual SSCC Joint Monitoring Review. Monitoring Reviews will measure compliance with internal agency procedures, accreditation standards, state and federal regulatory requirements, and targeted performance measures. Case Reviews, for the purpose of monitoring Service Delivery, are completed by each SSCC as necessary.

If a contracted Provider's facility/program is located within an SSCC Region that SSCC will be responsible for completing the annual SSCC Joint Monitoring Review cycle (to include, but not limited to, the on-site monitoring visit/desk review, the completion of the Monitoring Report and the completion of the Performance and Quality Improvement (PQI) process). The review and approval of the Monitoring Report will be completed by the assigned SSCC Quality Improvement/Assurance/Provider Relations Director or designee. Documents will be shared with each SSCC that has a contract and that were used for the required Monitoring Review. If a Performance and Quality Improvement (PQI) Plan is required by any of the contracted SSCCs the assigned SSCC who conducted the Monitoring Review/on-site monitoring visit/desk review will be responsible for completing that process. Any additional information

outside of the SSCC Joint Monitoring Tool, Monitoring Report and PQI process that an SSCC may need or require will be obtained by that SSCC.

If a Provider is outside of all SSCC's Regions but has a contract with multiple SSCCs to provide services, a specific SSCC will be assigned to complete the SSCC Joint Monitoring Review. The SSCC assignment will be determined based on proximity and/or number of placements through a joint discussion between the SSCCs. Providers are also given the opportunity to choose an SSCC for SSCC Joint Monitoring Review purposes instead of being assigned to a specific SSCC. Assigning the responsible SSCC to complete the annual Monitoring Review will be done through monthly SSCC Joint Meetings and/or SSCCs communication. The list of all contracted SSCC Providers will be reviewed on an ongoing basis for determination of assignment and updated as needed. Sharing of documents and results of the SSCC Joint Monitoring Review will be directly with the assigned Quality Improvement/Assurance/Provider Relations staff of each SSCC. Any health and safety information will be shared during the monthly SSCC Joint Meetings or before as needed.

On an annual basis, 10% of all clients served during the previous quarter of the Monitoring Review will undergo a compliance Monitoring Review. SSCCs will provide the sample information to the assigned SSCC for the SSCC Joint Monitoring Review. For those Providers that serve less than five (5) children and/or caregivers/foster parents from each SSCC a 100% audit will be completed. The assigned SSCC will sample 50% of personnel records for each available program/facility.

#### **Sample size**

- Client Records (each SSCC) = 10% of total clients served last quarter
- If less than 5 total Region clients = 100%, min. of 5
- Caregiver/Foster Parent Records (Foster Homes/Facilities available to each SSCC) = 10% of total available
- If CPA has less than 5 homes for each SSCC = 100%, min. of 5
- Personnel Records by Branch/Operation = 50% of total assigned, min. of 5

#### **Annual SSCC Joint Monitoring Review Process**

##### **Assigned SSCC Quality Improvement/Assurance/Provider Relations Staff will:**

1. Work with any SSCC that have a contract with the Provider to determine date of the Monitoring Review/on-site monitoring visit/desk review and determine records to review.
2. Schedule the Monitoring Review/on-site monitoring visit/desk review with the Provider and send information on which records will be monitored for each SSCC. No other records will be reviewed on-site from what has been communicated to the Provider unless requested by a specific SSCC. A Monitoring Review Notice must be sent to the Provider at least 30 days in advance of the Monitoring Review with the necessary information for the SSCC Joint Monitoring Review.

3. Request documents necessary for the Administrative Review to include documents in the “ALL SSCCs Monitoring Items-Via Desk Review” section of the SSCC Joint Monitoring Tool. Any other documents needed by an SSCC for the Administrative Review will be requested/obtained by that SSCC.
4. Schedule entrance and exit interviews.
5. Be the point of contact for the Provider during the monitoring activities.
6. Consolidate and prepare the final Monitoring Report to be issued to the Provider, to include the request of any necessary Performance and Quality Improvement Plans.
7. Obtain Monitoring Report approval from the SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee.
8. Review and accept any Performance and Quality Improvement Plans (PQI Plans) as needed.

#### **Monitoring Review Activities – On-site/Desk Review**

1. Meet with the Provider’s staff to go over the purpose, scope and activities planned for the review during the entrance interview. For Desk Review this can be accomplished via Zoom/Teams meeting.
2. Review a variety of records, including but not limited to policies and procedures, client, human resources, and caregiver/foster parent records as deemed appropriate in the pre-monitoring activities.
3. Interview personnel, caregivers/foster parents, and/or clients as deemed appropriate.
4. Tour the facility.
5. Compile work product papers as part of the on-site monitoring visit/audit/desk review. These papers are confidential during the Monitoring Review and must be secured daily. They may be included as back-up in the SSCC record once the Monitoring Review is concluded.
6. SSCC Quality Improvement/Assurance/Provider Relations staff may be granted access to the Provider’s electronic systems and will follow all guidelines of confidentiality.
7. During the Monitoring Review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Require a private space to review records.
9. When the SSCC Joint Monitoring Review is completed (on-site/desk review), Quality Improvement/Assurance/Provider Relations staff will review the preliminary results with the Provider during an exit interview. The Provider may have the opportunity to submit missing documents within 72-hours of the exit interview. An exit interview signature form will be obtained as evidence this was completed with the Provider. For desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

#### **Monitoring Report and Follow-up**

1. Document findings (Observations) noted during the SSCC Joint Monitoring Review.
2. Within 30 business days of the exit interview, the assigned Quality Improvement/Assurance/Provider Relations staff will compile a final Monitoring Report and will submit to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The assigned SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee approves the Monitoring Report before it is sent to the Provider.
  - a. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the assigned SSCC Quality Improvement/Assurance Director.
  - b. The assigned SSCC will review the necessary information and the Provider’s response.

- c. Assigned SSCC will send a written respond within ten (10) business days of receipt of the Provider's response with a final decision.
3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and SSCC are discussing an Observation in question. The assigned SSCC retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. The assigned SSCC may determine that a PQI plan is not needed or relevant if:
  - a. The Provider is making the appropriate efforts to meet the requirement,
  - b. There were only one to three (1-3) records reviewed, or
  - c. If the finding (Observation) is not in the areas of Health and Safety.
  - d. The assigned SSCC will make this determination and the assigned SSCC will notify the Provider in writing that the PQI is not needed.
5. If the PQI Plans are approved, the assigned SSCC will notify the Provider.
6. If PQI Plans corrections and updates are needed the assigned SSCC will notify the Provider and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved, the assigned SSCC will follow-up (during the next Monitoring Review) to ensure progress is made in the specific area.
8. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review.
9. The SSCCs reserve the right to complete Monitoring Reviews/audits and on-site visits to their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.
10. The SSCCs reserve the right to request documents from their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.

### **Documents to be shared**

The following documents must be shared between SSCCs if an SSCC Joint Monitoring Review is coordinated/completed. These documents must be shared once a Monitoring Review cycle has been completed and/or when requested by an SSCC in the case the SSCC is in need of those documents before the Monitoring Review cycle is completed.

1. Monitoring Review Notice - signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
2. Email/Letter if Monitoring Review was rescheduled (best practice to copy SSCCs when sending to Provider).
3. Administrative Review documents obtained (each SSCC will request any documents beyond to what "ALL" SSCCs require).
4. SSCC Joint Monitoring Tool(s) – completed (Facility Sample, Personnel Records Monitoring Review, Client Records Monitoring Review, Caregiver/Foster Parent Records Monitoring Review, Criminal Background History Tracking(s), and Administrative Review).
5. Exit interview signature form – completed/signed by Provider (signed by all participants)
6. Approval verification from Director or designee for Monitoring Report.
7. Monitoring Report – signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
8. Provider's response to Monitoring Report if disputing Monitoring Report/Observations.
9. SSCC's response to Provider, if Provider is disputing the Monitoring Report (best practice to copy other SSCCs when sending to Provider).

10. Letter approving Provider's PQI Plans with PQI Plans (best practice to copy SSCCs when sending to Provider).
11. Approved PQI Plans (each one requested/approved).

### **SSCC Staff Training**

1. On an on-going basis the SSCCs will coordinate joint staff training and/or meetings to review the SSCC Joint Monitoring Review process (i.e., joint monitoring tool, assignment of Providers, etc.).
2. SSCC's staff will have access to the joint staff training information for reference during the Monitoring Review Process.

### **III. Questions that the Provider may use in order to help prepare for the Monitoring Review**

The list of preparation questions includes, but is not limited to the following:

#### **A. Personnel**

1. What is the program's organizational hierarchy (i.e., organizational chart, professional staffing plan)?
2. Are criminal background checks completed for all new employees?
3. How often are background checks completed for current employees?
4. What are the initial and annual training requirements for staff?
5. Who will provide therapy, psychological and psychiatric services?

#### **B. Caregiver/Foster Parent Training**

1. What are your Orientation and Pre-service training requirements for caregivers/foster parents?
2. How do you address culture competence in your training?
3. What are your annual training requirements for caregivers/foster parents?

#### **C. Foster Home Development**

1. What are your "minimum qualifications" for foster homes?
2. Describe your Home Screening and Home Study process.
3. How do you continuously monitor your foster homes?
4. What is the frequency of home visits?
5. How often do foster parents document a child's progress in the home?
6. What type of documentation is completed by caregivers/foster parents?
7. How often is this documentation submitted to an agency?
8. How do you address foster home non-compliance?

#### **D. Admission/Eligibility**

1. What are the characteristics of your client population including client age, gender, presenting problem, diagnoses, etc.?
2. What are your exclusionary criteria for admissions?
3. Do you accept emergency placements?
4. How is the placement decision made?
5. How is the decision regarding placement of additional children made?
6. What are your placement procedures?
7. What is the protocol for introducing a new child in a home?
8. What information is provided to the client and/or guardian upon placement?
9. What is the anticipated, average length of stay/treatment?

#### E. Client's Rights

1. How are clients informed of their rights?
2. How does your program ensure confidentiality?
3. How does the agency address client's educational needs?
4. Describe the recreational/family activities offered.
5. Describe how transportation is provided to school, medical appointments, recreational activities, and family activities.
6. How does the agency ensure that client-family/community connections are maintained?
7. What is the agency's grievance process for clients?

#### F. Services

1. How often are Service Plans developed and reviewed?
2. Who is involved in the development and review processes?
3. How do you inform potential participants of any meetings regarding Service Plan development or review?
4. Are CANS Assessments completed according to OCOK timeframes?
5. How are caregivers/foster parents supposed to respond in cases of psychiatric emergencies?
6. What acute psychiatric resources are available locally?
7. How does the program serve clients with substance abuse issues?

#### G. Discipline and Behavior Management

1. Describe your behavior management philosophy.
2. What methods do you use to reinforce positive behavior?
3. What are typical consequences/disciplinary techniques for typical inappropriate behavior?
4. Is physical restraint used? If so, what restraint curriculum is used to train staff and caregivers/foster parents?
5. How does the agency monitor the use of restraints?

#### H. Healthcare Services

1. Who conducts initial and routine physical exams?
2. Where is the nearest facility for providing emergency medical treatment?
3. How is dental care provided?
4. Who conducts routine dental exams?
5. What is the procedure for administering medication?
6. How are changes in medication handled?
7. How does the program ensure prevention of medication errors?

#### I. Safety

1. What is the agency's process for developing Disaster and Emergency Response Preparedness Plans for foster homes?
2. How does the agency ensure foster home safety?

#### J. Serious Incidents

1. What is your protocol to report serious incidents?
2. How do you handle a client's allegation of abuse whether physical, emotional or sexual?
3. What are your investigation procedures?
4. How is the allegation documented?
5. What entities are contacted?

#### K. Subsequent Placement/Discharge

1. What is the procedure for subsequent placements?
2. What is your discharge procedure?

**During face-to-face contact with clients, in the home or at a residential facility, Providers are required to verify on a monthly basis that hygiene products are available to the client and client has adequate clothing and personnel items (toys, mementos, etc.). This information must be documented in the client record and available to OCOK for review during the monitoring review process.**

**Providers are also required to ensure all homes and residential facilities have Ombudsman posters visible to clients at all times. For CPA/Adoption Providers this information must be documented in the caregiver/foster parent record and available to OCOK for review during the monitoring review process.**

The SSCC Joint Monitoring Tool will be posted on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)) for Provider's reference.

Any changes to this Policy and Procedures will be posted on the OCOK website ([www.oc-ok.org](http://www.oc-ok.org)). It is the Provider's responsibility to routinely check for updates to the OCOK Operations, Case Management, and Provider Manual via OCOK website.

### **Family Services Network Providers**

#### **I. Monitoring Review**

- A. The Quality Improvement and Contracts staff will make a request to the Finance Department of a list of services paid in a given month of each quarter in order to monitor/verify that services billed and paid were provided and evidence is in the client's record.
- B. The Director of Finance will randomly select a month in a quarter to be used for monitoring purposes.

#### **II. Monitoring Review**

- A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists (QI&C Specialist), a review of the following components:
  1. Records: Client, Personnel, Policies and Procedures
  2. Physical Site
- B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.
  1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
  2. OCOK reserves the right to make unannounced reviews/visits to the Provider during normal business hours.
- C. Quality Improvement and Contracts Specialists will complete the Monitoring Review for each active contracted Family Services Network Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review.

D. Financial monitoring will be completed by the Finance Department. Monitoring and compliance of administrative and programmatic records, and performance and quality improvement process is completed by the Quality Improvement and Contracts Department. OCOK Care Management Department and OCOK Permanency Department are responsible for case reviews on an ongoing basis as they will be monitoring for Service Delivery according to their need.

E. Quality Improvement and Contracts Department is responsible for the following:

1. Scheduling the Monitoring Review with the Provider and sending a Monitoring Review Notice requesting required information prior to the Monitoring Review. The Monitoring Review Notice may be sent 30 days in advance of the Monitoring Review.
2. Being the point of contact for the Provider during the monitoring activities.
3. Consolidating and preparing the final Monitoring Report to issue to the Provider requesting any necessary Performance and Quality Improvement Plans.
4. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plan).

F. Quality Improvement and Contracts Specialists will participate in pre-meetings, Monitoring Reviews via on-site monitoring visit and/or desk reviews, and any activities needed for the final Monitoring Report and any sanctions as requested by the Director of Quality Improvement and Contracts.

G. The Provider should be prepared to make available the following, including but not limited to:

1. Policy and Procedure Manual
2. Personnel Records
3. Client Records
4. Financial Records

H. Pre-monitoring Activities

1. Quality Improvement and Contracts Specialists will send a Monitoring Review Notice to the Provider announcing the date of the Monitoring Review and requesting needed documentation.
2. Quality Improvement and Contracts Specialists will review the Provider's contract record and ensure that all applicable monitoring reports, licensing summaries and other documentation is in file.
3. Quality Improvement and Contracts Specialists will meet with the Director of Quality Improvement and Contracts to review prior reports and any current issues, review monitoring tools and determine roles and timelines.

I. Monitoring Review Activities

1. Quality Improvement and Contracts Specialists will communicate with the Provider's staff to go over the purpose, scope and activities planned for the Monitoring Review.
2. Quality Improvement and Contracts Specialists may be reviewing a variety of records, including but not limited to policies and procedures, client, human resources, and financial records as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the agency may be requested.
5. Quality Improvement and Contracts Specialists will compile work product papers as part of the monitoring. These papers are confidential during the review and must be secured daily. They may be included as back-up in the OCOK record once the monitoring is concluded.

6. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Quality Improvement and Contracts Specialists will require a private space to review records if an on-site visit is conducted.

#### J. Monitoring Report and Follow-up

1. Quality Improvement and Contracts Specialists will document findings (Observations) noted during the Monitoring Review.
2. Within 30 business days of the exit interview or completion of the Monitoring Review, the assigned Quality Improvement and Contracts Specialists will compile a final Monitoring Report and will submit to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The Director of Quality Improvement and Contracts approves this monitoring report.
  - a. If the Provider disagrees with the Observations the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement and Contracts.
  - b. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
  - c. OCOK will send a written response within 10 business days of receipt of the Provider's response with a final decision.
3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and OCOK are discussing an Observation in question. OCOK retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. OCOK may determine that a PQI Plan is not needed or relevant if:
  - a. The Provider is making the appropriate efforts to meet the requirement,
  - b. There were one to three (1-3) records reviewed, or
  - c. If the finding (Observation) is not in the areas of Health and Safety.
  - d. The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
5. If PQI Plans are approved OCOK will notify the Provider.
6. If PQI Plans corrections and updates are needed the Provider will be notified and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved OCOK will follow-up (during the next monitoring review) to ensure progress is made in the specific area.

#### K. Contract monitoring file. Monitoring records will be maintained according to published retention schedules, to include:

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current Performance and Quality Improvement Plans with backup documentation, and
4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.

4.04 Continuous Quality Improvement Process			
Domain	Contract Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 8-2018, 11-2022
Documents	SSCC Joint Monitoring Tool		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Performance and Quality Improvement, CareMatch, myEvolv, COA RPM 2, RPM 2.01		

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program to ensure that data is collected, analyzed, and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive results for clients served. The PQI process encourages broad-based participation from employees and stakeholders in the responsibility to utilize data and feedback to maintain vital programs that meet a need in the community and that deliver quality outcomes for those that participate in services.

**Procedure:**

The Continuous Quality Improvement (CQI) process will allow OCOK management to hold ourselves, and those we partner with, accountable for financial, quality, and outcome measures that promote child safety, well-being, and permanency.

Quality Improvement and Contracts (QI&C) staff will engage in a continuous cycle of monitoring that is repeated until performance is at the highest achievable level and stability is maintained. This cycle is DMAIC:

- *Define:* As the first step of the cycle, OCOK defines performance measures and targets. These may be defined by DFPS or established by OCOK Executive Management Team and the Board of Directors.
- *Measure:* Data is gathered from various reports, data queries, survey results, incident reports, and case reviews. The data that is obtained is both quantitative and qualitative and focuses on indicators related to safety, service delivery, effectiveness, and timeliness.
  - Depending on risk factor analysis, an annual contract-monitoring schedule for each Network Provider will be determined by the QI & Contracts Department
  - A comprehensive review will be completed including, but not limited to,
    - an onsite review of records
    - interviews
    - direct observations
  - Findings from the review are communicated to the Provider and used to guide and inform of services
- *Analyze:* Analysis includes identifying trends, and opportunities for improvement, isolating data anomalies and process issues, identifying root causes, and reviewing the analysis.
  - A comprehensive report will be completed and provided to the Network Provider
- *Improve:* Providers, partner agencies, and other stakeholders identify Countermeasures for improvement, which may include:

- Setting targets and identifying milestones
- Establishing deadlines and implementing corrective actions when needed
- Sharing best practices and celebrating successes
- Acknowledging excellence from management down to front line staff
- Providing training and technical assistance
- *Control*: The final step in the DMAIC cycle is Control. This is the phase of monitoring and maintaining stability of performance. Further process improvements may occur based upon changes in performance or in response to changes within the provider system.

Through the CQI process, the QI & Contacts staff will work closely with Network Providers to ensure accountability and provide the necessary oversight and training to ensure that the subcontractor meets the conditions of their contract.

### **I. Overview of Continuous Quality Improvement Process**

- A. OCOK’s Quality Improvement Process helps us identify issues or problems that affect program outputs and outcomes and to implement quality improvement plans that address challenges as well as build upon network strengths.
- B. Our approach is based upon the identification of expected performance goals and outcomes, development and implementation of measurable objectives that tie to those goals and outcomes, utilization of tools to measure those objectives, continuous evaluation of data and, subsequently, the identification of additional changes that will drive continued improvement.
- C. The comprehensive review includes, but is not limited to, an onsite review of records, interviews, and direct observations by the review team.
- D. Providers must meet clear levels of contractual performance or immediately execute plans to meet performance expectations.
- E. This process will continue until the quality of the deliverables and processes meet the defined quality standards.

### **II. Contract Outcomes**

Providers will be monitored through OCOK Continuous Quality Improvement Process. This is a requirement of the Contract between OCOK and the State of Texas as well as a requirement of the Provider Services Agreement between OCOK and the Providers. The OCOK Continuous Quality Improvement Process includes monitoring the following regarding the Providers on a quarterly basis:

- A. Acceptable levels of performance on contract outcomes. Performance measures may include:
  1. Children/Youth are safe from abuse and neglect
  2. Children/Youth have stability in their placement
  3. Children/Youth are placed in the least restrictive environment
  4. Children/Youth maintain connections to family and community
  5. Children/Youth are prepared for Adulthood
  6. Children/Youth participate in decisions that impact their lives

- B. Additional outcomes may be added to Providers based on their level of functioning within the Network.
1. Regular and timely submission of extensive data and information for each child served as well as data on Foster Homes or facilities within the Network.
  2. This includes placement vacancies, data entry related to PMET outcomes quarterly, reporting of specific data elements to the utilized by CareMatch and myEvolv system, and any other data as needed by OCOK.
  3. Providers are required to enter the PMET data into myEvolv on a quarterly basis by the 10th of the month after month close. Only Children under OCOK contract in Region 3b should be entered into myEvolv system, all other data continues to be entered into the DFPS system.
  4. Compliance with applicable minimum standards for each service type provided by the provider. Citations received by the provider will be reviewed by OCOK as part of OCOK continuous quality improvement process. Action plans for Network Providers will be created based on the type of citation/violation received.
  5. Acceptable performance on stakeholder and consumer surveys administered by OCOK.
  6. Acceptable performance on process checklists, project audits and quality control reviews to include peer reviews, deliverable reviews, documentation reviews, and process reviews.

### **III. Reports**

The Analytics staff and the OCOK Chief Operations Officer will review the Provider's data/information and will compile a summary report.

- A. The summary report may include follow up and/or recommendations for the Provider.
- B. The summary report will also be provided to the Provider council shared with across the agencies as part of the transparent Quality Improvement Process by OCOK.

4.05 Quality Management Overview			
Domain	Contract Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022
Documents	SSCC Provider Services Agreement		
Reference	ACH Child and Family Services Policy – Performance and Quality Improvement, COA NET 2.02, RPM 2, RPM 2.01, RPM 7.02, RPM 7.03		

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program to ensure that data is collected, analyzed, and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive results for clients served. The PQI process encourages broad-based participation from employees and stakeholders in the responsibility to utilize data and feedback to maintain vital programs that meet a need in the community and that deliver quality outcomes for those that participate in services.

**Procedure:**

It is the expectation of OCOK that all persons being served by its Providers shall receive the most effective and beneficial services in accordance with laws, administrative rules, policies, and directives included in the system of care. In addition, OCOK is committed to identifying and replicating excellence in service delivery that results in enhanced safety, permanency and well-being for the people it serves.

**Quality Management Strategies**

- A. ACH is Council on Accreditation (COA) accredited and is committed to ensure provisions of the highest quality services to the Clients served under the SSCC. Because accreditation is generally accepted nationwide as a clear indicator of quality services, OCOK highly recommends that Network Providers attain national accreditation by a national accreditation body and maintain that accreditation in good standing for the life of this contract.
  
- B. Quality Improvement and Contracts staff will focus on organizational systems of network members’ performance and will seek to continuously improve quality of services provided. OCOK has established a quality management program that provides for the meaningful involvement of OCOK staff members, Network Providers, individuals served, DFPS and other stakeholders. The program includes, but is not limited to the following elements:
  - 1. Establishing quality improvement goals and objectives related to operations, management, program results and outcomes;
  - 2. Developing reliable and valid performance measures;
  - 3. Measuring performance in relation to OCOK performance;
  - 4. Performance outcomes established at the federal and state levels;
  - 5. Making continuous and progressive improvements, and measuring the impacts;
  - 6. Reviewing performance in relation to utilization management targets;

7. Reviewing the results of quality assurance reviews, critical incident reports, the numbers and kinds of grievances and appeals, and using this information to initiate system improvements;
  8. Identifying service problems and improvement opportunities;
  9. Measuring individuals served satisfaction and subcontractor satisfaction;
  10. Developing quantitative indicators, outcomes and outputs that can be used by the Department to objectively measure the Provider's performance and used by OCOK and Provider to improve services;
  11. Providing training and technical assistance to Providers;
  12. Providing needed information and feedback from case reviews to the Provider Network in order for them to have the necessary information and support to effectively and efficiently provide safety, permanency and well-being for dependent children and their families;
  13. Hiring qualified Quality Improvement and Contracts staff that focus on the children and families and system readiness;
  14. Monitoring Provider's compliance with contract standards and regulating entities; and
  15. Assuring Provider implements a defined process to complete and review background checks, and to verify staff education levels and professional licenses.
- C. OCOK has created a Quality Improvement and Contracts team to oversee compliance activities and tasks needed to maintain a desired level of performance by OCOK and Network Providers. This includes a series of management techniques and processes used to assess and improve internal operations and network services. The Quality Improvement and Contracts team consist of the Director of Quality Improvement and Contracts and the Quality Improvement and Contracts Specialists.

The Quality Improvement and Contracts team and the OCOK Chief of Operations Officer are responsible for:

1. Ensuring quality targets are defined for each performance measure.
  2. Implementing quality improvement techniques to assure the quality of the performance measures.
  3. Recording the level of quality achieved; and reporting the quality status to the OCOK Network.
  4. Quality Improvement Committee (comprised of Network Provider staff and OCOK).
- D. OCOK will actively engage Network Providers in the CQI process and develop contract monitoring policies, procedures and tools to guide the process.
1. Network Providers will be held accountable through performance-based agreements, which detail the scope, requirements and parameters of the SSCC Provider Services Agreement.
  2. Additionally, because OCOK will encourage Network Providers to be COA accredited and support them in their efforts to achieve this milestone, each Provider will be required to develop and implement internal quality management processes and participate in OCOK' monitoring processes.
  3. Through the CQI process, OCOK will work closely with Network Providers to ensure accountability and provide the necessary oversight and training to ensure that the Providers meet the conditions of their Provider Services Agreement.
  4. Based Review of Contracts, Real-Time Review of Performance Data, and Accountability to Performance and Outcome Requirements.

5. Network Providers agree to follow quality improvement expectations for the Network as a system.
- E. As needed, the Quality Improvement and Contracts staff will assist Network Providers in the development of Quality Improvement Plans that promotes the ongoing evaluation of the Provider's activities.
1. The plan will provide a systematic approach to monitoring efficiency and effectiveness.
  2. The plan sets forth the purpose and scope of quality improvement activities and includes strategies for planning, monitoring, reporting and resolution of issues.

#### **Deliverable Monitoring Process Overview**

- A. Quality Improvement and Contracts staff will participate in OCOK team meetings to review performance measures, identify and discuss programmatic issues, and identify any trend for improvement.
- B. The OCOK Chief Operating Officer will coordinate the quarterly management report that tracks compliance with contract performance measures.
  1. Reports will be distributed to OCOK staff, Providers, appropriate committee members and the community via the Quality Committee and/or the OCOK website.
  2. When data is received from Providers, or through automated systems, OCOK will review and analyze the data to determine its accuracy and validity. If errors are found, OCOK will work with the Provider to determine what is needed to correct the data.
  3. Providers will be required to provide corrective action plans if errors are consistently found.
  4. Satisfaction surveys will be regularly provided to clients, employees, Providers, and foster parents to determine their experiences with OCOK and the Network Providers.
  5. Results from the surveys are used to improve service delivery, identify service gaps, and improve outcomes for dependent children and their families.
- C. Contract performance monitoring is conducted by the Quality Improvement and Contracts team. The monitoring will include review of records and interviews with Providers, foster parents, and personnel staff as needed to determine the quality and effectiveness of the services being offered.

#### **Placement Stability and Permanency**

- A. Quality Improvement and Contracts staff reviews serious incident reports for compliance and the forwards to Care Coordinators for their review.
- B. As OCOK becomes aware of any abuse/neglect incidents or investigations resulting in Reason to Believe (RTB) for any of our Providers, OCOK follows up with the agency to ensure a full understanding of the incident, assess the agency's response to the incident for assurance of both immediate mitigation of risk/safety concerns for children involved in the incident as well as other OCOK children placed in that home or facility and to assess the appropriateness of the agency's on-going plan to reduce the risk of abuse/neglect going forward.
- C. Additionally, a determination would be made if a placement hold must be enacted temporarily. For CPA's, Basic GRO's or Shelters, the Senior Director of Care Management and Placement Services or a designee will complete this review. For all other Residential Providers, the Director

of Therapeutic Services or designee will complete this review. The information is then reviewed with the Chief Operating Officer for final agreement to the agency's response as well as determination of any on-going oversight, technical assistance or training that would need to occur in addition to the agency's planned response. The appropriateness of a placement hold is reviewed as well.

- D. In situations where an agency has a trend of serious incidents involving safety concerns, the OCOK Safety Committee convenes to review performance issues or concerns regarding that provider or their homes. The Committee is comprised of the OCOK Chief Operating Officer, Director of Quality Improvement and Contracts, Director of Therapeutic Services and the Senior Director of Care Management and Placement Services but also consults with other members of the OCOK team as needed. An agency may be placed on Safety Committee review for issues such as but not limited to the following:
1. the agency's viability is potentially at risk;
  2. the children and/or families are potentially at risk; and
  3. the agency or one or more of their homes have serious incidents or on-going licensing or contracting issues.
- E. The Committee members review the known information and develop a plan for how to address the issues. Example actions taken through this review may include but are not limited to:
1. determining that the agency has resolved the issue and no action is needed;
  2. gathering more data and reviewing at the next meeting;
  3. meeting with the agency leadership;
  4. increased oversight – OCOK lead is identified and assigned for enhanced oversight and details developed;
  5. development of a plan for remediation or quality improvement required by agency;
  6. review of performance or documents (home studies, safety plans, etc.);
  7. additional training requirements mandated;
  8. on-site technical assistance;
  9. temporary placement hold on either the entire agency or specific homes; or
  10. termination of the contract.
- F. If corrective action plans are required, the Provider responsible will provide a plan within 30 days of the request and will provide regular updates as needed to correct the issue.
- G. The Quality Improvement and Contracts staff will maintain and evaluate a centralized issue system designed to capture issues raised during monitoring reviews.
- H. After assessment and evaluation of the issues raised, the Quality Improvement and Contracts staff will assure that the results of the monitoring reviews are disclosed and resolutions to the issues are implemented.
- I. As a support to management, Quality Improvement and Contracts staff will provide documentation to management about the issues reviewed and analyzed. Management is then responsible for prioritizing action and either developing or approving strategies to resolve the issues. This information will be provided as needed in order to improve placement stability, safety, permanency and well-being.

- J. The Quality Improvement and Contracts staff will coordinate policy and procedure development and updating as needed.

4.06 Disaster and Emergency Response Preparedness Plan (DERPP)			
Domain	Contract Management and Oversight of Providers, ACH Health and Safety		
Effective	July 01, 2014	Revision Dates	12-2017, 12-2019
Documents	SSCC Provider Services Agreement		
Reference	SSCC Master Contract, ACH Child and Family Services Policy – Disaster and Emergency Response Plan, Emergency Situation Policy and Procedures		

**Policy:**

Practices to maintain the physical safety of staff and clients will be used and clearly assigned.

**Procedure:**

The information held within this document lays out a plan of action and lists responsibilities and tasks for OCOK personnel in the event of a disaster striking Region 3b, the state, or portions of it. OCOK personnel follow ACH Child and Family Services Policy and Procedures for Disaster and Emergency Response Plan.

DEFINITION OF A DISASTER- Disaster means any natural, technological, or civil emergency proclaimed by a county, the Governor, or the president of the United States.

Residential Network Provider shall submit to OCOK a Disaster and Emergency Response Preparedness Plan within 30-days of the execution of the SSCC Provider Services Agreement. The Plan shall include provisions for pre-disaster records protection, alternative accommodations for Children/Youth in substitute care, supplies, and a recovery plan in the event of an actual emergency. Disaster and Emergency Response Preparedness Plans shall be completed in accordance with the Provider Manual and the SSCC Master Contract. Network Provider is responsible for annual training to personnel and caregivers/foster parents. In the event of an emergency, OCOK may exercise oversight authority over the Network Provider in order to assure implementation of the agreed emergency relief provisions. As a provision of the Disaster and Emergency Response Preparedness Plan, all youth placed in the care of OCOK Residential Network Providers, either within or outside of the catchment, will have location specific plans for ensuring their children’s safety. Network Providers employees must be trained and/or acknowledge the agency’s DERPP annually. These plans will include appropriate and effective:

- Training/Acknowledgment of DERPP by employees, volunteers, and contractors (pre-service and annually thereafter);
- Preparation (e.g., emergency supply and information kits);
- Communication with DFPS caseworkers, licensing representatives and other legal entities; coordination with community resources for specialized assistance (e.g., for evacuation and trauma informed counseling);
- Assistance to meet disaster related healthcare needs.

4.07 Culturally Competent Service Delivery			
Domain	Contract Management and Oversight of Providers, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	9-2014, 1-2018
Documents			
Reference	Provider Services Agreement, OCOK Provider Manual, ACH Child and Family Services Policy – Non-Discrimination in Service Provision Policy, ACH/OCOK-CPA Policy and Procedures		

**Policy:**

ACH Child and Family Services does not illegally discriminate in any way in the manner in which it provides services to its client population.

**Procedure:**

It is essential for culturally appropriate service providers to establish a foundation of respect, trust, and empowerment, as families are more successful and responsive to interventions when they feel respected.

1. Provider shall deliver services in a manner that is relevant to the culture of children and families served.
2. OCOK will verify that Provider’s personnel and caregivers/foster parents receive Cultural Diversity training on an annual basis (3 hours; pre-service and annually thereafter).
3. Providers will be encouraged to attend a variety of training that addresses cultural competencies both in the community and training that is offered by ACH Child and Family Services.
4. When foster children are placed in a foster home the cultural dynamics of the home are taken into consideration prior to the placement.
5. The initial and ongoing service plans for all clients will reflect their cultural competencies and the steps taken to implement the particular client’s culture into the daily activities and operations of the Provider.
6. OCOK supports family contacts in collaboration with TDFPS to promote cultural identify and connections.
7. OCOK will support the foster family if a need in this area arises by facilitating community connections and activities.
8. OCOK will notify Network Providers via electronic mail and OCOK website ([www.oc-ok.org](http://www.oc-ok.org)) of any training opportunities.

<b>4.08 Dispute, Complaint, Grievance and Conflict of Interest</b>			
Domain	Contract Management and Oversight of Providers, ACH Client Rights and Responsibilities, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 5-30-2019, 12-30-2019, 2-2022, 9-2022, 11-2022
Documents			
Reference	ACH Child and Family Services Statement of Principles on Conflict of Interest, OCOK Provider Manual, Community-Based Care Region 3b Stage II Operations Manual, Statement of Principles on Conflicts of Interest, Employee Handbook, ACH Child and Family Services Policy – Client Complaint Policy and Procedures & Conflict of Interest Policy and Procedure, COA AS 12.01, AS 12.02, AS 12.03, AS 13.03, ETH 2, ETH 4, NET 2.04, GOV 7, GOV 7.01 (a-e), GOV 7.02 (a-b), GOV 7.04		

**Purpose:**

There may be times when OCOK, DFPS, Network Providers, clients and/or other Stakeholders may not agree on a case related decision or what should happen with a child and/or family.

**Policy:**

ACH Child and Family Services maintains a formal process in which clients can express and resolve grievances.

**Procedure:**

The purpose of the dispute, complaint, grievance, and conflict of interest procedure is to provide a process for clients, employees and/or other stakeholders an opportunity to be heard and to work together toward finding a solution to their concern. The complaint process is a tool for that purpose and also serves as a tool for performance/program improvement. This process ensures clear communication throughout the network, with clients as well as stakeholders and payers. It also supports a process for providing all parties with the information necessary to operate effectively and collaboratively. Following this process also facilitates a clear understanding of mutual expectations for all parties, and describes a mechanism for the resolution of conflicts, including conflicts of interest, among member networks as well as our community partners and stakeholders (i.e.: DFPS, Court officials, Providers, etc.)

**I. Case Related Dispute Resolution Process between OCOK and Network Providers**

Step 1: OCOK staff and the Provider staff (who are closest to the issue in dispute) and both OCOK Supervisor and the Provider Supervisor will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting. If a mutually agreeable solution is not achieved in three (3) business days, the Supervisor will notify the other Supervisor that they plan to involve their chain of command. The disputed issue will be elevated to the OCOK Department Director and the Network Provider Administrator in writing for possible resolution.

Step 2: If the dispute is not satisfactorily resolved in Step 1, it will be elevated to the OCOK Chief Operating Officer (COO) and the Executive Director/Administrator of the Network Provider agency in writing. Supporting documentation will be sent by email to the OCOK COO and the Network Provider Executive Director/Administrator with the subject line of "Dispute Resolution." As a part of the review,

the philosophy and goals of foster care redesign will be reviewed and used as a guideline for the ultimate resolution. The Network Provider must ensure continuity of services, as defined by the OCOK Contract and the Network Provider manual for the child or family involved while seeking to resolve the case-specific dispute. The issue will be resolved at this level and a final decision will be distributed back to the requesting staff by email with supporting points for the decision.

Some examples of issues that a Provider may dispute include but are not limited to the following:

- a. Denial or termination of the clinical privileges, including of individual service providers within Provider organizations;
- b. decisions not to contract with Providers;
- c. decisions to abrogate contracts with Providers;
- d. the Network's referral practices;
- e. level of care determinations (Refer to 6.19 Utilization Management Procedure); and
- f. payment (Refer to 7.09 Payment Dispute Resolution Process).

## **II. Case Related Dispute Resolution Process between OCOK and DFPS**

Step 1: OCOK, DFPS/CPS workers and supervisors, (and the Network Provider, if applicable) who are closest to the issue in dispute will work together to resolve case specific issues informally. This will be done through an objective, solution-driven discussion or meeting. If a mutually agreeable solution is not achieved in 3 business days, the individual will notify the other individual that they plan to involve their chain of command. The disputed issue will be elevated to the OCOK Director, DFPS/CPS Program Director and/or Program Administrator for possible resolution. The disputed issues will be elevated in writing.

Step 2: If the dispute is not satisfactorily resolved in Step 1, it will be elevated to a knowledgeable neutral DFPS/CPS staff member such as the (Community Based Care Administrator who understands the philosophy and goals of foster care redesign and is not a direct supervisor of the individual in the appeal). The escalating party will send an email with supporting documentation to the Community Based Care Administrator and the OCOK Chief Operating Officer (COO) with the subject line of "Dispute Resolution."

Once a dispute is escalated in Step 2, the CBC Administrator will provide a written decision to the appeal within five (5) business days. The written decision will be emailed to the OCOK COO with the subject line of "Dispute Resolution Appeal Decision." If the OCOK COO chooses, they will have three (3) business days from receipt of the notification from the CBC Administrator to appeal the decision to the DFPS/CPS Regional Director. The DFPS/CPS Regional Director will have five (5) business days to make a decision on the COO's appeal. If the COO chooses not to appeal, they will notify the CBC Administrator.

The CBC Administrator will distribute the decision to the appropriate staff and management. If the OCOK COO appeals the decision of the CBC Administrator to the DFPS/CPS Regional Director, the DFPS/CPS Regional Director will distribute their decision to the appropriate staff and management.

## **III. Complaints and Concerns**

OCOK employs a consumer affairs approach to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can lodge a complaint or concern directly with OCOK by sending an email to [consumeraffairs@oc-ok.org](mailto:consumeraffairs@oc-ok.org). The OCOK Director of Community Relations will receive those emails and will ensure that the complaint is addressed in a timely manner.

A complaint/concerns monthly report will be generated and sent to the OCOK Chief Operating Officer and to the DFPS SCCC Contract Manager.

Our Community Our Kids Office of Consumer Affairs will work to help solve problems, let parties understand their rights, answer questions, and help with resources. The requester may submit his or her request by:

- Fax: 817-732-9332
- Email: [consumeraffairs@oc-ok.org](mailto:consumeraffairs@oc-ok.org)
- Standard Mail:  
Office of Consumer Affairs  
Our Community Our Kids  
7700 AWG Way  
Fort Worth, Texas 76140

The request for an Office of Consumer Affairs review should include the name, telephone number, and mailing address of the requester, as well as the case number (if available) and date of birth of designated victims. Requests may also include other pertinent records if those records should be considered.

Only at the discretion of Our Community Our Kids Chief Operating Officer or designee is new information considered.

Office of Consumer Affairs (OCA) Review Process:

Upon receiving a request for Office of Consumer Affairs review, the Office of Consumer Affairs Specialist will obtain and review the documentation from the case, research, and review information with all parties. The OCA Specialist will submit the review and recommended finding to Our Community Our Kids, Director of Community Relations for consideration.

The requestor will be notified in writing of the final disposition of their case.

OCOK will not take any action to discourage or retaliate against any individual for:

- a. questioning the conduct of the program;
- b. expressing an opinion about the program;
- c. making a complaint or expressing a grievance; or
- d. providing information, expressing a concern, or filing a complaint with the primary provider, the accrediting entity or any authority.

**Process for which children, youth and families may elevate concerns about the provision and/or quality of services provided?**

If the Office of Consumer Affairs is unable to satisfactorily resolve the complaint, the Director of Community Relations will forward the review along with supporting documentation to Our Community Our Kids, Chief Operating Officer. Should Our Community Our Kids, Chief Operating Officer be unable to satisfactorily resolve the complaint, the case along with supporting documentation will be forwarded to the Chief Executive Officer of ACH Child and Family Services for final determination.

If this process is exhausted and the constituent does not find their case was resolved appropriately, children and youth under the age of 18 may contact the HHS Foster Care Ombudsman at 844-286-0769,

or adults may contact the DFPS Office of Consumer Relations at 800-720-7777. This should be the final step in the appeals process and only be used when the constituent deems it necessary.

#### **IV. Conflict of Interest**

A Conflict of Interest is a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her duties in the best interest of ACH Child and Family Services, our mission and our clients as a Board member, advisory committee member, paid consultant, employee, or subcontractor.

Board members, advisory committee members, paid consultants, employees, community partners and subcontractors are required to fully disclose any potential conflict of interest.

For procedures involving Board members, advisory committee members and paid consultants please refer to the ACH Child and Family Services Conflict of Interest Policy and Procedures.

For OCOK employees, all employees must be aware of Policy and Procedures and are required to fully disclose any potential conflicts of interest to their immediate supervisor as well as HR to be investigated and bring resolution to the actual, potential, or perceived conflict. The employee will be advised of the resolution accordingly.

For any subcontractors (Network Providers) or community partners, should a potential, actual or perceived conflict of interest arise, the party will notify OCOK immediately. Once OCOK is made aware of the conflict, it will be reported to the OCOK Chief Operating Officer to be further investigated and bring resolution to the actual, potential, or perceived conflict. The party will be notified of the resolution by the OCOK Chief Operating Officer or designee.

#### **Potential Contracting Conflicts of Interest**

In Stage I, the SSCC is required to provide placement for all children entering out-of-home care. This requires the SSCC to contract with a wide variety of providers for different types and intensity of placement services. The primary interest for these services is to place children in settings that best satisfy the Stage I contract outcomes.

In Stage II, the SSCC is authorized to spend an annually pre-determined amount of funding, to purchase services for families. The primary interest for these services is 1) to support the family's ability to have their child return to their home, and 2) to comply with court-ordered services. The types of services purchased vary significantly, and will include drug testing, mental health services, support services, skills training, family support services, or a variety of other services to support families.

OCOK prohibit its employees and agents from giving money or other consideration, directly or indirectly, to a child's parent(s) or other individual(s), or entities as payment for the child or as an inducement to release the child; prohibits compensation of any individual who locates or refers children, prospective birth mothers, or birth parents on a contingent or incentive basis; does not allow for any payment other than contract related reimbursement to providers for adoption or post-adoption services. Any subsidies or payments to the adoptive parents must go through DFPS. OCOK does not pay biological parents for or in exchange for the relinquishment of their rights or placement of their child/ren.

Compensation paid to OCOK personnel and any other individuals directly or indirectly involved in providing adoption or foster care services is not unreasonably high in relation to the services rendered and other appropriate factors and/or is on a fee-for-service, hourly wage, or salary basis rather than a contingent fee basis and is only paid for services actually rendered or for reimbursement of appropriate expenses incurred.

As OCOK does accept charitable donations, OCOK must ensure that such donations do not influence child placement decisions in any way.

#### *Potential conflicts involved in purchasing services include*

*ACH staff member or Board member financially profiting from a purchased service:* Should an ACH staff member or Board be the owner of a service purchased by OCOK, this person could financially benefit from this procurement. While it is not wrong for an agency or business to make a profit, the appearance of favoritism or unfair contracting exists.

*Programs operated by ACH are monitored less intensively than those provided by outside vendors:* Because an SSCC can operate its own programs rather than contract for all services, a conflict could involve less intensive monitoring by OCOK of programs offered by ACH.

#### *Other potential conflict*

*OCOK employee wanting to become a foster or adoptive parent.* An OCOK employee or spouse of an employee could decide to become a foster or adoptive parent. Conflicts could arise due to the staff having access to confidential information regarding the status of their home or the status of the child's case. Conflicts could also arise with dual relationships with co-workers.

### ***Tracking and Managing Potential Contracting Conflicts of Interest***

#### *Purchasing services from an ACH employee or Board Member*

OCOK has not and does not intend to purchase services from any entity that is owned by an ACH employee or Board member. OCOK would not pursue a contract of this type unless the service desired was not available through any other quality vendor. Should a contract of this type ever be considered, OCOK has the following purchasing procedures:

- Contracts will be procured through the defined OCOK purchasing process.
- Situations regarding a potential conflict will include clear documentation of the conflict and elevated to ACH's CEO to determine if a contract will be pursued.
- If OCOK chooses to pursue a contract of this type, a conflict of interest plan will be created. The plan must then be approved by the ACH CEO. DFPS would be notified of the conflict by OCOK prior to any services being utilized.
- DFPS would be notified of the conflict by OCOK prior to any services being utilized.

#### *Monitoring services delivered by ACH*

Current procedures are in place for OCOK to monitor ACH services consistently with all other services procured by OCOK. This process has worked well since 2014 and has been overseen by DFPS since the beginning of Stage 1.

### *Other potential conflicts resulting from contracting for services*

OCOK procedures prohibit OCOK staff from fostering or adopting Region 3b youth unless the youth is a kinship placement. For staff involved in a kinship placement, a specific conflict of interest plan will be developed for that individual staff member and the plan approved by the OCOK COO.

ACH and OCOK policies also require all staff to follow the professional ethics of their individual professions. These ethics statements all address personal conflicts of interest and the importance of avoiding or mitigating them.

### ***Resolving Potential Contracting Conflicts of Interest for OCOK***

The performance of the SSCC is regularly monitored by DFPS and several performance measures are tracked by independent, third-party evaluators. This process provides the necessary checks and balances for DFPS to identify and oversee potential conflicts of interest for contracting if they arise.

### **Potential Case Management Conflicts of Interest**

*Reunification decisions:* While a child is in a placement (paid or kinship), the primary interest is for the SSCC to facilitate each child exiting foster care being placed in a safe and permanent family setting. In Stage II, the SSCC is paid for case management services while a child's case is open. In Stage III, plans are to pay the SSCC a fixed total amount for all children entering care to provide case management services for the duration of the child's case.

- Financial Incentives in Stage II. Because the SSCC is paid for case management services while a child is in care, there could be a secondary interest for the SSCC to keep children in care longer.
- Financial Incentives in Stage III. Because plans for Stage III are to pay a fixed amount to provide case management services for every child entering care, there could be a secondary interest for the SSCC to exit children from care quickly.

*Preference for biological and kinship placements:* In considering reunification options, preference should be given to reunifying a child with biological, or kinship family members. In some cases, this decision may involve more risk than recommending termination of parental rights and pursuing non-relative adoption. It is important that the SSCC give priority to reunification with biological or kinship family members as this is historically in the child's best interests. A potential conflict could arise if an SSCC makes decisions to protect itself from risk, rather than to focus on reunification with biological or kinship family. Interestingly, this conflict also exists in the legacy system. Reunification with biological families could involve a greater likelihood of negative consequences if a child is hurt after reunification. This is a risk that DFPS currently manages and OCOK will look to work closely with DFPS to continue a focus on reunification with family.

### ***Other potential conflicts resulting from Case Management***

- *OCOK employee becomes part of a DFPS investigation or open case.* If the child of an OCOK employee were to become part of an open case involving kinship placement or out-of-home placement, conflicts would arise given the employee's access to confidential information about the child, the case, or the family members. Access to this information could put an employee in

the position of being able to use this information to unfairly influence decisions about the case including placement decisions, reunification decisions or decisions about the involvement of other family members.

- *Family or extended family of an OCOK employee has a CPS case opened.* If a family or extended family member of an OCOK employee were to become part of an open case involving kinship placement or out-of-home placement, conflicts would arise given the employee's access to confidential information about the child, the case, or the family members.
- *Friend or other person with whom an OCOK employee has a relationship with outside of work has a CPS case opened.* If a person known to an OCOK employee becomes involved with the DFPS system, the prior relationship could impair good decision-making about the case if the employee is involved.

### ***Tracking and Managing Potential Case Management Conflicts of Interest***

*Reunification decisions:* With the primary interest of each child exiting foster care being placed in a safe and stable permanent family setting, with a preference for biological or kinship family placement, there are three variables that can be monitored to effectively track that the SSCC acts to best support the primary interest: "Case Duration," "Re-Entry into foster care," and "Percentage of Biological/Kinship Reunifications." These variables apply to both Stage II and Stage III in tracking of potential conflicts of interest.

- *Case Duration:* Case duration is the length of time a case is open. The longer a case is open, the slower a child achieves permanency. The primary interest is to make the Case Duration as short as possible, while minimizing the number of children who are re-entering care.
- *Re-Entry into Foster Care:* While minimizing Case Duration is important, it is also important that children be reunified to safe and stable homes. A "re-entry" occurs when a child returns to foster care at a later period, after the original case is closed.
- *Percentage of Biological/Kinship Reunifications:* Knowing what percentage of total reunifications occur with biological/kinship family tracks SSCC efforts to engage and support this type of reunification as compared to non-relative adoptions.

Tracking the OCOK's focus on the primary interest involves tracking each of these variables consistently. Benchmarking Case Duration and the rate of children Re-Entering Foster Care after being reunified are partial indications of OCOK maintaining focus on the primary interest. For example, in Stage II, if Case Durations are significantly longer for OCOK as compared to the Legacy System, or as compared to other SSCC's, a conflict of interest could be indicated and can be further explored. In Stage III, if Case Durations are short but Re-Entry into Foster Care rates are significantly higher than either the Legacy System or other SSCC's, a potential conflict of interest could be explored.

In the same fashion, benchmarking the percentage of Reunifications that occur with biological/kinship families in Region 3b, with the Legacy System and with other SSCC's, provides insight into OCOK's emphasis on helping children return to their own families.

It is important to note that many issues could impact these variables that do not involve a conflict of interest. For example, court decisions to reunify children to more risky settings, lack of community

services to support reunification, and youth entering care with more severe behavioral or mental health needs, are all factors that could each impact these variables negatively. In addition, strong efforts to help reunify more children with their families, will likely result in more reunifications, but will also result in more re-entry's because more children are living with their families. Tracking the information and then conducting more detailed case analysis if concerning trends are indicated, will help OCOK and DFPS understand factors influencing the trends, and whether or not a secondary interest is receiving higher priority than the primary interest for the children in Region 3b.

### ***Other potential conflicts resulting from Case Management***

OCOK has created procedures to address these potential conflicts. These procedures will direct the following actions:

- OCOK staff experiencing a conflict involving personal involvement, family or relative involvement, or a friend or outside relationship involvement with DFPS must disclose this situation to either their supervisor or ACH's Human Resources Department within two (2) business days of the conflict being known by the OCOK staff member.
- For staff who become personally involved or who have a relative or person with whom they have a previous relationship become involved with DFPS, a specific conflict of interest plan will be developed for that individual staff by the COO of OCOK. The plan will specifically identify how potential conflicts involving the information and decisions regarding the case will be managed. The conflict will be reported to DFPS and the conflict of interest plan will be submitted to the Region 3b DFPS CBC oversight supervisor for approval.

### ***Resolving Potential Case Management Conflicts of Interest***

DFPS will regularly monitor OCOK performance. Monitoring by DFPS will track length of stay in foster care and re-entry rates. DFPS monitoring will include individual case analysis to determine if cases are being worked thoroughly by OCOK and if individual case permanency recommendations are supported by accompanying case evidence. DFPS will periodically report monitoring results to OCOK and will notify OCOK if any concerns arise from the results. The Conflict Resolution process defined in the contract will be used if OCOK and DFPS disagree on the corrective action needed for a specific situation.

Conflicts of interests involving length of placement or biological family involvement will be indicated in outcome data. Should outcome data indicate that a conflict of interest could be influencing the SSCC to give preference to a secondary interest, a more detailed review of cases and case decisions would be conducted by DFPS. The purpose of this more detailed review would be to clarify if the outcome trends are a result of other factors, (examples cited previously) or if a conflict of interest, as indicated by identifying specific cases where the secondary interest was given preference, is influencing SSCC decisions.

4.09 Stakeholder Satisfaction Survey			
Domain	Contract Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Performance and Quality Improvement Feedback Procedure		

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program to ensure that data is collected, analyzed, and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive results for clients served. The PQI process encourages broad-based participation from employees and stakeholders in the responsibility to utilize data and feedback to maintain vital programs that meet a need in the community and that deliver quality outcomes for those that participate in services.

**Procedure:**

Network services are delivered to a defined population through an integrated Network of Providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

Client feedback and satisfaction, which could include a wide variety of items in addition to satisfaction with services.

In addition to client satisfaction, the Network may wish to measure the satisfaction of stakeholders, such as high-volume referral agents, including clients, client’s team members, CPS workers, employees, and others with repeated experience with the Provider access and services.

Stakeholder Satisfaction Surveys will be administered in an annual basis, or as needed when appropriate; to include but not limited to areas of Network Providers delivery of services and OCOK departments.

4.10 Risk Prevention and Incident Reporting			
Domain	Contract Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 6-2022, 9-2022, 11-2022
Documents	Serious Incident Report		
Reference	ACH Child and Family Services Policy -Risk Prevention and Management, OCOK Provider Manual, CCR Minimum Standards, CLASS System, Texas Provider Portal, OCOK Serious Incidents and Occurrences Table, COA RPM 2		

**Policy:**

ACH Child and Family Services provides an annual report of the internal assessment of overall risk to the Board of Directors.

**Procedure:**

Providers are to immediately report knowledge of or suspicion of abuse, neglect, or exploitation of a child to Our Community Our Kids and directly to the Texas Abuse Hotline at (800) 252-5400 or online at <http://www.txabusehotline.org>.

**I. Risk Prevention and Incident Reporting**

**A. Serious Incident Response:**

1. Providers and OCOK staff are mandatory reporters. Any incident that fits the criteria for mandatory reporting will be reported to OCOK within the timeframes set by HHSC Child Care Regulation (CCR) and OCOK. See OCOK Serious Incidents and Occurrences Table
2. Upon receiving notification of an incident regarding a child/youth the Provider will make a determination as to whether the incident demands mandatory reporting to authorities other than OCOK.
3. Serious incidents are to be handled as opportunities for enhancing the growth and development of clients, not as justification for terminating the placement if appropriate.
4. Whenever possible, critical incidents are to be handled in a manner that preserves the placement, assures continuity of care, and provides a learning experience for both the child/youth and foster parent and/or placement entity.
5. Incidents to be reported include but are not limited to:
  - a. Death of a child
  - b. Reasonable cause to believe a child has suffered abuse or neglect
  - c. Suicidal ideations, gestures, or attempts
  - d. Homicidal ideations, gestures, or attempts
  - e. Disclosure of sexual or physical abuse
  - f. Physical assaults between two or more children
  - g. Physical assault of foster parents and/or staff
  - h. Use of physical restraint on a child
  - i. Runaway or missing child
  - j. Increased threat to the safety of a child

- k. Sexual contact between children that is not determined to be typical play between preschool age children
  - l. Any medication that is given inappropriately or lapsed doses of medication
  - m. Unexpected health problems including but not limited to offsite emergency medical treatment
  - n. Violations of licensing or certification requirements where the health and safety of a foster child is at risk and violations are not corrected immediately.
  - o. Serious property damage or other significant licensing violations that are a safety hazard and are not immediately corrected and may compromise the health and safety of youths in care.
  
- B. OCOK provides a 24-hour on-call telephone number to Providers and DFPS; in the case of a crisis and/or emergency situation.
  
- C. **Providers must submit a written incident report to OCOK via the Texas Provider Gateway (TPG) within 24 hours of the incident involving a Region 3b child and/or caregiver/foster and adopt home available to Region 3b.** A serious incident is not submitted properly in TPG until the Provider's designated vendor administrator approves the serious incident to be SSCC submitted. All mandatory filed in TPG must be completed and if the serious incident does not contain all of the necessary information it will be rejected by OCOK. The rejected serious incident will need to be resubmitted with the correct information within 24-hours of the rejection date.
  
- D. A Serious Incident Report should be completed for each contact made in the case of a presumed emergency or crisis situation. This report must include the following:
  - 1. Name of child/youth involved in the incident or crisis situation;
  - 2. Developmental and chronological age of child(ren)/youth involved in the incident;
  - 3. Date and time of the incident or crisis situation;
  - 4. Date, time and method of notification made to OCOK placement authority, supervisor and licensing;
  - 5. Nature of the incident or crisis situation;
  - 6. Actions taken by OCOK and Provider;
  - 7. Date report was completed;
  - 8. Date report was submitted to DFPS and OCOK; and
  - 9. Notation as to whether or not mandatory reporting is required.
  
- E. Upon receiving the immediate notification of an incident OCOK (Quality Improvement and Contracts Specialist and/or OCOK Care Coordinator as appropriate) will contact the Provider to review the course of action taken by the Provider and will determine as a team if further interventions are needed. This would include, but is not limited to, a corrective action plan, additional wraparound services, and training.
  
- F. All incident reports will be available to DFPS for their review. Any incident reporting of an injury, runaway, missing child, or increased threat to the safety of a child will be reported immediately to DFPS.
  
- G. OCOK will work in partnership with CCR on any investigation that results from a Network Provider's incident report. OCOK runs monthly CLASS history compliance reports on Network Providers in the state of Texas in order to gather all the necessary information for an incident,

allegation or investigation. OCOK will follow up with the Provider as needed on specific incidents, allegations or investigations in order to resolve the issue.

- H. The Network Provider is responsible for sending CCR documentation to OCOK; to include but not limited to, sampling visits forms, allegations and investigations letters, deficiencies, and closure letters for all facilities available to OCOK within three (3) business days of receipt of the information. Network Provider is also responsible for submitting, within three (3) business days, licensure board reports and investigations, suspected fraud or fraud investigations, and any other violations that occur by its Administrator and for the program/facility. OCOK will follow up with the Provider as needed on specific incidents, allegations or investigations in order to resolve the issue.
- I. OCOK will identify trends by Providers and the Network as a whole. If a trend is identified in a specific area OCOK will assist with the formation of a Workgroup to address improvement in that specific area. This Workgroup may be Provider-focus or Network-focus.
- J. The OCOK Safety Committee meets as needed to review performance issues or concerns regarding our Network Providers and/or their homes. The committee is comprised of the OCOK Chief Operating Officer, Director of Quality Improvement and Contracts, Director of Therapeutic Services and the Senior Director of Care Management but also consults with other members of the OCOK team as needed. An agency may be placed on the OCOK Safety Committee review for issues such as but not limited to the following:
  - the agency's viability is potentially at risk;
  - children and/or families are potentially at risk; and
  - the agency or one or more of their homes have serious or on-going licensing or contracting issues.

The OCOK Safety Committee members review the known information and develop a plan for how to address the issues. Example actions taken through this review may include but are not limited to:

- determining that the agency has resolved the issue and no action is needed;
- gathering more data and reviewing at the next meeting;
- meeting with the agency leadership;
- increased oversight;
- additional training requirements mandated;
- on-site technical assistance;
- temporary placement hold on either the entire agency or specific homes; and
- termination of the contract.

4.11 Continuous 24-hour Awake Supervision			
Domain	Contract Management and Oversight of Providers, Care Management, ACH Risk Prevention and Management		
Effective	August 01, 2019	Revision Dates	11-2022
Documents			
Reference	ACH Child and Family Services Policy -Risk Prevention and Management, OCOK Provider Manual, COA RPM 2		

**Procedure:**

Pursuant to the Fifth Circuit Court of Appeals in *M.D. et al. v. Abbott* related to Continuous 24-hour Awake Supervision OCOK adopts the following requirement:

All Providers serving more than six children in their facility must provide Continuous 24-hour Awake Supervision. Provider’s supervision policies and procedures must consider and address the ages, needs, living arrangements, and levels of service of the children and youth placed at a facility in addition to the physical environment and layout of the facility.

The Provider must notify OCOK and DFPS when this condition is not met in the specified format. This report will be submitted within 24 hours of the occurrence and will include the Provider’s actions.

OCOK Network Providers are required the following:

1. All licensed residential childcare providers who have more than six (6) children in their facilities must submit policies and procedures that meet the required Continuous 24-hour Awake Supervision provisions.
2. All DFPS legacy residential service providers will submit a copy of the certification of compliance received from DFPS to OCOK.
3. All residential service providers must report, to OCOK, via the [seriousincidents@oc-ok.org](mailto:seriousincidents@oc-ok.org) email box, and to DFPS through the process established by DFPS, any non-compliance of Continuous 24-hour Awake Supervision within 24-hours of the occurrence.

No children or youth in the conservatorship of DFPS may be placed in licensed residential childcare placements with more than six (6) children, inclusive of foster, biological, and adoptive children, that lack Continuous 24-hour Awake Supervision, with the exception of unlicensed placements, such as unlicensed or unverified kinship placements.

Continuous 24-hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children means children and youth under the age of 18.

**Monitoring and Compliance**

1. OCOK will review the Provider’s Continuous 24-hour Awake Supervision policies and procedures during the initial contracting process and will submit to DFPS for approval of the policy and procedures.
2. OCOK will ensure there is a certificate of compliance for all DFPS legacy residential services providers.

3. OCOK will review non-compliance incidents within 24 hours of being notified.
4. OCOK will maintain a quarterly report of non-compliance of Continuous 24-hour Awake Supervision.
5. OCOK will request information about staff ratio and sample of 24-hour awake supervision schedule during the annual monitoring review process.

4.12 Initial and Rolling Capacity Limits for New Facilities			
Domain	Contract Management and Oversight of Providers, Care Management, ACH Risk Prevention and Management		
Effective	10/15/2021	Revision Dates	
Documents	Monthly Capacity Assessment		
Reference	ACH Child and Family Services Policy -Risk Prevention and Management, OCOK Provider Manual		

**Policy:**

ACH Child and Family Services commits resources to support the Performance and Quality Improvement (PQI) program to ensure that data is collected, analyzed, and utilized in supporting strategic priorities and goals, program outcome measurement, quality improvement processes, service delivery excellence, and positive results for clients served. The PQI process encourages broad-based participation from employees and stakeholders in the responsibility to utilize data and feedback to maintain vital programs that meet a need in the community and that deliver quality outcomes for those that participate in services.

**Purpose:**

*Pursuant to SB1896, Sec. 42.258. Limit on Placements for New Facility, if an SSCC contracts with a general residential operation providing treatment services to place children with the operation before the operation is fully licensed, the contract must limit the number of children that may be placed at the operation each month and limit the number of children with a service level of Specialized, Intense, or Intense Plus until the operation exhibits sustained compliance with the licensing standards.*

**Process Procedure:**

1. This process applies to any general residential operation providing treatment services with a Texas provisional/initial residential childcare license that is contracted with an SSCC;
2. Initial and rolling capacity limits will be determined by all SSCCs that are contracted with the Provider during the initial permit;
3. Within 30-days of the Provider joining the OCOK Network, the assigned OCOK Quality Improvement and Contracts Specialist will complete an Administrative Review of the Provider’s Policies and Procedures to ensure systems are in place and Provider is prepared to receive placements. Results of this Administrative Review will be shared with DFPS, SSCCs and internally;
4. Within 30-days of the Provider joining the OCOK Network, OCOK will hold for the first three (3) months, no less than monthly staffings to discuss the contracted Provider to determine initial limitations such as service type restrictions and resident count restrictions based on a comprehensive assessment of factors such as compliance history, business history, management history, and other relevant narratives; following the first three months, the frequency of meetings will be determined based on the compliance of the agency;

5. OCOK will maintain ongoing communication with the Provider in order to gather information and data to be shared during the monthly staffings and to complete the Monthly Capacity Assessment;
6. OCOK will invite other SSCCs and any other interested parties to participate in the monthly staffing with the purpose of gathering information to determine capacity for the Provider;
7. During this monthly staffing the SSCCs will also discuss the Provider's performance and whether a capacity increase or decrease is warranted based on circumstances and available data;
8. Within 120-days of the Provider joining the OCOK Network, the assigned OCOK Quality Improvement and Contracts Specialist will complete a Contract Monitoring Review. Results of this Contract Monitoring Review will be shared with DFPS, SSCCs and internally, and;
9. This process lasts until the Provider has received their full permit to operate a residential childcare operation (6-12 months), and the SSCCs agree that the Provider poses no significant risk to children upon full licensure.
10. For any shared SSCC and DFPS contracted facilities, OCOK will also team with DFPS and any other SSCCs on this process.

4.13 Abeyance of Staff			
Domain	Contract Management and Oversight of Providers, ACH Background Investigation and Screening		
Effective	12/27/2021	Revision Dates	11-2022
Documents			
Reference	ACH Child and Family Services Policy - Risk Prevention and Management		

**Purpose:**

In order to ensure the health and safety of OCOK clients, OCOK reserves the right to require its Network Providers to remove any employee, volunteer, caregiver, or agent of the Provider as deemed necessary when allegations of abuse, neglect or exploitation of children are investigated and/or when abuse, neglect or exploitation of children has been substantiated.

**Policy:**

ACH Child and Family Services conducts background investigations and screenings on new and existing employees, contractors, interns and volunteers who have direct access or ongoing contact with children, or their confidential information to promote the safety of clients and protection of the agency. Personnel, contractors, interns and volunteers who have a documented history of assaultive behavior are not permitted to have interactions with clients or provide administrative or programmatic oversight.

**Procedure:**

1. DFPS will notify OCOK of any Abeyance of Staff imposed on OCOK or its Network Providers.
2. OCOK will follow all orders as per communication received from DFPS in reference to any Abeyance of Staff.
3. OCOK will issue an Abeyance of Staff to its Network Provider once notification is received from DFPS to ensure SSCC clients and their records are protected.
4. As deemed necessary, the OCOK Director of Quality Improvement and Contracts will notify the Network Provider of any Abeyance of Staff imposed by OCOK.
5. The OCOK Safety Committee members will be notified of the Abeyance of Staff imposed to Network Providers by DFPS and/or OCOK.
6. The OCOK Quality Improvement and Contracts Director will maintain a log by fiscal year (Sep-Aug) of Abeyance of Staff notifications received from DFPS and those imposed by OCOK to its Network Providers.
7. The OCOK Quality Improvement and Contracts Specialists will review the Abeyance of Staff log before completing a Monitoring Review in order to identify any names of personnel with an Abeyance within the sample chosen for personnel records review. If a name is identified the Quality Improvement and Contracts Specialist will immediately follow up with the Provider to ensure the Abeyance of Staff restrictions are being followed.
8. OCOK Network Providers will prevent or promptly remove any employee, volunteer, caregiver, or subcontractor from direct client contact and/or from access to client records, or any other activity restricted by OCOK (function as an Administrator, Controlling Person, etc.) who is alleged to have committed any act of abuse, neglect or exploitation of children.
9. If it is determined with certainty that the person in question has not committed the acts or offenses alleged, that person may again be assigned to direct client contact and/or access to client records. However, the Network Provider will notify OCOK of its intent to do so no later

than 10 business days of proposed reassignment. If requested, the Network Provider must provide OCOK with further information concerning the reasons for the reassignment. The Network Provider must receive OCOK approval prior to the reassignment.

10. If the person in question is found to have committed any of the acts or offenses as per this Policy, that person will not be reassigned to duties involving any direct contact with clients and/or access to client records. If deemed necessary that person will not be reassigned to any duties as per OCOK restrictions of any other activities (function as an Administrator, Controlling Person, etc.).

## **Section 5**

### **Referral and Placement**

- 5.00 Intake and Placement Services**
- 5.01 New Referral – Non-Emergency Placement (CPS requested)**
- 5.02 New Referral – Emergency Placement (CPS requested)**
- 5.03 Intake Process and On-call Procedure**
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- 5.12 Out-going Interstate Child Placement Compact Placements**
- 5.13 Children Recovered from Runaway from Out of Region/State**

5.00 Intake and Placement Services			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	April 1, 2022	Revision Dates	
Documents			
Reference	SSCC Master Contract		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

The OCOK Intake Department is responsible for processing all new and subsequent referrals for placement and case management services.

Under the direction of the Senior Director of Care Management and Placement Services, the Director of Intake, who has both experience and education in child placement activities and/or has a Child Placing Agency Administrator License, leads a team of trained and experienced Intake Supervisors and Specialists who receive, assess and coordinate the paid placements of children in the OCOK Network. Although intake is not responsible for the development of the Network, they do manage the placements into and out of the OCOK Network and thus are knowledgeable and considered “experts” on the variety of placement options and services that are available to our children and youth in care.

In order to meet the needs of our children in care, OCOK contracts with and manages an array of residential providers including Child Placing Agencies (CPAs), General Residential Operations (GROs) and Residential Treatment Centers (RTCs) who are then tasked with providing quality care, service provision and supervision to all children placed within their facility/homes. While OCOK has a no-reject, no-eject policy, the Providers must assess for themselves the appropriateness of placement and make a decision based on their ability to meet a child or sibling set needs. OCOK is tasked with meeting the needs of all children from the 3b catchment area, no matter what their need and as such, contracts with Providers who are licensed for things such as childcare, respite childcare, emotional disorders, mental retardation, pervasive developmental disorders, primary medical needs, human trafficking, transitional living, adoption and more. The Intake team assesses all children at the time of referral (initial and subsequent placement referral) to determine the most appropriate placement and service needs at that moment in time and matches them with the Provider best suited to meet their needs. Whenever possible, intake consults with the youth’s team including their permanency worker (Investigations for new removals), attorney, CASA, parents, the child/youth and others, seeking input, preferences and information to make the best match possible. On the occasion that at the time an emergency or subsequent placement is needed, and no placement can be located that can meet all of the child’s immediate and long-term needs, intake will continue to work with the child’s team to locate a more appropriate placement while the OCOK Care Coordination department assesses for additional services in the temporary placement to provide for the child in the interim. When a particular service or placement is not paid through a traditional contract but covered by Medicaid or insurance, such as psychiatric

hospitalization or substance abuse treatment centers, OCOK Intake works with the child's permanency team and the Medicaid Provider to ensure the Provider has all necessary intake information and documentation and that there is a plan for their transition out of the facility when treatment goals are met and back into a regular paid placement.

When a child or sibling group is separated at the time of placement, or placed temporary shelter or home as no option able to accommodate their needs is available at the time of the emergency placement, Intake will continue to search for an option with all siblings together, giving priority to any home that already has one or more siblings in order to maintain some stability, so long as the placement would still be safe and in the sibling groups best interest, or a more long-term, family like setting for the child in the temporary setting. OCOK Intake and Care Coordination will team up to look for more family-like, less restrictive settings for children in group residential or treatment center settings. Additionally, any child who is placed significantly far from home (across regions or out of state) who are not with relatives or receiving a particular treatment service provided only by a Provider out of the region, will continue to have search efforts made, until the child can be returned closer to their home.

<b>5.01 New Referral – Non-Emergency Placement (CPS requested)</b>			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 2-2020, 7-2020, 10-2021, 3-2022
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, Child’s Bill of Rights, Common Applications, Attachment A, Placement Summary 2279		
Reference	Foster Care Redesign Region 3b Manual, OCOK Provider Manual, CareMatch User Guide, myEvolv, IMPACT User Guides, CLASS, COA NET 2.02, NET 5, NET 5.02, NET 5.04, NET 6		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

The non-emergency placement process is used when CPS makes a referral to OCOK for a child or youth who is in CPS conservatorship who is either in need of a case management and a non-emergency (non-immediate) paid placement and/or is being referred to OCOK for case management with a non-paid placement (i.e., kinship).

1. CPS/CPI will contact OCOK Intake Department via phone toll free (1-844-777-OCOK) or email ([intake@oc-ok.org](mailto:intake@oc-ok.org)) and provide OCOK Initial Referral Information for both the child and family within two (2) weeks of knowing placement will be needed. Once custody is obtained, CPS/CPI will initiate a referral in IMPACT and OCOK will acknowledge the referral within one (1) hour.
2. CPS/CPI will provide OCOK intake with a Common Application and Attachment A as well as any other available supporting documentation (i.e., a psychological assessment, medical records) that would be necessary to finding the most appropriate placement for all children that are part of the referral.
3. Assignment of non-emergency placement requests will be assigned by OCOK Intake Supervisor or designee to Intake Specialists on a rotating basis. The Supervisor will be responsible for tracking assignments and ensuring caseload equity.
4. If necessary, OCOK will coordinate and facilitate a pre-placement staffing and the Intake Specialist assigned to the referral will participate by telephone to gather as much placement information on the child as possible.
5. OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (See CareMatch User Guide for instructions)
6. OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
7. OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third

calendar day after the date the child is placed in the facility. The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/CPS within five (5) days of school enrollment. Additionally, the Provider will be notified of the 3 in 30 requirements of ensuring a child has a 3-Day Medical Exam, a CANS Assessment within 21 days, and a Texas Health Steps Physical within 30 days of removal. (See 6.23 EPSDT)

8. The Provider will have two (2) days to discuss the potential placement and return an acceptance or denial to OCOK. The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.
9. Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide to CPS/CPI with a summary in order to make an informed decision about the appropriateness of the potential placement.
10. Within three (3) days of placement being needed OCOK will provide notice to CPS/CPI through email of the recommended placement and medical consent. CPS/CPI will evaluate and approve recommended placement and provide approval or denial within 24 hours. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with six (6) or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.
11. Once all approvals have been obtained, OCOK Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider. CPS/CPI is responsible for new referral (initial) non-emergency placements. CPS/CPI will also be responsible for ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained.
12. OCOK Intake Specialist will ensure the following documents are completed and signed:
  - a. Medical Consent (Form 2085b)
  - b. Placement Authorization 2085 FC or K
  - c. Education – Decision Maker (Form 2085e)
  - d. Attachment A
  - e. Placement Summary 2279
  - f. Child's Bill of Rights
  - g. All required Residential Child-Care Forms
13. OCOK Intake Specialist will complete all documentation of placement in IMPACT within 12 hours of placement. (See IMPACT User Guide for instructions) This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. (HM approval requests must be entered prior to placement)
14. OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the OCOK Intake Specialist is responsible for entering the data by 10:00 am the following day. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.

15. OCOK Intake Specialists will assign the child and family stages to the appropriate Permanency Unit according to case assignment rotation schedule based on the county of removal.
16. OCOK Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to the Director of Intake. Requests must contain a Common Application, a complete search log, an Exceptional Care Request form and documentation of all services to be provided.

Any updated procedures will be included in the OCOK Provider Manual and/or communicated to Network Providers via electronic mail.

5.02 New Referral – Emergency Placement (CPS requested)			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 2-2020, 7-2020, 10-2021, 3-2022
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, Child’s Bill of Rights, Common Application, Attachment A		
Reference	Foster Care Redesign Region 3b Manual, OCOK Provider Manual, CareMatch User Guide, myEvolv, IMPACT User Guides, CLASS, COA NET 2.02, NET 5, NET 5.02, NET 5.04, NET 6, NET 6.01		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

The emergency placement and referral process are used when CPS makes a referral to OCOK for a child and family who is in immediate need of a paid foster care placement or non-paid placement and case management services.

1. CPS will contact OCOK Intake Department via phone toll free (1-844-777-OCOK) and provide OCOK Initial Referral Information. CPS will complete the referral for the child and family in IMPACT. OCOK will acknowledge and approve the referral once all Common Applications are completed, and the referral time will start once all approved. OCOK will have four (4) hours to complete the search and locate placement for the child/ren once the referral is approved.
2. CPS/CPI will provide OCOK Intake with a Common Application and Attachment A as well as any other available supporting documentation (i.e., a psychological assessment, medical records) that would be necessary to finding the most appropriate placement for all children that are part of the referral.
3. Assignment of emergency placement requests will be assigned by OCOK Intake Supervisor or designee to OCOK Intake Specialists on a rotating basis. The Supervisor will be responsible for tracking assignments and ensuring caseload equity.
4. OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (See CareMatch User Guide for instructions)
5. OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
6. If the Provider does not answer, a message is to be left and the OCOK Intake Specialist should move on to the next provider after 15 minutes with no response from the best match.
7. The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.

8. Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide to CPS/CPI with a summary in order to make an informed decision about the appropriateness of the potential placement.
9. Once OCOK has approval of the home from the Provider notification is to be sent to CPS/CPI by telephone or email. Approval will be assumed if denial is not received within one (1) hour.
10. If Placement is not located within four (4) hours, OCOK will take physical custody of the child/ren unless otherwise agreed upon by both parties that it would not be in the child's best interest to do so.
11. OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third calendar day after the date the child is placed in the facility. The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/CPS within five (5) days of school enrollment. Additionally, the Provider will be notified of the 3 in 30 requirements of ensuring a child has a 3-Day Medical Exam, a CANS Assessment within 21 days and a Texas Health Steps Physical within 30 days of removal. (See 6.23 EPSDT)
12. No later than seven (7) hours from receipt of notification for need of emergency placement, OCOK Intake Specialist will provide CPS/CPI worker with the name and location of recommended placement and Medical Consenter. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with 6 or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.
13. Once all approvals have been obtained, OCOK Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider. If placement is confirmed and all necessary approvals are obtained prior to the end of the 4-hour period, CPS/CPI will be responsible for making the physical placement and for ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained. If placement confirmation and approvals are not obtained within the four (4) hours, OCOK will be responsible for the physical placement and ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained, unless otherwise agreed upon by all parties that it is not in the child/ren's best interest.
14. OCOK Intake Specialist will ensure the following documents are completed and signed:
  - a. Medical Consenter (Form 2085b)
  - b. Placement Authorization FC or K
  - c. Education – Decision Maker (Form 2085e)
  - d. Attachment A
  - e. Placement Summary (2279)
  - f. Child's Bill of Rights
  - g. All required Residential Child Care Forms
15. OCOK Intake Specialist will complete all documentation of placement in IMPACT within 12 hours of placement (See IMPACT user guide for instructions). This includes documenting the reason for

placement decision and decision criteria in the Placement Narrative Summary. (HM approval requests must be entered prior to placement).

16. OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the OCOK Intake Specialist is responsible for entering the data by 10:00 am the following day. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
17. The following business day OCOK Intake Specialist will ensure all documents are scanned into the Care Match.
18. OCOK Intake Specialists will assign the child and family stages to the appropriate Permanency Unit according to case assignment rotation schedule based on the county of removal.
19. OCOK Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to the Director of Intake. Requests must contain a common application, a complete search log, an Exceptional Care Request form and documentation of all services to be provided.

Any updated procedures will be included in the OCOK Provider Manual and/or communicated to Network Providers via electronic mail.

5.03 Intake Process and On-call Procedure			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 10-2021, 3-2022
Documents			
Reference	Emergency Placement Procedure, COA NET 5, NET 5.01, 5.02, NET 5.03. NET 5.04, NET 5.05, NET 6, NET 6.01, NET 6.02		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

Our Community Our Kids (OCOK) accepts referrals 24-hours a day, 7-days a week and conducts both planned and emergency placements. Referrals are directed to the Intake Department toll free at 844-777-6265 (OCOK). Information on how to access network services is available to the public on the OCOK website at [www.oc-ok.org](http://www.oc-ok.org) and provided to clients at the time of intake as well. OCOK has a “no-reject, no-eject” policy, we prohibit discriminatory selection processes, and all referrals are accepted for children who are legally from or the responsibility of the 3B catchment area and the intake worker will advise of all services available at that time. If a child or family that is not from the 3B catchment area and is the legal responsibility of another county in the state of Texas, is requiring placement or other courtesy services, OCOK will review to see if they meet the requirements for a courtesy referral (See 5.12 Courtesy Referral) or a Runaway Recovered from out of Region/State (See 5.13 Children Recovered from Runaway from Out of Region/State), otherwise OCOK will refer back to TDFPS. Any services not available at the time of intake are addressed through the care coordination process by the on-going assigned OCOK Care Coordinator or Permanency Specialist.

1. OCOK Intake Department will be responsible for ensuring that calls for referrals are answered 24/7/365. Intake workers complete all triage and critical care decision-making of referrals promptly and in accordance with the type of referral being made. Intake staff are supervised by Intake leadership who is experienced in residential childcare and/or licensed. All calls will be screened and assessed for priority (emergency or non-emergency) determination based on how quickly a placement is needed to ensure all children are treated equitably and in a manner that appropriately addresses their need for placement and timely initiation of services. During the intake process, Intake staff gather information necessary to identify critical service needs in order to determine if a more intensive service is necessary and they assess immediate safety/risk of harm both to the child and others. If at any time during the intake process, OCOK should learn that the child/ren are an immediate threat to themselves or others, the Intake Specialist will staff with their supervisor and consult with DFPS to have the child assessed by medical/mental health professionals prior to coming into placement. If the threat is such that it does not require hospitalization but does require additional supports, supervision or other services, Intake will work with the provider and DFPS to implement a safety plan with all parties involved.

2. To ensure this occurs it will be necessary to have a rotating on-call schedule to cover any calls for emergency placement requests that may occur during non- traditional business hours.
3. A Primary Backup worker and a Secondary Backup worker are scheduled at all times.
4. The OCOK Intake Supervisor will be responsible for ensuring that the on-call schedule is developed and followed.
5. The OCOK Intake phone line is set up to ring first to office line then to the on-call worker, then Supervisor and so on up the chain of command.
6. If the Primary Backup worker is on a call when a second call for placement comes in that call will automatically be routed to the secondary on call phone. If the Secondary Backup worker is also on a call when a third call comes in that call will be automatically routed to the Intake Supervisor.
7. The Primary or Secondary On-Call worker will then be responsible for following the procedure to secure an emergency placement.
8. The OCOK On-Call worker will contact the Intake Supervisor or Director of Intake if any issues arise in which they require direction or assistance.

5.04 OCOK Initiated Emergency and Non-Emergency Placement Change			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 7-2020, 10-2021, 3-2022
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, OCOK Child Care Discharge Form, Child's Bill of Rights, Common Application, Attachment A, Placement Summary 2279		
Reference	Foster Care Redesign Region 3b Manual, OCOK Provider Manual, CareMatch User Guide, myEvolv, IMPACT User Guide, CLASS, COA NET 2.04, NET 5.02, NET 5.04		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

OCOK must make all reasonable attempts to prevent placement changes and disruptions. Emergency placements may only be initiated when there is a perceived or actual threat to safety or well-being of a child. All other placement's change requests should be staffed at a minimum internally with Intake and Care Coordination, and with the Provider/caregiver and other parties whenever possible.

- Permanency Specialist will notify Intake (via phone or email) of the need for placement change and provide the reason placement is needed and provide with an updated Common Application/Attachment A, psychological assessment (most recent) and any other information that would be necessary or helpful to finding a placement.
- Assignment of emergency placement requests will be assigned by OCOK Intake Supervisor or designee to OCOK Intake Specialists on a rotating basis. The OCOK Intake Supervisor will be responsible for tracking assignments and ensuring caseload equity.
- OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (See CareMatch User Guide for instructions).
- OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
- If the Provider does not answer, a message is to be left and the OCOK Intake Specialist should move on to the next Provider after 15 minutes with no response from the best match. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs.
- The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.
- Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or

requests for variances and provide Permanency with a summary in order to make an informed decision about the appropriateness of the potential placement.

- Once OCOK Intake has approval of the home from the Provider notification is to be sent to the OCOK Permanency Specialist by telephone and email. Approval will be assumed if denial is not received within one (1) hour for emergency placement request. For non-emergency or planned placements, OCOK Intake will notify OCOK Permanency of placement option within three (3) days of when a placement is needed, otherwise it will be considered and treated like an emergency placement. If the OCOK Intake Specialist and/or Supervisor disagree with the OCOK Permanency Specialist and Supervisor regarding the placement recommendation, both teams should staff and attempt to work out the disagreement at the lowest level. If after staffing, there is no resolution, denial must come from the Permanency Director to the Director of Intake. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with six (6) or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.
- OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third calendar day after the date the child is placed in the facility. The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/CPS within five (5) days of school enrollment. If the placement change is within the first 30 days of removal, the Provider will be notified of the 3 in 30 requirements of ensuring a child has a 3-Day Medical Exam, a CANS Assessment within 21 days, and a Texas Health Steps Physical within 30 days of removal. (See 6.23 EPSDT)
- Permanency will be required to obtain physical custody of the child and coordinate placement with OCOK Intake to complete all placement forms. If during the course of the search for placement, Permanency makes the decision to place a child in a non-paid placement, the OCOK Permanency Specialist will be responsible for all placement documentation and activities.
- OCOK Intake Specialist and Permanency Specialist will coordinate the exchange of relevant child's placement information:
  - a. Medical Consenter (Form 2085b)
  - b. Placement Authorization 2085 FC or K
  - c. Education – Decision Maker (Form 2085e)
  - d. Attachment A
  - e. Child's Bill of Rights
  - f. Placement Summary
  - g. All required Residential Child Care Forms
- The Permanency Specialist notifies the following parties (bio-parents, bio-parent's attorney, AAL, GAL) of all placement changes. The Intake Specialist will notify the CASA program designee.
- Prior to the placement change the OCOK Intake Specialist will ensure that the child or youth's caretaker completes the OCOK Child Care Discharge Form and provide copies to the child's new Provider. OCOK must keep copies of this form and upload into CareMatch.
- OCOK Intake Specialist will complete documentation of placement in IMPACT within 12 hours of placement. (See IMPACT User Guide for instructions) This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.

- OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the Intake Specialist is responsible for entering the data by 10:00 am the following day.

5.05 Children Without Placement Notification			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	October 01, 2021	Revision Dates	2-2022, 3-2022
Documents	Child's Bill of Rights, Placement Summary 2279, Common Application, Attachment A, Medication Log		
Reference	IMPACT, CareMatch		

**Procedure:**

The OCOK Child Without Placement notification process is used when OCOK has taken possession of a child prior to midnight and continued to care for the child after midnight, was unable to locate a placement within the required 7-hour timeframe and provided overnight supervision of the child in an unlicensed placement.

1. OCOK Intake Specialist will notify the Director of Intake and the Senior Director of Care Management that placement has not been secured for the child and the child will need to be under OCOK Supervision.
2. OCOK Intake Specialist will complete documentation in CareMatch and IMPACT within 12 hours of the child being without placement. The OCOK Intake Specialist must document as if it is a placement under the Placement Log in IMPACT using the living arrangement code "SSCC Supervision."
3. OCOK will notify the DFPS Regional Director and the CPS Community-Based Care Administrator-3b that a child is under OCOK Supervision for that date, along with the Program Administrator for RCCI.
4. OCOK will provide the SSCC Supervision Daily Log to the DFPS Placement Team, Regional Director, CPS Community-Based Care Administrator-3b, and Contract Administrator Manager of the child under OCOK Supervision by 9:00 am the following morning, noting any child that came under OCOK supervision prior to 12:00 am the previous day. The report is a running log of all children without placement, noting the date they came to OCOK without placement, reasons/barriers to finding placement, any potential placement options as well as their legal status. The log must be updated daily until placement is located and the child placed into an approved placement.
5. OCOK Intake Specialist will ensure a binder is taken to the unlicensed placement location (Glen Eden, ERC, hotel, or other designated location) at the time of placement that includes:
  - a. Placement Summary 2279
  - b. Common Application
  - c. Medication Log
  - d. Child's Bill of Rights
  - e. All required Residential Child Care Forms
  - f. Attachment A
6. OCOK Intake Specialist will ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Foster Care Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.

7. OCOK Intake Specialist will continue to make search efforts daily to locate placement for any child under OCOK Supervision. The OCOK Intake Specialist will provide a daily report to the Director of Intake that lists the placement searches made for each youth and a timeline for moving them to a more appropriate licensed placement by 3:00 pm each day. This will be provided to the CPS Community-Based Care Administrator-3b, and Contract Administrator Manager no later than 5:00 pm daily.

5.06 Legacy Transfer			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2018, 3-2022
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, myEvolv, CareMatch, IMPACT		

**Procedure:**

During the beginning stages of implementation, it is necessary for OCOK to transfer existing children/youth (referred to as “Legacy”) into the Provider Network. This is simply an administration change, not a physical change in placement for the child/youth.

1. On a pre-arranged schedule between OCOK and each Provider their children/youth will be transferred into the IMPACT, CareMatch and myEvolv network systems.
2. OCOK Sr. Director of Care Management will collaborate with each Provider, as well as representatives from CPS to ensure that transfers are made in the IMPACT system and that a secondary assignment is made to the appropriate OCOK Care Coordinator.
3. Upon completion of the referral in IMPACT the OCOK Care Coordinator will then enter the child/youth’s information into the CareMatch and myEvolv systems.
4. OCOK Care Coordinator will collaborate with the Provider to get all State required documents completed and signed.
5. Within one (1) week of assignment the OCOK Care Coordinator will contact the Provider’s case manager and CPS caseworker to introduce themselves and begin communication about the next steps of care management.

Any updated procedures will be included in the OCOK Provider Manual and/or communicated to Network Providers via electronic mail.

<b>5.07 Notification of Child’s Immediate Needs, History of Child’s Sexual Abuse, Sexual Aggression and Sexual Behavior Problems</b>			
Domain	Referral and Placement, Behavior Support and Management		
Effective	August 09, 2019	Revision Dates	1-20-2020, 10-2021, 3-2022
Documents	OCOK Placement Summary, Attachment A, Common Application		
Reference	OCOK Provider Manual, IMPACT		

**Procedure:**

In order to ensure that children receive appropriate care and supervision and that caregivers are fully informed of all concerns regarding the child -to include child’s immediate needs, history of child sexual abuse, sexual aggression and sexual behavior problems the following will take place:

1. If a child has been sexually abused by an adult or another youth, OCOK will ensure all information about sexual abuse is reflected in the child’s OCOK Placement Summary, Attachment A, and Common Application for placement.
2. All of the child’s caregivers must be apprised of confirmed allegations of sexual abuse of the child at each present and subsequent placement. All of the child’s caregivers must also be apprised of any unconfirmed allegations of sexual abuse of the child if it pertains to child safety or impacts the child’s contact with any principals in the case.
3. OCOK Permanency Specialist will review documentation in each child’s records for all confirmed allegations of sexual abuse in which the child is the victim. OCOK will review all marked DFPS child’s electronic case record documents “child sexual aggression” and “sexual behavior problem” through the profile characteristic option when a youth has sexually abused another child or is at high risk for perpetrating sexual assault.
4. If sexually aggressive behavior is identified for a child, OCOK Permanency Specialist will also ensure the information is reflected in the child’s OCOK Placement Summary, Attachment A, and Common Application for placement.
5. If a sexual behavior problem is identified for a child, OCOK Permanency Specialist will also ensure the information is reflected in the child’s OCOK Placement Summary and Common Application for placement. OCOK Permanency Specialist will also provide a written summary of what led to the determination of a sexual behavior problem and will ensure they receive written acknowledgement of the information by all placement caregivers.
6. OCOK Permanency Specialist will review documentation in each child’s records for all confirmed allegations of sexual abuse involving the child as the aggressor.
7. All of the child’s caregivers must be apprised of confirmed allegations of sexual aggression of the child at each present and subsequent placement.
8. OCOK Intake Specialist will ensure the signed OCOK Placement Summary and Attachment A are uploaded to OneCase in IMPACT by 7 pm the following day.

Upon receiving a referral for a child with a history of confirmed sexual abuse, aggression or behavior problems, OCOK Intake staff will review all child’s history as it pertains to sexual abuse, sexual aggression or sexual behavior problems prior to a placement search. Information will be provided at the time of placement request by the Permanency Specialist that is requesting placement, as well as from the IMPACT system and the OCOK staff will ensure the information is included in the Common Application.

OCOK Permanency Specialist will complete the OCOK Placement Summary for all children prior to placement. OCOK Intake Specialist will review the OCOK Placement Summary and Attachment A and ensure it is given to the Provider at the time of the placement. The Provider will ensure the information is reviewed with the caregiver prior to placement.

At the time of placement, OCOK Intake staff will review the confirmed sexual abuse, aggression and/or behavior problem history with the caregiver and ensure the caregiver acknowledges receipt of the information and opportunity to ask any questions about the history prior to the completion of placement. Caregivers are required to sign the OCOK Placement Summary and Attachment A acknowledging receipt of the information.

OCOK Intake staff will upload the signed OCOK Placement Summary and Attachment A into OneCase in IMPACT no later than 7 pm the following day.

If the child should require a temporary placement (i.e., respite, hospitalization, incarceration, etc.), while in a placement, the Provider will ensure that the temporary caregiver is given all information about the child's sexual abuse/victimization, sexual aggression and/or sexual behavior problems and have reviewed the Attachment A and sign an acknowledgement of receiving/reviewing that information and send a copy to the OCOK Care Coordinator within 24 hours of the temporary placement.

<b>5.08 Non-paid Placements - Kinship/FRE, Adoption, SIL, Specialty Placements and In-Transit</b>			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 01, 2020	Revision Dates	7-30-2020, 2-2022, 3-2022
Documents	OCOK Non-Paid Kinship Information Request Form, Attachment A, Child's Bill of Rights		
Reference	IMPACT, OCOK Kinship Policy, CareMatch		

**Procedure:**

A non-paid placement is a placement that is not paid through regular foster care funding. Examples of non-paid placements include unlicensed kinship placements, adoptive placements, hospitalizations, or other Medicaid funded placements, SIL placements, Home-based Community Services (HCS) placements, etc. Non-paid placements can overlap with paid placements (hospitalizations, incarcerations, etc.) or can occur independently of paid placement (adoptive placements, kinship placements, etc.).

**Unlicensed Kinship**

Unlicensed kinship placements can be made either by DFPS at the time of removal, or subsequently by a permanency worker with the approval of the supervisor and/or Permanency Director. (see Kinship Policy for more information on approving kinship placements). A kinship placement can be court ordered or not. Once it is approved to place a child in a kinship placement, the placing worker (DFPS or OCOK Permanency Specialist) will enter the placement in IMPACT and will contact the OCOK Intake department and complete the OCOK Non-Paid Kinship Information Request form to ensure the placement is then entered into CareMatch by the Intake Specialist or their designee. Intake will gather basic information about the placement and child in order to assess and assign a modifier/level of care to the child and document for tracking purposes. If the kinship placement is the first placement at the time of removal, a referral will also need to be initiated in IMPACT by the removing DFPS worker. For a new removal, DFPS should notify Intake within one (1) hour of the removal and placement into the kinship home, for subsequent placements, Permanency should notify Intake within one (1) business day. A confirmation email will be created and sent to all parties including the OCOK Kinship email box to ensure a home study has been initiated and OCOK Kinship Family Specialist assigned to the case. All children placed into kinship placements qualify for and are required to have an OCOK Kinship Family Specialist.

**The following process is used for all other types of Non-paid Placements including:**

- **Family Reunification/Non-Custodial Parents Placements**
- **Adoptive Placements** (including matched adoptive placements, relative adoptive placements and moving from foster-to-adopt adoptive placements)
- **Supervised Independent Living (SIL) Placements**
- **Hospitalizations** (or other Medicaid paid)
- **Home-based Community Services (HCS) Placements**
- **Runaway/Unauthorized Placements**
- **Jail/Incarcerations**

When an OCOK Permanency Specialist makes a placement or learns that a placement event has occurred into one of the above non-paid placement types, the OCOK Permanency Specialist will enter the placement into IMPACT no later than 7 pm the following day. Once it is entered into IMPACT and no later than 24 business hours after placement, the OCOK Permanency Specialist will email the [ocok\\_clientplacements@oc-ok.org](mailto:ocok_clientplacements@oc-ok.org) box providing the Date of Placement, the Name/s of the child/ren placed, and the type of placement (see list above) to be entered by the OCOK data team into CareMatch. The OCOK data team will review a discrepancy report twice a month to ensure all non-paid placements are being captured in both systems.

The OCOK Permanency Specialist will ensure an Attachment A is provided and signed off on to all caregivers regardless of the type of placement and will ensure a copy is uploaded into OneCase by the following business day. A copy of the Child's Bill of Rights will also be reviewed and signed off on by the child/ren and uploaded into OneCase the following business day as well.

5.09 Courtesy Referral			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 01, 2020	Revision Dates	2-2022, 3-2022
Documents	CVS/KIN/LPS/ADO DFPS Form		
Reference			

**Procedure:**

OCOK and CPS will collaborate together to work with families and children placed in and out of the catchment area. OCOK will maintain and manage an email box to receive incoming and outgoing requests for courtesy supervision. All requests will be made on the universal CVS/KIN/LPS/ADO DFPS Form and can be sent to [SSCC3b CVS KIN LPS ADO@oc-ok.org](mailto:SSCC3b_CVS_KIN_LPS_ADO@oc-ok.org). This email box is managed primarily by and Administrative Assistant to Care Management who is responsible for ensuring all requests are reviewed and get routed to the appropriate department(s) for assignment.

**Receiving**

OCOK will be responsible for assigning courtesy workers to children and families in the following scenarios:

1. A child or sibling group legally from another county in Texas (with the exception of a child or children from Region 3E), placed in the 3B catchment area in a paid or non-paid placement (LPS).
2. A child or sibling group legally from another state placed through ICPC in the 3B catchment area (ICPC). Note- OCOK does not provide courtesy services to a child or siblings group placed in a therapeutic foster home placement, private adoption placement or RTC placement. The private agency contracted for placement and/or sending state is responsible for courtesy services.
3. A child or sibling group legally from another county in Texas (with the exception of a child or sibling group from Region 3E), placed in an adoptive placement in the 3B catchment area (LPS).
4. A parent whose case originates from another county in Texas but now resides in the 3B catchment area (CVS).
5. A parent whose case originates from another state and has an approved home study and through ICPC has requested courtesy supervision and services living in the 3B catchment area (ICPC).
6. A relative or kinship family living in the 3B catchment area with children placed with them from outside the 3B catchment area (KIN).

**Sending**

When a child or family member who is the legal responsibility of OCOK moves outside of the catchment area and requires courtesy supervision or services, the OCOK Permanency Specialist will create a request using the Universal CVS/KIN/LPS/ADO Form and send to the [SSCC3b CVS KIN LPS ADO@oc-ok.org](mailto:SSCC3b_CVS_KIN_LPS_ADO@oc-ok.org) email box for routing to appropriate CPS region by the Care Management Administrative Assistant.

<b>5.10 Paid Kinship Placements</b>			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	
Documents	Placement Summary 2279, Common Application, Medication Log, Child’s Bill of Rights, Attachment A		
Reference	CLASS, IMPACT, Texas Provider Gateway		

**Procedure:**

OCOK supports and encourages relatives to consider licensure as soon as possible but at any time throughout their placement. Once a relative has become licensed by a Provider to foster, the Provider will notify enter the family into the Texas Provider Gateway (TPG) system and will notify OCOK Intake Department that the family has become licensed and is active. An OCOK Intake Specialist will coordinate with the OCOK Permanency Specialist on all placement activities. The OCOK Intake Specialist will verify that the family is active in CLASS and IMPACT as an SSCC resource. The Intake Specialist will review CLASS and IMPACT for background checks and variance requests. If the Provider agency is on Heightened Monitoring or Probation, the Intake Specialist will follow all procedures to request approval from DFPS State Office prior to placement being made. Once approved and cleared for placement, the OCOK Intake Specialist will notify the OCOK Permanency Specialist that placement is ready to occur and send copies of all placement paperwork, including the following for signatures:

- a. Placement Summary 2279
- b. Common Application
- c. Medication Log
- d. Child’s Bill of Rights
- e. All required Residential Child Care Forms
- f. Attachment A

The OCOK Intake Specialist will review any history on the Attachment A prior to placement. OCOK Intake Specialist will ensure the Child’s Bill of Rights is uploaded into OneCase by the following business day in the Foster Care Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.

Placement cannot be made, and payment will not be issued until OCOK Intake Specialists approves the placement and the Provider is in the OCOK Network.

5.11 Post-Adoption Referrals			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	
Documents	Common Application, Placement Summary 2279		
Reference	IMPACT		

**Procedure:**

Since funding is limited, there are times that children/youth require out of home placement to meet their mental health needs and funds are not available thru traditional Post-adoption Services.

To be eligible for this service the adoptive family must:

- be residents of Texas;
- have adopted a child directly from CPS custody;
- have followed through with all tasks addressed on the service plan developed with the post-adoption service provider, to the extent the provider determines appropriate (service plan tasks may include family, group, or individual therapy for the parents or the child); and
- have exhausted all community resources, their insurance benefits, and available post-adoption services.

**Obtaining Post-adoption Substitute Care Services**

When an adoptive family contacts CPS/CPI/OCOK to request placement for their adopted child, and they are not currently working with post-adoption services, staff refers the family to the post-adoption services for appropriate services.

If the family is working with the Post-adoption Services Provider, post-adoption services are nearly exhausted, and the post-adoption service provider and OCOK find that it is in the child’s best interest for the adopted child to:

- re-enter substitute care; or
- to remain in out-of-home care if the child is already placed out of the home, and use post-adoption services, transferring temporary conservatorship to CPS

The Post-adoption Services Provider will contact OCOK Post-adoption Services Liaison.

OCOK Post-adoption Services Liaison will:

- notify the CBCA and CPS Adoption Program Specialist of any children/youth that are being considered for Post-adoption Substitute Care Services
- If the family resides in Tarrant County, notify Legal Supervisor for OCOK Permanency Unit assignment
- Within four (4) business days, contact all required parties to hold as staffing to determine eligibility and next steps.

**Staffing**

The purpose of the staffing is to evaluate the child and family needs to determine if circumstances meet policy requirements, the child’s best interest, and all parties can mutually agree to have CPS granted

temporary conservatorship of the child, and the child is placed into substitute care with the adoptive family's ongoing involvement.

Participants should include but are not limited to:

- Post-adoption service provider;
- Adoptive parents (invited by post adopt provider);
- Therapist (invited by post adopt provider);
- OCOK Post-adoption Services Liaison
- OCOK Senior Director of Care Management
- OCOK Intake Director
- OCOK Senior Director of Permanency;
- OCOK Permanency Director and Supervisor
- Investigative Program Director to be assigned intake

#### **Post-adoption Substitute Care IMPACT and Court Procedures**

If it is determined that policy and best interest requirements are met during the staffing and all parties are in agreement with proceeding. The post-adoption provider will:

- Initiate a referral to Statewide Intake alleging refusal to accept parental responsibility and request that the intake be routed to INV program identified during staffing
- Provide Common Application and Placement Summary Form to OCOK and INV for use in securing placement
- Affidavits from adoptive family to support legal conservatorship

OCOK Post-adoption Services Liaison will:

- Notify the OCOK Sr. Director of Permanency if a Child Sexual Aggression staffing is required
- Send weekly progress emails to the team until legal removal occurs

OCOK Intake Specialist will:

- Coordinate with current placement to either secure/obtain required approvals for the child to remain in the placement

OR

- Secure a new placement following all required placement approval processes

CPI will be responsible for all removal related tasks and placement will proceed per Emergency or Non-emergency Referral Request Procedures. (See 5.01 and 5.02)

5.12 Out-going Interstate Child Placement Compact Placements			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 1, 2022	Revision Dates	
Documents	AP-152 – Texas Application for Payee Identification Number, 100 A		
Reference	IMPACT		

**Procedure:**

If an out-of-state placement is identified for a child who is legally from Region 3b, OCOK will complete the following steps.

Outgoing Foster Home or Adoption Study Requests:

- The OCOK Permanency Specialist will complete and submit the outgoing ICPC request, including all required documents, through IMPACT and follow current ICPC process.
- When the ICPC process is completed by the receiving state, DFPS State Office ICPC will upload the 100A with approval or denial recommendation into IMPACT.
- If placement is approved, the OCOK Permanency Specialist will prepare the child for transition into approved out-of-state placement. This includes notifying the Well-Being Specialist, 30 days before the child’s placement, to assist in arranging for medical needs or assessing services for children before placement outside of Texas.

**Basic/standard level foster and adoptive placements when the caregiver is verified by a public state agency.** Before placement is made the SSCC Permanency Worker will request an ICPC Foster FAD stage, a VID number and verify that the ICPC Foster Home has been set up in IMPACT before making placement. The placement entry in IMPACT should be made directly with caregiver and will not be under the SSCC Network since they are verified by a public agency and foster care payments will be directed to the caregiver from DFPS. The SSCC child placement and family referrals will remain active for case management services.

**Therapeutic and above foster care placements OR if the caregiver is verified through a Private Agency.** For either of these scenarios, the OCOK Permanency Specialist will follow the Outgoing Foster Home and Adoption Study Request. Once located, the OCOK Permanency Specialist will notify the OCOK Director of Intake who will notify the OCOK Director of Quality Improvement and Contracts Department to initiate a contract directly with the private out-of-state Provider for placement services and supervision of the child. The Director of Quality Improvement and Contracts will notify and request the DFPS Contract Administration Manager to create a CPA resource and set up the home as part of the SSCC Provider Network in IMPACT. The home must be added to the SSCC Network before placement is made. DFPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services with private agencies. In some cases, the out-of-state family will have the option to transfer to the public child welfare agency in the receiving state. If the family chooses to transfer to the public child welfare agency, a contract is not needed.

**Children placed with an out-of-state family who is approved through a private provider for adoption.** The OCOK Permanency Specialist will follow the Outgoing Foster Home and Adoption Study Request.

OCOK will contract directly with the private out-of-state Provider for placement services and supervision of the child. DFPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services. Before placement is made the OCOK Permanency Specialist will request a VID. Once the VID is received, the Permanency Specialist will follow OCOK internal request process to open a FAD stage by providing required documents to [FADRequest@oc-ok.org](mailto:FADRequest@oc-ok.org). In some cases, the out-of-state family will have the option to transfer to the public child welfare agency in the receiving state. If the family chooses to transfer to the public child welfare agency, a contract is not needed.

**Out of State Request for Residential Treatment Center (RTC) Placements for Children from Texas.**

OCOK Intake Specialist may seek an out-of-state Residential Treatment Center (RTC) for placement of a child when it is in the child's best interest. When an out-of-state RTC is located, the OCOK Intake Director will coordinate with the Director of Quality Improvement and Contracts to initiate and create a contract with the out-of-state Residential Treatment Center. The OCOK Permanency Specialist will submit the ICPC RTC out of- state placement request through IMPACT once the contract is fully signed and approved by the CPS CAM and the agency entered under the SSCC resource. DFPS State Office ICPC will process the outgoing RTC request to the receiving state. Once the ICPC request is completed, DFPS ICPC will upload the decision 100A into IMPACT. If the placement is approved, OCOK, as part of case management, is responsible for setting up a contract for supervision of the child in the out of state placement. The OCOK Permanency Specialist is responsible for monitoring the out-of-state placement of the child for the timeframes specified within the sub-contract with the Residential Treatment Center.

5.13 Children Recovered from Runaway from Out of Region/State			
Domain	Referral and Placement, ACH Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	
Documents	DFPS Form 4116		
Reference			

**Procedure:**

Occasionally there are times when a child has been on runaway and/or has been recovered across legal region/catchment area lines. When this occurs, primary considerations must include child/youth safety and what is in the child/youth’s best interest. OCOK and DFPS Legacy areas must work together to support children/youth in DFPS Conservatorship as needed to ensure their safety and well-being.

Scenarios include, but are not limited to:

- OCOK youth recovered in a legacy region
- Legacy youth recovered in the 3B catchment area

OCOK youth recovered in other CBC catchment areas will be covered in an agreement between the SSCC and vice versa.

**When the circumstances do not support the child/youth being able to return to their legal region/catchment area immediately, a collaboration between DFPS legacy region and OCOK is required to develop a plan that meets the child/youth’s immediate needs, including the possible need for securing temporary placement.**

Circumstances that may require a temporary placement for the youth may include, but are not limited to:

- Recovery at a late hour and a distance from Legal Region/Catchment that would not support safe return at the immediate time of recovery
- Weather conditions in either recovery or legal region/catchment that do not support a safe return to the Legal Region/Catchment at the immediate time of recovery

Those involved in planning may include:

- Legal Region/OCOK Program/Permanency Director
- Recovery Region/OCOK Program/Permanency Director depending
- OCOK Intake Director
- Community-Based Care Administrator

The expectation for these types of temporary placements is that they are temporary and will not require multiple nights for placement. The Legal Region or OCOK will secure placement for the youth the following day after the youth is recovered and facilitate a least restrictive placement. In instances when

DFPS cannot reimburse for placements that are less than 24 hours, payment will be made at the Emergency Shelter rate through DFPS Form 4116.

## **Section 6**

### **Care Management**

- 6.00 Care Coordination**
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6.00 Care Coordination			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	January 31, 2018	Revision Dates	1-2020, 4-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy - Client Rights and Responsibilities Information Provided, CareMatch, Texas Provider Gateway, COA NET 4.02		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

The OCOK Care Coordination team is comprised of Care Coordinators and Therapeutic Services Coordinators whose responsibilities include ensuring children receive quality, timely planning and services that are individualized and on-going based on each child’s needs. The OCOK Care Coordination and Therapeutic Service Coordination report to a Director of Therapeutic Services, who has a Master’s level clinical degree and licensure and experience in utilization management work. Both the Director of Therapeutic Services and the Director of Intake report to the Senior Director of Care Management and Placement Services.

Services provided to children include residential or placement services, adoption services, daycare services, Transitional Living Services, Preparation for Adult Living (PAL) services, and also includes over-site of service planning. Services are coordinated such that all eligibility information, both current and past, is maintained for the entire covered population in order to minimize administrative barriers to prompt service delivery. Client/case records are maintained by OCOK and follow that client from placement to placement in order to facilitate the maximum benefit and continuity of care. Information about a child’s needs, services, placements etc. can be found in the CareMatch system, which is available to the current placement Provider through the Texas Portal Gateway System.

The OCOK Care Coordination team is also responsible for ensuring the ongoing utilization management process is completed for each child and that children are provided with a choice of service Providers whenever possible and can move easily between programs and levels of care as change or progress occurs. This includes ensuring that data related to appropriateness of admissions and authorization decisions, the intake and referral process, service planning and service delivery milestones as well as intake and discharge data are reviewed regularly and throughout the life of the case. The Senior Director of Care Management, Intake Director and Therapeutic Services Director complete reviews of intake and discharge data for length and number of placements including all subsequent and re-admissions. OCOK Leadership review placement stability, proximity to removal address, siblings together, safety and least restrictive placement setting data quarterly with DFPS.

The OCOK Care Coordination team is available to provide technical assistance and support to Providers along with training and refresher courses on the provider and operations manuals as well as other issues of importance.

6.01 Service Plan Development			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2018, 1-2020, 7-2020, 4-2022. 9-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Planning and Support Services, IMPACT-OneCase		

**Procedure:**

OCOK Care Coordination ensures that all children will have a Service Plan that will focus on developing and reviewing plans to meet the individualized and unique needs of the child.

1. The child and youth Service Plan will be a collaborative and inclusive process between OCOK, the Network Provider, Caregivers/Foster Parents, and the child and family.
2. Service Planning will occur with all children under OCOK including new placements (children placed within OCOK Network upon removal) and current placements (children currently placed in paid foster care who require a placement change into the OCOK Network/legacy transfer).
3. Child Service Plans will be developed and reviewed through Service Plan Meetings, and primary and concurrent permanency goals for the child will be reviewed.
4. OCOK will ensure all Initial and Subsequent Child Service Plan Meetings are scheduled and coordinated by the Network Provider within the specified timeframes.
  - a. New placements (new removals) within 30 days of removal.
  - b. Current placement (new to OCOK Network/legacy transfer) within 30 days of placement.
  - c. The Provider’s case manager will ensure that the first two (2) Service Plan Reviews are scheduled and conducted within 90-days of the Initial Service Plan Meeting.
  - d. Child Service Plans will be updated or reviewed more frequently when a child’s circumstances change, or significant events occur that dramatically alter the child or youth’s needs; OCOK will ensure that the Provider’s case manager is aware of any Region 3b Jurisdictional differences for county-specific Child’s Service Plan completion timeframes.
  - e. The Child Service Plan will be reviewed at the following intervals:

When CPS is named Temporary Managing Conservator (TMC) of a child, the following Child Service Plan Review timeframes are required:

Children who are receiving Standard Services (Basic & Moderate) as determined by OCOK:

1st review: within 90 days following the Initial Child Service Plan

2nd review: within 90 days following the 1st review

All other reviews: every 180 days following the 2nd review

Children who are receiving Therapeutic Services (Specialized and Intense, IPTP, PHBC and Exceptional Care) as determined by OCOK:

Every 90 days following the Initial Child Service Plan

*Coordination:* The Provider’s case manager will ensure the coordination of all Service Plan Meetings logistics, including:

- scheduling with participants a meeting date and time;
- reserving a conference room and/or scan call line;
- all relevant participants are invited to the meeting;
- coordination with OCOK and DFPS staff to ensure barriers to parent and/or family member participation are mitigated (i.e., transportation needs); and
- at least a 14-day Notice is provided to all participants/team members of the Service Plan Meeting.

Participants/Team Members should include but are not limited to:

- Child/Youth
- Biological/Adoptive Parents
- Foster Parents/Caregivers
- OCOK Permanency Specialist and Supervisor
- OCOK Care Coordinator
- Attorney Ad Litem for child and parents
- CASA
- Case Manager/Therapist
- Other professionals as needed (i.e., IDD, Education or Well-being Specialist/s) based on the child's needs

The Provider's case manager will send an email invitation for scheduled Service Plan Meetings to OCOK (Care Coordination and Permanency) and other relevant professionals. Network Providers are responsible for inviting biological parent(s), when parental rights are not terminated, to all Service Plan Meetings.

OCOK Care Coordination will ensure the Network Providers notify all participants of the Child Service Plan Meeting 14 days prior to the meeting. OCOK will ensure the Network Providers' case managers know how to contact parents and other family members. Network Providers are responsible for good faith efforts and documentation of gathering needed information for distribution of Service Plan Meeting Notices.

The Permanency Specialist will ensure the Child's Bill of Rights is discussed and signed by the child during each Service Plan Meeting and will ensure a copy with signatures is uploaded into OneCase the following business day.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.02 Child and Family Assessments			
Domain	Care Management, ACH Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	12-4-2015, 9-2016, 8-15-2018, 1-2020, 4-2022, 9-2022
Documents			
Reference	OCOK Provider Manual, Child and Adolescent Needs and Strengths (CANS) Manual Texas Version		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

OCOK will hold itself and Network Providers responsible for completing assessments using an inclusive model of care that is family-focused, strength-based, trauma-focused, and culturally respectful.

1. OCOK will ensure Network Provider’s staff must complete the online CANS training and pass a test demonstrating competency in order to be certified to administer the CANS Assessment tool. To maintain the CANS certification, staff must retrain and retest annually. It is the Provider’s responsibility to ensure staff who administer the CANS maintain their certification annually.
2. Assessments will drive Service Plan development and inform the appropriateness of placement and permanency goals.
3. OCOK will ensure the CANS Assessment is completed within 21 days following any placement (emergency or non-emergency) for all children aged three (3) years and older; for all children removed after 9/1/2016. If a child turns three (3) years old during a placement, the CANS Assessment will need to be completed within thirty (30) days of the child’s third birthday. If a child has a subsequent move in their first 21 days of care, the new placement Provider will need to ensure a CANS Assessment is completed no later than the 30<sup>th</sup> day of care (30 days from legal removal), regardless of how long the child has been in their placement. If a child moves within the first 30 days of care, it the Providers’ responsibility to ensure the CANS Assessment is still completed before their 30<sup>th</sup> day of care.
4. CANS Assessments will need to be updated annually for all clients with a Standard Level of Care. If Provider accepts subsequent placement of a client and is unable to locate a current annual CANS Assessment, one must be completed within 30 days of placement.
5. CANS Assessments will need to be updated every 90 days for all clients with a Therapeutic Level of Care. If Provider accepts subsequent placement of a client the timeline of the CANS Assessment must continue, if the most recent CANS Assessment cannot be locate one must be completed within 30 days of placement.

6. CANS Assessments are completed for all youth 18 years and older if they are still in an OCOK foster care/residential placement.
7. CANS Assessments, if not being completed by a credentialed Superior Provider, must be reviewed and approved by the Network Provider's Case Manager Supervisor or Treatment Director.
8. OCOK will ensure all Providers in the SSCC Network maintain appropriate qualifications including license/certifications for individuals assigned to complete and approve child and family assessments.
9. OCOK will ensure each Assessment is conducted by a professional that has CANS Certification.
10. OCOK will ensure assessments of a child's service needs will be conducted prior to making a recommendation regarding placement for non-emergencies, in a timeframe allowing development of the Service Plan.
11. The OCOK Care Coordination will be responsible for ensuring that CANS Assessments are completed timely, in accordance with both Policy and law and that Service Plans address any areas of strength or need identified by the CANS Assessment. The OCOK Care Coordination will conduct a quarterly review of 10% of the CANS eligible population to ensure quality assurance, timeliness of completion and that appropriate service planning is conducted.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.03 Discharge and Case Closure			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022
Documents	OCOK Residential Child-Care Disruption/Discharge Notice Form, SSCC Provider Services Agreement		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Rights and Responsibilities for ACH Child and Family Services, Client Rights and Responsibilities & Safety Planning for Unsafe Behaviors, Disruption Mitigation Process, Texas Provider Gateway, GPS		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK considers a discharge successful when it is planned, to a less restrictive setting, or when reunification or placement with family occurs. Network Providers will be responsible for implementing many interventions to prevent unplanned disruptions. However, if a child is out of control, is a danger to his or herself or others, and cannot be helped through additional supervision and support in their current placement, the Network Provider will request a placement change through the Intake Department in compliance with their Provider Services Agreement.

Prior to requesting the removal of a child, the Provider’s case manager will be required to provide documentation defining efforts to maintain placement over the last 30-days as well as participate in the development and implementation of a transition plan appropriate to the child’s best interests. Exceptions will be made in the case of an emergency.

By contractual agreement, the Providers will be expected to deliver foster parent support services to minimize placement disruptions, including contact (with child and caregiver) within one (1) business day and not to exceed 72-hours of any placement as well as on-going capacity for crisis support 24/7/365.

Children will not be placed in an enhanced substitute care setting without the approval of the OCOK Clinical team. Case related circumstances, which could result in placement disruption, will be considered prior to any placement outside the catchment area.

All Child-placing Agency Providers will be required to create a “Disruption Mitigation Process” to review and evaluate alternatives to potential disruptions. All crisis situations will be promptly responded 24/7/365 by the Provider. Providers will be expected to have a crisis response plan that will work quickly to de-escalate the crisis and quickly advance to an action plan to ensure the stability of the placement.

OCOK expects all CPA Network Providers to utilize the mobile crisis service of the Turning Point program prior to a hospital admission. The mobile crisis service can be accessed by calling (817) 909-1171. As appropriate; OCOK will support the Provider in convening support services to assure ongoing needs are

dealt with. OCOK also recommends all providers utilize local MHMR and other community-based resources including mobile crisis units before hospitalizations whenever appropriate.

When requesting a placement change the Provider's case manager will complete the OCOK Residential Child-Care Disruption/Discharge Form and will submit to OCOK through the Texas Provider Gateway (TPG). The form must be completed fully and submitted through TPG in order to be accepted timely. OCOK is tracking reasons for discharge and as such the provider is to identify on the form the top two (2) reasons why the child is being discharged. OCOK will ensure that DFPS has a copy for any children discharging from OCOK's Network. OCOK will meet the timeframes set in the OCOK Residential Child-Care Disruption/Discharge Form when a placement changes, or discharge is requested. This form gives information that will assist with understanding the reasons for discharge and will provide recommendations for a future placement that will increase the child's opportunity to attain a stable placement. In addition, the Provider case manager will notify OCOK when a child is discharged to any positive permanent placement.

OCOK may remove a child or request the agency to locate immediate respite whenever it has been determined to be in the best interest of the child due to allegations of neglect and abuse in the current placement. OCOK will be in contact with DFPS for any recommendations in the event there is an open investigation. In the event that an emergency discharge is not approved, the Provider will be responsible for finding respite should the OCOK Senior Director of Care Management deem it necessary. It will be the Providers responsibility to utilize respite within their home agency or to locate respite with other agencies. The Provider will still be responsible for the child until officially discharged by OCOK.

Timeframes for discharge are detailed on the OCOK Residential Child-Care Disruption/Discharge Notice Form found in the GPS. All 14-day discharge requests are subject to approval from the Director of Therapeutic Services or their designee. If the 14-day discharge does not meet the requirements, then OCOK will notify the submitting agency that it has been denied and a 30-day Discharge Notice has been accepted in its place. Discharges will be effective beginning the date received by the OCOK discharge email box if appropriately filled out and submitted with the required documentation.

All 14-day Discharge Notices for children who are AWOL should be submitted no earlier than 24-hours of the child being absent and no later than 48 hours. If the Provider intends to take the child back, this must be indicated on the Discharge Notice. If the child returns within the 14 days, then the Discharge Notice will be automatically rescinded. If the child does not return within the 14 days OCOK will pay for bed for up to the 14 days unless an earlier discharge is negotiated. If the Provider does not intend to continue to care for the child past the 14<sup>th</sup> day, this will need to be indicated as "no" on the Discharge Notice when submitted. In this situation, if the child returns on or before the 14<sup>th</sup> day the child will be the responsibility of the CPA/GRO/RTC and for the remainder of the 14-day period. If the option to not continue for care was selected and the child did not return during the 14-day period, the Provider will not be paid period of time the child was gone, and the placement end date will be the date the child ran. OCOK discharge email box ([discharge@oc-ok.org](mailto:discharge@oc-ok.org)) must be notified immediately upon a child's return from AWOL. NOTE-ONLY if the Provider indicates the willingness to take the child back by checking the corresponding box on the discharge form, will the Provider be eligible for payment if the child does not return following the 14 days.

A 24-hour Discharge Notice can be complete for children admitted to the psychiatric hospital or when a child is detained and charged with a crime. Children who are picked up by the police and taken to the police station to be processed without being detained will not qualify for a 24-hour discharge. If a child is taken to a psychiatric hospital that does not accept Superior Health placement days, the provider will need to request a transfer to a hospital that does prior to your 24-hour discharge being approved. If the provider takes the child to a hospital that is not under contract with Superior Health or does not have a

child specific contract with Superior Health for the hospital stay in question, the provider will be responsible for any payments incurred during the hospital stay not covered by Superior.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.04 Transition Plan and Follow Up			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2020, 5-2022
Documents	Transition Plan (Form 2500), Follow up Plan, OCOK Residential Child-Care Disruption/Discharge Notice		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Referrals and Family Support Services, Texas Provider Gateway		

**Procedure:**

Every OCOK youth will receive a follow up plan with goals to help youth transition into adulthood.

Network Provider:

1. Network Provider and youth will identify any “unmet” needs the youth has and develop goals in order to facilitate a smooth discharge and transition into adulthood prior to youth being discharged from services.
2. Network Provider and youth will create a Transition Plan that focuses on the youth preferences and independent living needs.
3. Network Provider will send to the OCOK Care Coordinator a Transition and Follow up Plan.
4. 30 days prior to the child discharging from the home or facility, the Network Provider will an OCOK Residential Child-Care Disruption/Discharge Notice Form in the TPG, alerting OCOK that the child’s discharge from care is imminent.

OCOK Care Coordinator:

1. The OCOK Care Coordinator will obtain from the Network Provider the Transition Plan and will review and provide to the Permanency worker for approval.
2. The OCOK Care Coordinator will obtain from the Network Provider the OCOK Residential Child-Care Disruption/Discharge Notice Form and will review and provide to the Permanency worker for approval.
3. The OCOK Care Coordinator will provide notification of approval to the Network Provider for the Transition Plan and OCOK Residential Child-Care Disruption/Discharge Notice Form.
4. The OCOK Care Coordinator will notify the Network Provider when the OCOK Residential Child-Care Disruption/Discharge Notice Plan has been approved.
5. Any updated procedures will be included in the OCOK Provider Manual.

6.05 Transition Planning			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 5-2022
Documents	Transition Plan (Form 2500)		
Reference	ACH Child and Family Services Policy – Referrals and Family Support Services, Foster Care Redesign Region 3b Operations Manual, CPS Handbook Policy 6274 Permanency Planning Meetings for Youth 16 and Older, CPS Handbook Policy 1121, Documentation Requirements for Models of Family Group Decision Making (FGDM), OCOK Provider Manual, IMPACT		

**Procedure:**

Network Providers will work with their youth to identify caregivers, caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.

**A. Network Provider**

1. Network Provider will provide to OCOK documentation of goals, services, challenges and progress the youth has made towards independence 14 days prior to the Transition or Service Planning meetings.
2. Network Provider will facilitate youth attendance at Transition and/or Service Planning meetings.
3. Network Provider will coordinate and facilitate the Transition and/or subsequent Service Planning meeting (90-day review).
4. Network Provider will work with youth, their caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions to adulthood.

**B. OCOK**

1. OCOK Transition Planning Coordinator will notify Network Provider to schedule a subsequent Service Planning meeting if the youth declines a Transition Planning Meeting.
2. OCOK Transition Planning Coordinator will update the transitional living services section of the child service plan in IMPACT with input from the Network Provider 10 days prior to Transition Planning or service plan meeting.
3. OCOK Transition Planning Coordinator will monitor that youth attends and participates in the Transition Planning Meeting or subsequent service planning meeting and work with Network Provider to address reasons youth fails to attend.
4. OCOK Transition Planning Coordinator reviews Network Provider’s documentation to ensure that Provider and youth are continually discussing transition plan during face-to-face visits, subsequent service planning meetings (90-day reviews) and Circles of Support.
5. OCOK Transition Planning Coordinator ensures Network Provider is working with and documenting their contact with youth, their caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions from substitute care to independence.

6. Three (3) days prior to the Transition Planning Meeting, the OCOK Transition Planning Coordinator will send an updated copy of the Transition Plan to the Network Provider.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

<b>6.06 Preparation for Adult Living (PAL)</b>			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 7-25-2018, 1-2020, 4-2022
Documents	Service Authorization (Form 2054), Referral Form (Form 5501), ACLSA		
Reference	Foster Care Redesign Region 3b Operations Manual, CPS Handbook Policy Appendix 10212, Preparation of Adult Living Life Skills Training Curriculum Online, OCOK Provider Manual, ACH Child and Family Services Policy – Referrals and Family Support Services, Texas Finance Code 201.101		

**Procedure:**

All youth must complete PAL training, including the Ansell Casey Life Skills Assessment (ACLSA) and graduation, prior to turning 18 years old.

**Ansell Casey Life Skills Assessment (ACLSA)**

**Effective September 1, 2018**

All youth in the Managing Conservatorship of the Department upon turning 14 years old are required to complete the Ansell Casey Life Skills Assessment within 30 days of a new placement or turning 14.

1. Upon receiving a referral packet from the PAL Contracted Provider:
  - a. The Network Provider will ensure the youth and caregiver complete the packet which includes Ansell Casey Life Skills Assessment, one for the youth and one for the caregiver, within two (2) weeks of receiving the packet.
  - b. Prior to submission to PAL Contracted Provider, the Network Provider will send an email to the OCOK PAL Specialist with the subject line “Life Skills Assessment” and attach Ansell Casey Life Skills Assessment results.
  - c. The Network Provider will ensure the caregiver mails the printed version of the ACLSA to the PAL Contracted Provider, and schedule and attend a debriefing meeting with the PAL Contracted Provider. Copy must be filed in the youth’s record.
  - d. Network Provider will ensure the results/interpretation of the Ansell Casey Life Skills Assessment and the identified strengths needs and goals are documented and incorporated into the youth’s Plan of Service.

**PAL Classes**

All youth, regardless of their conservatorship status, are required to complete PAL classes upon turning 16 years old and prior to turning 18 or aging out of care.

- a. The OCOK PAL staff will complete a Service Authorization (Form 2054) and Referral Form (Form 5501) for any youth eligible for PAL services.

- b. The OCOK PAL Care Coordinator will send an email to PAL Network Provider with Service Authorizations and Referral Forms for youth placed according to the Region in which they are placed.
- c. The PAL Network Provider will contact the Caregiver to initiate and schedule PAL classes/training.
- d. The OCOK PAL Care Coordinator will review a monthly report provided by the PAL Contracted Provider by the 15<sup>th</sup> of the month and will send to the OCOK Data Department for documentation of the youth's progress and status of PAL Life Skills Training.
- e. The Network Provider is responsible for ensuring the youth is scheduled for and attends all PAL classes, including the graduation. The Network Provider is responsible for ensuring maximum participation by the caregiver including completing the ACLSA and debriefing if the child had not previously completed with the PAL Contracted Provider.
- f. The Network Provider is responsible for ensuring the youth has transportation to and from the PAL classes/training.

### **Other PAL Related Services**

- a. Network Provider will identify and provide the identified services to youth to assist with their transition from substitute care to adulthood.
- b. Network Provider will assist youth with applying for and securing services that will aid in their transition to adulthood.
- c. Network Provider is responsible for transportation of the youth to all life skills and experiential training/activities.
- d. Network Providers must in conjunction with caregiver ensure that youth receive the following:
  - Instruction on basic living and social skills
  - Opportunities for learning through the use of experiential life skills activities
  - Access to Experiential Life Skills Activities provided by community resources
  - Taught how to appropriately care for themselves and function in the community
  - If the youth has a source of income, he/she are taught how to establish a saving plan and/or savings account to manage their money
  - Youth ages 18 to 21 who have a source of income are taught how to obtain a savings or checking account with a financial institution in accordance with Texas Finance Code 201.101
  - Assistance in applying for and securing services to aid in their transition to adulthood.
- e. On the 10<sup>th</sup> of the month following the month of service, PAL Network Provider will submit a monthly report to the OCOK PAL staff with a subject line of "Life Skills Training" that includes:
  - Youth's status, progress and completion of PAL training;
  - Services provided to the youth to assist with their transition into adulthood; and

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.07 Transitional Living Services			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022
Documents	Transition Plan (Form 2500)		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, CPS Handbook Policy 6274 Permanency Planning Meetings for Youth 16 and Older, ACH Child and Family Services Policy – Referrals and Family Support Services		

**Procedure:**

Our Community Our Kids (OCOK) provides oversight of the delivery of transitional living services by Network Providers for youth in DFPS conservatorship.

OCOK Care Coordinators monitor Network Providers to ensure they are discussing the Transition Plan with their youth and that the plan adequately prepares the youth to leave substitute care and transition into adulthood.

**Network Providers:**

Prior to the youth turning age 15.5 Network Providers are to begin addressing transitioning from substitute care to into adulthood with their youth.

1. Network Provider discusses with youth the elements of the Transition Plan (see Transition Plan Form) during their face-to-face meetings.
2. Network Provider records youth goals, strengths, fears, etc. on the plan document and services put in place to address issues.
3. Network Provider ensures that the youth participates in transition plan and meetings.
4. If a youth declines a formal Transition Plan Meeting, the Network Provider will schedule a subsequent service planning meeting instead to address.
5. Network Providers document services they are providing to help the youth meet identified challenges to achieving independence.

**OCOK Transition Plan Coordinator:**

1. OCOK Transition Plan Coordinator will review Network Providers records of initial and subsequent transition plan discussions.
2. OCOK Transition Plan Coordinator will ensure that Network Providers are continually reviewing the Transition Plan with their youth by discussing and documenting services, challenges and progress towards goals and that the youth is working towards independence.
3. OCOK Transition Plan Coordinator will monitor that youth is participating in Transition Plan Meetings and Service Planning Meetings (90-day reviews).

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.08 Supervised Independent Living (SIL)			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022
Documents	Voluntary Extended Foster Care Agreement (Form 2540)		
Reference	Foster Care Redesign Region 3b Operations Manual, CPS Handbook Policy 10400 Extending Foster Care For Youth Who Are Age 18 or Older, OCOK Provider Manual, ACH Child and Family Services Policy – Referrals and Family Support Services		

**Procedure:**

All eligible youth will receive referrals for Supervised Independent Living (SIL) services 30 days prior to their 17<sup>th</sup> birthday.

**Network Provider**

1. Network Provider will identify and report to OCOK any youth interested in participating in the Supervised Independent Living (SIL) program 30 days prior to youth's 17<sup>th</sup> birthday.
2. To be eligible for SIL the youth must:
  - Be able to live independently with minimal to no supervision
  - Comply with the Voluntary Extended Foster Care Agreement (Form 2540)
3. Network Provider will assist the youth in completing the Voluntary Extended Foster Care Agreement (Form 2540) and submit the completed form to OCOK Care Coordinator.
4. If the youth identified as being eligible for SIL is approved, the Network Provider and youth will attend and participate in a meeting coordinated by the OCOK SIL Liaison to provide information to the youth regarding their SIL options.
5. The approved youth will be placed in the SIL setting that best meet their needs.
6. When Network Provider receives SIL approval Network Provider will initiate transfer of youth to SIL placement.
7. At the time of the youth's placement into SIL, the Network Provider will complete discharge paperwork and submit to the TPG.

**OCOK Care Coordinator**

1. Thirty (30) days prior to a youth's 17<sup>th</sup> birthday, Care Coordinator will submit to Region 3b SIL Case Managers a completed Voluntary Extended Foster Care Agreement (Form 2540) to for any youth aging out of care.
2. Upon receiving the completed Voluntary Extended Foster Care Agreement (Form 2540) from the Network Provider, the Care Coordinator will immediately review and forward the completed application to Region 3b SIL Case Manager for approval.
3. Once Care Coordinator receives approval for SIL services, the Care Coordinator will inform Network Provider of approval and the day and time of informational meeting for them to attend with SIL Case Manager.
4. Once the youth chooses an SIL placement and services either in Region 3b or outside of Region 3b, the Care Coordinator will provide the Permanency Specialist with the transitional living placement recommendation for their approval.

5. Once the Care Coordinator receives approval for SIL placements from the Permanency Specialists, the Care Coordinator will immediately notify the Network Provider to initiate youth's transfer to SIL placement and provide OCOK with discharge paperwork and notify Intake.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.09 Extended Care and Return to Extended Care			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022
Documents	Voluntary Extended Foster Care Agreement (Form 2540)		
Reference	Foster Care Redesign Region 3b Operations Manual, CPS Handbook Policy 10400 Extending Foster Care for Youth Who Are Age 18 or Older, CPS Handbook Policy 10530 Processing a Young Adult's Initial Request to Return to Extended Foster Care, OCOK Provider Manual, ACH Child and Family Services Policy – Referrals and Family Support Services		

**Procedure:**

All interested eligible youth requesting Extended Care or Return to Extended Care will complete a request for Voluntary Extended Foster Care Agreement (Form 2540) to request Extended Care Services.

**Network Provider**

1. If DFPS eligible youth are interested in Extended Care and/or Return to Extended Care, the Network Provider will initiate a request 30 days prior to the youth's 18<sup>th</sup> birthday.
2. Network Provider will provide assistance completing the Voluntary Extended Foster Care Agreement (Form2540) to all youth that are eligible and interested in Extended Care services.
3. Network Provider will provide the completed Voluntary Extended Foster Care Agreement (Form2540) to Care Coordinator.
4. If the youth is approved for Extended Care or Return to Extended Care the Network Provider will ensure that they youth is assisted in maintaining necessary documentation for the program.
5. Network Provider will provide to Care Coordinator necessary documentation of youths continued compliance with Extended Care and Return to Extended Requirements.
6. Network Provider will document all discussions regarding youth's eligibility and services and report progress during subsequent service planning meetings (90-day reviews), youths Circle of Support or Transition Plan Meetings.

**OCOK Care Coordinator**

1. Upon receiving from the Network Provider, the completed Voluntary Extended Foster Care Agreement (Form 2540), the Care Coordinator will provide the documentation to the Permanency Specialist (Extended Care) or PAL Specialist (Return to Care) to initiate the approval process.
2. Once Care Coordinator receives notification of approval or denial, the Care Coordinator will notify the Network Provider.
3. Care Coordinator will obtain from Network Provider documentation ensuring that youth is maintaining the necessary documentation for continued eligibility from Extended Care and Return to Extended Care.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.10 Foster Daycare Services			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2022
Documents	Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809), Foster Child Care Referral Form		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Referrals and Family Support Services		

**Procedure:**

OCOK will ensure initial daycare requests and daycare renewals are submitted to DFPS.

1. Daycare is a two-step process involving both the Family Eligibility Verification as well as the Child(ren) Eligibility Verification.
2. The Provider Case Manager will submit the following documentation to the OCOK Care Coordinator for Family Eligibility:
  - a. Foster Child Care Referral Form and,
  - b. The completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809) unless an exception is met as described below:  
 For the initial daycare authorization, the requirement for the foster parent to complete the form may be waived if it is determined the verification would prevent an emergency placement in the child’s best interest. Such emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting the daycare were required to verify the unavailability of community resources. Waiver of the requirement must be approved by OCOK Permanency Director and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal. Otherwise, programs such as Head Start and Early Head Start should be utilized whenever possible first.  
 If no child is currently placed in the home, this part may be left blank and completed at a later date. OCOK then provides all documentation to CCS to be processed and approved for “prior authorization/eligibility.” The family can be approved for up to one year.
3. Provider is responsible for submitting all daycare requests with appropriate documentation (initial and renewals) to OCOK in a timely manner in order to avoid lapse in services. OCOK will provide effective date of services to Provider once approval has been granted by DFPS.
4. Once the Family Eligibility is completed and received from CCS , OCOK may submit the child(ren) placed in the home for Child Eligibility Verification by completing the Form K908-1809 with the child’s information to be submitted to CPS for approval. This process may take up to 10 business days to be processed.
5. If the family is not approved/does not meet the daycare requirements as determined by the State of Texas (CPS), OCOK can request a waiver that is subject to approval from DFPS State Office. The waiver process can take up to 30 days and must be started as soon as the family

becomes aware that they are not eligible/a waiver may be needed (note if a waiver is to be renewed annually, the Network Provider should provide all information at least a full month in advance to avoid a lapse in daycare). The Network Provider must provide all documentation (examples include letters, paystubs, proof of disability) etc. to OCOK and reasoning why a waiver is necessary for the continued placement of the child. Once received, OCOK will compile and submit for approval by DFPS State Office and notify the Provider of final decision. Note- to be eligible for daycare, all caregivers must work at least 40 hours per week. A full-time student, volunteer or foster parent does not fulfill this requirement.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.11 Psychotropic Medications			
Domain	Care Management, ACH Health and Safety		
Effective	July 01, 2014	Revision Dates	1-2020, 4-2022
Documents	Psychotropic Medication Treatment Consent (Form 4526)		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Medication Management and Administration, Psychotropic Medication and Consent		

**Policy:**

All clients receiving psychotropic medications and their parents/legal guardians receive patient education regarding the medication.

**Procedure:**

OCOK will ensure any child prescribed psychotropic medication visits with the prescribing physician in the STAR Health Network at least once every 90 days.

1. Network Providers are responsible for ensuring the caregivers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician in the STAR Health Network at least once every 90 days to allow the practitioner to:
  - a. Appropriately monitor the side effects of the drug,
  - b. Determine whether the drug is helping the child achieve the treatment goals; and
  - c. Determine whether continued use of the drug is appropriate.
2. For any child receiving psychotropic medication, the Provider’s case manager will provide OCOK documentation addressing the following:
  - a. The child has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
  - b. The child has been seen by the prescribing physician, physician assistant or advanced practice nurse in the STAR Health Network at least once every 90 days.
3. In the event the OCOK staff member is designated as the medical concenter for the child, the Provider’s case manager must ensure the OCOK staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.
4. Network Providers are responsible for ensuring the medical concenter representing the agency has the most up to date DFPS training and documentation in their record to function in this capacity.

Consenting to Psychotropic Medication

1. When a Healthcare Provider initially prescribes a psychotropic medication, the Provider’s case manager will ensure the caregivers or employees who serve as Medical Concenter for the child:
  - a. Notify OCOK in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
  - b. Complete and sign the Psychotropic Medication Treatment Consent Form (4526) with the Healthcare Provider; and

- c. Provide a copy of the form to OCOK within three (3) business days.
- d. Form 4526 is not required for changes in dosages or for refills of the same medication.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.12 Medical/Dental/Vision and Behavioral Healthcare Services			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2018, 8-15-2018, 1-2020, 4-2022, 9-2022, 11-2022
Documents	DFPS Medical/Dental/Vision Examination (Form 2403)		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Health Screening; Medical, Dental, and Vision Care; Emergency Medical or Dental Attention, Health Passport, Texas Provider Gateway		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will ensure all Providers access medical, dental, vision and behavioral healthcare services for children in substitute care referred by the SSCC through STAR Health Network Provider.

1. Providers are responsible for transportation of the child/youth to all medical, dental, vision and behavioral healthcare appointments.
2. Person consenting to medical care for a child must participate in each appointment for the child with the Healthcare Provider.
3. Participation in each appointment must be in person or, if appropriate and acceptable to the Provider, by telephone.
  - a. Level of participation depends on the nature of the medical care the child is receiving, except medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications.
  - b. Healthcare providers may have varying requirements for participation.
  - c. Medical Consenters must discuss with Healthcare Providers their expectations for participation.
4. OCOK will require the DFPS Medical/Dental/Vision Examination Form (2403) from the Provider.
  - a. The doctor and caregiver jointly complete the form at the child’s medical, dental or vision appointment.
  - b. Providers will ensure that within three (3) business days, children entering DFPS custody visit a doctor to see if they are hurt or sick and get any treatments they need (this is required by law). The 3-Day Medical Exam is an added medical screening and does not replace the Texas Health Steps Medical Checkup.
  - c. Providers will ensure a 30-day Texas Health Steps Medical Checkup is completed within 30 days of removal for children/youth new to DFPS conservatorship (children must see a doctor for a complete check-up with lab work). Providers will follow the Texas Health

Steps schedule for subsequent medical/dental/vision appointments. Just as the 3-Day Medical Exam does not replace the 30-day Medical Checkup, neither does the 30-day Medical Checkup replace the 3-Day Medical Exam. This Medical Checkup must occur even if the child's health passports indicates that the child received a medical exam prior to entering the foster care system. The checkup is considered overdue 31 days after removal.

- d. For children/youth that are NOT new to DFPS conservatorship, as stated above, Providers must ensure that the child/youth has a medical examination by a health-care professional within 30 days after the date of admission. This exam is not required if the Provider has documentation that the child has had a medical examination within the past year, including documentation in the child's health passport if the child is in the department's conservatorship. If the Provider admits a child/youth with primary medical needs, the Provider must provide the child with a medical examination by a health-care professional within seven (7) days before or three (3) days after admission. If the child/youth admitted shows symptoms of abuse or illness, a health-care professional must examine the child immediately. The checkup is considered overdue 31 days after admission.
5. For children enrolled in STAR Health who are six (6) months and older, the first Texas Health Steps dental checkup must occur within 60 days after the child comes into DFPS conservatorship. The checkup is considered overdue 61 days after removal. Children who turn six (6) months old while in DFPS care must have their first Texas Health Steps Dental Checkup within 30 days of turning six (6) months old. After that, children should get Texas Health Steps dental checkups every six (6) months. The checkup is due six (6) months after the month in which the child received the previous checkup. Children six (6) through 35 months of age who are identified by their dentist as being a moderate to high risk for the development of early childhood caries (cavities) may get regular dental checkups on a more frequent basis such as every three (3) months.
6. Children and youth age three (3) to 20 years old must receive a Texas Health Steps Medical Checkup annually. The checkup is due 12 months after the month in which the child/youth received the previous checkup. Children who are younger than three (3) years of age must get Texas Health Steps Medical Checkups more often, Providers must follow the Texas Health Steps Periodicity Schedule.
7. Providers can utilize their own Medical/Dental/Vision Examination Form as long as it meets the minimum requirements as per DFPS/CCL at the time of the appointment.
8. The reports and finding of any medical/dental/vision examination must be documented in the child's record. Providers will maintain records of all health-care providers visits in accordance with SSCC Policies and CCL requirements, screenshot of the Health Passport is not sufficient evidence as there needs to be a written notice/document from the attending physician.
9. Within 72-hours after the child's appointment, the Provider will send the completed Examination Form (2403) to OCOK at the 3in30 email box [3in30@oc-ok.org](mailto:3in30@oc-ok.org).
10. OCOK will ensure Network Providers inform youth ages 16 to 22 of their right to request to become their own Medical Consenter. Documentation of this conversation will be noted in the youth's record.

11. If a STAR Health Denial Letter is received, no later than the second business day the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the OCOK Care Coordinator.
12. OCOK will ensure Providers access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services, unless the court orders DFPS/OCOK to provide Behavioral Health Services for the child from a non-network provider.
  - a. Provider must utilize community resources to obtain Behavioral Health Services not covered by Medicaid.
  - b. OCOK Care Coordinator will assist the Provider in locating services as needed.
  - c. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover services, the Provider shall be financially responsible for providing Behavioral Health Services.
13. OCOK will ensure any child who is under the age of three (3) and is suspected of having a disability or developmental delay or whose 3-day Medical Exam identified a developmental needs is referred to Early Childhood Intervention (ECI) by the Provider's case manager within three (3) business days of placement and is documented in the child's record. All children under three (3) regardless of suspected disability will be referred within 30 days. Ongoing developmental screenings will be completed according to the well-child guidelines to identify any need for further assessment.
14. In an emergency situation the Provider is responsible for having mobile capability and/or can send practitioners or teams into the home, school, emergency room, or police department for immediate evaluation and crisis intervention.
15. When indicated, a child will receive a mental health screening within 30 days of removal or as needed ongoing.
16. In the event that a child requires psychiatric hospitalization, the Provider must notify OCOK immediately of any psychiatric hospitalization by emailing OCOK at [psychhospitalization@oc-ok.org](mailto:psychhospitalization@oc-ok.org) and the OCOK Care Coordinator, as soon as a child is admitted, but no later than 12 hours after being admitted. Provider is also required to submit a serious incident report via the Texas Provider Gateway (TPG) for all psychiatric hospitalizations.
17. If the Provider takes the child to a hospital that is not under contract with Superior Health or does not have a child specific contract with Superior Health for the hospital stay in question, the provider will be responsible for any payments incurred during the hospital stay not covered by Superior.
18. If there is an indication of alcohol and/or substance abuse issues, a screening will be completed within 30 days of the removal or known issue to determine the need for diagnostic assessment.
19. Medical Consenters have access to all necessary and relevant health information through the Health Passport. This includes but is not limited to information about the child's:
  - a. Physical and mental health history
  - b. Family history
  - c. Trauma history

- d. Prescribed medications, including their dosages, targeted symptoms, side effects and monitoring process for any psychotropic medications.
20. Anyone acting in the capacity of Medical Consenter must be trained annually (must complete the required DFPS training).
21. Providers or caregivers will ensure that any services needed to address issues or conditions identified during the health screenings, assessments or examinations are provided by a qualified professional and will consult with Superior as needed.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.13 Academic Services of Children/Youth in Care			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2020, 6-2020, 4-2022
Documents	Verification of School Enrollment		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Texas Education Code 29.012, Education Portfolio		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will ensure all children are enrolled and/or attending school to promote their academic success.

1. Providers will ensure all children are enrolled in and attend an accredited Texas public school within three (3) calendar days of placement, unless an exception has been granted in writing by DFPS caseworker and/or OCOK Permanency Specialist.
2. Providers will provide access to appropriate early childhood education programs to preschool age children. OCOK will ensure Providers enroll children between three (3) and five (5) in a prekindergarten program offered through the local public-school district or an early childhood education program through Head Start unless an exception is granted from OCOK.
3. OCOK will assist Providers in locating a program if no such program is available.
4. OCOK will receive from Providers a Verification of the Child's School Enrollment within five (5) calendar days of child being enrolled in school. This information will be recorded in the child's record.
5. OCOK will ensure Providers notify the school district in which the school is located for all children three (3) and older, in compliance with the Texas Education Code 29.012.
6. Providers are to set up a Texas Health Steps exam to evaluate developmental health for all children under age three (3). OCOK will consult with DFPS and communicate with the Provider if a disability or developmental delay has been identified prior to the exam.
7. OCOK will ensure the same process is followed for any child who is suspected of exposure to illegal abuse or prenatal drug exposure withdrawals.
8. OCOK will ensure Providers monitor and document each child's educational progress and stability and facilitates the coordination of educational services on behalf of the child and addresses issues impeding the provision of appropriate education-related services.
9. OCOK will ensure the Provider will consult with the regional education specialist and the DD specialist to ensure the needs are met for those children requiring special education or Section 504 services.
10. Providers will ensure a child's Education Portfolio is current and accurate by providing copies of all required documentation. The originals being maintained in child's case file. This will include additional documentation for children receiving special education services or Section 504 services. The Education Portfolio will be updated monthly and discussed during monthly reviews with the caregiver.

11. OCOK will coordinate with Providers to ensure copies of documents are submitted to child's school within thirty (30) days of enrollment.
12. OCOK will ensure Providers collaborate with biological parents, so they are able to participate and provide input in their children's education while they are in care.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.14 National Youth in Transition Database (NYTD)			
Domain	Care Management, ACH Child, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	4-2022
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

The OCOK Preparation for Adult Living (PAL) Specialist will identify eligible youth to participate in National Youth in Transition Database.

1. OCOK PAL Specialist will inform Providers of eligible youth for the survey via an email titled "NYTD Survey Participant."
2. OCOK PAL Specialist will work with the Providers and youth to complete NYTD surveys from identified youth. Youth will complete survey without assistance.
3. OCOK will maintain current contact information on youth placed within the Network and make all efforts to locate any youth of have aged out of care or who are on runaway, or their location is unknown in order to complete the NYTD Survey.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.15 Adoption			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-15, 1-2020, 4-2022, 9-2022
Documents	Adoption Recruitment Referral Form, Adoption Broadcast Form, HSGEH, TARE Profile, ICPC 100 A & B, Final Order, Consummation Order, Adoptive Placement Agreement, Adoption Court Report, Adoption 2054		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Rights and Responsibilities for ACH Child and Family Services, Client Rights and Responsibilities, IMPACT, CareMatch, COA AS 12.09, AS 12.10, AS 13.04, AS 13.05		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will be responsible for a full range of adoption activities and event which requires the coordination and efforts of multiple departments and positions.

**Working with Provider Agencies**

OCOK contracts with Providers to license, support and provide post-placement and adoption services to children and families. OCOK outlines the expectations of the contract within the OCOK Operations and Provider Manuals which defines the following:

- a. the adoption services to be provided by each party;
- b. any fees and reimbursement schedules;
- c. applicable laws, regulations, and standards that govern the provision of services;
- d. the lines of authority and expectations between OCOK and the Provider including who is responsible for oversight of the services provided and who can be contacted for any questions
- e. terms and conditions for terminating the agreement;
- f. documentation, record keeping, and confidentiality requirements; and
- g. timely communication and the exchange of information between the parties and with clients.

OCOK promptly complies with any requests for information or data made by the Provider or to our contractor DFPS.

**Child Services**

**Adoption Preparation**

Adoption Prep activities are the responsibility of everyone involved in the case. The OCOK Adoption Care Coordinator will ensure that the Permanency team, Provider, Therapist, Attorney, CASA, caregiver, etc. are all informed of the adoption activities and working together to ensure adoption prep activities are being coordinated. Adoption prep includes discussions with the child or sibling group about the goal and plan of adoption, ensuring the child/ren have updated medical, psychological/developmental

assessments as necessary and working through any barriers to ensure the child/ren are fully prepared to be adopted and/or consent to their adoption. Adoption Preparation should be done at the point that adoption of any kind is identified as a goal or concurrent goal. Although many tasks cannot be completed until termination is achieved and/or an appeal is completed, discussions and preparations with the child should begin early and be ongoing.

### **Types of Adoption**

#### **Relative/Kinship Adoption**

For any child, whose goal is relative/kinship adoption, the OCOK Kinship Family Specialist assigned to the relative caregiver will refer the family to an OCOK approved Provider agency with the ability to license adoptive families. Information on such agencies is tracked and maintained by the Community Relations Department. The OCOK Kinship Family Specialist will work with the relative to become licensed and advise the OCOK Permanency Specialist when the family has completed all verification/licensure activities as well as to any barriers to the process.

#### **Unrelated – Foster to Adoption**

For any child, whose goal is unrelated adoption, which has an identified unrelated adoptive caregiver and is placed with this caregiver at the time of termination, the general OCOK Care Coordinator will remain assigned to the child. The OCOK Permanency Specialist will take the lead on and ensure all adoption activities are completed. (See below for more information)

#### **Unrelated – Straight/Matched Adoption**

For any child, whose goal is unrelated adoption but does not have an identified adoptive caregiver at the time of termination or at the time of preparation for a termination trial, the OCOK Permanency Specialist will refer to the OCOK Adoption Care Coordination department for recruitment and additional placement activities.

#### **Recruitment**

The OCOK Adoption Care Coordinator will be assigned to Permanency units and will meet with the unit on a monthly basis to track, identify and staff any children in need of recruitment or having ongoing recruitment efforts. The OCOK Adoption Care Coordinator will take the lead on most adoption recruitment activities. The OCOK Permanency Specialist will be responsible for completing the Adoption Recruitment Referral including Adoption Broadcast form, HSEGH, TARE (or other recruitment platform) profile and an Adoption Recruitment Approved Photo.

The Permanency Specialist will identify whether the recruitment is for a child/sibling group that is legally free for adoption (termination on all parents has been achieved and there is no pending appeal) or if the request is a legal-risk (termination is not achieved on all parents or there is a pending appeal).

Recruitment of all types may be completed for a child or sibling group that is legally free for adoption. This includes broadcasts, website recruitment (TARE, AdoptUS Kids, A Family For Every Child, Provider's website, etc.), match events, videos, etc. Legal-risk recruitment is far more limited and cannot include the image of the child/sibling group. Any legal-risk recruitment activities must be approved by the OCOK Adoption Care Coordination Supervisor. If a child is not appropriate for legal risk recruitment activities but still in need of a home, the child will be referred to Intake for a new placement. A broadcast will be completed first and prior to any other adoption activities unless otherwise agreed upon by the OCOK Adoption Care Coordinator and OCOK Permanency Supervisor. The OCOK Adoption Care Coordinator will collaborate with the OCOK Permanency Specialist to complete any broadcast material and will submit the final documentation for production. The OCOK Adoption Care Coordinator will coordinate with the Community Relations department on Adoption Match and recruitment events and will ensure the child/ren register and have transportation, as necessary.

Any child who does not have an identified adoption resource after six (60 months of recruitment, or sooner at the discretion of the Permanency Supervisor, will be staffed with the OCOK Permanency and Adoption departments on a monthly basis for additional efforts (i.e., referral to Collaborative Family Engagement, specialize recruitment, case mining for relatives, etc.).

### **Home Studies**

OCOK will ensure that home studies on all potential adoptive homes are conducted and approved. The OCOK Adoption Care Coordinator will review all potential home studies for any matched adoption.

### **Selection Staffing**

The OCOK Adoption Care Coordinator will collect submitted home studies for each child available for adoption, will review and narrow down home studies in order to prepare for the selection staffing. The OCOK Adoption Care Coordinator will send top 3-5 home studies to the OCOK Permanency Specialist and Supervisor to review prior to Selection Staffing. The OCOK Adoption Care Coordinator will coordinate and host a selection staffing including the OCOK Permanency Specialist and Supervisor, CASA, ad litem, guardian ad litem and others as appropriate within seven (7) business days of reviewing home studies. The OCOK Adoption Care Coordinator will notify the Permanency Specialist within one (1) business day of the recommendation determined by the selection staffing.

### **Presentation Staffing**

OCOK will ensure a Presentation Staffing is held. OCOK The Adoption Care Coordinator will invite the following people to the presentation staffing:

- Prospective family
- Current family
- CASA
- Ad litem
- Guardian ad litem
- Permanency Specialist and Supervisor

The OCOK Adoption Care Coordinator will ensure that the prospective family is able to ask questions of the current family as well as any other members of the child's team. The OCOK Adoption Care Coordinator will facilitate a transition plan for the child into the adoptive home collaborating with the current and prospective family. The OCOK Adoption Care Coordinator will receive notice, no more than one (1) day, no less than four (4) days from the Provider if the family decides to move forward or not and ensure all parties are notified.

### **File Redaction**

The OCOK Permanency Specialist or their designee is responsible for completing the redaction of the case file for adoption purposes. The redacted file must be provided to either the family (relative/kinship or unrelated foster to adopt) or the OCOK Adoption Care Coordinator (matched) no later than 15 business days following the Selection Staffing (matched). The OCOK Adoption Care Coordinator will ensure the file is given to the Provider agency for the matched family and returned if the family decided to decline placement.

### **Subsidy**

The OCOK Permanency Specialist will ensure the adoption subsidy paperwork is completed by the potential adoptive family with the help of the OCOK Kinship Family Specialist or the Provider as necessary and will ensure an adoption level of care (LOC) is completed by Youth For Tomorrow (YFT) prior to subsidy negotiation. The OCOK Permanency Specialist will submit all paperwork to the Adoption Subsidy Negotiators prior to the adoptive placement.

## **Placement**

The OCOK Adoption Care Coordinator will ensure OCOK has an active approved contract with any agency (in or out of state) prior to placement. The OCOK Permanency Specialist will coordinate with the OCOK Adoption Care Coordinator on the transition for any matched adoptions. If approved, the OCOK Adoption Care Coordinator will refer to Intake for criminal background checks and placement entry. The OCOK Permanency Specialist will complete the ICPC 100 A and B for any out of state placements. The Permanency Specialist will complete the Adoptive Placement Agreement and will enter the placement in IMPACT and the CareMatch system. Any homes with six (6) or more children already placed in the home require approval from the DFPS Regional Director before an adoptive placement can be made. This approval must be obtained prior to the placement being made and entered in IMPACT. Any home that is licensed with an agency on Heightened Monitoring must be approved first by the DFPS Regional Director, placement cannot be made until the approval is obtained.

## **Post-Placement**

The OCOK Permanency Specialist will continue to monitor the child/ren following the adoptive placement and will ensure an adoptive Child Plan is completed. The OCOK Adoption Care Coordinator will ensure that the Provider is managing the adoption services and the OCOK Permanency Specialist will receive monthly reports from the Provider. The OCOK Permanency Specialist will ensure the family is provided with information about Post-Adopt Services and is referred to the local Provider, as necessary.

## **Legal/Finalization**

The OCOK Permanency Specialist will attend all court hearings and ensure the Provider completes the adoption court report. The OCOK Permanency Specialist will be responsible for consenting to the adoption.

## **Billing**

The Providers will coordinate with the OCOK Permanency Specialist to ensure the Finance department has all documentation needed for billing. This includes the Final Order, Consummation Order, Adoptive Placement Agreement, Adoption Court Report and the Adoption 2054. (Refer to 7.05)

## **Family Services**

The Community Relations department is responsible for the recruitment of adoptive families and will coordinate and track the recruitment activities and outcomes of the providers.

OCOK will maintain the Foster to Adopt Inquiry email box ([fosteradopt-inquiry@oc-ok.org](mailto:fosteradopt-inquiry@oc-ok.org)) and will continue to refer any families interested in adoption, living in the catchment area (for children who are not legally the responsibility of OCOK) to Providers in the area based on the needs and preferences of the family. (Refer to 6.16)

OCOK will maintain adoption contracts with Providers in and out of the state and catchment area in order to ensure there are no barriers to achieving permanency. Any child legally free for adoption is not bound by any geographic restrictions and OCOK will not restrict the adoptive placement of any child into the catchment area.

## **Other**

In the event that a Provider (agency) working with an adoptive family voluntarily or involuntarily needs to close, OCOK will work with the agency to plan for the transition of the family to another agency and support the agency and family through the new licensure process to ensure it is done as quickly as possible. OCOK will ensure that the family's information is all transferred to the receiving agency and that there is accessibility to the adoption records or any open cases.

The OCOK Adoption team works with Permanency to conduct quality improvement activities including tracking results, doing case reviews, measuring outcomes, and making any systemic changes as necessary to improve its program and services.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.16 Foster/Adopt Inquiries			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	4-2022, 9-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Rights and Responsibilities for ACH Child and Family Services, COA AS 3.07		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

OCOK will receive and manage all foster to adopt inquiries for families interested in foster care or adoption in the DFPS Region 3b service area.

Inquiries coming into OCOK recruitment number will be answered 24/7/365 by our designated OCOK recruitment team member. OCOK does not license foster and/or adoptive homes directly and thus does not have eligibility criteria; however, we do understand that our Providers may set certain parameters or criteria when it comes to meeting their mission, resources, capacity, their ability to meet the needs of particular children and contractual/legal obligations and as such OCOK must ensure that their policies are clear and any expectations/exceptions to licensure must be communicated to OCOK. OCOK will ensure that there are Providers for all types of foster and adoptive homes in the Network array and will assess the needs and preferences of the family to help them determine who the best match will be for them when they do not choose one on their own. The designated recruitment team member will respond to all inquiry with the following responses:

- a. An introduction of the recruitment team member.
- b. A determination of what the inquirer is interested in and what county they reside in.
- c. An explanation of the OCOK Network Provider process for becoming a foster, foster to adopt or potential adoptive home.
- d. If permissible by the caller obtain the callers contact information that includes (name, address, email address, phone number).
- e. Recruitment team member obtain the necessary information from the caller to assess their needs by using the fostering community website to determine the agencies that came up in the rotation.
- f. Recruitment team member will refer the inquirer to the list of providers by service and county. They will also take into consideration things like primary language needs, Faith - Based vs. Non-Faith Based preferences, type of licensure (foster vs adopt vs dual licensure), the needs of the child/ren they are interested in taking (i.e., PMN, IDD, ED, etc.).

- g. Recruitment team member will obtain permission to forward the inquirer contact information to the authorized agencies.
- h. If inquirer will not grant permission to forward the information to provider, provide the inquirer with a list of authorized agencies. Encourage the inquirer to contact the Provider agencies directly to determine the agency which best meets their needs.
- i. Encouraging the inquirer to contact the recruitment referral specialist again if they should have any difficulty in connecting with providers.
- j. If inquirer Provided contact information, recruitment team member will request permission to follow up within 72 hours to ensure connections to Providers.
- k. Thanking the inquirer for their interest in providing a foster or an adoptive home for the children of Region 3b.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.17 Court Hearings			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-15, 1-2020, 4-2022, 6-2022
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Court Orders		

**Procedure:**

OCOK will notify the Network Provider of any upcoming court hearing.

1. OCOK will notify the Network Provider of upcoming court hearing(s) immediately upon being notified.
2. OCOK will request and ensure the Network Provider informs the caregiver and child or youth.
3. OCOK will forward any Court Orders relevant to the care of the child to the Network Providers.
4. OCOK will ensure Network Provider arranges for child or youth to attend any required court hearing, unless excused by judge prior to court hearing, this is not limited to the child/youth's CPS hearings but also any juvenile, criminal or other hearings they are ordered and subject to participate in. Child or youth may attend court by way of video conference and/or teleconference when appropriate and only when approved by the court.
5. OCOK will request Network Provider to inform OCOK if they (Network Provider) or their designee is required for any legal process.
6. OCOK will confirm with the Network Provider, who has been identified as the most appropriate staff member to attend all court hearings, unless excused by the judiciary. OCOK will encourage Network Provider, caregiver, and youth to participate in court hearings in person or by representation, letter, Skype, or conference call.
7. OCOK will request Network Provider attends all other court preparation meetings as requested by DFPS/OCOK, CASA, attorney ad litem, or other members of the judiciary.
8. OCOK will confirm with Network Provider who will be attending court within two (2) business days of being notified of the court hearing.
9. If the date and time of next court hearing is announced during court, OCOK will notify Network Provider by the next business day, if not present. OCOK will request Network Provider alert OCOK in the same fashion, if OCOK is not present at court when announcement is made.
10. If an emergency court hearing is scheduled, OCOK, in conjunction with the Network Provider will both determine the attendee list as soon as possible.
11. OCOK will be informed by Network Provider of any service of legal process delivered to the Provider agency, employees, caregiver or child/youth related to the child's court case or any contract compliance issues.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.18 Court Reports			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2022
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Court Reports (Status Report to the Court (Form 2070), Permanency Plan & Progress to the Court (Form 2088), Placement Review Report to the Court (Form 2088b))		

**Procedure:**

OCOK holds ultimate responsibility and ownership of all information contained in Court Reports submitted to the court. However, the Provider will be providing the information for completion of the sections of Court Reports that are relevant to the child.

OCOK will collaborate with the Provider to gather information about the child/ren that is necessary for the Court Report. The Provider will provide all documentation requested by OCOK in order to complete the report and will assist in obtaining any information or documentation from any other service providers (i.e., therapists, doctors, etc.) providing services or supports to the child/ren.

Network Providers will maintain the most up to date (from within the past six (6) months) Court Report/documents for each client in the client record.

Any updated procedures will be included in the OCOK Provider Manual or communicated to the Network Provider via email communication.

6.19 Utilization Management			
Domain	Care Management		
Effective	January 31, 2018	Revision Dates	12-2019, 2-2022, 4-2022, 5-2022, 9-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy - Service Modalities and Interventions, RCCL Minimum Standards, CareMatch, IMPACT, DFPS Rules, 40 TAC §700.2301, 40 TAC §700.2321, 40 TAC §700.2341, 40 TAC §700.2361, COA NET 4.03, NET 7, NET 7.01, NET 7.02, NET 7.03, NET 7.04, NET 7.05, NET 7.06, NET 7.07, NET 7.08, NET 7.09		

**Policy:**

ACH Child and Family Services has a utilization management process to ensure that its services are appropriate, individualized, and meet the needs and preferences of all its clients at the best value.

**Procedure:**

Utilization Management is a process that is continuous and includes the use of common criteria across the network for admission, service provided, length of service, level of care and discharge reasons. It is a flexible and responsive process that is individualized to meet the client’s needs.

**Initial Level of Care**

Although OCOK does not conduct a “pre-authorization,” as placements maybe needed at any time, OCOK Intake is available and can be reached via our Intake Hotline, 24/7/365 to locate and secure placement and assess a level of care. During an initial placement search and no later than 24 hours from the point of initial referral from DFPS, OCOK intake staff will assign an initial Level of Care (LOC) after review of the CareMatch matching assessment along with the information provided by DFPS in the common application, removal affidavit, and any other available documentation.

Intake Specialists are trained by a Lead Intake Specialist and/or an Intake Supervisor to review all information and apply to the criteria for each level of care for each child, and have access to the Director of Therapeutic Services as additional review as needed. While Standard and Basic/Moderate levels may be approved at the Specialist level, Therapeutic I and II, Specialized and Intense levels must be staffed and approved by a supervisor or their designee. All Exceptional Care Rates must be approved by a Director or their designee. (Refer to Section 5.00 and 6.00 for additional educational/experience information about Intake and Therapeutic Services staff)

OCOK does not make decisions around medical necessity, and all medical eligibility decisions are referred to and completed and processed by Superior Health and Medicaid by qualified clinicians.

For Child-placing Agency (CPA) placements (foster care), children are leveled using OCOK’s three tier system; Standard (behavior that would meet the legacy criteria of Basic or Moderate), Therapeutic (behavior that would meet the legacy criteria of Specialized) and Therapeutic II (behavior that would meet the legacy criteria of Intense).

For General Residential Operation (GRO) and Residential Treatment Center (RTC) placements, children are leveled utilizing the same clinical criteria as DFPS for the four levels of the legacy system; Basic, Moderate, Specialized and Intense.

Level of Care/Utilization Management criteria can be found in the Texas Administrative Code, available at all times and upon request online to providers and the general public.

OCOK Intake Specialists must first rule out all long-term options before looking at and determining when a shelter placement or Temporary Emergency Placement (TEP) is needed and will be utilized. Shelters and TEP placements are utilized only while a search for the appropriate placement is continuing or during a period of time when an appropriate placement has been secured but placement cannot be made until a later date for various reasons (i.e., the best match placement that has been identified is unavailable for placement for a few days).

For children needing IPTP services, OCOK is using the same criteria as the state for this 60-day program and these decisions are made by review of the OCOK Clinical Team. During that 60-day period, these children are reviewed by Youth For Tomorrow (YFT), and they are moved into the YFT determined level at the end of the time period.

Potential Exceptional Care placements are reviewed internally by the Senior Director of Care Management and Placement Services, or their designee and exceptional requests are presented to the state as determined in our joint protocols. Exceptional Care agreements, once approved by the state placement office, are reassessed based on the timeframe approved by the state at the time of the request and are not a guarantee. If a provider feels an exceptional rate is still warranted after the initial approval time period, the provider must make an appeal to the Director of Therapeutic Services by submitting their request through OCOK Care Coordination. If that approval is deemed appropriate, it will be sent on to the Senior Director of Care Management and Placement Services for review and then sent on to DFPS for final approval. During this time period, YFT is continuing their normal read schedules and current level determination is reviewed and considered when reviewing exceptional care extension requests.

Sub-Acute Levels are available only for Sub-Acute Placements. All Sub-Acute programs must first be approved for usage by DFPS, and all subsequent placements must be approved as well. Only children who meet the criteria for Sub-Acute Placement may be placed at a Sub-Acute Program/Facility. These placements typically last 6-8 weeks. If a child should have a need or move from “sub-acute” to “acute” as defined by Medicaid and determined by qualified Superior Health staff, the provider must notify OCOK that the child is moving to an acute hospitalization placement and sub-acute payments will stop and Medicaid will take over until the child is ready to step-down back to sub-acute services.

All levels of care are documented in CareMatch and available for the provider to review immediately following placement. Additionally, providers are sent a confirmation email which includes the level of care or rate and instructions to contact OCOK within 48 hours if they believe this to be inaccurate or if they wish to appeal. Placements narratives including the reasons for choosing a particular placement and how it most appropriately meets a child or sibling groups needs are recorded or documented in IMPACT in the Placement Page and Placement Summary Narrative and relate the reasons for the placement decisions to the needs of the child/criteria.

### **Level of Care For Subsequent Placements**

OCOK Intake follows the same procedures for all subsequent placements that they do when making an initial placement (i.e., entering all information into CareMatch, reviewing the common application and all other documentation available, including but not limited to and when available/completed a psychological, medical records and the most recent YFT review) for making a determination of a level at the time of a new subsequent placement. These levels are assessed during the placement search process and finalized no later than the day of the placement.

PHBC or Professional Home-Based Foster Care Placements have their own separate level of care, and the rate is only for children placed in an approved PHBC placement. The rate does last the entirety of the placement stay; however, children are expected to be reviewed by YFT while in their placement in accordance with their scheduled reads for the agency they are placed with. Reads should be done quarterly.

### **Level of Care Following an Initial Placement**

A child's initial placement and level of care determines the process for any subsequent level of care reviews. All specialized, intense and IPTP level children placed in a Residential Treatment Center (RTC) are reviewed by Youth For Tomorrow quarterly to provide an objective utilization review regarding level of care. All moderate level children placed in an RTC are reviewed by Youth For Tomorrow (YFT) annually. YFT is a behavioral health care contractor, that provides third-party review services. YFT uses the same clinical criteria as DFPS, and as outlined in TAC, to determine all levels of care.

For children placed in a foster home, their initial level of care at placement will determine next steps. Children placed in the Standard level of care will remain at that level unless a Level of Care review is requested by the Child-placing Agency (CPA) due to concerns that the child may qualify for a higher level of care. When a review is requested, YFT is used to provide the review.

Children placed in the Therapeutic I or Therapeutic II level of care with child placing agencies receive the same level of care review as the children in RTCs. They are reviewed by YFT quarterly to provide an objective clinical opinion regarding level of care using the Specialized level of care clinical criteria for Therapeutic I and the Intense level of care clinical criteria for Therapeutic II also used by DFPS. Child Placing Agencies may use the same appeals process outlined above if they disagree with the decision of YFT.

Children with Exceptional Care Rate agreements must continue to be read quarterly by YFT. The rate agreements will only be in effect for the time agreed upon and approved by Director of Care Management and it is the responsibility of the provider to monitor those agreements, follow all conditions and request any extensions, as necessary. Extensions are not guaranteed, and documentation and a new agreement of services is required for all extension requests.

Regardless of when a level of care is being assessed, OCOK always takes into consideration the needs of the child (including their needs for safety, permanency and well-being) and the services and supports that will be provided by a particular placement.

## **Exceptions to the Quarterly YFT Reviews**

1. Children who are being stepped down out of Residential Treatment Centers through our Step-Down Program, will be assessed and given a level of care as determined by OCOK (see Level of Care for Subsequent Placement above). This determination must be made by OCOK and their collaborating partners as the appropriate level that will sustain a child in the community may not be the same level of care that supports them in residential treatment. Flexibility for increasing a level upon the transition from residential living to a community type setting such as a therapeutic foster home is critical to many children's successful adjustment, especially if they have been institutionalized by lengthy stays in residential treatment.
2. Children who have the following circumstances will be assessed by the OCOK Intake Department instead of YFT at the time of a subsequent placement to determine the next most appropriate level. Once placement is made, YFT will resume reading as per policy. Children who, as a result of one of the following, have not been read or could not be read by YFT's quarterly schedule:
  - a. Children being discharged from the hospital
  - b. Children being moved from a shelter
  - c. Children being released from jail
  - d. Children returning from run
3. Children who have missed a review due to a placement move from one agency to another will be tracked by the OCOK Data team and a notification will be sent to the OCOK Care Coordinator for any child who has not been read for more than 90 days to determine the most appropriate next steps. Factors such as the length of time between reviews, the next scheduled review date for their current placement/Provider, any special needs to be reviewed, pending requests for Exceptional Care, etc., will be used to determine whether or not the child can be read and reviewed during their next scheduled read or if a non-scheduled review should be completed by YFT.

## **Level of Care Appeals Process**

As OCOK is a no eject, no reject contract, placement and therefore services are never denied, however, if a Provider disagrees with a decision made by OCOK or YFT as to a level of care review or rate, they may use the following Appeal Process.

OCOK determined Levels of Care:

Step 1: OCOK provides the level/rate at the time of placement via the confirmation email. They are notified that if they disagree with the level, they have 48 hours to contact OCOK to dispute this level. OCOK will provide the reasoning for the level and if the provider still disagrees and there is additional information, the OCOK Intake Specialist can staff with the Level of Care Committee and a determination will be made as to the level. If 48 hours have passed since the level of care was determined, the provider may request a non-scheduled review/read from YFT by contacting their OCOK Care Coordinator and submitting to YFT.

Step 2: If after requesting a non-scheduled review they are still unhappy, they may request a review by the Level of Care Committee by going through the OCOK Care Coordinator. The Level of Care Committee has the final decision. Justification for all decisions is given to the Provider and related to the criteria.

YFT determined Levels of Care- If a Provider is unhappy with a level determined by YFT, they can make an appeal using the following steps:

Step 1: Request an Appeal Review from YFT and a waiver from OCOK. Providers have up to 30 days to request an appeal from YFT. If they wait longer than 30 days it becomes a non-scheduled review and they are no longer eligible for a waiver during the time the level is being reviewed, however provided they request the appeal within 30 days, OCOK can grant a waiver for up to 30 days whilst the level is being reviewed. If after YFT completes the Appeal Review and the Provider continues to be dissatisfied with the decision, they may move to the second step in the Appeal Process. YFT will provide their reasoning for their level denial to both the Provider and OCOK.

Step 2: Send an Appeal Request to the Child's Care Coordinator for the OCOK Level of Care Committee to review YFT's decision. The decision of the OCOK Clinical Team after this review will be final. The committee will provide all reasons for the final decision.

The OCOK Level of Care Committee is comprised of the OCOK Director of Therapeutic Services, OCOK Senior Director of Care Management and as necessary the OCOK Chief Operating Officer, when one or both of the other directors are not available. At least one (1) of the members of the team must have a clinical degree and licensure, all have training and experience in assessing levels of care and utilization management reviews. The appeal process can be completed at any time after the level of care determination has been made but should be completed as soon as possible as the OCOK Clinical Team does take into consideration the most current and relevant information and to avoid gaps in payment. Backdating will be considered on a case-by-case situation and is not guaranteed. All secondary appeals will be reviewed as soon as possible, with urgent requests being reviewed immediately and all others within 4 business days and the provider will be provided with written documentation as to the decision and criteria used to determine level of care appeal.

### **Level of Care Waivers**

For the following occasions, a level of care waiver may be granted so that a provider may be paid at a level higher than the level authorized by Youth for Tomorrow.

If the level of a child at an RTC is lowered by YFT to Moderate, then the Provider can request the OCOK Level of Care Committee that they be paid the Specialized level rate until a new placement can be found for the child. This waiver will only be approved for a maximum of 30 days while the Intake team is searching for a new placement.

A Provider can request a higher level of care from the OCOK Level of Care Committee before the provider's next YFT review if it is deemed clinically necessary and supported by documentation. If a provider does not agree with level assessed by YFT and is in the process of appealing, the Provider may request a waiver for a maximum of 30 days while the appeal is being processed by YFT. Like with appeals, the reasons for the waiver and time frames will be documented and provided to the provider.

OCOK can only with the approval of DFPS agree to waive subsequent reviews in very limited and special occasions. This should not be counted on, is not guaranteed and only allowed once written approval is given from DFPS.

## **OCOK Process for Setting up New Providers with YFT**

When a new Provider joins the OCOK Network, the Quality Improvement and Contracts Department will inform the Provider of what to expect in terms of timeframes requirements for CANS Assessments and Service Planning Meetings. The OCOK Data Manager will notify YFT of the new Provider and get them on YFT's calendar for quarterly reads to begin.

## **Tracking and Monitoring**

The OCOK Data Manager will track the timeliness of all children needing level of care reviews and the OCOK Quality Care Committee will review that data quarterly.

As part of Utilization Management, the Analytics team puts together reports for the OCOK Management Team that provides regular review of data related to:

1. Appropriateness of admissions and authorization decisions (placement radius, less restricted level of care, etc.);
2. Intake and referral processes (to Providers, from DFPS);
3. Service planning and service delivery milestones (i.e., Permanency); and
4. Intake and discharge data to include length of stay and number of readmissions (subsequent placements, positive discharge, etc.).

## **Level of Care Audit**

OCOK Level of Care Committee will review quarterly a minimum of 10% sample of all open and closed cases, including all Exceptional Care Agreements, quarterly to ensure appropriate levels of care and placement have been authorized both by staff. Annually, OCOK reviews a 10% sample of all levels conducted by YFT, the third-party reviewer contractor.

6.20 Transportation			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	January 31, 2018	Revision Dates	1-2020, 4-2022
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities		

**Policy:**

ACH Child and Family Services informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. ACH Child and Family Services will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by ACH Child and Family Services.

**Procedure:**

It is the responsibility of Providers to ensure their foster parents/caregivers transport to all visits as well as all medical/dental, counseling, educational etc. appointments. If a foster parent/caregiver is unable to transport, it is the responsibility of the Provider to arrange for alternative transportation. OCOK will only provide transportation on a case-by-case basis and only after due diligence has been done on the part of the Provider. If a Provider is unable and/or unwilling to ensure transportation will occur, the Provider’s Director must contact the Director of Care Management to explain the circumstances and gain approval for OCOK to transport. If a home or provider agency is unwilling or refuses to transport, and the agency does not have a backup transportation plan in place, OCOK may place that home or agency on placement hold or restrict the types of placements the home is able to take.

6.21 Professional Home-Based Care (PHBC)			
Domain	Care Management, ACH Behavior Support and Management		
Effective	April 10, 2018	Revision Dates	12-2019, 1-2020, 4-2022, 6-2022, 9-2022
Documents			
Reference	6.01 Service Plan Development, ACH Child and Family Services Policy – Service Modalities and Interventions, CareMatch, Disruption Mitigation Plan, COA FKC 13.01, FKC 13.02, FKC 13.03, FKC 13.04, FKC 13.05, FKC 13.06, FKC 13.07, FKC 13.08, FKC 13.09, FKC 13.10, FKC 13.11		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

The OCOK Network designates Child Placing Agencies (CPA) that provide Professional Home-Based Care (PHBC) which is a short-term, 9-12 months, 24-hour, intensive, family-based, community integrated, level of care which is a distinct level and care from Therapeutic I and II. PHBC promotes wellness and is intended to be effective in moving children directly to permanency with family, biological parents or relatives while caring for some of the most challenging children in the foster care system.

Characteristics of Children Qualifying for PHBC

Children and adolescents served in PHBC will have one or more of the following characteristics;

- Multiple placements in various types of settings (i.e., residential treatment, juvenile justice, psychiatric hospitals and foster homes).
- Extreme physical aggression that causes harm to others.
- Recurring major self-injurious actions to include serious suicide attempts.
- Other difficulties that present a critical risk of harm to self or others.
- Severely impaired reality testing, communication skills, cognitive abilities, affect or personal hygiene.
- History of abuse of alcohol, drugs or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency.
- Developmental or intellectual delays whose characteristics may include one or more of the characteristics above and/or the following: impairments so severe in conceptual, social, and practical adaptive skills that the child’s ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others, and a consistent

inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.

- Either the general population group or the developmentally or intellectually delayed group of children may have medical needs that will need to be addressed as well.

#### Characteristics of PHBC Families

- Be available to meet the needs of the child and respond to crises involving the child at all times. In order to achieve this at least one parent cannot work outside the home.
- Have no more than two (2) children who meet criteria for PHBC in the home. In some cases, three (3) children who meet or have met the criteria for PHBC will be allowed if one (1) child is ready for discharge.
- Not have a child under the age of three (3) years in the home.
- Limit the number of biological children. Any home with biological children living in the home must also have a written plan to ensure safety in the home. Additionally, the plan must address how the foster parent will be readily available and on-hand for any emergencies or immediate needs the child may experience.
- Demonstrate successful completion of a trauma-based training program specifically designed to increase their skills and capacity to work with children meeting the clinical criteria for PHBC services.
- Accept a child back into their home upon discharge from a psychiatric hospital. PHBC parents may NOT submit a 24-hour Discharge Notice if a child in their care is admitted into a psychiatric hospital.
- Demonstrate the capacity to show continuity of effort with children who may frequently run away and/or have admissions into psychiatric hospitals.
- Single parent families may become PHBC families. However, single parent families must have a written plan for additional support as needed. The plan must include the number of children allowed in the home to ensure effective treatment and safety.

Note- if the Provider has a home that does not meet the above requirements, but they still feel would be appropriate for the PHBC program, they may submit a waiver request to the Director of Therapeutic Services to review and approve/deny. The waiver must provide a written plan for how the foster home and agency will meet the child's needs despite not meeting the above requirements. If the waiver is denied, the provider can appeal to the OCOK COO, however, their decision will be considered final.

#### Additional Requirements of Providers with PHBC Homes

- Be licensed to provide care for children qualifying for Intense level of care, be at least 21 years old, and have at least three (3) non-relative references,
- Continuously assess the PHBC foster parent's ability to provide the Intense level of services needed for PHBC youth,

- Provide a proven; trauma-based, clinical training for PHBC parents. The intent of the training is to enhance the clinical capacity and expertise of the parents. Training for PHBC parents must be an evidence-based training, or a promising practice training or have all the key components of those trainings,
- Provide pre-service and on-going child-specific foster parent training with follow-up competencies to ensure that the specific daily and emotional needs as indicated by the CANS/diagnosis of the child being placed are being met with the implementation of professional in-home treatment strategies, child involved treatment goals and interventions, child participation in treatment planning and goal setting, documentation of children’s progress in the home and response to intervention. Provide preservice and on-going child-specific training on interfacing, facilitating, advocating, and navigating services provided by clinical, medical, child welfare, education, special education, and ancillary professionals. PHBC foster parents will also be trained on child-specific medical equipment and medication, to include psychotropic medication and the importance of role modeling and engaging birth families to promote a successful transition.
- Be able and willing to treat all clients regardless of their race, religion, gender, sexual orientation, or gender identity,
- Provide three (3) days a month of Respite Care for PHBC parents.
- Limit the PHBC case manager case load to no more than eight (8) clients. Exceptions can be granted for a larger case load size with approved plan from the Provider outlining what case load size they are requesting and how they will enrich the oversight and support of their families and children.
- PHBC case managers will meet with the child and PHBC foster parents in the PHBC home within three (3) days of placement in the home. PHBC case managers conduct weekly face to face visits in the home, maintain contact with biological family and all service providers to ensure continuous progress towards permanency and service goals. PHBC case managers will coordinate at least monthly meetings with PHBC foster parents, children, and biological family when appropriate in the PHBC home, to include private discussions with all parties when necessary. This may be the wraparound meeting or a separate meeting. PHBC case managers will initiate contact and share information about the PHBC child with biological family and monitor biological family and child interactions to promote strong, healthy, supportive relationships within the biological family.
- Provide an on-call 24/7 crisis person available to their PHBC families; preferably someone who is a licensed clinician.
- Provide “planned vacancy period” from filling a vacant bed for at least two (2) weeks after successful discharge. OCOK and the Provider will reach an agreement on the amount of planned vacancy rate that will go to the Provider and the foster parents. OCOK knows that burnout can be a byproduct of this type of work and thus the Provider must make available resources for recognizing and coping with secondary trauma and stress.
- Demonstrate the use of an operational Disruption Mitigation Plan.
- Provide wraparound services as part of their PHBC program. These services can be provided internally if the Provider is certified to provide those services, or they can be provided through

another certified Provider. This includes monthly wrap meetings with the entire treatment team to continually plan and assess for the child's needs/services.

- Plan for, support, and document all discharge activities to ensure a positive transition to a less restrictive setting. Discharge documentation must outline the clinical course of PHBC, transition to next setting, follow-up medical, clinical, and all other appointments, and aftercare services when appropriate. Include the nature, frequency and duration of any services that may be needed. They should ensure all documents/records are uploaded into CareMatch to ensure the next provider/caregiver has all documents readily available and ensure a smooth transition to the next placement.
- Additional support to foster parents as needed.

### Assessments

Assessments – the following elements are required as part of the assessment process for the PHBC level of care. It is understood that all items below may not be done prior to placement. Items required prior to placement are to be designated. It is also understood that there will be times when a child meeting the criteria for PHBC, who is newly removed, may not have any of the required placement assessments. Those cases will be considered on a case-by-case basis.

- Psychological evaluation completed within one (1) year prior to consideration for admission (prior to placement),
- Psychiatric evaluation most up to date,
- Child and Adolescent Needs and Strengths Assessment (CANS) (prior to placement),
- Family Needs and Strengths Assessment (FNSA) for the biological parents, and
- Trauma Assessment.

### Intake Process for PHBC Cases

1. Therapeutic Services Coordinators and the OCOK Director of Therapeutic Services will meet at least once a month to review the children who meet initial placement criteria to identify and prioritize potential PHBC placements.
2. Emergency PHBC placements will be referred by the OCOK Intake and staffed with the Director of Therapeutic Services.
3. Child Placing Agency (CPA) Providers will notify the designated OCOK Therapeutic Services Coordinator or Director of Therapeutic services once a new home is licensed. The OCOK Therapeutic Services Coordinator maintains an ongoing list of PHBC openings.
4. A PHBC Matching Staffing will be coordinated by the OCOK Therapeutic Services Coordinator with the CPAs and OCOK. The OCOK Therapeutic Services Coordinator will gather information for the child to be shared at the staffing and determine who else should be invited to the staffing that is involved in the child's case.
5. Once placement is approved, the OCOK Therapeutic Services Coordinator or Therapeutic Services Director will notify the Intake Department and the CPA of approval. The OCOK Intake

Department will coordinate the placement per the OCOK Operations Manual for the general intake process.

6. A Pre-placement Staffing will then be scheduled by the OCOK Therapeutic Services Coordinator with the Treatment Team, including OCOK Intake staff to coordinate pre-placement visits and other placement details and treatment planning, to include diagnosis, initial goal (first 30 days) setting, and discussion of potential wrap and treatment needs to facilitate adjustment of the child into the home.
7. The CPAs will still be required to enter their families in CareMatch upon verification and update their preferences.

#### Responsibilities of OCOK Care Coordination in PHBC Cases and Service Planning

The OCOK Therapeutic Services Coordinator or Therapeutic Services Director or their designee will attend all wraparound and service plan meetings for PHBC placements and ensure that the Provider is coordinating and ensuring that all therapeutic, treatment, rehabilitative, and supportive services are provided. The OCOK Therapeutic Services team's focus during the meetings is to monitor the Permanency and Discharge Plan, and to ensure that quality services are being provided as agreed upon. Service Plan Meetings will be conducted within 30 days of placement and then reviewed at least every 90 days thereafter. Network Providers with PHBC homes will conduct weekly meetings to address issues and monthly reviews to address progress. All other service planning activities (notification, coordination, etc.) must be conducted as outlined in Section 6.01 for all PHBC clients. The role of OCOK Therapeutic Services will be to provide oversight to the program at the individual child's level and ensure that permanency efforts are directed throughout the case. The PHBC Provider will ensure that Service Plans contain the following:

- Permanency Planning and Goals
- The plan should address the specific diagnoses and/or presenting problems that lead to the PHBC referral and/or were identified in the Pre-Placement Staffing
- Addresses the child's needs in regard to education, cultural, religious, language, recreation, diagnosis, stressors, triggers, normalcy needs/services, developmental, emotional, trauma, medical, psychotropic use, dosage, side effects, and contraindications, behavioral and medical emergency plans, and plans for respite, discharge, and aftercare.
- Siblings and Sibling Reunification Goals
- CANS Assessment
- Short- and long-term behavioral goals and interventions
- Components of Child's Individual Education Plan (IEP) and the Individual Transition Plan (ITP) developed by the schools Admission, Review, and Dismissal (ARD) committee if appropriate
- Components of the CPS Transition Plan for youth 16 to 22 years of age to include results of the Ansell-Casey Life Skills Assessment when applicable
- The Early Childhood Education (ECI) Individual Family Service Plan (IFSP) if applicable.

- Additional areas if appropriate

The CANS Assessment will drive service plan development and inform the appropriateness of placement and permanency goals. The CANS Assessment and Service Plan will both be individualized and unique to the child, family-focused, strength based, and culturally respectful.

PHBC is a collaborative approach and OCOK ensures that the Provider coordinates with a treatment team to deliver individualized treatment services.

The treatment team participants should include but are not limited to:

- Child/youth
- Biological/adoptive parents
- Foster Parents/Caregivers
- OCOK Permanency Specialist and Supervisor
- OCOK Therapeutic Services Coordinator
- Attorney Ad litem for child and parents
- CASA
- CPA PHBC Case Manager/Therapist and Supervisors
- Clinical consultants
- Other professionals as needed (i.e., IDD, Education, Medical, or Well-being Specialist/s, Occupational, educators Physical and Speech Therapists) based on the child's need.

The assigned OCOK Therapeutic Services Coordinator will be responsible for documenting the PHBC Treatment Team Staffing.

1. The assigned OCOK Therapeutic Services Coordinator will be responsible for keeping a list of contact information for all Treatment Team Members, including the on-call crisis number for the agency and make available to the team.
2. The assigned OCOK Therapeutic Services Coordinator will schedule additional staffing as needed regarding crisis situations, Serious Incident Reports or other concerns.
3. The assigned OCOK Therapeutic Services Coordinator will communicate any concerns regarding PHBC homes to the Provider's OCOK Quality Improvement and Contracts Specialist and the OCOK Community Relations Coordinator.
4. The assigned OCOK Therapeutic Services Coordinator will ensure that the PHBC Provider accesses appropriate mental health, medical including neonatal and pediatric services, and other rehabilitation services. The OCOK Therapeutic Services Coordinator ensure that the PHBC Provider maintains all appropriate relationships and contracts with those service providers and help with resourcing if needed, to include with a board-certified physician appropriate to meet the acuity needs of a PHBC child to ensure the proper provision of needs specialized services.

#### Utilization Management

PHBC is not long-term foster care. Lengths of stay should be expected to be nine (9) months to one (1) year. However, OCOK does understand that some children will require longer lengths of stay. Utilization Management (UM) reviews will be conducted by YFT every 90 days.

6.22 Professional Home Based Care (PHBC) - Disruptions			
Domain	Care Management, ACH Behavior Support and Management		
Effective	April 10, 2018	Revision Dates	5-01-19, 1-2020, 4-2022, 6-2022
Documents	OCOK Residential Child Care Disruption - Discharge Notice Form, Unplanned Discharge Staffing Form		
Reference	ACH Child and Family Services Policy – Service Modalities and Interventions, Disruption Mitigation Process, Texas Provider Gateway		

**Purpose:**

It is expected that PHBC homes will operate with the understanding that they are making a commitment to a child for nine (9) months to one year, or until the child either reaches their planned permanency goal or the team agrees that a different type of placement becomes more appropriate for the child.

Foster Parents should be openly discussing any problems or concerns regarding the child’s mental health or behavioral issues and seek assistance from their agency and the PHBC Treatment Team consisting at minimum of Foster Parent, Child Placing Agency (CPA), CPS, OCOK Director of Therapeutic Services, OCOK Therapeutic Services Coordinator, CASA, Attorney, child’s therapist, the child’s parent(s)/identified long term caregiver and child as appropriate, and other identified providers or supports for the child to creatively solve problems and find interventions.

Therefore, discharges not initiated as a joint decision by the Treatment Team, but by the foster home/agency will undergo an Unplanned Discharge Review which will determine whether a home/agency will be allowed to continue as a PHBC home in the future with OCOK. PHBC homes are generally expected to provide a 30-day notice.

**Procedure:**

1. Discharge Notices are submitted through the Texas Provider Gateway (TPG). Included with the Discharge Notice the Child Placing Agency (CPA) should provide detailed information about how they have used their Disruption Mitigation Process and any other efforts that were made to prevent placement disruption.
2. As soon as possible but no later than 10 business days of receiving a Discharge Notice, a Discharge Staffing will occur with the PHBC Treatment Team scheduled by the OCOK Therapeutic Services Coordinator. The reasons leading up to the discharge, the current and future needs of the child, and any safety concerns will be discussed.
3. The information gathered at the Discharge Staffing, and the information provided by the CPA in the Discharge Notice will be presented by the OCOK Therapeutic Services Coordinator and/or the OCOK Director of Therapeutic Services to the OCOK Clinical Team within five (5) business days of the discharge. The OCOK Clinical Team consists of the OCOK Director of Care Management, the OCOK Director of Therapeutic Services, and the OCOK COO. The OCOK Clinical Team may also gather additional information from other PHBC Treatment Team members as needed. The OCOK Clinical Team will evaluate and make a recommendation to the OCOK COO.

The OCOK COO or designee will make one of the three following determinations about the discharge:

- Approved without Stipulations - the foster home/agency did everything they reasonably could and despite those efforts, a placement disruption was warranted.
  - Approved with Stipulations - areas of concern are identified and training or quality improvement plan will be required prior to accepting another PHBC child from the home and/or agency.
  - Not Approved - the home and/or agency will not be allowed to take further PHBC placements.
4. The CPA will be notified of the OCOK Clinical Team's decision within ten (10) business days of the Discharge Notice.
  5. Upon notification of the determination made by the OCOK Clinical Team, if the agency/home decides to rescind their Discharge Notice, a staffing with the Treatment Team and one of the members of the OCOK Clinical Team that made the decision will be held to ensure that the placement is still viable.
  6. The foster home/agency may appeal the decision of the OCOK Clinical Team within three (3) business days of receipt by submitting a letter to the OCOK COO. The decision of the OCOK COO will be final.

6.23 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup			
Domain	Care Management, ACH Health and Safety		
Effective	September 01, 2019	Revision Dates	12-28-2019, 4-2022, 10-2022
Documents	TDFPS Form 2403		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities, Health Screening, Medical, Dental, and Vision Care, CareMatch, Texas Provider Gateway		

**Procedure:**

Following the initial removal and placement into DFPS conservatorship, children are required to complete three (3) medical/behavioral health exams, known as the 3 in 30. The three (3) medical/behavioral health exams consist of:

1. 3-day Medical Exam: Within three (3) business days children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.
2. Child and Adolescent Needs and Strengths (CANS) Assessment: Within 21 days of placement children ages 3-17 must get a CANS Assessment. The CANS Assessment is an evaluation that helps understand the impact of trauma a child has been through, and how they are doing. The CANS Assessment identifies services that may help the child, such as counseling, as well as existing strengths to build on, such as positive relationships.
3. 30-day Medical Exam - Texas Health Step Medical Checkup/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup: Within 30 days of removal children must see a doctor for a complete EPSDT check-up with lab work.

Effective September 1, 2019, a penalty will be assessed to Network Providers for any Texas Health Step Medical Checkup/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup that is not completed as per the required timeframe.

The following procedure(s) will be implemented to track compliance of the EPSDT checkup (30-day Medical Exam):

Network Providers will be required to obtain documentation of the appointment that meets all of the criteria for a Texas Health Step Medical Checkup. They may use TDFPS Form 2403, or their own form of documentation provided all information for the EPSDT Checkup is included in the documentation form. Network Providers must submit the utilized form to the OCOK [3in30@oc-ok.org](mailto:3in30@oc-ok.org) email box within 72 hours of the exam completion. An EPSDT checkup is considered complete only if the 30-day Medical Exam is completed within the specified timeframe and the complete documentation is received by OCOK verifying the exam’s completion.

Once a month, a report of all children new to care will be generated by the OCOK Data Department and sent to the OCOK [3in30@oc-ok.org](mailto:3in30@oc-ok.org) email box. The OCOK Care Management Administrative Assistant will monitor the email box and will reconcile the receipt of the appointment documentation with every child on the generated report from the Data Department and follow up with agencies that are not submitting forms timely.

The appointment documentation and all other submitted documents will be uploaded by OCOK Data Department into CareMatch or can be uploaded by the Provider into the Texas Provider Gateway.

The Network Provider will be required to maintain all medical documentation in the child's record. The Quality Improvement and Contracts Department will sample client records during the Provider's annual Contract Monitoring Review as per the OCOK Case Review System as an additional review of each provider's performance on the EPSDT requirement

The Intake Department will remind Network Providers, at the time of the initial placement and in writing via language included on the confirmation email, of the 3 in 30 requirements. Additionally, OCOK Care Coordination Department will include requirements of 3 in 30 in their standard introductory emails to Provider's case managers upon new assignments.

Effective September 1, 2019, OCOK will report compliance on a quarterly basis to DFPS. The Senior Director of Care Management will also provide the report to the Senior Director of Finance, the Director of Quality Improvement and Contracts, and the Chief Operating Officer.

Prior to submission of the report to DFPS, OCOK will notify the Network Providers of all instances of non-compliance and the intent to assess a financial penalty.

Should the Network Provider want to appeal any financial penalty they must contact the OCOK Director of Care Management within ten (10) business days of receipt of the notification. The Network Provider must submit all documentation supporting their case for appeal, including any efforts made to attempt to complete the required exams, along with reason(s) why the Network Provider should not be held responsible for the non-compliance for review by the Senior Director of Care Management.

Failure to comply with this procedure for the EPSDT checkup, the Network Provider will be assessed a financial penalty of \$100.00 per child. This financial penalty will be withheld from the Provider's next payment from OCOK.

### **Progressive Remedies Assessed**

Network Providers must improve performance quarter over quarter for completing EPSDT's at a 90% completion rate or above. If Network Provider's performance does not progressively improve quarter over quarter to at least or above 90% completion rate, then the agency will be assessed a financial penalty of \$150.00 per missed EPSDT for that reported quarter.

If a Network Provider continues to perform below the 90% minimum benchmark completion rate in the next quarter, the financial penalty will be increased to \$200.00 per missed EPDST and will remain there until the next quarter the Network Provider is at or above the 90% completion rate.

6.24 Exceptional Care			
Domain	Care Management, ACH Behavior Support and Management		
Effective	January 24, 2020	Revision Dates	4-2022, 6-2022
Documents	Home Study, Service Agreement, Discharge Notice		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions		

**Policy:**

ACH Child and Family Services offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan and program service. The agency will promote a safe and therapeutic environment to keep staff, foster parents and service recipients safe. ACH Child and Family Services will utilize interventions that promote respect, healing and positive behavior.

**Procedure:**

Exceptional Care is any rate that exceeds the OCOK level system.

**Placements.** A child may qualify for an Exceptional Care rate if all placement options have been exhausted and there are no other possibilities available. The rate must be approved by the Director of Care Management or their designee.

Potential Exceptional Care placements are reviewed internally by the Senior Director of Care Management or their designee. When placing a child at an Exceptional Care rate into a foster home, the Child Placing Agency (CPA) must provide the home study and a service agreement for the foster parent(s) that are interested in accepting placement. A conference call must be held before the placement occurs, including the OCOK Intake Specialist, OCOK Intake Supervisor, the CPA, the foster parent(s), and the OCOK Permanency Specialist to discuss the service terms that the home and CPA will be providing with the additional rate and determine whether the home can meet the needs of the child. When placing a child at the exceptional care rate into a General Residential Operation/Residential Treatment Center (GRO/RTC), the facility must provide service agreements in writing to be approved by OCOK. The exception requests are presented to the DFPS State Office as determined in our joint protocols. Exceptional Care agreements, once approved by the DFPS state placement office, are reassessed at the agreed upon timeframe but no later than 90 days and submitted for re-approval only upon the CPA/GRO/RTC's request.

Below are the minimum requirements to provide Exceptional Care services. Depending on the rate agreed upon, the services may require more than the following:

- The Provider must ensure 24-hour crisis response.
- The Provider must visit the foster parent/caregiver home at a minimum once every other week. OCOK may request additional face to face or phone contact from the Provider to the home depending on the behaviors of the child or the dynamics of the home.
- A one parent home must have a minimum of one Alternative Care Provider identified and approved then added to the service agreement.
- The Provider must have a minimum of one respite option in case of an emergency.
- The service agreement must always be followed.
- Additional training may be required for the foster parent/caregiver.

OCOK reserves the right to request the agency or home provide additional services prior to approving the Exceptional Care rate and if OCOK should determine that a provider is not/cannot meet the requirements, OCOK reserves the right to refuse to issue new exceptional care rates and/or not renew current rates.

Placements at the Exceptional Care rate will NOT qualify for a 24-hour Discharge Notice. The Provider must request a discharge staffing through the OCOK Care Coordinator or OCOK Therapeutic Services Coordinator. Upon submitting a discharge notice, the home/facility that is discharging the child will undergo a review with OCOK to determine if the home/facility will continue to be utilized as options for children at an Exceptional Care rate.

6.25 Birth Certificates			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	3/1/2022	Revision Dates	
Documents			
Reference	DFPS Policy - Requesting a Delayed Birth Certificate, ACH Child and Family Services Policy - Client Rights and Responsibilities, VitalChek, CareMatch, IMPACT-OneCase		

**Procedure:**

OCOK will obtain a birth certificate for every child upon entering into care. The OCOK Care Coordination Administrative Assistant upon receiving notification of a new removal, will gather information about each child including the child’s name, date of birth, location of birth (city and state, and/or country), the name of the parents and obtain a copy of the court orders granting DFPS custody of the child/ren. The OCOK Care Coordination Administrative Assistant will then request through VitalChek, an original birth certificate. Upon receiving the original birth certificate, a copy will be uploaded into CareMatch and OneCase and a copy sent to the Permanency Specialist. The original will be stored on file at an OCOK office securely and will be provided either to the youth/parents at the termination of the case, or to the Adoptive Parents for the purpose of adoption. The OCOK Care Coordination Administrative Assistant will track all requests and location of the document.

For cases requiring a delayed birth certificate, the OCOK Care Coordination Administrative Assistant will complete all forms and gather all documentation (Refer to DFPS Policy for Requesting a Delayed Birth Certificate) and obtain a money order or check from the OCOK Finance Department to be sent off with the request for the Delayed Birth Certificate.

The OCOK Care Coordination Administrative Assistant will notify the OCOK Permanency Specialist of any barriers to obtaining a birth certificate and document.

6.26 Sub-Acute Placements			
Domain	Care Management, ACH Client, Family and Agency Rights and Responsibilities		
Effective	6-30-2022	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy - Client Rights and Responsibilities		

**Procedure:**

Occasionally, children/youth in care are in need of a sub-acute inpatient psychiatric treatment placement (these are placements in a hospital setting but the child does not meet the criteria for an acute psychiatric hospitalization and rather has more long-term ongoing psychiatric needs). When this is the case OCOK can seek placement into an approved sub-acute program, only if the program has first been approved by DFPS. In order to seek approval for a new sub-acute provider, OCOK must take the following steps:

OCOK must electronically submit a request for approval of the Sub-Acute Program to the CPS Director of Placement or designee. OCOK will submit a copy of the subcontract with the Sub-Acute Program that includes:

- The sub-acute treatment model;
- The criteria and methodology used in considering a child/youth for sub-acute placement, including client characteristics, approval process for the placement, and level of internal managerial approval;
- How the SSCC will oversee, support, ensure safety, and monitor the placement while the child/youth remains in the placement, and;
- A transition plan to ensure the youth is moved to a lesser restrictive setting after the program’s treatment model timeframe, with the intent that the youth transitions as soon as the youth has completed the program.

Once approved, each placement has to be approved prior to or at the time of placement through the Exceptional Care Rate request process in order to be reimbursed.

Sub-acute placements are expected to last approximately 6-8 weeks but could be longer or shorter depending on the needs of the child and their treatment goals. If a child requires acute hospitalization during their stay, the Provider must notify OCOK immediately as this does not qualify for the sub-acute rate and Superior Medicaid must be billed. Once the child is ready to step-down or return to the sub-acute program again, the placement can resume without additional DFPS approvals.

While a child is in a sub-acute placement the provider is expected to meet the child’s immediate and ongoing medical/dental/vision needs, behavioral/mental health needs and provide for their education. OCOK will work with the Provider to ensure all needs are met and consent to any medical needs. The Provider will notify OCOK of any serious incidents that occur while at the facility and will be responsible for reporting any instances of abuse/neglect to the DFPS hotline.

OCOK will conduct at least one monthly face to face visit at the facility as well as weekly virtual/phone calls with the facility whenever any children are placed there. During the weekly calls- OCOK will get updates on the children placed there, discuss their progress and any challenges they are experiencing, discuss/review any serious incidents that may have occurred, discuss the transition plan for their children through the model and to their next less restrictive placement.

During OCOK's face to face visits, OCOK will review the same items but also meet with our children placed there to address safety, permanency and well-being and monitor the site for any health/safety/physical plant quality assurance purposes. Should any other issues arise requiring training or technical assistance OCOK will provide as needed.

Additionally, the facility will be assigned to an OCOK Therapeutic Services Coordinator who will be their main point of contact for any needs and will be available to coordinate services between OCOK departments and the Provider as well as any other outside parties (i.e., CASA, AAL, bio-parent(s), etc.).

Whenever a child is participating in a Subacute program, the referral remains active and the Intake team continues to search for a lesser restrictive and more family like setting until the child is successfully discharged and placed. Weekly updates are provided from the assigned OCOK Therapeutic Service Coordinator to the Intake team in order to find the most appropriate placement and prepare for the stepdown.

## **Section 7**

### **Financial Administration**

- 7.01 Financial Administration – ACH Child and Family Services**
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7.01 Financial Administration – ACH Child and Family Services			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018
Documents			
Reference	Financial Procedures Manual and Grants Financial Management Manual for ACH Child and Family Services, COA FIN 2		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

The finance and accounting activities and procedures are managed and administered by the Finance Department of ACH Child and Family Services. Unless otherwise specified in this section of the OCOK Operations Manual, please refer to the Financial Procedures Manual and Grants Financial Management Manual for ACH Child and Family Services.

7.02 Payment to Network Providers			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 12-23-2019, 08-22-2022
Documents	SSCC Provider Services Agreement, Fee Schedules and Addendums, Provider Invoice, Payment Report		
Reference	OCOK Provider Manual, IMPACT, CareMatch, myEvolv, Abila, IMPACT, COA NET 2.03 a-c, NET 11.01 (d)		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) pays Network Providers (Providers) based on the placement, level of care and service event information that is entered in the myEvolv and CareMatch systems. The pay rates are based on the fee schedule included in the Provider Services Agreement and/or appropriate Addendum. These payments include, but are not limited to, the daily rates and fees for foster care, exceptional foster care, supervised independent living, preparation for adult living, adoption services and family services.

On the first business day of the month, the Data Management staff begin the data integrity review process by comparing the placement data for the previous months between the placement system, the data management system (myEvolv) and the state’s system, IMPACT, to ensure data accuracy. Any data discrepancies identified during the review are researched, resolved and the correction is made in the appropriate system.

Upon completion of the data integrity review, the Accounting Manager will create the provider invoices in myEvolv. A payment report is then created in myEvolv in order to review the unpaid provider invoices for accuracy and ensure compliance with all provider payment agreements. Any identified errors are researched and corrected in the myEvolv system. A new payment report is then created in myEvolv. The payment report shows the provider agency name, children’s and/or family members’ names, myEvolv ID numbers, levels of care, dates of service and the services that were provided. The report will calculate the number of units of service and will apply the appropriate rate in order to calculate the payment to the provider. For family services payments, the service provider invoices are entered for payment in the CareMatch system. The accounting manager will run a payment report in CareMatch.

Once the final payment reports from myEvolv and CareMatch have been reviewed and approved by the Senior Director of Finance & Administration, the Accounting Manager will create the NACHA files in myEvolv and CareMatch. All providers will be paid electronically by direct deposit. The NACHA files and payment reports are sent to the Director of Accounting in order to initiate the payments to the Providers’ bank accounts by electronic funds transfer (EFT)/direct deposit. OCOK is required by the Provider Services Agreement to pay all subcontractor providers no later than the 25<sup>th</sup> day of each month. However, OCOK makes every effort to make the payments as soon as possible after the end of the month.

Once the payments to the Providers have been completed, the Data Manager will create a payment upload file or will receive it from the CareMatch system developer. The Accounting Manager will send the payment upload file to the Director of Accounting in order to upload the payments to the accounting system, Abila.

The frequency, timing, and method of payment of the monthly provider payments are communicated to the Provider Network in their Provider Services Agreement and also the OCOK Provider Manual.

7.03 Payment Reports for Network Providers			
Domain	Financial Administration, ACH Financial Management		
Effective	January 26, 2018 DFPS Confirmed 1/16/2020	Revision Dates	12-23-2019, 08-22-2022
Documents	Payment Report		
Reference	OCOK Provider Manual, myEvolv, CareMatch, box.com, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Upon sending the monthly payment to the Network Providers, an Accountant will create a payment report for each Provider showing the details of the Provider’s direct deposit payment. The payment report shows the Provider’s agency name, children’s and/or family members’ names, myEvolv ID or PID numbers, levels of care, dates of services and the services that were provided. These payment reports are electronically stored with the Providers’ records on the OCOK Network drive.

OCOK has created a file on the website, box.com, for each active Provider that is receiving payments. The payment report for each Provider is uploaded to their file on the website, box.com, within two (2) business days of paying the Network Providers. Once uploaded, each Provider will be able to login to their file on box.com and download the payment report.

In order to setup a Provider’s file on box.com, the Accounting Manager has the ability to create the file when the Provider’s first payment has been created by the myEvolv or CareMatch system. When the first payment is made, the Accounting Manager will contact the person that the Provider has designated as their point of contact for their OCOK contract and request the name and contact information for a billing/payment contact person. Once received, the staff will be given access to their organization’s file on box.com with viewer/uploader status. The staff will be able to download and upload documents when needed. At any time, a Provider can contact the Accounting Manager to change the staff that have access to their file on box.com.

This procedure is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.04 Requirements for Foster Care Provider Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	January 01, 2018 DFPS Confirmed 1/16/2020	Revision Dates	12-23-2019, 08-22-2022
Documents	SSCC Provider Services Agreement - Exhibit/Appendix A and Addendums		
Reference	OCOK Provider Manual, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for foster care services at the fee-for-service rates shown in Exhibit/Appendix A of the Provider Services Agreement (or applicable Addendum for rate changes) and according to the limitations set forth in this section.

- (A) Providers will receive payment for each day a youth is in pre-authorized placement.
- (B) OCOK will pay the Provider for the calendar day of placement, but not for the calendar day of discharge.
- (C) OCOK will pay the Provider for up to 14 days of foster care in the following circumstances:
  - (1) Psychiatric hospitalization (Acute Care)
  - (2) Medical facility hospitalization
  - (3) Runaway
  - (4) Unauthorized placement
  - (5) Temporary placement/visit in own home
  - (6) Locked facility, jail, juvenile detention center
  - (7) Short-term substance abuse placement
  - (8) Under the above-referenced circumstances, OCOK will reimburse the Provider for days of foster care on behalf of a child who is no longer in that Provider's care, in order to reserve space for the child's anticipated return to the same placement at a date in the near future. The maximum duration of continued payments to the Provider during a child's absence is subject to the limitations set forth in this section. Payments to the Provider for foster care during a child's absence will only be made if each of the following conditions are met:
    - (a) The Provider plans to return the child to the same placement at the end of the absence

- (b) The Provider agrees to reserve space for the child's return for as long as payments are made in the child's absence
- (9) In order for the Provider to be eligible to receive foster care payments for children absent from the foster care facility, excluding children who have run away from placement, the Provider must be actively engaged in:
  - (a) Giving emotional support to the child (via active participation in the child's treatment while hospitalized);
  - (b) Meeting the child's concrete needs (providing clothing, etc.);
  - (c) Having frequent face-to-face contact with the child on a regular basis (being physically present with the child at the hospital as required by some medical facilities, etc.);
  - (d) Facilitating family visits, as appropriate; and
  - (e) Communicating with the medical facility care team regarding the child's progress and discharge plan.
- (10) In order for the Provider to be eligible to receive foster care payments for children who have run away from the foster care facility, the Provider must be actively engaged in working with the primary caseworker to locate the child.
- (D) OCOK will not pay the Provider for days of foster care when Children and/or Youth reside in a non-IV-E eligible paid placement, including but not limited to:
  - (1) Nursing home placement
  - (2) Intermediate care facilities for persons with mental retardation (ICFMR)
  - (3) State Supported Living Centers (SSLC)
  - (4) Placed with a non-licensed relative caregiver
  - (5) Pre-consummated adoptive placement
  - (6) Texas Youth Commission facility
  - (7) Texas State Hospitals
  - (8) Home and Community-based Services
  - (9) Psychiatric hospitals once acute care ends

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.05 Requirements for Adoption Provider Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 9-2022
Documents	SSCC Provider Services Agreement (Adoption), DFPS Adoptive Placement Agreement, Adoption Decree, CPS Service Authorization Form 2054		
Reference	OCOK Provider Manual, box.com, myEvolv, Adoption Document Packet, COA AS 12.04, AS 12.05, AS 12.06, NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for “Adoption Placement” and “Adoption Post-Placement” services. The fees for these services are included in the SSCC Provider Services Agreement.

Providers will be required to send an invoice and an Adoption Document Packet to the OCOK Finance Staff for Adoption Placement Services, if applicable, and Adoption Post-Placement Services. The invoice and Adoption Document Packet must be received by OCOK within 30 days from the date of service. For adoption placement services, the date of service is the date of the adoptive placement as shown on the DFPS Adoptive Placement Agreement. For adoption post-placement services, the date of service is the date the Adoption Decree or final Adoption Order signed by the Judge.

OCOK has set adoption rates that are consistent with DFPS approved adoption rates. These rates do not change arbitrarily. OCOK’s reimbursement from the state is standard and set at the time of the contract renewals. Though, the rates are set, the Provider should itemize and disclose in writing information for each of the following separate category of fees and estimated expenses for purposes of audits/reviews:

- a. home study, including any fees for updates;
- b. placement or other program fee(s);
- c. fees charged by other individuals or entities in the United States;
- d. fees and expenses for the care of the child;
- e. document and translation expenses;
- f. required donations or contributions;
- g. post-placement and post-adoption services;
- h. other third-party fees; and
- i. travel and accommodation.

Adoption Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with a date of adoptive placement within the period of the Begin Date and the Termination Date)
2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child

Adoption Post-Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with dates inclusive of the day

following the adoptive placement to the date of consummation as Begin Date and the Termination Date)

2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child
3. Copy of the file stamped petition for adoption
4. Copy of the signed and notarized court report for the adoption proceedings
5. Copy of the adoption decree signed by the Judge

The invoice and Adoption Document Packet must be sent to the OCOK Finance staff by any of the following:

1. Encrypted Email
2. Uploaded to their file on the box.com website
3. Faxed to the attention of OCOK Finance
4. Regular mail to the OCOK administration office

Once received, the OCOK Finance staff will review the Adoption Document Packet to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the adoption services event(s) in the myEvolv system, which will cause an invoice for the Provider to be created in myEvolv. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly payment report. Any overpaid funds made to OCOK by DFPS will be returned to them within 60 days, and OCOK will ensure upon learning of any Providers being overpaid or adoptive parents being overpaid that they too repay all funds within 60 days.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.06 Requirements for Extended Foster Care Provider Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018
Documents	SIL Provider Services Agreement, Extended Foster Care Agreement		
Reference	OCOK Provider Manual, 40 TAC §700.316, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for Extended Foster Care Services, which also include Supervised Independent Living Services. Extended Foster Care Services that are provided in a licensed CPA or GRO placement are paid at normal Foster Care daily rates, which are shown on the fee schedule included in the SSCC Provider Services Agreement. There is a separate daily rate fee schedule for Extended Foster Care Services that are provided in a Supervised Independent Living program. The fees for these services are included in the Supervised Independent Living (SIL) Provider Services Agreement.

In order for providers to be paid for Extended Foster Care Services and Supervised Independent Living Services, the following conditions must be met:

1. The Extended Foster Care agreement signed by the youth must be on file with OCOK.
2. The Provider must be able to provide documentation on a periodic basis demonstrating that the youth is:
  - a. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
  - b. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the youth or young adult has received a high school diploma or GED certificate. (40 TAC §700.316)
  - c. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
  - d. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
  - e. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday; or (40 TAC §700.316); and
  - f. Accepted for admission to a college, or vocational program that does not begin immediately. In this case, the youth or young adult's eligibility is extended three and a half months after the end of the month in which the youth or young adult receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.07 Requirements for Preparation for Adult Living (PAL) Provider Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018
Documents	PAL Provider Services Agreement		
Reference	OCOK Provider Manual, myEvolv, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for Preparation for Adult Living services that have signed the Preparation for Adult Living (PAL) Provider Services Agreement. The fees for these services are included in the PAL Provider Services Agreement.

In order for Providers to be paid for PAL services, they must meet the requirements stated in the PAL Provider Services Agreement. Providers will be required to send an invoice and PAL services documentation to the OCOK Finance staff. The invoice and documentation must be received by OCOK within the timeframe specified by the PAL Provider Services Agreement.

The invoice and documentation can be sent to the OCOK Finance staff by any of the following.

1. Encrypted Email
2. Uploaded to their file on the box.com website
3. Faxed to the attention of OCOK Finance
4. Regular mail to the OCOK administration office

Once received, the OCOK Finance staff will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the PAL services event(s) in the myEvolv system, which will cause an invoice for the Provider to be created in myEvolv. The invoice will be paid in the next monthly payment and will be included in the Provider’s monthly payment report.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.08 Requirements for Psychiatric Hospitalization Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022
Documents	Form W-9, OCOK Direct Deposit Authorization Form, Payment Report		
Reference	Explanation of Benefits Statement – Superior Health, myEvolv, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay out-of-network psychiatric hospitalization providers (Psych Hospitals) for days of service provided for OCOK clients in accordance with the guidelines specified in this section.

OCOK will not pay Psych Hospitals for the following days of care. Superior Health is required to pay the cost of these days for foster care clients.

- Inpatient acute days
- 15 (post-acute) placement days

OCOK will pay Psych Hospitals for any days that an OCOK client remains in their facility beyond the 15 placement days paid by Superior Health if the following is submitted to the OCOK Senior Director of Finance & Administration.

- 1) Invoice showing the following information
  - a. Name and address of facility providing treatment
  - b. Name and address of entity that will be receiving payment
  - c. Name of the foster care youth and their PID number
  - d. Total number of days the youth was in your care
    - i. Specify the acute and placement days that were paid by Cenpatico/Superior Health
    - ii. Specify the days beyond the paid placement days for which you are requesting payment from Our Community Our Kids
  - e. Daily rate cannot exceed \$650
  - f. Total amount of requested payment
- 2) The Explanation of Benefits Statement from Superior Health showing payment of their portion of the foster care youth's days at the facility.
- 3) Completed and signed Form W-9.
- 4) Completed and signed OCOK Direct Deposit Authorization Form.

The invoice and documentation can be sent by any of the following.

1. Encrypted Email
2. Uploaded to their file on the box.com website
3. Faxed to the attention of OCOK Finance
4. Regular mail to the OCOK administration office

Once received, the OCOK Senior Director of Finance & Administration will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification of the information with OCOK Care Management staff, the OCOK Finance staff will manually enter the invoice information into the myEvolv system. The invoice will be paid in the next monthly payment. A payment report will be created and sent to the Psych Hospital.

This information is communicated to the Out-of-Network Psychiatric Hospitalization Provider when they contact OCOK for payment.

7.09 Requirements for Purchased Family Services Provider Payments			
Domain	Financial Administration, ACH Financial Management		
Effective	March 01, 2020 DFPS Confirmed 1/16/2020	Revision Dates	08-22-2022
Documents	Family Services Provider Services Agreement and Fee Schedules		
Reference	OCOK Provider Manual, CareMatch, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for purchased family services that have signed the Family Services Provider Services Agreement. The fees for these services are included in the Family Services Provider Services Agreement Fee Schedule Addendum.

In order for Providers to be paid for purchased family services, they must meet the requirements stated in the Family Services Provider Services Agreement and the OCOK Provider Manual. Providers will be required to send an invoice and required documentation to the OCOK Finance staff. The invoice and documentation must be received by OCOK within the timeframe specified by the Provider Services Agreement and the OCOK Provider Manual.

The invoice and documentation can be sent to the OCOK Finance staff by any of the following.

1. Encrypted Email
2. Uploaded to their file on the box.com website
3. Faxed to the attention of OCOK Finance
4. Regular mail to the OCOK administration office

Once received, the OCOK Finance staff will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the purchased family services invoice(s) in the CareMatch system. The invoice(s) will be paid in the next monthly payment and will be included in the Provider’s monthly payment report.

The OCOK Quality Improvement and Contracts staff will monitor the Family Services Network Providers to ensure that the Provider’s records and documentation justify and support the invoices that have been submitted to OCOK for payment.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.10 Payment Dispute Resolution Process			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022
Documents	SSCC Provider Services Agreement		
Reference	Dispute Resolution Process, SSCC Master Contract, OCOK Provider Manual, COA NET 2.03, NET 2.04 (e), NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

The Provider will reconcile the payment from OCOK to the Provider’s records. If any discrepancies are noted, the Provider will initiate the following dispute resolution process within 30 days of receiving payment. The Dispute Resolution Process is stated in Section 5 of the SSCC Provider Services Agreement.

The parties will confer, in person, by telephone conference or by email, to resolve disputes over payment for services through the following process. In order to initiate this process, either party must provide the other party with written notice of its dispute about a service and/or payment issue.

Staff Conferencing - With ten (10) days of receipt of a written notice initiating the Dispute Resolution Process, OCOK and Provider, through representatives of their services and financial staff, will confer and attempt to reconcile any disputed payments for which OCOK –based upon a good faith review of any documents submitted by the Provider and OCOK’s own documentation or records – does not believe it is responsible for paying. The parties shall complete the staff conferencing process described in this section within 30 days of the receipt of the written notice initiating the Dispute Resolution Process. If the dispute is not resolved within this time period, the process will continue to CFO Conferencing.

CFO Conferencing - For services still in dispute following the staff conferencing reconciliation process, OCOK’s Chief Financial Officer and the Provider’s Chief Financial Officer, or their designees, shall confer to resolve, settle, or compromise the dispute. The parties shall complete the CFO Conferencing process described in this section within 30 days of the completion of the Staff Conferencing process described above.

Payment after Resolving Disputes - If OCOK after conferring as provided herein with the Provider about the disputed payment concludes it is responsible for paying for a service or some part of it, OCOK shall make its payment to the Provider by the 15th day of the calendar month following the month in which OCOK concluded it was liable for payment.

In the event the Provider owes OCOK for any services provided herein or pursuant to any other agreement between the parties, and such balance has been due for in excess of 60 days from invoicing by OCOK to the Provider, OCOK may deduct the balance amount due to OCOK from any amount owed to the provider pursuant to this Agreement.

Compliance with the SSCC Master Contract - OCOK shall take all action reasonable and necessary to comply with the requirements of the SSCC Master Contract and ensure payment for the services thereunder.

In the event that the Provider or its independent auditor discovers that an overpayment has been made by OCOK, the Provider shall repay said overpayment immediately to OCOK without prior notification or request from OCOK. In the event that OCOK first discovers an overpayment has been made to the Provider, OCOK shall notify the Provider by letter of such a finding and request repayment forthwith. OCOK may unilaterally deduct overpayments made to the Provider from monies owed to the Provider.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.11 Network Provider Monitoring – Minimum Pass Through Rate Compliance			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022
Documents	OCOK Minimum Pass Through Rate Monitoring Tool		
Reference	SSCC Master Contract, SSCC Provider Services Agreement, OCOK Provider Manual, COA NET 2.03, NET 11.01		

**Procedure:**

OCOK monitors its Child Placing Agency Network Providers (Providers) for compliance with the minimum pass-through rate, which is required by the SSCC Master Contract and also the SSCC Provider Services Agreement. This annual monitoring is performed by the OCOK Senior Director of Finance & Administration and the designated OCOK Finance staff.

The DFPS CBC Fiscal Officer will select a random sample of foster care placements for the DFPS fiscal year being reviewed. Once the sample of placements has been received, each Provider is contacted with the list of randomly selected foster homes. For the selected month, we request that the Providers send us the calculation of the foster parents’ payment and also proof that the foster parents received the payment.

Once the Providers have complied with our request, OCOK will use the OCOK Minimum Pass-Through Rate Monitoring Tool to evaluate each foster parent’s payment, and to verify that all Child Placing Agency Providers have complied with the minimum pass-through rate requirement. If we determine that a foster parent has been paid incorrectly, the issue is presented to the billing contact of the Provider and proof of a corrected payment to the foster parent is requested and required. If a Provider fails to comply with the request for the foster parent payment information and/or fails to comply with the minimum pass-through rate requirement, it is reported to the OCOK Chief Operating Officer in order to pursue a remedy with the Provider.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.12 Network Provider Monitoring – Financial Viability			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022
Documents	SSCC Provider Services Agreement – Seventh Addendum		
Reference	OCOK Provider Manual, COA NET 2.03, NET 11.01		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

OCOK may monitor the financial viability of the Providers when it deems appropriate to do so.

According to the SSCC Provider Services Agreement – Seventh Addendum, Providers must send their unaudited financial statements to OCOK on an annual basis within 90 days of the Provider’s fiscal year end. These financial statements shall include Balance Sheet and Income Statement (or Statement of Activities and Changes in Net Assets). If the financial statements of the Provider have been audited or reviewed by an independent certified public accountant, then audited financial statements accompanied by the auditor’s management letter or a financial review report are to be provided to OCOK within nine (9) months after the Provider’s fiscal year end.

OCOK will utilize standard financial measures to monitor financial viability of the Network Providers when it deems appropriate to do so. The monitoring will be performed by the OCOK Senior Director of Finance & Administration, and the results of this monitoring will be submitted to the OCOK Chief Operating Officer.

This information is communicated to the Network Providers in the Finance and Billing Procedures section of the OCOK Provider Manual.

7.13 OCOK Owned Vehicle Procedures			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	08-22-2022
Documents	OCOK Vehicle Check Out/In Form, ACH Automobile Incident Reporting Form		
Reference	RCCL Minimum Standards, ACH Child and Family Services Policies and Procedures		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

**Vehicle check out/in**

- OCOK vehicles can be checked out by OCOK transportation staff at the designated area during normal business hours and also during nights and weekends.
- In order to receive the car keys, employees must check out the vehicle by completing and signing the OCOK Vehicle Check-Out/In Form.
- While in possession of an OCOK vehicle, employees must always abide by the transportation policies of ACH and also the requirements of RCCL Minimum Standards regarding the transportation of children.
- When returning the vehicle to the administration office, employees must refuel the vehicle and remove all belongings and trash from inside the vehicle. (If you have an ACH credit card, you will have to enter zip code 76119 at the gas pump in order to use the ACH card to pump gas.)
- The employee must remember to secure the windows and lock the doors.
- To check-in the vehicle, employees must return the car keys to the designated area immediately upon return and record the date and time of the return on the Vehicle Check-Out/In Form.
- Any vehicle malfunctions, problems, repairs, needed maintenance, etc. should be reported to your supervisor and the Director of Facilities.

**In case of a vehicle accident**

- Employees must comply with ACH Child and Family Services Policies and Procedures.
- Report the accident to the supervisor as soon as possible.
- Complete the ACH Automobile Incident Reporting Form and return it to your supervisor and the Director of Facilities.

7.14 OCOK Non-Client Services Purchasing Procedure			
Domain	Financial Administration, ACH Financial Management		
Effective	February 01, 2020 DFPS Confirmed 1/16/2020	Revision Dates	
Documents			
Reference	Financial Procedures Manual and Grants Financial Management Manual for ACH Child and Family Services, COA FIN 2		

**Procedure:**

Our Community Our Kids (OCOK) will follow and comply with the purchasing procedures established in the Grants Financial Management Manual.

For all staff purchasing of the following items, requests from staff will be sent to the Purchasing Manager via the OCOK purchasing email address

- Office supplies
- Facility maintenance repairs
- Travel arrangements (Hotel, rental car, airline tickets, etc.)

For all staff purchasing of IT equipment, requests from staff will be sent to the ACH support team via the support team email address.

7.15 Utilization Management – Family Services			
Domain	Financial Management, ACH Financial Management		
Effective	9-1-2022	Revision Dates	
Documents	Service Authorization Review Tool		
Reference	CareMatch, FSNA, FPOS, OCOK Operations Manual, OCOK Network Provider Manual, COA NET 2.02, NET 2.04, NET 4.01, NET 4.02, 4.03, NET 5.05, NET 7, NET 7.01, NET 7.02, NET 7.03, NET 7.04, NET 7.05, NET 7.06, NET 7.07, NET 7.08, NET 7.09, TAC §700.701, TAC §700.703		

**Policy:**

The Finance Committee will monitor the effective fiscal management of ACH Child and Family Services.

**Procedure:**

Utilization Management is a process that is continuous and includes the use of common criteria across the network for admission, services provided, length of service and discharge reasons. It is a flexible and responsive process that is individualized to meet the client’s needs.

**Services Available**

The following service array is available for families in order to protect their children from abuse and neglect, help the family reduce the risk of abuse and neglect, and make it possible for the children to return home and live there safely. When a child has returned home, these services are also available for families in order to protect the child in the parent’s home, reduce the risk of abuse and neglect, and enable the family to function effectively without CPS or OCOK assistance in the future. These services are provided by the OCOK Network of Family Services Providers.

- Drug Testing
  - 79A - Drug Testing - Urine Analysis
  - 79B - Drug Testing - Oral Fluids
  - 79C - Drug Testing - Hair
  - 79D - Drug Testing - Confirm All Tests
  - 79F - Drug Testing – Fentanyl
  - 79N - Drug Testing - Nail
  - 79U - Full Litigation Packet & Expert Testimony
- Substance Abuse – Assessment, Counseling, Therapy
  - 83F - Sub Abuse - Assessment
  - 83G - Sub Abuse - Individual Counseling/Therapy
  - 83H - Sub Abuse - Group Counseling/Therapy
  - 83K - Sub Abuse - Diagnostic Consult
- Non-Substance Abuse – Assessment, Counseling, Therapy
  - 86C - Counseling/Therapy - Individual
  - 86E - Counseling/Therapy - Group
  - 86F - Counseling/Therapy – Family
  - 86K - Domestic Violence Assessment
  - 86L - Battering Intervention Prevention

- 86U - Psycho-Social Assessment
- 88K - Home-Based Therapy
- 81H - Diagnostic Consultation
- Parenting
  - 87C - Parent/Caretaker Training
  - 87N - Fatherhood/Motherhood Training
  - 87P - Anger Management
- Psychological/Psychiatric – Evaluation and Assessment
  - 81H - Diagnostic Consultation
  - 86A - Psychiatric Evaluation
- Permanency Planning Meetings
  - 81M - Family Group Conference (FGC)
  - 81N - Circles of Support (COS)
  - 81P - Permanency Conference (PC)
  - 81Q - Transition Plan Meeting (TPM)
- Camping
  - 80T - Therapeutic Camping
  - 81G - Youth Camping
  - 90P - Specialized Camping Exp
- Concrete Services
  - 82C - Concrete Services
- Translator Services
  - 98L - Translator Services
- Court Related Services
  - 86H - Court Related Services
- Supervised Visitation
  - 92L - Supervised Visitation
  - 87B - Hospital Sitting
- Home Assessments
  - 68A - Kinship Caregiver Home Assessment
  - 81D - ICPC Relative Caregiver Home Assessment
  - 81F - ICPC Initial Assessment for Relative Caregiver
  - 88A - HSEGH Report

### **Eligibility for Services**

After a child is referred to OCOK for substitute care, services to the child’s family and/or relative caregiver begin as soon as possible. These services address parental behaviors that caused safety threats and ultimately the removal of the child or children from the home. When the state is the managing conservator and parental rights have not been terminated, OCOK continues to make sure services are available to the family, when appropriate, regardless of the permanency goal.

### **Authorizing Personnel**

The OCOK Permanency Specialists and OCOK Permanency Supervisors have the experience and training needed to authorize and review the services provided to families as required by the Texas Department of Family and Protective Services. The Permanency Specialists and Supervisors are required to ensure that the family service planning is continuous, comprehensive and integrated.

### **Service Authorization**

Based on the Family Strengths and Needs Assessment (FSNA) and the Family Plan of Service (FPOS), the Permanency Specialist assigned to the case will determine the services that are needed for the family and will identify the service providers that will serve the family. If multiple Service Provider options are available, the family can inform the permanency specialist of their preference. If the family desires to transfer to a different Service Provider, they can request that with the Permanency Specialist, if other options are available. The Permanency Specialist will authorize the services by creating and issuing a service request in the CareMatch system. When the service request is completed, it is sent to the Permanency Supervisor for approval in the system. Once approved, the CareMatch system will automatically send a referral to the Service Providers via an encrypted email with the approved service request and supporting documentation. The service request states why the services are needed and the goals needing to be achieved. The referral letter has the contact information of the Permanency Specialist so that the Provider can request any additional information in order to begin services, perform an initial screening or request a correction to the initial service authorization. The service request is identified by a unique purchase of service (POS) number and includes the authorized time period and number of authorized units of service for the identified types of services, which is determined by the Family Plan of Service. For concrete services, any service request over \$1,500 requires the approval of the Senior Director of Finance & Administration.

### **Reauthorization of Services**

Once the initial authorized service request has expired, the Permanency specialist and/or the Service Provider can request that the services be reauthorized if the service is still needed or the goal of the Family Plan of Service has not yet been met. If both the Permanency Specialist and the Service Provider agree to the reauthorization, the Permanency Specialist will reauthorize the services by creating and issuing a new service request in the CareMatch system. When the new service request is completed, it is sent to the Permanency Supervisor for approval in the system. Once approved, the CareMatch system will automatically send a referral to the service provider via an encrypted email with the approved reauthorized service request and supporting documentation.

### **Service Authorization Denial and Appeal Process**

If a Service Provider denies a service authorization/client referral, the permanency specialist will need to select a different Service Provider in the Network and send the service request as described in the service authorization section of this procedure. If the Permanency Specialist has denied a Service Provider's request to change an authorized service request or to reauthorize services, the Permanency Specialist must inform the Service Provider of the reason for the denial and the criteria for making that decision. The Permanency Specialist must also inform the Service Provider that they may appeal the decision to the Permanency Supervisor. The Permanency Supervisor must review the appeal and communicate the decision within 48 hours of receiving the appeal.

### **Service Provision & Progress**

Upon receiving the referral, the Service Provider will contact the family to schedule the services. The Service Provider will work with the Permanency Specialist to remove any barriers or address any challenges to the family completing the authorized services. The Service Provider will submit all progress notes, assessments, testing results and any other service reports to the Permanency Specialist for review. The Service Provider will be paid for services performed in accordance with the billing and payment procedures stated in Section 7 of the OCOK Operations Manual, and also stated in the OCOK Network Provider Manual.

### **Complaints & Dispute Resolution**

The Service Provider can send any complaints about payment adjustments due to lack of authorization to the Permanency Specialist and the Permanency Supervisor. If a mutually agreeable resolution cannot be reached, a complaint may be brought to the Senior Director of Finance & Administration. All other payment disputes will be resolved as stated in Section 7 of the OCOK Operations Manual, and as stated in the OCOK Network Provider Manual.

### **Service Authorization Review**

On a quarterly basis, the Senior Director of Finance & Administration will provide the designated Permanency Director with a 10% sample of all service requests approved and issued to Service Providers for family services in the designated quarter for review. Standard service requests for drug testing and home assessments of possible relative caregivers will not be included in the sample for the quarterly review. The Permanency Director will complete the Service Authorization Review Tool and indicate if the service requests sampled were reviewed for the following.

- Appropriateness of authorization decisions
- Referrals were properly issued
- Family service planning and service delivery milestones
- Intake and discharge data including length of service, number of encounters per request and number of re-admissions, as applicable to the service being provided

### **Process Review**

For ongoing review, any OCOK department staff may identify a gap or potential improvement in the service provision and/or authorization process. This must be communicated in writing to the Senior Director of Finance & Administration.

### **Billing & Administrative Reviews**

The Quality Improvement and Contracts department staff will perform quarterly reviews of the Service Provider case records. At least 10% of the Service Provider case records will be reviewed annually. Each quarter, a random month is selected, and the Service Provider is requested to provide documentation to support the services that were billed that month. A monitoring report is given to the Service Provider. Any noted discrepancies are identified and also submitted to the OCOK Finance department for resolution. The Quality Improvement and Contracts department staff will also perform an annual administrative review of the Service Providers. They will review certificates of insurance, required criminal background checks, licensures and trainings to ensure compliance with the Provider Services Agreement.

### **Tracking and Monitoring of Paid Services**

The Senior Director of Finance & Administration submits a monthly report to the Chief Operating Officer and OCOK Senior Directors showing all units of service and amounts paid by service category for each month to compare to the remaining balance of funding allocated to family services.

## **Section 8**

### **Human Resources Management**

- 8.01 Staff Qualifications**
- 8.02 Criminal Background Investigation and Screening**
- 8.03 Employee and Network Provider Training**
- 8.04 Access to DFPS System**

8.01 Staff Qualifications			
Domain	Human Resources Management, ACH Human Resources Management		
Effective	January 01, 2014	Revision Dates	12-4-2015, 6-2022
Documents			
Reference	ACH Child and Family Services Policy – Discrimination Prohibition, Employee Handbook, RCCL Minimum Standards, DFPS Policy, OCOK Job Descriptions, ACH/OCOK Performance Review, OCOK Provider Manual		

**Policy:**

ACH Child and Family Services is an equal opportunity employer. ACH Child and Family Services maintains a policy of nondiscrimination with respect to all employees, volunteers, interns and applicants for employment, placement or internship. All employment, placement or internship decisions will be made without regard to race, color, religion, national origin, gender, gender identity or expression, sexual orientation, pregnancy, age, disability, veteran status, or any status protected by applicable law. Decisions are based solely on the individual’s qualifications, merit, and performance, subject to the business requirements of ACH Child and Family Services. Reasonable accommodations will be made in accordance with applicable law.

**Procedure:**

1. OCOK will ensure that all job descriptions and policies are written and stay in compliance with RCCL Minimum Standards and/or State’s requirements.
2. Providers, as part of submitting their Agency Policy and Procedure Manual; are also required to have their Personnel Policies reviewed by OCOK, when applicable.
3. Providers are responsible to ensure that all personnel and caregivers/foster families training requirements are continually in compliance and kept up to date according to RCCL Minimum Standards, Professional Level Licensure, State’s requirements, DFPS Policy, and OCOK contract requirements.
4. OCOK has a process for providing every full-time and part-time employee, and volunteer (interns) a written performance review at regular intervals that involve the employee or volunteer and the supervisor.

Any updated procedures will be included in the OCOK Provider Manual and ACH staff portal.

8.02 Criminal Background Investigation and Screening			
Domain	Human Resources Management, ACH Human Resources Management		
Effective	January 01, 2014	Revision Dates	6-2022
Documents	Form 2970c, Form 2971c		
Reference	ACH Child and Family Services Policy - Background Investigation and Screening, Employee Handbook, DFPS Licensing Background Check Rules, 42 U.S.C. §671(a)(20), Texas Law - Chapter 42 of the Human Resources Code §42.056 of (as amended by S.B. 427, 83 Legislature) and Title 40 of the Texas Administrative Code §745.615 and 745.625		

**Policy:**

ACH Child and Family Services conducts background investigations and screenings on new and existing employees, contractors, interns and volunteers who have direct access or ongoing contact with children, or their confidential information to promote the safety of clients and protection of the agency. Personnel, contractors, interns and volunteers who have a documented history of assaultive behavior are not permitted to have interactions with clients or provide administrative or programmatic oversight.

**Procedure:**

1. State’s criminal background check is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
2. Child abuse and neglect registry check is conducted, results are obtained and reviewed prior to employment or child contact and resubmitted as per required schedule after employment/contract.
3. Fingerprinting-based criminal history check against the Federal Bureau of Investigation is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
4. Sex offender registry check is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
5. Tuberculosis testing is completed prior to employment, contract or internship.
6. Drug testing is completed prior to employment/contract/internship and after accidents. Random drug testing occurs as needed for current employees.
7. Credit investigations may be completed on applicants for and employees in certain cash handling positions and other fiduciary positions as deemed appropriate.

ACH Child and Family Services will submit the following for criminal background checks for all potential employees/caregivers/foster/adoptive parents associated with this agency; Form 2970c and 2971c will be utilized to capture the necessary information before a criminal background check is completed.

There are four types of criminal background checks:

1. A name-based criminal history check: The Department of Public Safety (DPS) conducts a comparative search between a person's name and the DPS database of crimes committed in the State of Texas;
2. A fingerprint-based criminal history check: DPS and the Federal Bureau of Investigation (FBI) conduct comparative searches between a person's fingerprints and the DPS database of crimes committed in the State of Texas and the FBI database of crimes committed anywhere in the United States, respectively;
3. A DFPS central registry check: DFPS conducts a comparative search between a person's name and the DFPS central registry, which is a DFPS database of people who have been found by DFPS's divisions of Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child; and
4. An out-of-state central registry check: a comparative search between a person's name and another state's database of persons who have been found to have abused or neglected a child.

A fingerprint-based criminal history check for each person whose name is submitted for a background check under the following section if:

1. The person has lived in another state any time during the previous five years; or
2. There is reason to suspect other criminal history exists in another state.

ACH Child and Family Services follows requirements under federal law at 42 U.S.C. §671(a)(20) and Texas law at Chapter 42 of the Human Resources Code §42.056 of (as amended by S.B. 427, 83 Legislature) and Title 40 of the Texas Administrative Code §745.615 and 745.625. This includes FBI fingerprint checks for:

1. The director, owner, and operator of the operation
2. Current and prospective employees of the operation
3. Each person at least 14 years of age in the home who:
  1. is counted in child-to-caregiver ratios in accordance with the relevant minimum standards;
  2. will reside in a prospective adoptive home if the adoption is through a child-placing agency;
  3. has unsupervised access to children in care at the operation; or
  4. resides in the operation
4. Each person 14 years of age or older, other than a client in care, who will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care; and
5. Each substitute employee, unless you confirm that the organization providing the substitute employee has completed a background check for the person through DFPS within the last 24 months. As provided in Texas Administrative Code §745.625, ACH will submit a request for a person's background check every 24 months. Per DFPS's rules effective March 1, 2014, a recurring background check will be performed no later than two years from the date of the last submission for a background check.

The following schedule will be followed by ACH Child and Family Services:

**Persons Requiring an FBI Fingerprint Check**

**When a Fingerprint Check is Due**

Prospective foster or adoptive parent

Prior to the foster or adoptive home's verification or approval

Applicant for an administrator's license

Prior to licensure

Prospective employee

Prior to employment

Person is 14 years or older who resides in a prospective foster or adoptive home or a residential operation in applicant status

Prior to the foster or adoptive home's verification or approval or before the person may be in contact with children at a residential facility

If a person is eligible for a risk evaluation due to a finding in the Central Registry all required documentation will be submitted to the DFPS Centralized Background Check Unit in order to determine if appropriate to be present in the operation.

ACH Child and Family Services will follow all current requirements outlined in the DFPS Licensing Background Check Rules and Texas Administrative Code

8.03 Employee and Network Provider Training			
Domain	Human Resources Management, ACH Human Resources Management		
Effective	January 01, 2014	Revision Dates	9-2014, 12-4-2015, 1-2018, 6-2018, 12-2019, 6-2022, 9-2022
Documents	SSCC Joint Monitoring Tool		
Reference	ACH Child and Family Services Policy - Credentials and Training Verification, OCOK Operations and Provider Manual, RCCL Minimum Standards (Child Placing Agencies, Emergency Shelter, General Residentail Operations), COA AS 3.06, AS 6.01, AS 7.01, AS 7.02, AS 7.03, AS 7.04, AS 7.05, FKC 19.01, FKC 19.02, FKC 19.03, FKC 19.04, FKC 19.05, FKC 19.06, NET 11.01 (a) (b) (c) (d) (e) (f) (g), NET 11.02 (a) (b) (c), TS 1, TS 1.01 (b) (d), TS 1.02		

**Policy:**

ACH Child and Family Services verifies the credentials of all professional personnel and independent contractors who provide direct program services to clients.

**Purpose:**

ACH Child and Family Services supports and promotes its employees and Providers' competence by providing regular supervision and training on relevant service delivery topics.

**Procedure:**

**I. Workforce Development and Training**

The purpose of establishing a management plan for workforce training is:

- A. To ensure that all personnel and Providers understand the scope and function of Community-Based Care by providing the appropriate training and guidance to maintain compliance with statutory and regulatory rules, and to provide quality services to families and children affected by the Texas foster care system.
- B. To implement a training and development program that enhances the knowledge, skills, and abilities of personnel and Providers to prepare them in assuming their responsibilities.
- C. In addition, the training strategies will ensure that all caseworkers, supervisors, caregivers, and other direct care staff providing services through OCOK complete training to support attainment of safety, permanency and well-being for the children in their care.

**II. Goals of Workforce Training**

- A. To ensure service providers have the tools, knowledge and resources including evidence-based practices as appropriate to provide them with the opportunity to perform their jobs so they can provide caring assistance to children in the Texas foster care system under OCOK.
- B. OCOK supports personnel development and training through a structured program that uses a variety of educational methods:
  - 1. ACH's Training Department is responsible for all OCOK personnel training needs: planning, scheduling, delivery, and tracking of required training.

2. OCOK personnel is trained to fulfill their job responsibilities by completing all required ACH training and those assigned by their immediate supervisor.
- C. OCOK will ensure that all training opportunities within the system of care lead towards accomplishing our mission and meeting outcomes. Network Providers are responsible for meeting timeframes according to training requirements (orientation/pre-service (within 90-days of hire), annual) for personnel and caregivers/foster parents. Training opportunities for OCOK personnel and Network Providers will be available through multiple resources:
1. Training facilitated by OCOK
  2. Training provided by subject matter experts within the Network and other community resources
  3. OCOK will work with DFPS to provide training on Disproportionality and Knowing Who You Are trainings
- D. Additional required trainings include:
1. Orientation training, during pre-service within 90-days of hire, which includes an overview of the relevant and applicable DFPS and federal rules, and OCOK system of care;
  2. OCOK Personnel and Residential Network Providers Training Plan for their personnel must include, at minimum:
    - Agency's Orientation - Mission and philosophy – pre-service
    - Personnel/Employee Manual – pre-service
    - Policies and Procedures – pre-service
    - Minimum Standards -pre-service
    - Organizational Chart – pre-service
    - Reporting Suspected Abuse or Neglect of a Child – pre-service and annually thereafter
    - Preventing and Recognizing Youth Sexual Abuse – pre-service and annually thereafter
    - Client's Rights – pre-service
    - Child Sexual Aggression – pre-service
    - Confidentiality and HIPAA – pre-service and annually thereafter
    - Cybersecurity – pre-service and annually thereafter
    - Disaster and Emergency Response Preparedness Plan – pre-service and annually thereafter
    - Cultural Competency/Diversity – pre-service and annually thereafter
    - Emergency Behavior Intervention -pre-service and annually thereafter
    - Psychotropic Medication Management – pre-service and annually thereafter
    - Adult/Infant CPR and First Aid – pre-service, renewed as per certification requirement
    - DFPS Medical Consenter - pre-service and annually thereafter
    - Trauma-Informed Care -pre-service and annually thereafter
    - Human Trafficking – pre-service and annually thereafter
    - Normalcy – pre-service and annually thereafter
    - SIDS, Shaken Baby Syndrome, Brain Development – pre-service, if Provider serves children younger than 2 years
  3. The following items are also included in an annual training requirement in addition to transportation safety, professional ethics, civil rights compliance, and infection control:
    - i. Protocols for Community-Based Care
    - ii. Job specific requirements, protocols for each job function
    - iii. Continuing education requirements for each job function and/or licensure
    - iv. Implementation guidelines and expectations for OCOK personnel

- v. At all times OCOK and the Residential Network Providers will follow any DFPS dispositions in reference to additional training, those outlined in the OCOK Operations and Provider Manual, and those communicated via electronic mail
- vi. OCOK will notify Network Providers, via electronic email, of any new (added) training requirements; those will need to be incorporated to the Provider's training protocols upon notification in order to meet OCOK requirements
- vii. Family Services Providers must meet training requirements according to their Monitoring Tool and Operations and Provider Manual

### **III. Strategies for Residential Network Providers**

- A. OCOK provides orientation and training to its personnel who provides services to Network clients.
- B. Network Providers must ensure its direct service personnel receive orientation and training, prior to serving Network clients, on the systems of care model (SSCC/Community-Based Care); that may include training to support attainment of safety, permanency and well-being for children in their care. The training will include information on:
  - a. the Network's mission, philosophy, goals, and services;
  - b. Network operations and functioning;
  - c. Network policies and procedures including access procedures;
  - d. Network billing practices;
  - e. utilization management criteria;
  - f. the Network's conflict of interest policies and ethical expectations;
  - g. the Provider's role in the Network's PQI process; and
  - h. any other issues of importance determined by OCOK.
- C. Network Providers must ensure the SSCC/OCOK model is included in its personnel orientation and trainings.
- D. Network Providers must ensure all personnel, caregivers/foster parents and respite providers receive training in accordance with RCCL Minimum Standards, OCOK contract requirements, and DFPS Policy.
- E. Additional training requirements can be found in the OCOK Provider Manual and the SSCC Joint Monitoring Tool.
- F. Training opportunities will be posted on the OCOK website [www.oc-ok.org](http://www.oc-ok.org) and/or emailed to Network Providers.

### **IV. Staffing Development and Training**

- A. OCOK will ensure compliance with minimum staffing requirements, as applicable, according to RCCL Minimum Standards for Child Placing Agencies, Emergency Shelters and General Residential Operations serving children requiring both childcare and treatment services.
- B. OCOK will ensure that all training opportunities, within the system of care, lead toward accomplishing OCOK's Mission and Performance Outcomes.
- C. OCOK will provide an ongoing training program that includes:
  - 1. Refresher training on Network policies, practices, and procedures;
  - 2. Evidenced-based practices, as appropriate to the array of Network services; and
  - 3. Other issues of importance to the Network.
- D. Training opportunities for personnel and Providers will be available through three (3) primary resources:
  - 1. Training provided through OCOK;
  - 2. Training provided by subject matter experts within the Network and other community resources (i.e., Cenpatico, TCU, Mental Health Connection, DFPS); and
  - 3. Training provided by DFPS in Disproportionality and Knowing Who You Are curriculums.

- E. All Provider’s direct delivery personnel and caregivers/foster parents, providing services through OCOK, must have completed Trauma-Informed Care training and Emergency Behavior Intervention training.
- F. Medical Consenter Training - Anyone assigned as a Medical Consenter must receive and complete Medical Consenter training offered by DFPS prior to DFPS designation as a Medical Consenter.
- G. Cultural Competence Training - OCOK is committed to ensuring staff and caregivers understand the impact of race, culture, and ethnic identity and how they impact services to children and families.
  - 1. Service effectiveness is tied to creating teams with the language capacity, community knowledge, and connection to resources that will sustain skill building efforts.
  - 2. In addition to assuring language access services, OCOK and its Network Providers need a working knowledge of cultural considerations, as well as community and family norms in order to provide culturally relevant services.
  - 3. In order to ensure that services are provided in a culturally sensitive and competent manner, OCOK will require all personnel and Network Providers (personnel and caregivers/foster parents) attend and participate in Cultural Competency/Diversity training annually.
  - 4. Training will be provided in culturally responsive communication and interviewing skills such as “Knowing Who You Are” and/or other similar curricula.
  - 5. OCOK would like to emphasize awareness, knowledge of how discriminatory practices impact service delivery and how it translates into practice.
  - 6. Through competent, effective supervision and Quality Assurance review, OCOK will ensure that training concepts and ideas are practically applied in service provision and reflected in documentation.
- H. OCOK will schedule on going trainings/meetings to ensure OCOK personnel and Network Providers are aware of OCOK Policies and Procedures.
- I. Providers will ensure that staff who complete home studies (including Foster and/or Adoption Home Studies, Kinship Home Assessments and ICPC Home Studies) will be provided with initial and ongoing training/supervision on the used and defined/approved tools and/or Minimum Standards for home studies to reinforce the consistent application of the process.
- J. OCOK will notify OCOK personnel and Network Providers via electronic mail and OCOK website ([www.oc-ok.org](http://www.oc-ok.org)) of any changes to OCOK Policies and Procedures and will inform Providers of any training opportunities.

## **V. Foster Parent/Caregiver Training**

Providers must ensure that prior to licensure and placement that their caregivers receive all appropriate training and preparation needed to strengthen their capacity to care for the children that will be entrusted to their care. They must meet all Minimum Standards requirements as well as any additional OCOK contract requirements.

### **Pre-service Training**

Caregivers/Foster Parents must receive pre-service training on rights and responsibilities that addresses:

- a. the Provider’s mission, logic model or equivalent framework, and service array;
- b. the rights of children in care;
- c. what caregivers should expect when they take in a child;
- d. the competencies needed for effective resource parenting, and how those competencies are integral to the Provider’s logic model or equivalent framework;
- e. specific duties of foster parents, including administrative responsibilities;
- f. available supports and services;

- g. how to report and the requirements for reporting suspected abuse and neglect;
- h. any fees or reimbursement for services, including compensation for damages caused by children placed in the home, as applicable;
- i. notice of and participation in any review or hearing regarding the child;
- j. procedures when allegations are made, and ways to prevent false allegations;
- k. complaint procedures; and
- l. circumstances that will result in the revocation of the foster parent's license.

### **Trauma-Informed Pre-service Training Requirements**

Providers will ensure that caregivers/foster parents receive pre-service training that addresses:

- a. strategies for providing support appropriate to children's ages and developmental levels;
- b. promoting positive behavior and healing through coaching, nurturing, and positive discipline techniques;
- c. recognizing and responding to behaviors that jeopardize health and well-being, including de-escalation techniques and alternatives to restraints;
- d. signs and symptoms of trauma, including triggers for challenging behaviors;
- e. providing protection and promoting psychological safety to mediate the effects of trauma, maltreatment, separation, loss, and exploitation; and
- f. preventing and responding to missing children, including understanding factors that may contribute to the decision to run away, reporting protocols, and how to support children upon their return.
- g. DFPS training on Recognizing and Reporting Child Sexual Abuse and Child Sexual Aggression

### **Additional Pre-service and Ongoing Training Requirements**

Providers will ensure that foster parents receive pre-service and/or ongoing training and support to demonstrate competency in:

- a. supporting and facilitating children's emotional, physical well-being, safety and permanency;
- b. meeting children's developmental needs across life domains, including how to address any developmental or cognitive delays;
- c. caring for a child of a different race, ethnicity, culture, religion, sexual orientation, or gender identity;
- d. supporting children's social identity development;
- e. supporting and facilitating family relationships, friendships, cultural ties, and community connections;
- f. collaborating with parents, relatives, legal parties and service providers; and
- g. managing the caregiver role, stress and self-care, and the impact on the family.
- h. first aid and age-appropriate CPR at least every two years, including a hands-on, in-person CPR skills assessment conducted by a certified CPR instructor;
- i. medication administration, including retraining at least every two years;
- j. protocols for responding to emergencies and/or Serious Incidents including accidents, serious illnesses, fires, and natural and human-caused disasters; and medical or rehabilitation interventions and operation of medical equipment required for a child's care, as needed.

The Provider should evaluate the effectiveness of its pre-service and ongoing trainings to evaluate for areas for improvement and plans to address. OCOK encourages Providers to utilize Praesidium and other resources for training opportunities that may benefit their caregivers/foster parents.

NOTE: The Provider must ensure that all caregivers/foster parents agree to and sign a statement indicating that for children placed in their care they agree to:

- a. report suspected abuse and neglect;
- b. employ only positive discipline techniques;
- c. refrain from using physical and degrading punishment; and
- d. ensure that others (i.e., respite providers, frequent visitors their own children, the school, etc.) refrain from using physical and degrading punishment.

CPA/Adoption Network Providers Training Plan for caregiver/foster parent must include, at minimum:

Agency's Orientation - Mission and philosophy – pre-service  
 Policies and Procedures – pre-service  
 Minimum Standards -pre-service  
 Reporting Suspected Abuse or Neglect of a Child – pre-service and annually thereafter  
 Preventing and Recognizing Youth Sexual Abuse – pre-service and annually thereafter  
 Confidentiality and HIPAA – pre-service and annually thereafter  
 Cybersecurity – pre-service and annually thereafter  
 Disaster and Emergency Response Preparedness Plan – pre-service and annually thereafter  
 Cultural Competency/Diversity – pre-service and annually thereafter  
 Emergency Behavior Intervention -pre-service and annually thereafter  
 Psychotropic Medication Management – pre-service and annually thereafter  
 Adult/Infant CPR and First Aid – pre-service and renewed as per certification requirement  
 DFPS Medical Consenter - pre-service and annually thereafter  
 Trauma-Informed Care -pre-service and annually thereafter  
 Human Trafficking – pre-service and annually thereafter  
 Normalcy – pre-service and annually thereafter  
 SIDS, Shaken Baby Syndrome, Brain Development – pre-service, if verify to care for children younger than 2 years  
 Texas Health Steps – pre-service

## **VI. Adoptive Parent Training**

OCOK ensures Providers utilize approved training methods and curricula that are consistent and address all areas of RCCL Minimum Standards, DFPS requirements and the OCOK Contract, in order to ensure adoptive parents are adequately prepared for placement.

OCOK will ensure that Providers train their families and that prospective adoptive parents receive training and demonstrate competence in:

- a. the adoption process and significant provisions of laws and regulations as it relates to adoptions;
- b. the availability of and application process for subsidies or other financial benefits;
- c. options for openness in adoption;
- d. the importance of legally finalizing the adoption and for obtaining and maintaining documentation of citizenship for children adopted internationally;
- e. long term impacts of adoption on the child and the family; and
- f. the availability and importance of post-adoption supports and services.

OCOK ensures that Providers have adoptive parents participate in an orientation prior to becoming licensed that includes an overview of the lifelong impact of adoption as well as the process for completing an adoption; common needs and characteristics of children awaiting adoptive families; the importance of race, ethnicity, religion, tribal affiliation, language, and other factors in adoption; the options for maintaining connections that benefit the child or sibling group as well as the availability of supports, clinical services and subsidies following adoption.

Providers must train prospective adoptive parents and they must demonstrate competencies in common experiences and needs of waiting and adopted children, including:

- the general characteristics and needs of waiting children;
- the frequency and impact of physical, psychological, and sexual abuse, neglect, and child trafficking (adoptive parents must complete the DFPS Recognizing and Reporting Child Sexual Abuse and Aggression training prior to taking any placements);
- the impact of institutionalization and living in out-of-home care;
- the impact of malnutrition, maternal substance abuse, and any other common factors that impact on health and development; and
- attachment and bonding.
- coping with separation, loss, and grief and supporting healthy attachments and relationships;
- navigating changing roles and relationships;
- supporting the child's identity development;
- raising a child of a different race, ethnicity, culture, or religion and strategies for maintaining connections with the child's culture, community, tribe, and/or country;
- responding effectively and safely to children's behavior and unknown or unexpected issues, and adapting parenting strategies and discipline techniques to fit the child's needs;
- parenting a child with a history of trauma;
- recognizing signs of unknown or undisclosed abuse, effective strategies to support safe disclosure, and reporting abuse allegations to appropriate authorities;
- strategies for maintaining safety when there is a history of sexual abuse, trafficking, self-harming behavior, or other unsafe behavior; and
- overcoming barriers to seeking or obtaining help and support.

Additionally, OCOK will ensure that Providers either train or provide additional supports to prospective adoptive parents on:

- a. needed customized education, counseling, or support specific to their unique needs or experiences which may impact on their readiness and suitability for placement; and
- b. reassessment when needed to ensure they remain ready and suitable to move forward with an adoption.

Any updated procedures will be included in the OCOK Provider Manual. It is the Provider's responsibility to meet OCOK training requirements.

8.04 Access to DFPS System			
Domain	Human Resources Management, Human Resource Management		
Effective	March 01, 2020	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy - Background Investigation and Screening, DFPS Licensing Background Check Rules, IMPACT, CBC Contract, COA HR 3		

**Policy:**

ACH Child and Family Services conducts background investigations and screenings on new and existing employees, contractors, interns and volunteers who have direct access or ongoing contact with children, or their confidential information to promote the safety of clients and protection of the agency. Personnel, contractors, interns and volunteers who have a documented history of assaultive behavior are not permitted to have interactions with clients or provide administrative or programmatic oversight.

**Purpose:**

To ensure access to systems where confidential information is maintained in order for employees to perform essential work tasks. Employee’s criminal background check will be submitted as required through the Centralized Background Check Unit in order to determine if appropriate to have system’s access.

**Procedure:**

OCOK will submit the employee’s information to DFPS for approval purposes. The employee will be notified once an account needs to be set up in the DFPS system(s).

Once the OCOK employee gains access he/she is responsible for logging in to the authorized DFPS system(s) every 30-days in order to maintain access.

OCOK employees have the ability to set up an alert in their Outlook calendar to remind them that this task must be accomplished regularly. In addition, if employees do not log in timely and lose access to IMPACT, they will be required to notify a designated OCOK contact for tracking purposes. The employee will follow the established process that is currently used in Stage 1 to regain access to the system if they continue to have the need to access IMPACT to adequately complete their work duties.

On a monthly basis OCOK is notified of non-compliance instances; the employee and their Supervisor and/or Director will be notified if their information is in the list of monthly non-compliance instances in order to immediately rectify and/or to evaluate need for access. Each Department Director will receive a report on a 6-month basis. They will review the list for employees who have lost access due to not logging in timely to determine if the employee continues to have a business need for access to IMPACT, and/or to determine next course of action with the employee due to non-compliance.

OCOK must be in compliance with this requirement as it is a CBC Contract requirement that must be met by all employees authorized to utilize DFPS system(s).

## **Section 9**

### **Community Engagement**

- 9.01 OCOK Leadership Advisory Panel (OCO K LAP)**
- 9.02 National Expert Panel (NEP)**
- 9.03 Provider Advisory Group**
- 9.04 Stakeholder Engagement Forums/Quality Parenting Initiative**

9.01 OCOK Leadership Advisory Panel (OCOK LAP)			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	August 01, 2014	Revision Dates	1-2018, 2-2022
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities, COA NET 2.01 (a-b)		

**Purpose:**

To provide strong local advocacy for the Community-Based Care (CBC) effort and to help navigate system boundaries for services.

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services’ mission.

**Procedure:**

- 1) Extend invitation to 8-12 local leaders from government, business, philanthropy, and non-profit organizations throughout the seven-county region to obtain their unique contribution and different goals and learn what each leader might bring to the common endeavors to continue the SSCC business goals, but also to be reconciled with the local leader’s ethical and mission-driven interests.
- 2) OCOK LAP will meet 3-4 times per year to inform and update about the progress and issues related to CBC implementation.
- 3) OCOK LAP will provide advice and feedback to guide the direction of Community-Based Care.
- 4) OCOK LAP is willing and prepared, with staff support, to share facts and outcomes in support of CBC with other decision-makers in light of criticism or negative events.
- 5) Know the specific contract outcomes targeted for our community.

9.02 National Expert Panel (NEP)			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	June 01, 2014	Revision Dates	1-2018, 2-2022
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**Purpose:**

To form a National Panel of Experts in Foster Care and Adoption issues who can help advise the SSCC toward developing a strong Network of Providers delivering high quality, innovative care.

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services' mission.

**Procedure:**

- 1) Extend invitation to 5-8 National Leaders of organizations currently operating successfully in a privatized or performance-based system.
- 2) NEP will meet two (2) times per year to inform and update about the progress and issues related to Community-Based Care (CBC) implementation.
- 3) NEP will provide advice and feedback to guide the direction of Community-Based Care's effort.
- 4) NEP will present important topics for the Network.

9.03 Provider Advisory Group			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	June 01, 2014	Revision Dates	1-2018, 2-2022, 6-2022
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities, COA NET 2.05, NET 3		

**Purpose:**

The purposes for establishing a Provider Advisory Group are to develop working partnerships between Providers and OCOK and among organizations; to allow a broader range of ideas and input on larger decisions affecting the work of the SSCC; to plan for needed services and for each Stage of Implementation; and to increase involvement in community engagement activities.

Providers will be engaged in order for them to actively participate in the successful implementation of the contract and achievement of contract outcomes.

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services’ mission.

**Procedure:**

1. During the planning, start up, implementation, and throughout all phases of service provision, Our Community Our Kids (OCOK) will facilitate group and individual meetings with Providers. The purpose of these meetings includes the solicitation of feedback, monitor the SSCC plan/model, and to facilitate interactions between Providers and OCOK.
2. Membership of the Provider Advisory Group will have one representative from each organization's leadership / management team that has decision making authority. The Provider Advisory Group will include representatives of relevant community groups, consumers, service providers, advocates, and other with an interest in the success of the Network achieving its mission and purpose.
3. The Provider Advisory Group will hold monthly meetings the first year of operation, and then determine meeting frequency of meetings thereafter. The Provider Advisory Group will serve in an advisory capacity only and does not assume governing body or management responsibilities.
4. Much of the work as an Advisory Group will be accomplished in committees and task forces.
5. Our Community Our Kids envisions needing committees that align with major functions of the SSCC, for Care Management, Permanency, Quality and Contracts, and Recruitment and Community Engagement (which could also include foster and adoptive family joint recruitment activities).
6. Provider relations issues will probably be addressed one on one, or in the broader Provider Advisory Group.

7. A smaller Provider Advisory Group of 5-7 CEOs of Provider organizations will meet between meetings, and as necessary, to serve as a steering committee of the Council.
8. Regular Provider Advisory Group meetings will facilitate input and feedback regarding the development of the implementation of the Community-Based Care system. The Provider Advisory Group will provide information and feedback about services, outcomes, the perception of the Network within the community, and other information that would help the Network better serve its defined population and the community.

9.04 Stakeholder Engagement Forums/Quality Parenting Initiative			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	August 01, 2014	Revision Dates	1-2018, 2-2022
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities, COA NET 2, NET 3.01 (h)		

**Purpose:**

The Community-Based Care (CBC) initiative provides a unique opportunity for Our Community Our Kids to engage a Network of community-based partners throughout Region 3b to expand community awareness, involvement, and support of children in the child welfare system. Our Community Our Kids believes that the more people know about the needs of our kids, the greater opportunity it is for us to achieve success for the lives of our children.

OCOK will inform and engage key stakeholders about the purpose, plans, and people involved in Community-Based Care, how roles and responsibilities will change, and what steps they might take to support these efforts.

OCOK will support foster and adoptive family recruitment efforts to support the numbers of children in care, and to expand community services and supports for those who provide that care.

OCOK will ensure that children, youth, and families involved in the child welfare system, including older youth / young adults transitioning from care, understand what they can expect from their service provider and from Our Community Our Kids, and to know how to get answers to their questions.

**Policy:**

The Board of Directors will be organized in a structure that promotes the successful fulfillment of ACH Child and Family Services’ mission.

**Procedure:**

1. Identify, inform, and engage key internal and external stakeholders in Region 3b annually in order to review the full range of services within the SSCC scope and the SSCC’s capacity to meet its responsibilities and goals.
2. Provide opportunities for involvement and support by organizations, associations, and individuals that have not historically been involved in the child welfare system, increasing available resources for local placements, funding, and wraparound services.
3. The perception of the network within the community is discussed and assessed through looking at services and outcomes so that the network can better serve the defined population.
4. Establish a broad-based communications plan to enhance the efforts of Community-Based Care.
5. OCOK organizes Network Providers, community partners, and other stakeholder participants into an integrated delivery system.
6. Stakeholders and strategies for working with the stakeholders include, but are not limited to the following:
  - A) Children and youth in foster care, as well as alumni;

- B) OCOK will work the geographical/demographic makeup of the SSCC services including location, proximity to public transportation, and the demographic makeup of service recipients in order to access specialty service providers including culturally appropriate service providers and offer flexible hours that meets the needs of service recipients that include birth families and relatives, foster parents and kinship caregivers, Permanency Specialists, CPA or RTC case managers , PAL or SIL counselors, STAR Health Providers, CASA workers or GALs;
  - C) Age-appropriate emails and letters to announce upcoming changes that might affect the child/youth (esp. in anticipation of Implementation and for Stage II when families are more involved in services with the child). Additionally, the website and social media will be updated regularly with information that may impact youth;
  - D) Satisfaction surveys, encourage feedback regarding services;
  - E) Engagement in court hearings;
  - F) Support Preparation for Adult Living activities including but not limited to aging out seminar, graduation event and other activities where they can provide feedback about their time in care and aging out; and
  - G) Families of children in foster care, including non-custodial parents and relatives.
7. Will take a collaborative, responsive, supportive role for all family communications.
  8. Encourage feedback through submission of satisfaction services.
  9. Make known the grievance process.
  10. Communicate health related concerns, events.
  11. Communicate education related activities and events.

## **Section 10**

### **Communication**

#### **10.01 Technology Policy**

#### **10.02 Shared Information and Communication**

10.01 Technology Policy			
Domain	Communication , ACH Risk Prevention and Management		
Effective	August 01, 2014	Revision Dates	1-13-2020, 6-2022
Documents			
Reference	ACH Child and Family Services Policy – Technology		

**Policy:**

ACH’s Technology Policy governs the use of computers, phones, tablets, software, printers, networks, and other systems to ensure compliance with law, regulatory requirements, and best practice standards. All employees, designated volunteer and interns are trained on appropriate use of technology resources during orientation, and dedicated support staff provide ongoing training and support as needed.

**Procedure:**

1. Purchase, transfer, loss, and disposal of hardware assets
  - a. Requests for purchase or installation of new equipment are submitted by department heads to the support desk two weeks in advance of when the equipment is needed.
  - b. Prior to disposal of assets, all data will be removed according to Department of Defense standards, including overwriting, degaussing and/or physical destruction.
  - c. Loss of an asset must be immediately reported to a supervisor, the Director of Technology, and to the agency’s privacy officer. Lost devices will be remote wiped to protect confidential data.
  - d. Requests for transfer of assets between cost centers or employees are submitted to the support desk to ensure accurate asset tracking and to assess deployment readiness.
2. Hardware management
  - a. Any IT hardware asset that has value to the agency, requires ongoing maintenance and support, or creates potential risk (financial loss, data loss, or exposure) is assigned an asset tag.
  - b. Each asset tag features a unique identifier associated with the asset.
  - c. The unique identifier is tied to a record in a central inventory database. The record contains information about the specific device, including its serial number, model number, license information, and physical location, as well as any staff and cost centers associated with the asset.
  - d. The inventory is reviewed periodically for accuracy under the direction of the Director of Technology or the Chief Information Officer.
3. Software management
  - a. Only approved, appropriately licensed software may be installed or executed on agency devices. The IT support team maintains a list of approved software. Approved software is software which has been determined to be compatible with other deployed systems, poses minimal risk, and is aligned with ACH’s technology strategy.
  - b. Periodic assessment of compliance with license agreements will be conducted under the direction of the Director of Technology or the Chief Information Officer.
  - c. An accurate inventory of software assets including license information, product information, the business functions of the software, the users of the software, associated cost centers, and costs associated with the license will be maintained.

- d. No less frequently than annually, the Director of Technology or designee shall conduct an audit of software license distribution to verify that all software used by the agency is appropriately licensed and approved.
- 4. Maintenance, replacement, and protection of assets
  - a. Assets will be replaced on a regular cycle according to each asset's functional lifespan.
  - b. Activity on workstations is logged and monitored for suspicious activity.
  - c. All hardware assets are equipped with endpoint protection, including up-to-date virus and malware protection.
  - d. Equipment is up to date with current security patches and appropriate vulnerability fixes. Routine security checks will be conducted under the direction of the Director of Technology or the Chief Information Officer.
  - e. Printers are secured, requiring an access code to print.
  - f. All staff are trained on their responsibilities for safeguarding assets. Responsibilities include keeping assets under their direct physical control whenever possible, or physically securing the assets (by means of a lock).
  - g. ACH takes reasonable steps to protect and safeguard systems and equipment from damage due to power fluctuations, water damage, dust, extreme temperature change and other environmental factors, as well as against threats from malicious software and intrusions.
  - h. ACH's networks and systems are monitored 24 hours a day, 7 days a week. The IT support team is alerted when problems are detected, and they work outside regular work hours to restore critical systems.
- 5. Personal devices
  - a. Personal devices must meet hardware and software standards designated by the IT department before company data can be stored on the device.
  - b. Personal devices that store or have access to company data must be secured with a locking screen, passcode requirement and encryption.
  - c. Upon employee termination, company data will be wiped from the device.
  - d. Use of personal devices is not allowed in a secure data facility. (Devices must be powered off.)
- 6. Management of employee changes
  - a. When there is a change related to employment such as a new hire, termination, promotion or transfer, the individual's supervisor is responsible for notifying the support desk by completing and submitting a checklist at least 2 weeks prior to the planned change, when possible.
  - b. The support desk maintains the checklist(s) related to employment changes and ensures the checklist(s) remain up to date with current business needs and reflect a comprehensive list of information needed to effectively communicate and coordinate across departments as it relates to the employment change. Examples of items on the checklist include furniture required, physical location, equipment needed, phone extension, software needed, network access permissions, user accounts, etc.
  - c. Upon termination, employees are required to return all devices, assets, keycards, keys, and badges assigned to them. Access to email and other accounts is promptly suspended by the IT support team.
  - d. At time of transfer or other job change, employees relinquish any previously held assets or access rights unless they are required in the new role.
- 7. Change process for software systems
  - a. The ACH IT team administers certain software tools, such as Netsmart's MyEvolv software, an electronic health record system.

- b. Users may request changes to the software with the approval of a director-level staff or chief. Changes include requests related to forms, reports, workflows, menus, accessibility, or other system elements. Where possible and where congruent with strategy, the IT support team will accommodate requests, operating under the philosophy of continuous quality improvement with the goal to gain business efficiencies through effective use of technology.

10.02 Shared Information and Communication			
Domain	Communication, ACH Human Resources Management		
Effective	July 01, 2014	Revision Dates	01-2018, 12-2019, 8-2022, 10-2022
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, Employee Participating in Legal Proceedings , COA NET 5.01		

**Purpose:**

To provide standard methods of communication in order to reduce human error and create an environment of efficient and timely responses between DFPS, OCOK, clients and the Network Providers.

**Policy:**

Providing information to legal entities to support well-informed decisions for children and youth in care of ACH Child and Family Services is the responsibility of ACH Child and Family Services staff and contractors. ACH Child and Family Services employees and subcontractors will appear and testify in judicial proceedings, depositions, administrative hearings, and other legal proceedings when requested by TDFPS or by ACH Child and Family Services administration. The responsibility for participation will continue even after employment with ACH Child and Family Services ends in cases where youth served by the previous ACH Child and Family Services staff member require testimony or other involvement.

**Procedure:**

OCOK will communicate and disseminate SSCC contract changes and amendments to its staff via email and/or during unit/department staff meetings.

OCOK will communicate and disseminate SSCC/OCOK Policy and Procedures changes to its staff via PowerDMS system. The OCOK Operations and Case Management Manuals can be found on the OCOK website [www.oc-ok.org](http://www.oc-ok.org).

OCOK will communicate and disseminate Human Resources and Training related topics via email and/or intranet system.

Network Providers will be notified via email when there is a change to an existing policy and procedure, when there is a new policy and procedure, and when there is a revised manual available on the OCOK website for their review. At all times it is the Network Provider's responsibility to perform services based on the most up to date policy and procedures.

OCOK has established the following email boxes so that regardless of staff changes at OCOK for any reason, the contact information will always remain the same and accurate information is provided in order to support well-informed decisions and quality of care. Additionally, multiple OCOK staff can have access to the same e-mail box to ensure communication is monitored and responded to in a timely manner. This methodology will also prevent information/communication from getting lost in staff's email boxes. This information can also be found on the OCOK website [www.oc-ok.org](http://www.oc-ok.org)

3 in 30	<a href="mailto:3in30@oc-ok.org">3in30@oc-ok.org</a>
Adoption Services	<a href="mailto:adoption@oc-ok.org">adoption@oc-ok.org</a>
Complaints/Concerns/Grievances	<a href="mailto:consumeraffairs@oc-ok.org">consumeraffairs@oc-ok.org</a>
Courtesy Requests	<a href="mailto:SSCC3B_CVS_KIN_LPS_ADO@oc-ok.org">SSCC3B_CVS_KIN_LPS_ADO@oc-ok.org</a>
Daycare	<a href="mailto:daycare@oc-ok.org">daycare@oc-ok.org</a>
Finance Department	<a href="mailto:finance@oc-ok.org">finance@oc-ok.org</a>
Foster-Adopt and Kinship Inquiries	<a href="mailto:fosteradopt-inquiry@oc-ok.org">fosteradopt-inquiry@oc-ok.org</a>
Kinship	<a href="mailto:ocok_kinship@oc-ok.org">ocok_kinship@oc-ok.org</a>
Grievances	<a href="mailto:consumeraffairs@oc-ok.org">consumeraffairs@oc-ok.org</a>
Information Technology	<a href="mailto:support@oc-ok.org">support@oc-ok.org</a>
Quality Improvement and Contracts	<a href="mailto:qualityandcontracts@oc-ok.org">qualityandcontracts@oc-ok.org</a>
Referral and Placements	<a href="mailto:intake@oc-ok.org">intake@oc-ok.org</a>
Service Planning, Court Reports	<a href="mailto:caremanagment@oc-ok.org">caremanagment@oc-ok.org</a>
PAL (Preparation for Adult Living)	<a href="mailto:palreferral@oc-ok.org">palreferral@oc-ok.org</a>
Professional Home-Based Foster Care	<a href="mailto:phbc@oc-ok.org">phbc@oc-ok.org</a>
Psychiatric Hospitalization Notification	<a href="mailto:psychhospitalization@oc-ok.org">psychhospitalization@oc-ok.org</a>