



our community. our kids.

a division of ACH Child and Family Services

# OCOK Operations Manual

August 29, 2014

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## **Section 1**

### **OCOK Overview**

- 1.01 ACH/OCOK Core Values and Ethics**
- 1.02 Outcomes and Performance Measures**
- 1.03 Applicable Regulations, Statutes and Policies**

1.01 ACH/OCOK Core Values and Ethics			
Domain	OCOK Overview, ACH Organizational Service Delivery		
Effective	January 01, 2014	Revision Dates	
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy-Service Modalities and Interventions		

**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, 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.

**Procedure:**

ACH’s service continuum is outcome-focused, data-informed, and fiscally sound. ACH has design the network development process to improve provider availability in a manner that is responsive to the needs and demographics found in the Ft. Worth and SW Region III communities.

The SSCC program is managed by a Division of ACH called “Our Community. Our Kids.” 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 100-year history with community leaders and partnering organizations.

ACH’s present continuum of care offers a variety of placements and innovative service offerings for children and youth in our area. ACH recognizes individual needs of each child, and seeks to always ‘provide the right services at the right time’. In support of achievement of the established DFPS service objectives - ACH is prepared to evaluate current service offerings and expand capacity as necessary.

1.02 Outcomes and Performance			
Domain	OCOK Overview, ACH Organizational Service Delivery		
Effective	January 01, 2014	Revision Dates	
Documents			
Reference	DFPS Statement of Work		

**Procedure:**

**I. Performance Measures and Contract Outcomes**

- A. OCOK agrees with the overall purpose of the CPS Program, which is to protect children and youth and to act in their best interest. CPS focuses on children, youth, and their families and seeks active involvement of the children and youth’s family members to solve problems that lead to abuse or neglect. The objectives of CPS 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. Providers will be monitored through OCOK’s Continuous Quality Improvement process.

**II. OCOK Continuous Quality Improvement Process includes monitoring the following regarding the Providers:**

- A. Acceptable levels of performance on contract outcomes. Performance measures include 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
- 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, data entry related to PMET outcomes quarterly, reporting of specific data elements to the utilized by the *myEvolv* system, 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 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.

1.03 Applicable Regulations, Statues and Policies			
Domain	OCOK Overview, ACH Organizational Service Delivery, Ethical Practice, Rights, Responsibilities		
Effective	January 01, 2014	Revision Dates	
Documents			
Reference	RCCL Minimum Standards, ACH Child and Family Services Policy-Indian Child Welfare Act, Ethical Practice Policy and Statement, DFPS Statement of Work		

**Policy:**

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

Responsibility to Children, Youth and Families.

**Procedure:**

OCOK will comply with all applicable DFPS 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 Licensing 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 will submit an application to Residential Child Care Licensing (RCCL).

Foster Care Policy and Procedures will be developed to meet RCCL 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
<u>FC-ADM-001</u>	Program Procedure	Screening and Intake Procedure for Foster Care	Foster Care - Admissions OCOK
<u>FC-ADM-003</u>	Program Procedure	Foster Care Placement Criteria	Foster Care - Admissions OCOK
<u>FC-ADM-010</u>	Program Procedure	Releasing Adoptive Client Information	Foster Care - Admissions OCOK
<u>FC-ADM-011</u>	Program Procedure	Kinship Care Priority	Foster Care - Admissions OCOK
<u>FC-ADM-012</u>	Program Procedure	Admission and Care for Children with Primary Medical Needs	Foster Care - Admissions OCOK
<u>FC-CPP-001</u>	Program Procedure	Clothing and Personal Possessions for Foster Children	Foster Care - Clothing and Personal Possessions for Foster Children OCOK
<u>FC-CR-001</u>	Program Procedure	Client Rights and Responsibilities	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-002</u>	Program Procedure	Biological Parent/Guardian Involvement in Foster Care Services	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-003</u>	Program Procedure	Clients with Special Communication Needs	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-004</u>	Program Procedure	Non-Discrimination in Service Provision Policy	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-005</u>	Program Procedure	Family/Guardian Visitation	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-006</u>	Program Procedure	Termination of Parental Rights	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-009</u>	Program Procedure	Rights and Responsibilities for Foster Parents and ACH Child and Family Services	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-010</u>	Program Procedure	Resident Mail	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-011</u>	Program Procedure	Telephone Contact	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-012</u>	Program Procedure	Privacy Policy and Procedure	Foster Care - Client Rights and Responsibilities OCOK
<u>FC-CR-013</u>	Program Procedure	Religious Activities for Foster Children	Foster Care - Client Rights and Responsibilities OCOK



<u>FC-CR-014</u>	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 Procedure	Environmental Health and Safety for Foster Children	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 RCCL Role of Licensing Overview**

**2.02 DFPS Conservatorship and Relationship with Providers**

**2.03 Role of OCOK as the SSCC**

2.01 RCCL Role of Licensing Overview			
Domain	Jurisdiction		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	RCCL Minimum Standards, 40 TAC §700.1321(e)		

**Procedure:**

**I. Facility Licensure**

Network Providers shall:

- A. Comply with RCCL 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 Licensing 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 agreement with OCOK. Residential Child Care Licensing'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, RCCL 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 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	
Documents			
Reference	SSCC 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 Contractor (ACH-OCOK), 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 the full 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 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.
- D. Stage III (Anticipated to occur no earlier than one (1) year and no later than two (2) years from the date of the first referral for Stage II services).
  - 1. OCOK will be responsible for providing the services outlined in Stages I and II.
  - 2. OCOK will be hold 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.
  - 4. In the first year of Stage III, OCOK will have the opportunity to gauge effectiveness of services related to the timeliness to permanency.

Additionally, OCOK will collaborate with DFPS, who will continue to provide the following services including but, not limited to:

- 1. New Placement Referrals of children made from DFPS to OCOK
- 2. Facilitate movement of Legacy Children
- 3. Involvement with Subsequent Placements
- 4. Involvement with Discharge / Case Closure
- 5. Adoption Approval
- 6. Service Planning / Assessments
- 7. Oversight of Providers outside of the catchment area
- 8. Ultimate Authority regarding Management of Cases
- 9. Payment to OCOK for reimbursement of days of service for children in care within the OCOK Network

2.03 Role of OCOK as the SCCC			
Domain	Jurisdiction, ACH Organizational Integrity		
Effective	January 01, 2014	Revision Dates	
Documents			
Reference	Provider Services Agreement, OCOK Provider Manual, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**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. Provisions of Services**

- A. OCOK will provide all Providers with a Provider Services Agreement to be signed prior to purchasing services from the Provider which clearly delineates the services to be rendered by the Provider to all clients in care.
- 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 Provider Services Agreement with OCOK, the Master Contract and the OCOK Provider Manual (“Provider Manual”).
- C. All Providers are expected to comply with RCCL Minimum Standards at all times.
- D. It is OCOK’s expectation of the Providers to ensure that all Provider Policy and Procedures are in compliance with 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 RCCL and the Comptroller’s office
- 2. Licensing foster homes and registering them within CLASS
- 3. Updating the placement availability in ECAP
- 4. Reviewing and Receiving Referrals
- 5. Accepting Placements
- 6. Abiding by the OCOK Provider Services Agreement and the OCOK 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
- 10. Recruitment of Foster Homes
- 11. Recruitment of Adoptive Families
- 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 - Phase II
15. Take possession within four (4) hours of the removal
16. Manage a Disaster and Emergency Preparedness Plan
17. Providing quality services evidence by maintaining children/youth safe and in the least restrictive environment

### **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 Provider Manual.



## **Section 3**

### **Purchasing Services**

**3.01 Enrollment of Providers**

**3.02 SSCC Provider Services Agreement**

3.01 Enrollment of Providers			
Domain	Purchasing Services, ACH Organizational Service Delivery		
Effective	June 01, 2014	Revision Dates	
Documents	Provider Services Agreement		
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 or program service.

**Procedure:**

OCOK will establish a Provider Network in order to provide an array of services for DFPS clients.

Providers complete an application on the [www.oc-ok.org](http://www.oc-ok.org) website expressing a formal interest in providing paid foster care and/or purchased services through the OCOK Provider Network in Region 3b (Tarrant, Palo Pinto, Parker, Erath, Hood, Somervell, Johnson counties). OCOK uses this information to determine if the Provider is a qualified residential/child placing agency and meets the criteria to become a part of the Provider Network with OCOK. The Provider’s current standing with DFPS 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. DFPS Minimum Standards, the Foster Care Redesign RFP, Master Contract and OCOK’s proposal will serve as the primary rule governing the actions of the SSCC and its Provider Services Agreement.

**I. Enrollment for Contract (Region 3b) - Purchased Services**

A. OCOK will purchase the following services in Region 3b from qualified Providers in the region(s):

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

B. Request for Applications. OCOK will announce to the local Providers in Region 3b any need for services. This request will be sent out in one or more of the following methods:

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

C. Providers currently serving the catchment area are able to submit an application (the *Network Provider Application* can be found on the OCOK website ([www.ourcommunity-ourkids.org](http://www.ourcommunity-ourkids.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 must be the holder and the limits must be as outlined in the agreement)
- DFPS Monitoring Reports
- RCCL 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 licenses and accreditations

Once the above information is received, an SSCC Provider Services Agreement will be sent out by the Director of Quality Improvements and Contracts for execution.

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) or by calling 817-886-7181.

F. Eligibility Criteria. Providers must meet eligibility criteria in order to be considered for a contract with OCOK. Provider eligibility criteria are as follows:

1. Have a DFPS Residential Child-Care License prior to submission
2. Currently Provide needed services in the OCOK Provider Region(s)
3. Are currently in good standing in the State Comptroller's office

## II. Provider Selection & Review Process

A. The Provider must complete a Network Provider Application and submit it to the Director of Quality Improvement and Contracts. 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.

B. After the Network Provider Application has passed the screening process, the documentation submitted will be forwarded to the Director of Quality Improvement and Contracts for final approval. Applicants will be evaluated based on:

1. Network Provider Application
2. Policies and Procedures
3. Services to be provided
4. Compliance history
5. Financial stability
6. Community need

C. Establishing a Contract

1. OCOK estimates that the enrollment process for establishing a contract for services shall not

take more than thirty (30) to forty-five (45) days from the date of application submission to OCOK the complete the signed contract.

2. These times will vary due to a variety of circumstances; 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 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.

3.02 SSCC Provider Services Agreement			
Domain	Purchasing Services, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Provider Services Agreement		
Reference	OCOK Provider Manual		

**Procedure:**

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

Once the SSCC Provider Services Agreement is signed by both parties, the QI & Contracts Specialist will request/provide the following information from Providers:

- OCOK will retain the original signed Provider Services Agreement
- OCOK will provide a copy of the contract to the Provider
- Providers will be asked to review and sign any Amendments to the Provider Services Agreement, those will be available to the Provider via email
- W-9 and Direct Deposit Forms (provided by OCOK) will be completed by the Provider
- Within 30 days of the signed Agreement, Network Providers will submit a copy of their Disaster, Emergency Response Preparedness Plan to the QI & Contracts Department
- Providers will complete the "Know Your Score" Assessment through Praesidium, Inc.
- Providers will provide their IMPACT Resource ID to OCOK staff
- Providers will need to assign Medical Consenters for their operation(s) and provide the information to the QI & Contracts Dept.

**I. Contracting with OCOK**

- A. OCOK reserves the right to contract with Network Providers in Region 3b 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 Provider Services Agreement will be emailed to the Provider once it is executed by both parties.
  
- E. Once the Provider Services Agreement is executed a copy will be emailed to the SSCC Contract Manager.

## **Section 4**

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

- 4.01 Overview of Managing and Oversight of Providers**
- 4.02 Case Review System**
- 4.03 On-Site Visit Process**
- 4.04 Continuous Quality Improvement Process**
- 4.05 Quality Management**
- 4.06 Overview of Disaster and Emergency Preparedness Plan**
- 4.07 Culturally Competent Service Delivery**
- 4.08 Case Conflict Resolution Process**
- 4.09 Satisfaction Survey**
- 4.10 Risk Prevention and Incident Reporting**
- 4.10a Serious Incidents and Occurrences Table**

4.01 Overview of Managing and Oversight of Providers			
Domain	Management and Oversight of Providers, ACH Organizational Integrity		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**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 Managing / 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. Interactions between OCOK and Network Provider include but, not limited to the following: Bi-annual/annual site visits and interviews, regular and on-going training of staff and Providers, utilization management through the continual monitoring and evaluation of appropriateness of placements made, and through the regular submission of data for performance monitoring and quality management.

## **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 Provider Manual.



4.02 Case Review System			
Domain	Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy – Case Record Review Procedures, Access to Case Records Policy and Procedures		

**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:**

**I. Case Review System**

- A. On a bi-annual/annual basis, 10% of all cases served during the time period will undergo a case review.
  
- B. The sample size will also be determined by using the total number of client’s 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;
  - 1. Separated Siblings
  - 2. Multiple moves
  - 3. Incident reports
  - 4. Length of stay in care relative to the age of the child
  
- D. Care Coordinators will complete case review on an ongoing basis as they will be monitoring the Service delivery.

4.03 On-Site Visit Process			
Domain	Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy – Access to Case Records Policy and Procedures		

**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:**

**I. On-Site Visit Process**

A. The On-Site Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts staff, a review of the following components:

1. Records: Child, Family, Personnel, Policy and Procedure
2. Physical Site

B. On-Site Reviews may be either announced or unannounced as determined by Quality Improvement and Contracts staff.

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

C. Quality Improvement and Contracts staff will complete the On-Site Reviews for each Provider and request assistance from the various departments of the OCOK as needed in preparation for the Review.

D. Administrative monitoring will be completed by the Finance Department, programmatic monitoring and quality is completed by the Quality Improvement and Contracts Department.

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

1. Scheduling the monitoring visit with the Provider and sending a letter requesting required information prior to the monitoring visit.
2. Meeting with the Director of Quality Improvement and Contracts to go over any identified issues, distribute monitoring tools, and coordinating the review.
3. Scheduling entrance and exit interviews.
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 with any necessary corrective action plans.
6. Reviewing, accepting, and monitoring corrective action as needed.

F. Quality Improvement and Contracts will participate in pre-meetings, on-site monitoring and/or desk reviews, entrance and exit interviews, and any activities needed for the final 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. Foster Home Records
4. Child Records
5. Financial Records
6. RCCL History and Documentation

H. Pre Monitoring Activities

1. Quality Improvement and Contracts staff will send a letter to the provider announcing the date of the monitoring and requesting needed documentation.
2. Quality Improvement and Contracts staff will review the contract file and ensure that all applicable monitoring reports, licensing summaries and other documentation is in the file.
3. Quality Improvement and Contracts staff will meet to review prior reports and any current issues and will review monitoring tools and determine roles and time lines.

I. On-Site Activities

1. Quality Improvement and Contracts staff will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview.
2. Quality Improvement and Contracts staff may be reviewing a variety of files including but, not limited to: client, human resources, and financial files, as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the facility may be requested.
5. Quality Improvement and Contracts staff will compile work product papers as part of the monitoring.
6. These papers are confidential during the review and must be secured daily.
7. They are included as back-up in the OCOK file once the monitoring is concluded.
8. During the review if a safety concern is apparent it will be addressed immediately with the Provider and will required immediate action and intervention.
9. Quality Improvement and Contracts staff will require a private space to review files.

J. When the on-site review is completed, Quality Improvement and Contracts staff will review the preliminary results with the Provider during the Exit Interview.

K. Monitoring Report and Follow-up

1. Quality Improvement and Contracts staff will document findings, attaching additional information as needed.
2. Within 30 days of the exit interview, the assigned QI & Contracts staff assigned will compile a final report and submit to the Provider and a request for any necessary corrective action plan.
  - a. If the Provider disagrees with the findings the Provider needs to provide a written report within three (3) business days hours to the Director of Quality Improvement and Contracts.
  - b. The Director of Quality Improvement and Contracts will review the report and will respond in writing within five (5) business days with a final decision.

3. Corrective action plans will be due from the provider within 30 days of receipt of the report.
4. If accepted, OCOK will notify the Provider, copying Quality Improvement and Contracts team regarding follow-up action.
5. If corrections and updates are needed, the Provider will be notified and an updated corrective action plan will be requested.
6. Once the corrective action plan is accepted, OCOK will follow-up to ensure progress is made.

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

- a. Previous year's monitoring results and corrective actions
- b. Current year's result with backup documentation
- c. Current corrective action plan with backup documentation, and
- d. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to specific provider oversight.

## **II. Questions that the Provider may use in order to help prepare for the On-Site Visit**

Listed below are a number of areas and items that will be addressed when the On-Site Visits occur by OCOK. 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)?
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. Foster Parent Training

1. What are your Orientation and Pre-Service training requirements for foster parents?
2. How do you address culture competence in your training?
3. What are your annual training requirements for 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 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. Clients' Rights

1. How are clients informed of their rights?
2. How does your program ensure confidentiality?
3. How does the agency address clients' 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. How are foster parents supposed to respond in cases of psychiatric emergencies?
5. What acute psychiatric resources are available locally?
6. 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 foster parents?
5. How does the agency monitor the use of restraints?

#### H. Healthcare Services

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

#### I. Safety

1. What is the agency's process for developing Disaster and Emergency 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?

4.04 Continuous Quality Improvement Process			
Domain	Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	
Documents	Provider's Monitoring Tool		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Performance and Quality Improvement		

**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 measureable 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 include:
  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 placement setting
  6. Children/Youth participate in decisions that impact their lives
- C. 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 ECPA 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**

Quality Improvement and Contracts staff will review the Provider's data/ information and will compile a summary report.

1. The summary report may include follow up and/or recommendations for the Provider.
2. 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			
Domain	Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy – Performance and Quality Improvement		

**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's 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 all 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 Director of Quality Improvement and Contracts and the Quality Improvement and Contracts Specialists are responsible for:

- i. Ensuring quality targets are defined for each performance measure
- ii. Implementing quality improvement techniques to assure the quality of the performance measures
- iii. Recording the level of quality achieved; and reporting the quality status to the OCOK Network
- iv. 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 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.
- 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. Quality Improvement and Contracts staff will coordinate the monthly management report that tracks compliance with contract performance measures.
  1. Reports will be distributed monthly to OCOK staff, Providers, council members and the community via the Quality Committee and/or the 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 in conjunction with the Quality Improvement and Contracts team. The monitoring will include file reviews, 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 will track all complaints and serious incident reports, analyzing them for trends and will provide an annual report on the status.
- B. 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.
- C. The Quality Improvement and Contracts staff will maintain and evaluate a centralized issue system designed to capture issues raised during reviews.
- D. After assessment and evaluation of the issues raised, the Quality Improvement and Contracts staff will assure that the outcomes are published and resolutions to the issues are implemented.
- E. 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.

- F. The Quality Improvement and Contracts staff will coordinate policy and procedure development and updating.

4.06 Disaster and Emergency Preparedness and Response Plan (DEPRP)			
Domain	Management and Oversight of Providers, Quality of Service Environment		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Provider Services Agreement, 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:**

**I. Overview of Disaster and Emergency Preparedness and Response Plan**

This 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.

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.

Network Provider shall submit to OCOK a Disaster and Emergency Preparedness and Response Plan within 30-days of the execution of the 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 Preparedness and Response Plans shall be completed in accordance with the Provider Manual and the Master Contract. 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 Preparedness and Response Plan, all youth placed in the care of OCOK network providers, either within or outside of the catchment, will have location specific plans for ensuring their children’s safety. These plans will include appropriate and effective:

- Training of employees, volunteers and contractors;
- 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	Management and Oversight of Providers, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
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 staff receives Cultural Diversity training on an annual basis.
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.

4.08 Dispute, Complaint and Grievance Procedures			
Domain	Management and Oversight of Providers, ACH Client Rights and Responsibilities, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, Foster Care Redesign 3b Manual, ACH Child and Family Services Policy – Client Complaint Policy and Procedures		

**Purpose:**

There may be times when OCOK, CPS and a Network Provider may not agree on a case 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 and grievance procedure is to help the person who is upset or angry have an opportunity to be heard and to provide assistance toward finding a solution to the problem that is causing their distress. The complaint process is a tool for that purpose and also serves as a tool for performance/program improvement.

**I. Case Conflict Resolution Process with 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 for possible resolution. The disputed issues will be elevated in writing.

Step 2: Disputes proceeding to Step 2 will be elevated to the OCOK Chief Operating Officer (COO) and the Executive Director/Administrator of the Network Provider agency. 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 decision resolution.

The Network Provider must ensure continuity of services, as defined by the OCOK Contract and the Network Provider manual, to the child or family affected while seeking to resolve case-specific disputes. 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." 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.

There also may be times when OCOK and the Provider may not agree on a case decision made by DFPS. In those cases OCOK and DFPS will follow a similar step-wise conflict resolution process.



## **II. Case Dispute Resolution Process between CPS and OCOK:**

Step 1: CPS workers and supervisors, OCOK and/or a provider (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 Program Director and/or Program Administrator level in CPS and the Director level in OCOK for possible resolution. The disputed issues will be elevated in writing.

Step 2: Disputes proceeding to Step 2 will be elevated to a knowledgeable neutral CPS staff member (Foster Care Redesign Administrator who understands the philosophy and goals of foster care redesign and is not a direct supervisor of the individual in the appeal

### **Escalation**

The escalating party will send an email with supporting documentation to the Foster Care Redesign Administrator and OCOK Chief Operating Officer (COO) with the subject line of Dispute Resolution.”

### **Resolution**

Once a dispute is escalated (appeal), the Foster Care Redesign Administrator will provide a written decision to the appeal within 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 3 business days from receipt of the notification from the FCR Administrator to appeal the decision to the CPS Regional Director. The CPS Regional Director will have 5 business days to make a decision on the COO’s appeal. If the COO chooses not to appeal, they will notify the FCR Administrator. The FCR Administrator will distribute the decision to the appropriate staff and management. If the OCOK COO appeals the decision of the FCR Administrator to the CPS Regional Director, the CPS Regional Director will distribute their decision to the appropriate staff and management.

## **II. Complaints and Concerns**

OCOK employs an ombudsman approach to complaints and concerns. Any consumer/client, Provider, DFPS employee, or community stakeholder can lodge a complaint or concern directly with OCOK by sending an email to [ombudsman@oc-ok.org](mailto:ombudsman@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 complain/concerns monthly report will be generated and sent to the SSCC Contract Manager.

4.09 Stakeholder Satisfaction Surveys			
Domain	Management and Oversight of Providers, ACH Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	
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.

4.10 Risk Prevention and Incident Reporting			
Domain	Management and Oversight of Providers, Care Management, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	
Documents	COA RPM8		
Reference	ACH Child and Family Services Policy -Risk Prevention and Management, OCOK Provider Manual, RCCL Minimum Standards		

**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 RCCL.
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.
- A. OCOK will provide a 24-hour on-call telephone number to Providers and DFPS; in the case of a crisis and/or emergency situation.
  - B. Providers will submit a written incident report to OCOK at [seriousincidents@oc-ok.org](mailto:seriousincidents@oc-ok.org) within 24 hours of the incident.
  - C. 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.
  - D. Upon receiving the immediate notification of an incident OCOK (Quality Improvement and Contracts Specialist and/or 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.
  - E. 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.
  - F. OCOK will work in partnership with RCCL on any investigation that results from a Network Provider's incident report.
  - G. 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.

Refer to 4.10a Serious Incidents and Occurrences Table for reporting timeframes.

## 4.10a Serious Incidents and Occurrences Table

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To OCOK? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
<p>Foster parents must report any serious incident directly to the Child Abuse Hotline if the incident involves a child under the care of the foster parent. If there is a serious incident involving an adult resident, you do not have to report the incident to Licensing, but you must document the incident. You do have to report the incident to law enforcement, as outlined in the chart above. You also have to report the incident to the parents, if the adult resident is not capable of making decisions about his own care.</p> <p>Regarding section 2, not every trip to a hospital or emergency clinic must be reported as a serious incident. Only those incidents involving a "critical injury or illness" must be reported and documented as a serious injury. The rule contains some examples of reportable serious incidents. Visits to the emergency room or emergency clinic (that did not result in hospitalization) for a common illness such as the flu, for a chronic illness such as an asthma attack, or for a routine medical exam would not warrant reporting as a serious incident. Also, it is the nature of the injury or illness that determines whether it is reportable as a serious incident; not the venue in which it is treated. Taking a child to the emergency clinic or doctor's office for stitches is still reportable as a serious incident, even though the treatment did not occur at an emergency room or hospital.</p> <p>Regarding children receiving treatment services for primary medical needs, planned admissions to the hospital are not reportable as serious incidents. If the child sustains a critical injury if contracts a serious illness, a serious incident report is required. However, ongoing treatment for the child's chronic illnesses or conditions is not reportable as a serious incident. In addition, a admission to a psychiatric hospital only warrants a serious incident report if the admission is precipitated by a reportable incident, such as a suicide attempt. The admission itself is not reportable as a serious incident. A suicide attempt is a child's attempt to take their own life using means to methods for causing death, including any act a child commits intending to cause his death, but excluding suicidal gestures where it is clear that the act was unlikely to cause death. Suicidal thoughts are not reportable as a suicidal attempt.</p>	<p>(i) YES (ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence. Medium-High</p>	<p>(i) YES (ii) Immediately.</p>	<p>(i) YES (ii) Immediately.</p>	<p>(i) YES (ii) Immediately.</p>
<p>(1) A child dies while in your care.</p>	<p>(i) YES (ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence. Medium-High</p>	<p>(i) YES (ii) Immediately.</p>	<p>(i) YES (ii) Immediately.</p>	<p>(i) YES (ii) Immediately.</p>
<p>(2) A critical injury or illness that warrants treatment by a medical professional or hospitalization, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damage to internal organs.</p>	<p>(i) YES (ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence. Medium-High</p>	<p>(i) YES (ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.</p>	<p>(i) YES (ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.</p>	<p>(i) YES (ii) Not Applicable.</p>
<p>(3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.</p>	<p>(i) YES, including whether you plan to move the child until the investigation is complete. (ii) As soon as you become aware of it. Medium-High</p>	<p>(i) YES, including whether you plan to move the child until the investigation is complete. (ii) As soon as you become aware of it.</p>	<p>(i) YES, including whether you plan to move the child until the investigation is complete. (ii) As soon as you become aware of it.</p>	<p>(i) NO (ii) Not applicable.</p>

#### 4.10a Serious Incidents and Occurrences Table

<p>(4) Physical abuse committed by a child against another child. For the purpose of this subsection, physical abuse is:</p> <p>physical injury that results in substantial bodily harm and requiring emergency medical treatment, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial bodily harm to the child.</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p> <p>Medium-High</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p> <p>(i) NO</p> <p>(ii) Not applicable.</p>
<p>(5) Sexual abuse committed by a child against another child. For the purpose of this subsection, sexual abuse is:</p> <p>conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p> <p>Medium-High</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after the occurrence or incident.</p> <p>(i) NO</p> <p>(ii) Not applicable.</p>
<p>(6) A child is indicted, charged, or arrested for a crime, not including being issued a ticket at school by law enforcement or any other citation that does not result in the child being detained.</p> <p>Medium</p>	<p>(i) YES</p> <p>(ii) As soon as possible, but no later than 24 hours after you become aware of it.</p> <p>Medium</p>	<p>(i) YES</p> <p>(ii) As soon as you become aware of it.</p>	<p>(i) YES</p> <p>(ii) As soon as you become aware of it.</p> <p>(i) NO</p> <p>(ii) Not applicable.</p>
<p>(7) A child developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(i) YES</p> <p>(ii) Within 2 hours of notifying law enforcement.</p> <p>Medium-High</p>	<p>(i) YES</p> <p>(ii) Within 2 hours of notifying law enforcement.</p>	<p>(i) YES</p> <p>(ii) Immediately upon determining the child is not on the premises and the child is still missing.</p>
<p>(8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(i) YES</p> <p>(ii) Within 2 hours of notifying law enforcement, if the child is still missing.</p> <p>Medium-High</p>	<p>(i) YES</p> <p>(ii) Within 2 hours of notifying law enforcement, if the child is still missing.</p>	<p>(i) YES</p> <p>(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing, if the child is still missing.</p>

### 4.10a Serious Incidents and Occurrences Table

(9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.  
 (i) YES  
 (ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.  
 Medium  
 (i) YES  
 (ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.  
 (i) YES  
 (ii) No later than 24 hours from when the child's absence is discovered and the child is still missing.

(10) A child in your care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).  
 (i) YES, unless the information is confidential.  
 (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.  
 Medium  
 (i) YES, unless the information is confidential.  
 (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.  
 (i) YES, if their child has contracted the communicable disease or has been exposed to it.  
 (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.  
 (i) NO  
 (ii) Not applicable.

(11) A suicide attempt by a child.  
 (i) YES  
 (ii) As soon as you become aware of the incident.  
 Medium-High  
 (i) YES  
 (ii) As soon as you become aware of the incident.  
 (i) YES  
 (ii) As soon as you become aware of the incident.  
 (i) NO  
 (ii) Not applicable.

You must report and document the following types of serious incidents involving your agency, one of your foster homes, an employee, contract staff, or a volunteer to the following entities within the specified time frame:

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To OCOK? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
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(1) Any incident that renders all or part of your operation unsafe or unsanitary for a child, such as a fire or a flood.  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 Medium  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.

(2) A disaster or emergency that requires your operation to close.  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 Medium  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 (i) YES  
 (ii) As soon as possible, but no later than 24 hours after the incident.  
 (i) NO  
 (ii) Not applicable.

#### 4.10a Serious Incidents and Occurrences Table

<p>(3) An adult who has contact with a child in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).</p>	<p>(i) YES, unless the information is confidential. (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.</p> <p>Medium</p>	<p>(i) YES, unless the information is confidential. (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.</p> <p>Medium</p>	<p>(i) YES, if their child has contracted the communicable disease or has been exposed to it. (ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.</p>
<p>(4) An allegation that a person under the auspices of your operation who directly cares for or has access to a child in the operation has abused drugs within the past seven days.</p>	<p>(i) YES (ii) Within 24 hours after learning of the allegation.</p> <p>Medium</p>	<p>(i) YES (ii) Within 24 hours after learning of the allegation.</p> <p>Medium</p>	<p>(i) NO (ii) Not applicable.</p>
<p>(5) An investigation of abuse or neglect by an entity (other than Licensing) of an employee, professional level service provider, volunteer, or other adult at the operation.</p>	<p>(i) YES (ii) As soon as possible, but no later than 24 hours after you become aware of the investigation.</p> <p>Medium</p>	<p>(i) YES (ii) As soon as possible, but no later than 24 hours after you become aware of the investigation.</p> <p>Medium</p>	<p>(i) NO (ii) Not applicable.</p>
<p>(6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint against an employee, professional level service provider, or volunteer alleging commission of any crime as provided in §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?).</p>	<p>(i) YES (ii) As soon as possible, but no later than 24 hours after you become aware of the situation.</p> <p>Medium</p>	<p>(i) YES (ii) As soon as possible, but no later than 24 hours after you become aware of the situation.</p> <p>Medium</p>	<p>(i) NO (ii) Not applicable.</p>
<p>(7) Emergency Behavior Intervention of any kind with a client.</p>	<p>(i) YES (ii) Quarterly on RCCL's Emergency Behavior Intervention</p>	<p>(i) YES (ii) Within 24 hours if it is a physical restraint.</p>	<p>(i) NO (ii) Not applicable.</p>



#### 4.10a Serious Incidents and Occurrences Table

Occurrences	(i) To Licensing? (ii) If so, when?	(i) To OCOK? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
(1) Medically pertinent incidents, such as seizures, that do not rise to the level of a serious incident.	(i) NO  (ii) Not Applicable; however, you must document that type of incident including the date, time, action taken and the child's name. Medium-high	(i) YES  (ii) Within 24 hours of the incident occurring - documented on the incident report.	(i) YES  (ii) Within seven days.	(i) NO  (ii) Not applicable.
(2) Changing your child-placing agency administrator	(i) YES, in writing Within seven days after the action is taken. Medium-high	(i) YES, in writing Within seven days after the action is taken.	(i) NO  (ii) Not applicable.	(i) NO  (ii) Not applicable.
(3) CPA Notification of Licensing Visit	(i) NO  (ii) Not applicable.	(i) Yes  (ii) Within 1 business day of the visit occurring (if unannounced) and/or prior to licensing visit occurring (if scheduled).	(i) NO  (ii) Not applicable.	(i) NO  (ii) Not applicable.
(4) CPA Notification of Licensing Inspection/Visit Results	(i) NO  (ii) Not applicable.	(i) YES  (ii) Within 1 business day of being notified of the results  **Note: Provider is required to forward the RCCL Monitoring Report electronically upon receipt to OCOK. Additionally, if inspection results in a CAP being warranted, OCOK requires the ability to collaborate with the Provider in developing the CAP response.**	(i) NO  (ii) Not applicable.	(i) NO  (ii) Not applicable.

**4.10a Serious Incidents and Occurrences Table**

(5) Foster Home Licensing Inspection	<p>(i) YES</p> <p>(ii) Within 1 business day of being notified of the results</p> <p>**Note: Provider is required to forward the RCCL Monitoring Report electronically upon receipt to OCOK. Additionally, if inspection results in a CAP being warranted, OCOK requires the ability to collaborate with the Provider in developing the CAP response.**</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>
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(6) Licensing Investigation	<p>(i) YES</p> <p>(ii) Within 1 business day of being notified of the results</p> <p>**Note: Provider is required to forward the RCCL Monitoring Report electronically upon receipt to OCOK. Additionally, if inspection results in a CAP being warranted, OCOK requires the ability to collaborate with the Provider in developing the CAP response.**</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>
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(7) Licensing Investigation Results	<p>(i) YES</p> <p>(ii) Within 1 business day of being notified of the results</p> <p>**Note: Provider is required to forward the RCCL Monitoring Report electronically upon receipt to OCOK. Additionally, if inspection results in a CAP being warranted, OCOK requires the ability to collaborate with the Provider in developing the CAP response.**</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>	<p>(i) NO</p> <p>(ii) Not applicable.</p>
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## **Section 5**

### **Referral and Placement**

- 5.01 Non-Emergency Placement and Non-Emergency Placement Change**
- 5.02 New Placements Change**
- 5.03 On-call Procedure**
- 5.04 OCOK Initiated Emergency Placement Change**
- 5.05 OCOK Initiated Non-Emergency Placement Change**
- 5.06 Legacy Transfer**

5.01 Non-Emergency Placement & Non-Emergency Placement Change			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Form 2085b, 2085e, 2085fc, Residential Child Care Forms, IMPACT User Guides		
Reference	Foster Care Redesign 3b Manual, OCOK Provider Manual, ECAP, myEVOLV		

**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.

**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 moving to a paid foster care placement in OCOK's provider network, OR a child is in a paid foster care setting within the OCOK network and requires a new placement within the OCOK network.

1. CPS will contact OCOK Intake Department via phone (1-844-777-OCOK) or email (intake@ocok.org) and provide OCOK Initial Referral Information within 2 weeks of knowing placement will be needed.
2. Assignment of non-emergency placement requests will be assigned by OCOK Intake Supervisor to Intake Specialists on a rotating basis. The supervisor will be responsible for tracking assignments and ensuring caseload equalization.
3. OCOK Intake Specialist assigned to each non-emergency placement change request will be responsible for each task, from referral to placement.
4. CPS will coordinate and facilitate the 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 ECAP system which will generate the list of potential placements (See ECAP user guide for instructions).
6. OCOK Intake Specialist will contact the CPA of the provider who is the best match according to ECAP to discuss the child and appropriateness of the placement.
7. The CPA will have 2 days to discuss the potential placement with the provider and return an acceptance or denial to OCOK.
8. Within 3 days of placement being needed OCOK will provide notice to CPS through IMPACT AND email of the recommended placement and medical consent. CPS will evaluate and approve recommended placement and provide approval or denial within 24 hours.
9. OCOK Intake Specialist will coordinate placement of the child with CPS and the CPA and will meet both parties at the provider home.
10. OCOK Intake Specialist will ensure the following documents are completed and signed:
  - a. Medical Consent (Form 2085b)
  - b. Placement Authorization (Form 2085fc)
  - c. Education – Decision Maker (Form 2085e)
  - d. All required Residential Child Care Forms

11. OCOK Intake Specialist will complete documentation of placement in IMPACT within 12 hours of referral (See IMPACT user guide for instructions).
12. OCOK Intake Specialist is also responsible for entering client information into EVOLV. 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.

5.02 New Placements – Emergency			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Form 2085b, 2085e, 2085fc, Residential Child Care Forms, IMPACT User Guides		
Reference	Foster Care Redesign 3b Manual, OCOK Provider Manual, ECAP, myEVOLV		

**Procedure:**

The emergency placement process is used when CPS makes a referral to OCOK for a child who is in immediate need of a paid foster care placement and is not currently being served by OCOK.

1. CPS will contact OCOK Intake Department via phone (1-844-777-OCOK) and provide OCOK Initial Referral Information.
2. OCOK Intake Specialist will enter all information regarding the child/youth into the ECAP system which will generate the list of potential placements (See ECAP user guide for instructions).
3. OCOK Intake Specialist will contact the CPA of the provider who is the best match according to ECAP to discuss the child and appropriateness of the placement.
4. If the CPA does not answer, a message is to be left and the Intake Specialist should move on to the next provider after 15 minutes with no response from the best match.
5. Once OCOK has approval of the home from the CPA notification is to be sent to CPS by telephone and IMPACT. Approval will be assumed if denial is not received within 1 hour.
6. OCOK Intake Specialist will coordinate placement of the child with CPS and the CPA and will meet both parties at the provider home.
7. OCOK Intake Specialist will ensure the following documents are completed and signed:
  - a. Medical Consenter (Form 2085b)
  - b. Placement Authorization (Form 2085fc)
  - c. Education – Decision Maker (Form 2085e)
  - d. All required Residential Child Care Forms
8. If placement is not located within 4 hours OCOK will make arrangements to assume physical custody of the child.
9. No later than 7 hours from receipt of notification for need of emergency placement, OCOK Intake Specialist will provide CPS worker with the name and location of recommended placement and Medical Consenter.
10. OCOK Intake Specialist will complete documentation of placement in IMPACT within 12 hours of referral (See IMPACT user guide for instructions).
11. The following business day OCOK Intake Specialist will enter and scan all documents into the EVOLV system (See EVOLV user guide for instructions).

5.03 On-Call Procedure			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Emergency Placement Procedure		

**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 at 844-777-6265 (OCOK).

1. OCOK Intake Department will be responsible for ensuring that calls for placement are answered 24/7/365.
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. Given the volume of calls to the intake line there will be a Primary On-Call worker and a Secondary On-Call worker scheduled at all times.
4. The Intake Supervisor will be responsible for ensuring said on-call schedule is developed and followed.
5. The OCOK Intake phone line will be forwarded each evening to the OCOK On-Call phone line by pressing the "On-Call" button twice on the All Worx phone ext. 1186 located nearest the exit in the Intake Specialist office. The intake Specialist who leaves the office last is responsible for ensuring the phone is forwarded each evening.
6. If the Primary On-Call 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 On-Call worker is also on a call when a third call comes in that call will be automatically routed to the Intake Supervisor. If there is a fourth call made it will be routed to voicemail stating that an Intake Specialist will return the call promptly.
7. The Primary or Secondary On-Call worker will then be responsible for following the procedure to secure an emergency placement.
8. The On-Call worker will contact the Intake Supervisor or Senior Director of Care Management if any issues arise in which they require direction or assistance.

5.04 OCOK Initiated Emergency Placement Change			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Form 2085b, 2085e, 2085fc, 2109, IMPACT User Guides		
Reference	Foster Care Redesign 3b Manual, OCOK Provider Manual, ECAP, myEVOLV		

**Procedure:**

OCOK must make all reasonable attempts to prevent placement changes. Emergency placements may only be initiated when there is a perceived or actual threat to safety or well-being of a child.

1. OCOK will notify CPS (via phone or email) of the need for placement change and provide CPS with the following:
  - a. The reason for the emergency placement change,
  - b. When OCOK contacted Statewide Intake (if needed)
  - c. OCOK worker needed for secondary assignment
  - d. New placement information
2. OCOK Intake Specialist will enter all information regarding the child/youth into the ECAP system which will generate the list of potential placements (See ECAP user guide for instructions).
3. OCOK Intake Specialist will contact the CPA of the provider who is the best match according to ECAP to discuss the child and appropriateness of the placement.
4. If the CPA does not answer, a message is to be left and the Intake Specialist should move on to the next Provider after 15 minutes with no response from the best match.
5. Once OCOK has approval of the home from the CPA notification is to be sent to CPS by telephone and IMPACT. Approval will be assumed if denial is not received within 1 hour.
6. OCOK Intake Specialist will complete the physical placement of the child and complete all placement forms.
7. OCOK Intake Specialist and CPS will coordinate the exchange of relevant child’s placement information:
  - a. Medical Consenter (Form 2085b)
  - b. Placement Authorization (Form 2085fc)
  - c. Education – Decision Maker (Form 2085e)
8. OCOK will ensure all legal parties (parents, parents’ attorneys, AAL, GAL, CASA) are notified of the placement change.
9. Prior to the placement change OCOK will ensure that the child or youth’s caretaker completes the Residential Child Care Discharge (form 2109) and provide copies to the child’s new provider. OCOK must keep copies of this form and provide copies to CPS upon request.
10. OCOK Intake Specialist will complete documentation of placement in IMPACT within 12 hours of referral (See IMPACT user guide for instructions).
11. OCOK Intake Specialist is also responsible for entering client information into EVOLV. 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 OCOK Initiated Non-Emergency Placement Change			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Pre-placement Staffing Form, TDPRS Form 2085b, 2085e, 2085fc, 2109, Region 3b Placement Documentation Form		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual		

**Procedure:**

Occasionally, OCOK clients may need to initiate a non-emergency placement change within their Provider. Non-emergency placements may need to be initiated based on a variety of reasons, all of which must be justified by OCOK and approved by CPS.

1. OCOK must provide notification to CPS (via email) of the need for a non-emergency placement change within 30 days of needing placement. OCOK must provide:
  - a. The reason for the placement change
  - b. OCOK worker needed for secondary assignment
2. Assignment of non-emergency placement requests will be assigned by OCOK Intake Supervisor to Intake Specialists on a rotating basis. The supervisor will be responsible for tracking assignments and ensuring caseload equalization.
3. OCOK Intake Specialist assigned to each non-emergency placement change request will be responsible for each task, from referral to placement.
4. OCOK Intake Specialist will coordinate and facilitate the placement staffing as outlined in Pre-Placement Staffing. This includes recording notes from the meeting discussion on the Pre-Placement staffing form and ensure all participants receive a copy. (See Pre-Placement Staffing protocol on page 21 of the Foster Care Redesign Manual)
5. OCOK Intake Specialist will enter all information regarding the child/youth into the ECAP system which will generate the list of potential placements (See ECAP user guide for instructions).
6. No less than 3 days prior to placement needing to occur, OCOK will notify CPS through IMPACT AND a follow-up email of recommended placement and medical consent.
7. Prior to the placement change, OCOK will ensure that the child/youth's caregiver completes the Residential Child Care Discharge (Form 2109) and provides copies to the child's new Provider.
8. OCOK will be responsible for completing the physical placement of the child and complete all the placement forms, including the Medical Consent, Education Decision Maker and Region 3b Placement Documentation Form.
9. Within 12 hours of placement, OCOK Intake Specialist will complete documentation of Placement in IMPACT.
10. OCOK Intake Specialist is also responsible for entering client information into EVOLV. 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.

5.06 Legacy Transfers			
Domain	Referral and Placement, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	IMPACT User Guides		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, myEvolv & ECAP		

**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, ECAP and myEvolv network systems.
2. OCOK Sr. Director of Care Management will work with each Provider as well as representatives with 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 ECAP and myEvolv systems.
4. OCOK Care Coordinator will work 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.

**Section 6**  
**Care Management**

- 6.01 Service Plan Development**
- 6.02 Child and Family Assessments**
- 6.03 Discharge and Case Closure**
- 6.04 Aftercare Plan and Follow Up**
- 6.05 Circles of Care (COC)**
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- 6.09 Extended Care and Return to Extended Care**
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- 6.13 Academic Services of Children/Youth in Care**
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6.01 Service Plan Development			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Client Right and Responsibilities Policy and Procedures		

**Policy:**

ACH Child and Family Services assures that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

**Procedure:**

OCOK 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 DFPS, 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 planning 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 25 days of removal
  - b. Current placement (new to OCOK network/legacy transfer) within 25 days of placement
  - c. Subsequent child service planning meetings every 90 days thereafter;
  - d. Or more frequently when a child’s circumstances change or significant events occur that dramatically alter the child’s or youth’s needs.
5. OCOK will ensure the Network Providers notify all participants of the child service planning meeting 14 days prior to the meeting. And OCOK will ensure that the Network Providers case managers know how to contact parents and other family members.

6.02 Child and Family Assessments			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, Child and Adolescent Needs and Strengths (CANS) Manual Texas Version		

**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. This will be monitored by the Quality Improvement and Contracts Specialist.
2. Assessments will drive service plan development and inform the appropriateness of placement and permanency goals.
3. OCOK will ensure the CANS will be completed within three (3) weeks following any placement (emergency or non-emergency) and that all CANS are reviewed and approved by the Network Provider’s Case Manager Supervisor or Treatment Director.
4. OCOK is responsible for ensuring all providers in the SSCC network maintain appropriate qualifications including license/certifications for individuals assigned to complete child and family assessments.
5. OCOK will ensure each assessment will be conducted by a professional meeting the following criteria:
  - Bachelor’s degree
  - CANS Certification
6. OCOK will ensure assessments of a child’s service needs will be conducted prior to making a recommendation to DFPS regarding placement for non-emergencies, in a timeframe allowing development of the service plan.

6.03 Discharge and Case Closure			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents	Aftercare Plan, Discharge Plan		
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual		

**Procedure:**

Every DFPS 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 an Aftercare Plan that focuses on the youth preferences and independent living needs.
3. Based on needs and goals set the Network Provider will create an aftercare plan that will outline evaluation and assessment and termination of services (discharge plan).
4. Network Provider will send to Care Coordinator Aftercare and Follow up Plan.
5. Network Provider will send to Care Coordinator Discharge Plan.

**OCOK Care Coordinator:**

1. Care Coordinator will obtain from Network Provider Aftercare Plan and will review and provide to DFPS for approval.
2. Care Coordinator will obtain from Network Provider Discharge Plan and will review and provide to DFPS for approval.
3. Care Coordinator will provide notification of approval to Network Provider for Aftercare Plan and Discharge Plan.
4. Care Coordinator will notify Network Provider when Discharge has been approved by DFPS.

### 6.04 Aftercare Plan and Follow Up

Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual		

**Procedure:**

OCOK will ensure youth has an aftercare and follow up plan.

1. Prior to discharging from services, OCOK, in collaboration with the network provider, will develop an after care plan. The plan will focus on youth’s preferences and independent living needs.
2. Aftercare plan will include a termination of service evaluation and assessment of “unmet needs.” OCOK and Network Provider will jointly devise goals and objectives in order to satisfy any “unmet” needs which will require further monitoring and for an ongoing structure for a smooth discharge and transition into adulthood.

6.05 Circles of Support (COS)			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents	Transition Plan (form 2500)		
Reference	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		

**Procedures:**

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 COS or service planning meetings.
2. Network Provider will facilitate youth attendance at COS and/or service planning meetings.
3. Network Provider will attend and participate in the COS and/or subsequent service planning meeting (90-day review).
4. Network Provider is working 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 Care Coordinator**

1. Care Coordinator will notify Network Provider to schedule a subsequent service planning meeting if the youth declines a COS meeting.
2. Care 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 COS or service plan meeting.
3. Care Coordinator will monitor that youth attends the COS or subsequent service planning meeting and work with Network Provider to address reasons youth fails to attend.
4. Care 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. Care Coordinator ensures Network Provider and youth are attending and participating in the COS or subsequent service planning meeting.
6. Care 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.
7. Three (3) days prior to the COS meeting, Care Coordinator will send an updated copy of the transition plan to the Network Provider.



6.06 Preparation for Adult Living (PAL)			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents	Service Authorization (form 2054)		
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		

**Procedure:**

All youth will be referred for PAL services within 30-days of new placements, when the youth turns 14 and no later than their 16th birthday.

**Network Provider:**

1. Network Provider will refer youth for PAL services within 30-days of new placements and when the youth turns 14 and no later than their 16<sup>th</sup> birthday.
  - a. Network Provider will encourage and ensure that youth and their caregivers complete the Ansell Casey Life Skills assessment.
  - b. The Network Provider will review the assessment prior to submission to ensure it has been completed correctly and in its entirety.
  - c. Network Provider will send an email to Care Coordinator with the subject line "Life Skills Assessment" and attach Ansell Casey Life Skills assessment results.
  - d. Network Provider will identify and provide the identified services to youth to assist with their transition from substitute care to adulthood.
  - e. Network Provider will assist youth with applying for and securing services that will aid in their transition to adulthood.
  - f. Network Provider is responsible for transportation of the youth to all life skills and experiential training/activities.
  - g. Network Provider will communicate to youth and caregiver the interpretation of the Ansell Casey Life Skills assessment and the identified strengths needs and goals which the Network Provider will document in the youths service plan.
  - h. 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 youth have a source of income they are taught how to establish a saving plan and/or savings account to manage their money
    - Youth ages 18 to 22 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.
  - i. On the 10<sup>th</sup> of the month following the month of service, Network Provider will submit a monthly report to Care Coordinator with a subject live of "Life Skills Training" that includes:

- Youth's status, progress and status of PAL training;
- Services provided to the youth to assist with their transition into adulthood; and
- Assistance provided to the youth applying for and securing services to aid in their transition to adulthood.

OCOK Care Coordinator:

1. Care Coordinator will facilitate service authorization approval from DFPS.
  - a. When Care Coordinator receives email from Network Provider titled "Life Skills Assessment" and assessment results, Care Coordinator will initiate service authorization from DFPS.
  - b. Care Coordinator will notify DFPS PAL and CPS staff when services need to be authorized in IMPACT for youth.
  - c. Care Coordinator will access the completed service authorization (form 2054) from IMPACT.
  - d. When Care Coordinator receives notification that service authorization has been approved in IMPACT by DFPS Care Coordinator will send an email to Network Provider that service authorization has been approved.
  - e. Care Coordinator will review monthly report provided by Network Provider on the 5<sup>th</sup> of the month and will document the youth's progress and status of PAL Life Skills Training as well as experiential life skills learning in the youth's service plan and in IMPACT.
  - f. Care Coordinator will send monthly report to DFPS PAL and CPS staff on the 15<sup>th</sup> of the month review.
  - g. More frequent reports may be required if you is engaged in National Youth in Transition. Care Coordinator will inform Network Provider when additional reporting is required.

6.07 Transitional Living Services			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
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		

**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 report to DFPS the progress of transitional living services provided by Network Providers to youth in DFPS conservatorship.

OCOK Care Coordinators monitor Network Providers to ensure they are discussing the Transition Plan (Form 2500) 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 (Form 2500) 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 COS meetings.
4. If a youth declines a COS the Network Provider will schedule a subsequent service planning meeting instead.
5. Network Providers document services they are providing to help the youth meet identified challenges to achieving independence.

**OCOK Care Coordinator:**

1. Care Coordinators review Network Providers records of initial and subsequent transition plan discussions.
2. Care Coordinators 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. Care Coordinators monitor that youth is participating in transition plan meetings, service planning meetings (90-day reviews) and Circles of Support (COS).

6.08 Supervised Independent Living (SIL)			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
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		

**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 SIL Case Manager 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. The Network Provider will complete the transitional living placement recommendation documentation and submit to Care Coordinator.
7. When Network Provider receives SIL approval Network Provider will initiate transfer of youth to SIL placement.
8. At the time of the youth's placement into SIL, the Network Provider will complete discharge paperwork and submit to Care Coordinator.

**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).
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 SIL placement and services either in Region 3b or outside of Region 3b, the Care Coordinator will provide DFPS with the transitional living placement recommendation for their approval.

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

6.09 Extended Care and Return to Extended Care			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
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		

**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 is interested in Extended Care and/or Return to Extended Care, the Network Provider will initiate 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 Network Provider the completed Voluntary Extended Foster Care Agreement (Form2540). The Care Coordinator will provide the documentation to DFPS 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.

6.10 Foster Daycare Services			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents	Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809)		
Reference	OCOK Provider Manual		

**Procedure:**

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

1. When foster daycare services are needed for a child placed with in OCOK Network Provider, the Provider Case Manager will provide the Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809) to each foster parent household each time application or renewal for daycare is requested.
2. The Provider Case Manager will submit the following documentation to the OCOK Care Coordinator:
  - a. Three months of employment verification for each caregiver (if the caregiver has started a new job and does not have three months of employment verification, a letter from the employer is acceptable); 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 DPFS Program 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.
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 daycare request is completed and submitted to OCOK it can take, at least, 10 days for the daycare request to be processed.

6.11 Psychotropic Medications			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	Psychotropic Medication Treatment Consent Form 4526		
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 or program service.

**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 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 DFPS staff member is designated as the medical concenter for the child, the Provider case manager must ensure the DFPS 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. Provider is 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 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 business day.



- d. Form 4526 is not required for changes in dosages or for refills of the same medication.

6.12 Medical/Dental/Vision and Behavioral Healthcare Services			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents	DFPS Medical/Dental/Vision Examination Form (2403)		
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions		

**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.
5. Providers can utilize their own Medical/Dental/Vision Examination Form as long as it meets the minimum requirements as per DFPS/RCCL at the time of the appointment.
6. Within 72-hours after the child’s appointment, the Provider will send the completed Examination Form (2403) to OCOK. OCOK will provide a copy of the completed Examination Form to the DFPS case worker.
7. 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.
8. 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.
9. Providers will maintain records of all health care providers in accordance with SSCC policies and RCCL requirements.
10. OCOK will ensure Providers access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services, unless the court orders DFPS 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.
11. OCOK will ensure any child who is under age of three and is suspected of having a disability or developmental delay is referred to Early Childhood Intervention (ECI) by the Provider Case Manager within three business days of placement and is documented in the child's record.

6.13 Academic Success of Children/Youth in Care			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions		

**Procedure:**

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

1. OCOK will request Providers to ensure all children are enrolled in and attend an accredited Texas public school within three (3) days of placement, unless an exception has been granted in writing by DFPS caseworker.
2. OCOK will request Providers to 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 their DFPS caseworker.
3. OCOK will assist Providers in locating a program if no such program is available.
4. OCOK will request from Providers verification of the child's enrollment within five (5) calendar days of child being enrolled. OCOK will request Providers also provide DFPS with the same verification. 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. OCOK will require Providers 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 is 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 assure Provider monitor and documents 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 specialists to ensure the needs are met for those children requiring special education or Section 504 services.
10. OCOK will request Providers to ensure child's Education Portfolio is current and accurate by providing copies of all required documentation and the original's 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 quarterly 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 Provider collaborates with biological parents so they are able to participate and provide input in their children's education while they are in care.

6.14 National Youth in Transition Database (NYTD)			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions		

**Procedure:**

OCOK will identify eligible youth to participate in National Youth in Transition Database.

1. OCOK will be notified by DFPS of eligible youth to participate in the survey via an email titled “NYTD Survey Participant.”
2. OCOK will inform Providers of eligible youth for the survey via an email titled “NYTD Survey Participant.”
3. OCOK, along with Providers, will assist DFPS in obtain NYTD surveys from identified youth. Youth will complete survey without assistance.
4. OCOK will ensure Providers maintain current contact information on youth placed within the network. OCOK will inform DFPS of any updates and/or changes as the information becomes available.

6.15 Adoption			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual ACH Child and Family Services Policy – Service Modalities and Interventions,		

**Procedure:**

OCOK will take the lead on all adoption related activities for children in Region 3b.

Recruitment

OCOK will conduct general and child specific recruitment activities for adoption motivated homes for children from and referred to region 3b.

1. OCOK will collaborate with DFPS to facilitate access to recruitment activities for adoption motivated homes.
2. OCOK will collaborate with DFPS in facilitating access to various adoption recruitment tools.
3. OCOK will develop child specific profiles with input from DFPS caseworker.
4. OCOK will assist DFPS with providing motive to any adoption events hosted by DFPS.
5. OCOK will manage all general and child specific adoption inquiries.

Home Studies

Our community our kids will ensure that home studies on all potential adoptive homes are conducted and approved.

Adoption Inquiries

OCOK will refer potential adoptive families to a Provider who is in their area and provides the services the family requires.

OCOK will send an email to the Provider with the adoption home study referral with the Adoption Referral Form attached to the email and any supporting documentation. (See Foster/Adopt Inquiry Policy & Procedure)

Home Selection and Staffing

OCOK will receive and review available Home Studies for children free for adoption.

1. Care Coordinator will collect submitted home studies for each child available for adoption.
2. Care Coordinator will review and narrow down home studies in order to prepare for the selection staffing.
3. Care Coordinator will coordinate and host a selection staffing including DPFS caseworker, CASA, ad litem and guardian ad litem within seven (7) business days of reviewing home studies.
4. Care Coordinator will notify DFPS within one (1) business day of the recommendation determined by the selection staffing.
5. Care Coordinator will receive the child’s redacted file from DFPS within 15 days of a family moving forward following the selection staffing and will forward it to the provider within two (2) business days of receipt.

### Presentation Staffing

1. OCOK will ensure a Presentation Staffing is held.
2. Care Coordinator will invite the following people to the presentation staffing:
  - Prospective family
  - Current family
  - CASA
  - Ad litem
  - Guardian ad litem
  - DFPS
3. 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.
4. Care Coordinator will facilitate a transition plan for the child into the adoptive home collaborating with the current and prospective family.
5. Care Coordinator will receive notice within four (4) days from the provider if the family decides to not move forward.

### Placement of the Child

OCOK will facilitate the physical placement of the child into their adoptive home.

1. OCOK will coordinate with the Provider and adoptive family to facilitate the placement of the child into the home.

### Adoption Services

OCOK will contract with the Provider to deliver adoption services.

1. Care Coordinator will ensure that the Provider is managing the adoption services.
2. Care Coordinator will receive monthly reports from the Provider.

6.16 Foster/Adopt Inquiries			
Domain	Care Management, ACH Organizational Service Delivery		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	OCOK Provider Manual, ACH Child and Family Services Policy – Service Modalities and Interventions		

**Procedures:**

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. 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 referred the inquirer to the list of providers by service and county.
- g. Recruitment team member 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. Encouraged 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 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.



6.17 Court Hearings			
Domain	Care Management, ACH Client Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual, OCOK Provider Manual, ACH Child and Family Services Policy – Client Rights and Responsibilities Policy and Procedures		

**Policy:**

ACH Child and Family Services assures that all persons served or their designated legal representatives are informed of their rights and responsibilities arising from receipt of ACH Child and Family Services.

**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 by DFPS.
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 DFPS and Network Providers.
4. OCOK will ensure network provider arranges for child or youth to attend court hearing, unless excused by judge prior to court hearing. Child or youth may attend court by way of video conference and/or teleconference when appropriate and 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, 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. OCOK will immediately notify DFPS of the attendees.
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.

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

**Procedure:**

OCOK will provide Network Provider with the correct court report templates. OCOK will complete the sections of the court reports that are relevant to the child.

1. OCOK will be notified by email at [caremanagement@oc-ok.org](mailto:caremanagement@oc-ok.org) from DFPS of the court report due date.
2. OCOK will confirm DFPS has included the relevant court report templates in the email. These forms will include the Status Report to the Court (form 2070), Permanency Plan & Progress to the Court (form 2088) and Placement Review Report to the Court (form 2088b).
3. Upon receiving the templates, OCOK will provide Network Provider with forms 2070, 2088 and 2088b. OCOK will ensure Network Provider completes the needed sections.
4. OCOK will request Network Providers to submit to OCOK the completed sections 12 days prior to the court report due date. OCOK will encourage Network Provider to obtain input from the caregiver and child/youth prior to completing the report.
5. OCOK will add and edit to the court report as needed for completion. OCOK will provide any additional information requested by DFPS as needed and within 24 hours.
6. OCOK will send CPS and email titled "Court Report Information" and attached completed court report template 10 days prior to court report due date.
7. OCOK will ensure the Network Provider immediately provides OCOK with any supplemental information via email for inclusion in the court report or hearing when significant events occur after the court report template has already been submitted and prior to the scheduled hearing.

## **Section 7**

### **Financial Administration**

- 7.01 Financial Administration – Overall**
- 7.02 Credit Card Procedures**
- 7.03 Expense Reimbursement**
- 7.04 Payments from DFPS**
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7.01 Financial Administration – Overall			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Financial Procedures Manual for ACH Child and Family Services		

**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 the OCOK Operations Manual, please refer to the Financial Procedures Manual for ACH Child and Family Services for the following.

- Division of financial responsibilities
- Chart of Accounts, Department/Program Codes and General Ledger
- Cash Receipts
- Payables/Cash Disbursements
- Bank Account Reconciliations
- Payroll
- Property and Equipment
- Budget Process
- Audits
- Record Retention and Disposal
- Bid Requirements
- Computer Security and Backup
- Cost Allocation
- Petty Cash Funds
- Fiscal Policy Statements
- Credit Card Procedures
- Expense Reimbursements

7.02 Credit Card Procedures			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Financial Procedures Manual for ACH Child and Family Services		

**Procedure:**

Except for the following statement, please refer to the Financial Procedures Manual for ACH Child and Family Services for the credit card procedures.

**Credit Card Payments**

1. Original credit card receipts or photocopies are to be submitted to the OCOK Director of Finance immediately following purchase. Expenditure information should accompany the receipt to identify the program, the reason for the expenditure and the name of the purchaser. This will allow for accurate coding of the expense, timely payment of the account, and the risk of late charges/finance charges. Once the expenditure has been properly documented, the OCOK Director of Finance will submit the receipts to the ACH Finance Department.
2. Credit card receipts are to be initialed by the program supervisor. Hand written receipts for credit card purchases are not acceptable.

7.03 Expense Reimbursement			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents	Request for Expense Reimbursement Form & Mileage Report		
Reference	Financial Procedures Manual for ACH Child and Family Services		

**Procedure:**

OCOK will reimburse its employees for out of pocket agency related expenditures, including the use of their personal automobiles. Expenditures with the exception of auto mileage will be reported on a "Request for Expense Reimbursement" form.

The reimbursement form requires the date of expenditure, general ledger code, program code, description and amount. A valid receipt should be attached to the form. The employee will sign and date the form and the OCOK Director of Finance will approve the expense by signing and dating. The OCOK Director of Finance will forward the form with receipts to the payroll bookkeeper who will verify the amounts to the receipts.

Mileage for use of personal auto on agency business will be reported on a "Mileage Report." The mileage report requires date of use, address of place of departure, time of departure, address of destination point, time of arrival, purpose of trip, beginning and ending odometer reading and number of miles. The mileage rate paid is the prevailing federal rate allowed at the time of travel. The employee will sign as well as print their name on the form and date it with the current date. The OCOK Director of Finance will sign, date and forward the report to the payroll bookkeeper.

Reimbursement for expenses and mileage will be included in the next paycheck after reimbursement, provided it is submitted by Monday noon after the end of a pay period. If not submitted timely, it will be included in the next pay check.

Reimbursable expense and mileage reports submitted more than 90 days after incurred expense will not be reimbursed.

7.04 Payments from DFPS			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference			

**Procedure:**

Foster Care payments:

After the Provider payments have been made each month, the ACH finance department will use the payment report to record the expected payment from DFPS in the general ledger.

When payment is received from DFPS, the amounts are compared. If a discrepancy is found, the cause is determined and a request for adjustment is filed with DFPS, if appropriate. If DFPS does not approve the adjustment requested, the revenue account is adjusted for the amount at this time.

Adoption payments:

Once the completed invoice and adoption billing packet has been received from the Provider and verified by the OCOK adoption coordinator. The OCOK Director of Finance will prepare the necessary DFPS invoice form and will submit it along with all required documentation within the authorized date range of the Form 2054.

The OCOK Director of Finance will send a copy of the invoice and supporting documentation to the ACH Finance Department to record the expected payment from DFPS in the general ledger.

When payment is received from DFPS, the amounts are compared. If a discrepancy is found, the cause is determined and a request for adjustment is filed with DFPS, if appropriate. If DFPS does not approve the adjustment requested, the revenue account is adjusted for the amount at this time.

7.05 Payment to Providers for Foster Care			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference			

**Procedure:**

Our Community. Our Kids. (OCOK) pays Network Providers based on the fee schedule included in the Provider Services Agreement.

On the first business day of the month, the OCOK Director of Finance will run a payment report in the myEvolv system showing the provider agency name, children’s names, level of care and dates of care. This report will calculate the number of days of care, and will apply the appropriate daily rate based on the level of care in order to calculate the payment to the provider. The Providers will be paid for the calendar day of placement, but not for the calendar day of discharge.

This payment report will be provided to the OCOK Care Management Department in order to verify its accuracy. When verified, the payment report will be sent to the ACH Finance Department for payment approval.

Upon approval, the OCOK Director of Finance will initiate the payments to the Providers’ bank accounts by electronic funds transfer (EFT)/direct deposit using the myEvolv system. OCOK makes every effort to make the payments as soon as possible after the end of the month, but no later than the 25<sup>th</sup> day of the following month.

A confirmation of the EFT payments will be sent to the ACH Finance Department along with a copy of the approved payment report in order to record these transactions in the general ledger.

A copy of the payment report will be sent to the OCOK President/COO for review and approval.



7.06 Payment to Providers for SIL, PAL and Exceptional Foster Care			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference			

**Procedure:**

OCOK will pay Providers for Supervised Independent Living services (SIL), Preparing for Adult Life services (PAL) and for exceptional foster care services. These payments will be paid using the rate and terms specified in the applicable contractual agreement.

7.07 Payment to Providers for Adoption			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference			

**Procedure:**

Providers will be paid for “Adoption Placement” and “Adoption Post-Placement” services. The fees for these services are included in the OCOK Provider Services Agreement.

Providers will be required to send a completed OCOK invoice and adoption billing packet to the OCOK Director of Finance for Adoption Placement services, if applicable, and Adoption Post-Placement services. The invoice/billing packet must be received by OCOK within the authorized date range of the Form 2054 but no later than 30 days after placement.

Once received, the OCOK Director of Finance will send the invoice/adoption billing packet to the OCOK adoption coordinator to verify that all necessary activities and documents have been properly completed.

Upon verification, the OCOK Director of Finance will submit the invoice and adoption billing packet to the ACH finance department along with a check request in order to process the payment.

ACH makes every effort to make the payments as soon as possible, but no later than 30 days.

7.08 Payment to Providers – Dispute Resolution			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference			

**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 parties will confer, in person or by telephone conference, 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 Master Contract - OCOK shall take all action reasonable and necessary to comply with the requirements of the 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.

7.09 OCOK Owned Vehicle Procedures			
Domain	Financial Administration, ACH Financial Management		
Effective	July 01, 2014	Revision Dates	
Documents	OCOK Vehicle Check Out-In Form, ACH Automobile Incident Reporting Form		
Reference			

**Procedure:**

**Vehicle check out/in:**

- OCOK vehicles can be checked out by OCOK employees at the receptionist desk 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 Vehicle Check-Out/In Form.
- While in possession of an OCOK vehicle, employees must always abide by the driving policies in the ACH Employee Handbook and also the requirements of DFPS 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 vehicle should be parked in the same parking spot that it was removed from or as close to it as possible.
- 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 receptionist desk immediately upon return and record the date and time of the return on the Vehicle Check-Out/In Form.
- Any vehicle malfunctions, problems, repairs, etc. should be reported to the Executive Assistant or Director of Finance.
- The employee must turn in all credit card charge receipts for gas and any other purchases to the Director of Finance as soon as possible.

**In case of a vehicle accident:**

- Employees must comply with the instructions listed in the ACH Employee Handbook.
- Report the accident to the supervisor as soon as possible.
- Complete the Automobile Incident Reporting Form and return it to the Executive Assistant or Director of Finance, and copies will be sent to Human Resources and the Director of Facilities.

**Vehicle maintenance and repair:**

- The Director of Finance will perform the following tasks:
  - o Monitor the expiration of the inspection/license stickers and auto insurance card for each vehicle, and will ensure replacements/renewals are received when required.
  - o Will perform periodic visual inspections of the exterior and interior of the vehicles and log the odometer reading.
  - o Will make sure that the exterior and interior of the vehicles are cleaned and necessary repairs are performed as needed.

- Every three months or every 3,000 to 5,000 miles, will ensure that each vehicle will receive an oil change and other routine maintenance.
- Will submit copies of all maintenance and repair documentation to the Director of Facilities.

## **Section 8**

### **Human Resources Management**

**8.01 Staff Qualifications**

**8.02 Background Investigations and Screenings**

**8.03 Employee Training**

8.01 Staff Qualifications			
Domain	Human Resources Management		
Effective	January 01, 2014	Revision Dates	
Documents	OCOK Job Descriptions		
Reference	ACH Child and Family Services Policy – Discrimination Prohibition Policy		

**Policy:**

ACH Child and Family Services is an equal opportunity employer that maintains a policy of nondiscrimination with respect to all employees and applicants for employment. All employment 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. Employment 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 Minimum Standards.
2. Providers as part of submitting their Agency Policy and Procedure manual are also required to have their Personnel Policies reviewed by OCOK.
3. Providers are responsible to ensure that all staff and foster families training requirements are continually in compliance and kept up to date according to RCCL Minimum Standards.

Refer to 8.01a OCOK Professional Staffing Plan





Quality Improvement and Contracts	Director of Quality Improvement and Contracts	Full-Time	A Master's degree in Social Work, or related degree required. Advanced clinical licensure and/or Childcare Administrator License preferred.	Five years of direct supervision experience in a Health or Social Service organization. Child placing agency experience given preference.	Work closely with the OCOK President/Chief Operations Officer to administer and manage the Single Source Continuum Contract (SSCC) and Provider Network quality improvement program. This position is responsible for ensuring that the quality of services is monitored and tracked, including out-of-home services, protective supervision and adoption-related services. Develops and implements performance improvement plans; tracks results, monitors and reports on System of Care outcomes. Manages and monitors contracts with the provider network.	Patricia Correa LPC-S, NCC, LCPAA	16
Quality Improvement and Contracts Specialists	Quality Improvement and Contracts Specialists	Full-Time	Bachelor's degree in Social Work, or related degree required	Two years of experience in a Health or Social Service organization. Child-placing agency experience given preference.	Work closely with the OCOK Director of Quality and Contracts to manage the Provider Network quality improvement process and compliance to the terms and outcomes of their contracts. This position is responsible for ensuring that the quality of services is monitored and tracked, including out-of-home services, protective supervision and adoption-related services. Assists in the development and implementation of performance improvement plans, tracks results, monitors and reports the outcomes. Ensures contract compliance of provider network.	Samantha Hernandez BA	15
Care Management	Director of Care Management  Intake Supervisor	Full-Time  Full-Time	A Master's degree in Social Work, or related degree required. Advanced clinical licensure and Childcare Administrator License preferred.  Bachelor's Degree, Masters preferred	Five years of direct supervision experience in a Social Service organization. Child-placing agency experience given preference.  A minimum of three years of experience working with children, youth and families in foster care or related experience with some knowledge of the regulations that guide residential services are required with a Bachelor's degree. A minimum of two years of experience working with children, youth and families in foster care or related experience with some knowledge of the regulations that guide residential services are required with a Masters degree.	Work closely with the President/Chief Operations Officer to administer and manage the Care Management Department and Service Delivery.  Supervises the Intake Specialists on a day-to-day basis. Ensures that youth referred to the Agency are placed in accordance with OCOK regulations, contract requirements and Agency policy/procedures. Promotes the well-being of children, participates in staff meetings/trainings, and coordinates with staff from other agencies involved in providing services to children.	Melissa Christenson BA - Criminal Justice/Business Admin.; MA - Criminology  Patricia Cruz  Vacant  Kris Naylor  Jennifer Roby	15  1.5  17  15

<p>Intake Specialist</p>	<p>Full-Time</p>	<p>Bachelor's Degree, Masters preferred</p>	<p>A minimum of one year of experience working with children, youth and families in foster care system or related experience with some knowledge of the regulations that guide residential services is required.</p>	<p>Responsible for processing referrals and placing youth referred to the Agency by TDPS and other agencies. Promotes the well-being of children, participates in staff meetings/trainings and coordinates with staff from other agencies involved in providing services to children. Performs the following duties directly: Receives and reviews youth referral and intake information from DFPS staff. Accepts and coordinates appropriate placement of youth in properly trained and licensed facilities within timelines required. Handles crisis calls and emergencies which are called in to the OCOK intake line.</p>	<p>Carolyn Hellumns BA,BS</p>	<p>9</p>
				<p>Arnesha Dickens BSW 6 Leslie Casstevens MSW 4 Chasity Smith BS 4 Tijuana Thompson BSW 9 Robert Holloway BA 6 Jennifer Bloxom BSW 6</p>		
<p>Care Coordination Supervisor</p>	<p>Full-Time</p>	<p>Bachelor's Degree, Masters preferred</p>	<p>A minimum of three years of experience working with Children, youth and families in foster care or related experience with some knowledge of the regulations that guide foster care and residential services are required with a Bachelor's degree. A minimum of two years of experience working with children, youth and families in foster care or related experience with some knowledge of the regulations that guide foster care and residential services are required with a Masters degree.</p>	<p>Supervises the Care Coordinators on a day-to-day basis. Ensures that youth placed with the Agency are receiving the appropriate services in accordance with OCOK regulations, contract requirements and Agency policy/procedures. Promotes the well-being of children, participates in staff meetings/trainings, and coordinates with staff from other agencies involved in providing services to children.</p>	<p>Donna Stowe BSW, LBSW</p>	<p>31</p>
<p>Care Coordinators</p>	<p>Full-Time</p>	<p>Bachelor's Degree, Masters preferred</p>	<p>A minimum of one year of experience working with children, youth and families in foster care or related experience with some knowledge of the regulations that guide residential services is required.</p>	<p>Responsible for coordinating and approving services for youth placed with OCOK. Promotes the well-being of children, participates in staff meetings/trainings and coordinates with staff from other agencies involved in providing services to children. Performs the following duties directly: Receives and reviews youth placement information to make determination of services. Accepts and coordinates appropriate services and level of care for the youth within timelines required.</p>	<p>Tanna Jackson BSW</p>	<p>8</p>
					<p>Monica Johnson BA 8 Anabelle Muzzio BA 9 Ivori Haros LMSW 5 Cynthia Johnson MS, LCPC (Illinois) 4 Vacant</p>	



8.02 Background Investigation and Screening			
Domain	Human Resources Management		
Effective	January 01, 2014	Revision Dates	
Documents	COA HR 3; Employee Handbook		
Reference	ACH Child and Family Services Policy, OCOK – Foster Care Policy and Procedures		

**Policy:**

ACH Child and Family Services conducts background investigations and screenings on new and existing employees, contractors, and volunteers to promote the safety of clients and protection of the agency. Personnel, contractors, or 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 criminal records are reviewed prior to employment and every 24 months after employment.
2. State child abuse and neglect registries are reviewed prior to employment and every 24 months after employment.
3. Fingerprinting-based criminal history check is conducted and results reviewed prior to employment.
4. Sex offender registries are reviewed prior to employment and every 24 months after employment.
5. Tuberculosis testing is completed prior to employment.
6. Drug testing is completed prior to employment and after accidents, and random drug testing occurs annually 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 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 background check is completed.

There are four types of 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:

<b>Persons Requiring a FBI Fingerprint Check</b>	<b>When a Fingerprint Check is Due</b>
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.

8.03 Employee Training			
Domain	Human Resources Management		
Effective	January 01, 2014	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy, OCOK – Foster Care Policy and Procedures		

**Policy:**

ACH Child and Family Services verifies the credentials of all professional personnel and independent contractors who provide direct program services to clients.

**Procedure:**

**I. Workforce Development and Training**

The purpose of establishing a management plan for workforce training is:

- A. To ensure that all Provider staff understand the scope and function of Foster Care Redesign 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. 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 that 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 will assure that all training opportunities within the system of care lead towards accomplishing our mission and meeting outcomes. Training opportunities for staff will be available through multiple resources:
  - 1. Training provided by subject matter experts within the Network and other community resources.
  - 2. OCOK will work with DFPS to provide training on Disproportionality and Knowing Who You Are training.
  
- C. Additional required training includes:
  - 1. Orientation training which includes an overview of the relevant and applicable DFPS and federal rules and the OCOK system of care;
  - 2. Pre Service for OCOK Staff and Network Provider will include a minimum of:
    - Provider’s Philosophy
    - Mandated Reporting of Abuse and Neglect
    - Confidentiality and HIPAA
    - Emergency Preparedness
    - Cultural Competency
    - Emergency Behavior Intervention

Psychotropic Medication Management  
Adult/Infant CPR and First Aid  
Medical Consenter Training  
Trauma-Informed Care

3. These items are also included in an annual training requirement in addition to transportation safety, professional ethics, civil rights compliance and infection control:  
Protocols for Stage I of the Foster Care Redesign  
Job specific requirements, protocols for each job function  
Continuing education requirements for each job function  
Implementation guidelines and expectations for OCOK staff

### **III. Strategies for Network Providers**

- A. All Network Providers must agree to have staff attend orientation training, prior to implementation, on the systems of care model (SSCC) that may include training to support attainment of safety, permanency and well-being for children in their care.
- B. The Network Providers must provide documentation that the SSCC model will be included in their staff orientation and staff trainings.
- C. All Network Providers must agree to ensure that all Foster Parents and or Respite providers receive training in accordance with Minimum Standards.

### **IV. Staffing Development and Training**

- A. OCOK will ensure compliance with minimum staffing requirements in applicable Minimum Standards for Child Placing Agencies serving children requiring both child care and treatment services.
- B. OCOK will ensure that all training opportunities within the system of care lead towards accomplishing OCOK's mission and meeting outcomes.
- C. Training opportunities for staff will be available through three 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)
  - 3. Training provided by DFPS Disproportionality and Cultural Competency, and Knowing Who You Are.
- D. Trauma-Informed Care Training - All provider direct delivery staff and caregivers providing services through OCOK must have completed Trauma-Informed Care annually.
  - 1. This training is currently provided by Cenpatico through their contract with STAR Health, and will continue with OCOK throughout the duration of this contract.
  - 2. OCOK will track all direct delivery staff training to ensure compliance with this minimum requirement.
- E. Medical Consenter Training - Anyone recommended by OCOK as a Medical Consenter must receive and complete Medical Consent training offered by DFPS prior to DFPS designation as a Medical Consenter.
  - 1. OCOK will track all direct delivery staff training to ensure compliance with this minimum requirement.
  - 2. This training must be completed by all OCOK Intake and Placement staff prior to child placement.
  - 3. The on-line training can be accessed by visiting the following:  
[http://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/medical-consent-training.asp](http://www.dfps.state.tx.us/Child_Protection/Medical_Services/medical-consent-training.asp)
- F. 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 staff and Network Providers attend and participate in Cultural 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.

## **Section 9**

### **Community Engagement**

**9.01 Local Leadership Advisory Panel (LLAP)**

**9.02 National Expert Panel (NEP)**

**9.03 Provider Advisory Group**

**9.04 Stakeholder Engagement Forums**

9.01 Local Leadership Advisory Panel (LLAP)			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	August 01, 2014	Revision Dates	
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**Purpose:**

To provide strong local advocacy for the foster care redesign 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, DFPS, and non-profit organizations throughout the seven counties region.
- 2) LLAP will meet 3-4 times per year to be informed and updated about the progress and issues related to redesign implementation.
- 3) LLAP will provide advice and feedback to guide the direction of foster care redesign effort.
- 4) LLAP be willing and prepared, with staff support, to share facts and outcomes in support of FCR 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	
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.

**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 2 times per year to be informed and updated about the progress and issues related to redesign implementation.
- 3) NEP will provide advice and feedback to guide the direction of foster care redesign 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	
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**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.

**Procedure:**

1. During the planning, start up, implementation, and throughout all phases of service provision, Our Community Our Kids will facilitate group and individual meetings with Providers. The purpose of these meetings include 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.
3. The Advisory group will hold monthly meetings the first year of operation, and then determine meeting frequency of meetings, thereafter.
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, Quality and Contracts, and Recruitment and Community Engagement (which could also include foster and adoptive family joint recruitment activities).
6. Contracting / Provider relations issues will probably be addressed one on one, or in the broader Provider Advisory Committee.
7. A smaller Advisory Group of 5-7 CEO's of Provider organizations would meet between meetings, and as necessary, to serve as a steering committee of the Council.
8. Regular Provider Council meetings will facilitate input and feedback regarding the development of the implementation of the Foster Care Redesign system.

9.04 Stakeholder Engagement Forums			
Domain	Community Engagement, ACH Organizational Integrity		
Effective	August 01, 2014	Revision Dates	
Documents			
Reference	ACH-SSCC Program Proposal, ACH Child and Family Services Policy – Governing Body Oversight Responsibilities		

**Purpose:**

The Foster Care Redesign initiative provides a unique opportunity for Our community Our Kids to engage a network of community based partners throughout Regions 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 Foster Care Redesign, 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.

**Procedure:**

1. Identify, inform, and engage key internal and external stakeholders in Region 3b throughout the startup phase.
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. Establish a broad-based communications plan to enhance the efforts of Foster Care Redesign.
4. 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 primarily work through persons known and comfortable to the child to provide communications and involvement regarding upcoming changes, meetings, events, etc.: birth families and relatives, foster parents, DFPS case manager, CPA or RTC caseworker, PAL or SIL counselor, STAR Health provider, CASA worker or GAL
  - 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)
  - D) Initial Coordination Meeting and at Quarterly Case Planning Meetings

- E) Satisfaction surveys, encourage feedback regarding services
  - F) Engagement in court hearing
  - G) Establish a Youth Advisory Council, and involve certain youth referred by those listed above
  - H) Families of children in foster care, including non-custodial parents and relatives
  - I) Calls, letters and emails informing families of case-specific meetings (Initial Coordination Meeting, Quarterly Case Planning meetings for their child(ren))
- 
- 5. We will take a collaborative, responsive, supportive role all family communications.
  - 6. Encourage feedback through submission of satisfaction services.
  - 7. Make known the grievance process.
  - 8. Communicate health related concerns, events.
  - 9. Communicate education related activities and events.

## **Section 10**

### **Communication**

**10.01 Technology Policy**

**10.02 Communication Chart**



10.01 Technology Policy			
Domain	Communication, ACH Human Resources Management		
Effective	August 01, 2014	Revision Dates	
Documents			
Reference	ACH Child and Family Services Policy		

**Policy:**

ACH Child and Family Services follows best practice standards and applicable law in the management of information technology systems in order to protect client data, proprietary information, technology assets, and to ensure routine backup of data and recovery from disasters or loss. All staff receive training in appropriate use of technology and are prohibited from using technology assets for illegal or unethical activities. Staff shall have no expectation of their own privacy in their utilization of ACH's technology systems.

**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 Analytics 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.
  - a. Periodic assessment of compliance with license agreements will be conducted under the direction of the Director of Technology or the Chief Analytics Officer.

- b. 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.
  - c. 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 Analytics 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 Communication Chart			
Domain	Communication		
Effective	July 01, 2014	Revision Dates	
Documents			
Reference	Foster Care Redesign Region 3b Operations Manual		

**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, and the Providers.

**Procedure:**

OCOK has established the following e-mail boxes so that regardless of staff changes at OCOK for any reason, the contact information will always remain the same. 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 individual staff e-mail boxes.

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