



our community. our kids.

OCOK Provider Manual Training July 2018

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Agenda

- Welcome and Introductions
- CBC
- Conflict of Interest
- Care Match
- Discharge Process and Subsequent Moves
- Service Planning
- 15 min Break
- Utilization Management
- Medical/Dental/Vision and Behavioral Healthcare
- Transportation
- Daycare
- PAL

Community Based Care- 2017

- Community Based Care is a new way of providing foster care and case management services. It's a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic service area, a single contractor (officially a Single Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services.
- As of the date of the Revision of this Provider Manual OCOK has not been awarded the SSCC sole responsibility for case management, to be used as information only.

CBC cont.

- In 2017, the Texas Legislature directed DFPS to expand this model to include both foster care and relative or "kinship" placements, and give the SSCC sole responsibility for case management - rather than sharing that responsibility with DFPS. As Community Based Care takes shape statewide, CPS' focus will shift to ensuring quality oversight of foster care and services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care into a permanent home. Community Based Care is intended to allow a SSCC and the community more flexibility to innovate to meet the unique needs of the children, youth, and families in each designated service area. This increased flexibility comes with greater responsibility and accountability for overall safety, permanency, and well-being outcomes.

Conflict of Interest

- A Conflict of Interest is a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her duties in the best interest of ACH Child and Family Services, our mission and our clients as a Board member, advisory committee member, paid consultant, employee or subcontractor.
- For any subcontractors (Network Providers) or community partners, should a potential, actual or perceived conflict of interest arise, the party will notify OCOK immediately. Once OCOK is made aware of the conflict, it will be reported to the OCOK Chief Operating Officer to be further investigated and bring resolution to the actual, potential or perceived conflict. The party will be notified of the resolution by the OCOK Chief Operating Officer or designee.

Care Match

- Care Match was rolled out in March 2017.
- OCOK requires the Network Providers to verify daily their foster home information and availability and to update the system if changes have occurred within the home, thus providing an actual representation of available placement options.
- Failure to update CareMatch may result in families not being selected for placement. Providers that do not update their homes and bed availability according to the above listed guidelines are subject to placement holds and/or restrictions.

Care Match cont.

Things to update (and frequency):

- **Bed availability** – in and out of region(daily)
- **Preferences** (quarterly or whenever things change)
- **Specialty preferences** (ie Safe Babies, Human Trafficking- whenever the home becomes certified for specialty)



Discharge Process

- DFPS considers a discharge successful when it is planned, to a less restrictive setting, or when reunification with the family occurs. OCOK and its Network Providers will be responsible for implementing many interventions to prevent unplanned disruptions. However, if a child is out of control, is a danger to his or herself or others, and cannot be helped through additional supervision and support in their current placement, the Network Provider will request a placement change through the Intake Department in compliance with their Provider Services Agreement.
- Prior to requesting the removal of a child, the Provider case manager will be required to provide documentation defining efforts to maintain placement over the last 30-days as well as participate in the development and implementation of a transition plan appropriate to the child's best interests. Exceptions will be made for emergency removals as defined by DFPS.

Discharge cont.

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

Discharge cont.



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

Discharge cont.

- OCOK expects Network Providers to utilize the mobile crisis service of the Turning Point program prior to a hospital admission. The mobile crisis service can be accessed by calling (817) 909-1171. As appropriate; OCOK will support the Provider in convening support services to assure ongoing needs are dealt with.
- Additionally, you can contact the **MHMR crisis iCare line at**
 - 817-335-3022
 - 1-800-866-2465 (Toll free)

Discharge cont.

- OCOK created and distributed an updated Discharge form in May 2018. This is the most updated form and should be used for all discharges (the form can be located on the ourcommunity-ourkids.org website).
- This form should be filled out completely including the top 1-2 reasons for discharge and what efforts were made to mitigate the discharge (for 14 day and 30 day discharges only).

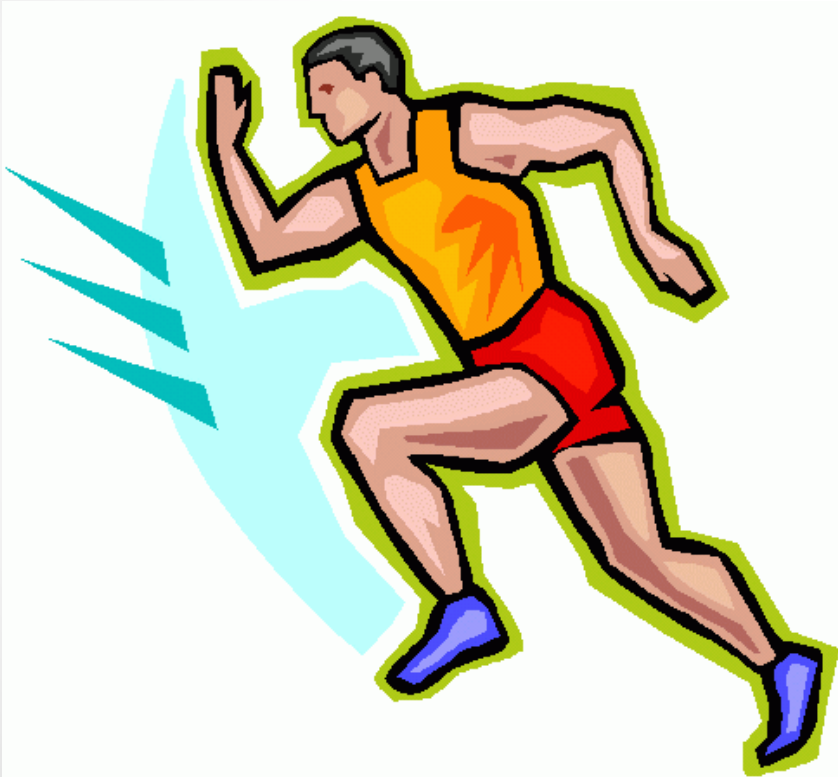
Types of Discharge

- 30- day discharge- this should be used when the placement is no longer considered to be in the child's best interest
- 24- hour discharge- this can be used ONLY when a child has been admitted into psychiatric hospital (not just taken for an assessment) or when the child has been arrested and placed in jail for at least 24 hours. If the child has been released from either facility they are no longer eligible for a 24-hour discharge. OCOK must be notified as soon as a decision is made to put in a 24-hour discharge. Failure to provide timely notice may result in a denial of the 24-discharge request. (example: a child is incarcerated for several days and set to be released and the provider then gives notice.)

Types of Discharge cont.

- 14-day notice: this type of discharge should be used when a psychiatrist, licensed Psychologist, physician, LCSW or LPC has provided documentation showing that the child consistently exhibits behavior that cannot be managed within licensed programmatic services. **Documentation must be provided with this type of notice and must be approved by the OCOK Clinical Director or their designee.**

Types of Discharge cont.



- A child on run-

A 14 day disruption notice must be submitted once the child has been missing for 24 hours.

If the provider is willing to take the child back they must indicate so on the form. Additionally, the date the child ran must be included on the form.

Types of Discharge cont.

- Positive Discharges- this should be used when the child has been discharged to the care of a parent, relative/ kinship placement or adoption.
- Request for Less Restrictive Placement (Non-Emergency, RTC/GRO/Shelter)- this should be used when a child has made progress and is ready for a foster family or less restrictive placement placement.

The provider is **ALWAYS** responsible for filling out the discharge form, even if they are not the one who requested the move or despite their agreement/disagreement with the move.

Subsequent Moves

- Providers may not make subsequent placement changes on their own. All subsequent placements are considered a type of discharge and must be treated as such. This means only OCOK can approve subsequent paid placements including placements with a newly licensed kinship home. Providers should not begin pre-placement visits or transitioning a child into a subsequent placement until OCOK first approves. If a provider is at all considering a move, it is best to notify OCOK right away to begin the proper process and to avoid unnecessary delays.

Licensed Kinship Placements

- Once a relative or kinship caregiver has been verified, the Provider must notify OCOK by email no later than 5 days prior to the intended placement date. Notification includes an email to the Intake box with the following information:
 - Name of the home/relatives being verified
 - Name/s of the 3B children being placed in the home
 - The specific placement forms necessary for each child
 - Intended placement date (subject to approval by OCOK)

Licensed Kinship cont.

- Once the email is received, the request will be assigned to an intake specialist who will verify the family is eligible for placement (include a DFPS and CLASS background check) and that the family has been entered in Care Match. The intake specialist will obtain any missing documentation from CPS and will complete the OCOK Placement Authorization form. The placement will not be considered official until OCOK completes this form and payments will not begin until the process is completed. OCOK will not back date placements.

Service Planning

- Child and youth service planning is a **collaborative and inclusive process** between DFPS, OCOK, the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Although we understand the barriers faced when coordinating these meetings, the expectation is that Providers will:
- **Ask/confirm contact information for all parties involved –remember it is your responsibility to invite everyone, this does not mean through DFPS or OCOK**
- **Make an effort to get input on times/location of meeting prior to the scheduling of the meeting**
- **Make every effort to notify all parties at least 14 days prior to the meeting. If 14 days notice is not provided you may be required to reschedule.**

Service Plan Cont.

- Child/youth service plans will be developed and reviewed through service planning meetings. **Primary and concurrent permanency goals for the child will be reviewed at each service planning meeting.** The Provider case manager will complete the coordination and facilitation of all initial and subsequent service planning meetings.
- **Whenever possible, sibling groups will have combined service planning meeting, which may require additional time allotted for the meeting. The Provider is responsible for transportation of the child/youth to all service planning meetings.**

Service Plan Cont.

Timeframes:

- ***Initial Service Plan:*** The Provider case manager will schedule and conduct the **initial service planning meeting within 30 days of placement.**

Service Plan Cont.

Standard Services

- 1st review: within 90 days following the initial Child Service Plan
- 2nd review: within 90 days following the 1st review
- All other reviews: every 180 days following the 2nd review

Therapeutic Services

- Every 90 days following the initial Child Service Plan



Service Plan Cont.

Coordination: The Provider case manager will ensure the coordination of all service planning meeting logistics, including:

- scheduling with all participants (including a meeting date and time;
- reserving a conference room and/or scan call line;
- all participants are invited to the meeting;
- **coordination with OCOK and DFPS staff to ensure barriers to parent and/or family member participation are mitigated (i.e. transportation needs); and**
- **notice is provided to all participants 14 days in advance of the service planning meeting**

Coordination= Collaboration

Service Plan Cont.



- **Participants:**
 - the child or youth's parents and the parents' attorney, who must be invited when the parents have been invited,
 - child(ren) or youth,
 - family members,
 - current caregiver,
 - Provider case manager,
 - OCOK Care Coordinator
 - DFPS conservatorship worker and/or supervisor,
 - legal representatives (i.e. CASA, ad litem, etc.),
 - other relevant professionals,
 - other persons identified in the case who can contribute to service planning with the child.

Service Plan Cont.

- The Provider case manager will ensure parents, family members, and other participants (who may not have access to email) receive timely notice of service planning meetings.
- OCOK will ensure that the Provider case manager knows how to contact the parents and other family members.
- The Provider case manager will ensure that all service planning meetings will be hosted in a venue that allows for **maximum participation either in-person or through conference call**. Conference calls should only be utilized when all other options have been exhausted.
- Because the CPS conservatorship worker is ultimately responsible for the care and protection of the child the Provider case manager must make every effort to involve the worker in coordinating the date and time of the service planning meeting.

Service Plan Cont.

- The Provider case manager will send via email the CPS worker and the OCOK care coordinator a copy of the completed the signed Treatment Plan within **five (5)** business days after the service planning meeting or by the **30th day** of placement, whichever comes first.
- The CPS worker is responsible for ensuring the family service plan is developed, reviewed and/or updated during each service planning meeting.
- OCOK, the Provider case manager and CPS will share and exchange with each other any relevant external assessments, evaluations, progress notes, medical/dental forms, diligent search results for relatives and/or parents and other documents related to care of the child.

Service Plan Cont.

The Provider will ensure that the Child's Service Plan incorporates and is consistent with:

- Permanency Goals identified by DFPS;
- Child's needs
- CANS and FNSA Assessment
- Child's Individual Education Plan (IEP) or ARD
- Components of the CPS Transition Plan to include results of the Ansell-Casey Life Skills Assessment when applicable; and
- The Early Childhood Education (ECE) Individual Family Service Plan (IFSP) if applicable.



Service Plan Cont.

After the Service Plan Meeting

- Within **five (5) days** after the service planning meeting the CPS worker will complete the Child Service Plan or Child Service Plan Review in IMPACT. If DFPS requires any edits to the proposed Child Service Plan, DFPS will contact the Provider case manager to discuss the requested changes and the Child Service Plan will be modified accordingly.
- Within **ten (10) business days** after the service planning meeting the CPS worker will send a final, approved and signed copy of the IMPACT Child Service Plan or Child Service Plan Review with the *Provider's* Child Service Plan document attached to all meeting participants, including participants who were unable to attend the meeting.

Utilization Management

- During an initial placement search, OCOK intake staff will assign an initial Level of Care or Placement Rate after review of the Care Match matching assessment along with the information provided by DFPS in the common application, removal affidavit, and any other available documentation.
- For foster home placements, children are leveled using OCOK's three tier system; Standard (behavior that would meet the legacy criteria of Basic or Moderate), Therapeutic I (behavior that would meet the legacy criteria of Specialized) and Therapeutic II (behavior that would meet the legacy criteria of Intense).
- For RTC placements, children are leveled utilizing the same clinical criteria as DFPS for the four levels of the legacy system; Basic, Moderate, Specialized and Intense.

UM cont.

- OCOK is the final decision maker for all level/rate agreements, including re-approvals and extensions and YFT only provides a recommendation. If an agency believes a level/rate should be changed in any way (increased, decreased, extended, etc.), they must contact their Care Coordinator to begin the non-scheduled review process.
- The Placement Confirmation Email sent by OCOK represents our agreement regarding the placement arrangements and the rate of pay. If a provider believes any of this information is not what was agreed upon prior to placement, they must respond to the sender within 48 hours of when the confirmation email was sent in order to appeal. Agencies are encouraged to verify the current level in Care Match as needed.

UM cont.

Level of Care following initial placement/Non-Scheduled Review Process:

A child's initial placement and level of care determines the process for any subsequent level of care reviews.

- All specialized and intense level children placed in an RTC are reviewed by Youth For Tomorrow quarterly to provide an objective utilization review regarding level of care. YFT uses the same clinical criteria as DFPS when reviewing all levels of care. All moderate level children placed in an RTC are reviewed by Youth For Tomorrow annually.

UM cont.

For children placed in a foster home, their initial level of care at placement will determine next steps.

- Children placed in the Standard level of care will remain at that level unless a Non- Scheduled Level of Care review is requested by the CPA due to concerns that the child may qualify for a higher level of care. When a review is requested, YFT is used to provide the review, but the provider must first request approval from their Care Coordinator. Once requested the Care Coordinator will complete the request form and send to the provider to be included in their request packet to YFT.
- Children placed in the Therapeutic I or Therapeutic II level of care with child placing agencies receive the same level of care review as the children in RTCs. They are reviewed by YFT quarterly to provide an objective clinical opinion regarding level of care using the Specialized level of care clinical criteria for Therapeutic I and the Intense level of care clinical criteria for Therapeutic II also used by DFPS.

UM cont.

Level of Care Appeals Process:

If the Provider disagrees with a decision made by YFT on a level review, they may use the following Appeal Process. The provider has 30 days to make an appeal.

- Step 1: Contact the Care Coordinator to obtain written approval to submit a Non-Scheduled Review/Appeal read to YFT. Request an Appeal Review from YFT. If after YFT completes the Appeal Review and the Provider continues to be dissatisfied with the decision, they may move to the second step in the Appeal Process.
- Step 2: Send an Appeal Request to the Child's Care Coordinator for the OCOK Clinical Team to review YFT's decision. The decision of the OCOK Level of Care Committee after this review will be final.

UM cont.

Level of Care Waivers:

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

- If the level of a child at an RTC is lowered by YFT to Moderate, then the provider can request the OCOK Clinical Team that they be paid the Specialized level rate until a new placement can be found for the child.
- A provider can request a higher level of care from the OCOK Clinical Team before the provider's next YFT review, if it is deemed clinically necessary and supported by documentation.

For all waivers, the provider will be allowed no more than 30 days to gather information and send to YFT for an assessment and non-scheduled review.

Medical/Dental/Vision and Behavioral Healthcare Services

- 3 in 30- Although it was not included in the provider manual, Providers are required to comply with new DFPS policy referred to as 3 in 30 with the exception of as it relates to the CANS assessment. The CANS assessment is still to be completed as outlined by the Provider Manual:
 - CANS will be completed for all children ages 3 and up, and within 30 days of turning 3 (for children removed after 9/1/16)
 - Within 21 days of initial emergency placement into care
 - Annually for Standard Level children, every 90 days for Therapeutic I/II (or Specialized/Intense)
 - CANS Assessments will be conducted by a professional with a CANS Certification. Superior Medicaid credentialing is not required but acceptable as well.

Medical cont.

ECI



For any child that is placed who is under the age of three (3) and is suspected of having a disability or developmental delay, the Provider case manager will need to refer the child to ECI within three (3) days of placement and document it in the child's record. All children under three regardless of suspected disability will be referred within 30 days.

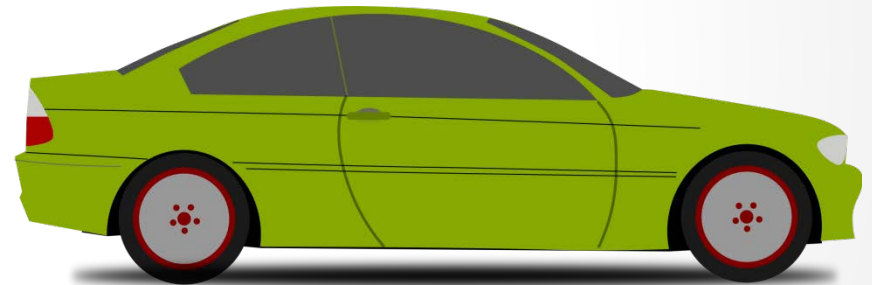
Psychiatric Hospitalizations

Providers are to notify OCOK immediately of any psychiatric hospitalization by emailing OCOK at psychhospitalization@oc-ok.org and cc'ing the OCOK Care Coordinator, as soon as a child is admitted, but no later than 12 hours after being admitted. The email will need to include:

- the name of the child/youth,
- the date and time of the hospitalization,
- the name and location of the Psychiatric Hospital where the child/youth was admitted
- and any other pertinent information such as an authorization code or identifying code to be able to get information about the child including what precipitated the hospitalization.
- *****note- this email does not replace an SIR and vice versa**

Transportation

- As it is outlined in the Provider Services Agreement, it is the responsibility of Providers to ensure their foster parents transport to all visits as well as all medical/dental, counseling, educational etc. appointments. If a foster parent is unable to transport, it is the responsibility of the agency to arrange for alternative transportation.



Transportation cont.

- OCOK will only provide transportation on a case by case basis and only after due diligence has been done on the part of the Provider. If a Provider is unable and/or unwilling to ensure transportation will occur, the Provider must contact the Director of Care Management to explain the circumstances and gain approval for OCOK to transport. **If a home is unwilling or refuses to transport and the agency does not have a backup transportation plan in place, OCOK may place that home on hold or restrict the types of placements the home is able to take.**

Daycare

- **Daycare requests-** All daycare requests for 3b children are to go to daycare@oc-ok.org.
- **Daycare changes-** To request a change of daycare, email daycare@oc-ok.org with the following information provided:
 - foster parents names,
 - child's name
 - new daycare name,
 - The daycare's address and phone number.
- The request can take up to 10 business days to be completed. If foster parents move to a new city/county they may have to request daycare all over due to switching CCMS boards. When in doubt, please ask.

Daycare cont.

- There are 4 CCMS boards in the catchment and surrounding area. Providers/foster parents should contact the CCMS board that is associated with the county the foster parents reside in when they have issues with their swipe cards or if the daycare needs verification from CCMS about funding for a child. Foster parents also need to ensure the daycare they choose is contracted with the CCMS board they reside in.
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- **Tarrant CCMS** - covers Tarrant County - <https://tarrantcountyccms.org/home/quality-providers-list/>
- **Dallas CCMS** - covers Dallas County - <http://cca.childcaregroup.org/ccg/CMS/Page/808>
- **North Central CCMS** - covers the remaining 14 Reg 3 counties - <https://dfwjobs.com/child-care/child-care-parents/child-care-providers>
- **Texoma CCMS** - covers Cooke, Grayson & Fannin Counties - <http://www.qualitycountstexoma.com/texas-rising-star/>

Daycare cont.

- Funding : CPS policy states that full time daycare is only provided to children in Kindergarten and below. **Children in 1st grade through age 12 are eligible for Spring Break and Summer Break only.** Foster parents must meet eligibility criteria (40 hours) and the 1809 form must be submitted to daycare@oc-ok.org. Foster parents will cover the cost if children attend daycare prior to funding approval. Reimbursement or backdating for this time period is not an option.

PAL

All youth must complete PAL training, including the Ansell Casey Life Skills assessment and graduation, prior to turning 18.

Ansell Casey Life Skills Assessment:

- **Effective September 1, 2017**

All youth in the Permanent Managing Conservatorship of the Department upon turning 15 years old are required to complete the Ansell Casey Life Skills Assessment within 30 days of a new placement or turning 15.

- **Effective September 1, 2018**

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

PAL cont.

ACLSA

- The Network Provider will ensure the youth and caregiver complete the packet which includes Ansell Casey Life Skills Assessment, one for the youth and one for the caregiver, within 2 weeks of receiving the packet.
- Prior to submission to PAL Contracted Provider, the Network Provider will send an email to Care Coordinator with the subject line "Life Skills Assessment" and attach Ansell Casey Life Skills assessment results.
- The Network Provider will ensure the caregiver mails the printed version of the ACLSAs to the PAL Contracted Provider and schedule and attend a debriefing meeting with the PAL Contracted Provider.
- Network Provider will ensure the results/interpretation of the Ansell Casey Life Skills assessment and the identified strengths needs and goals are documented and incorporated into the youth's plan of service.

PAL cont.

PAL Classes

- All youth, regardless of their conservatorship status, are required to complete PAL classes upon turning 16 years old and prior to turning 18 or aging out of care.
- The OCOK PAL Care Coordinator will work with DFPS PAL staff to obtain the completed service authorization (form 2054) and referral (form 5501) for any youth eligible for PAL services.
- The PAL Care Coordinator will send email to PAL Network Providers with service authorizations and referral forms for youth placed according to the region in which they are placed.
- The PAL Care Coordinator will notify the child's regular Care Coordinator that a service authorization and referral form for their youth have been sent to PAL Contracted Provider.

PAL cont.

- The Care Coordinator will contact the Network Provider case manager notifying them that the service authorization and referral form has been sent to PAL Contracted Provider.
- The PAL Care Coordinator will review a monthly report provided by PAL Contracted Provider by the 15th of the month and will send to the Data department for documentation of the youth's progress and status of PAL Life Skills Training.

PAL cont.

- The Network Provider is responsible for ensuring the youth is scheduled for and attends all PAL classes, including the graduation. The Network Provider is responsible for ensuring maximum participation by the caregiver including completing the ACLSA and debriefing if the child had not previously completed with the PAL Contracted Provider.
- The Network Provider is responsible for ensuring the youth has transportation to and from the PAL classes/training.