



our community **our kids**

a division of ACH Child and Family Services

OCOK Stage I Residential Services Provider Manual

Rev. 07-2023

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1. Introduction

Foster Care Redesign - 2014

The redesign of the Texas foster care system is a bold system transformation that redefines public and private agencies and offers a watershed opportunity for local ownership and local decisions to be made to best achieve safety, permanency, and well-being outcomes for children and families. The approach is as promising as it is challenging.

The values and principles guiding the Foster Care Redesign are services that should be family driven, youth guided, community-based, culturally competent, individualized, provided in the least restrictive environment, and coordinated among child serving agencies.

The goals of Foster Care Redesign are to:

- Keep children and youth closer to home and connected to their communities and siblings.
- Improve the quality of care and outcomes for children and youth.
- Reduce the number of times children move between foster homes.

Single Source Continuum Contract (SSCC)

In the redesign foster care model, a Single Source Continuum Contractor (SSCC) is responsible for ensuring the full continuum of services in a designated geographic catchment area and therefore must have a good understanding of the strengths and needs of the community.

On December 16, 2013, DFPS awarded the first metropolitan Foster Care Redesign Single Source Continuum Contract (SSCC) to ACH Child and Family Services (ACH). The contract includes children referred for paid foster care and purchased services from Region 3b counties (Erath, Hood, Johnson, Tarrant, Palo Pinto, Parker, and Somervell).

Our Community Our Kids (OCOK), a division of ACH Child and Family Services, will operate a model through the SSCC that includes:

- Work to increase the capacity of existing providers and identify more community-based support and services.
- Conduct a comprehensive assessment of community needs and an analysis to find gaps between the need for services and their availability.
- Do comprehensive safety and risk assessments to evaluate family strengths and needs.
- Provide service coordination based on the ten principles of Wraparound. For children and youth with complex behavioral health needs, ACH will use what is known as evidence-informed models.
- Use a trauma-informed and trauma-based care service approach.

- Use a comprehensive continuous quality improvement (CQI) process to assess, inform, and guide how services are provided, and the system improved.
- Have a centralized training department that provides evidence-based training to all providers and stakeholders in ACH's System of Care, based on CQI data and stakeholder feedback.

ACH has given much thought to creating a "brand" for this project that constantly reinforces the mission and values of community engagement, child safety, family involvement, and collaboration. By operating under a consistent brand, the spirit of community engagement will be communicated countless times each day and will help solidify a strong culture of community collaboration and accountability.

Community-Based Care - 2017

Community-Based Care is a new way of providing foster care and case management services. It is 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 with a full continuum of services.

DFPS began expanding the community's role to meet the challenges of serving children in foster care under Foster Care Redesign. Under Foster Care Redesign, a SSCC was responsible for:

- Developing foster care capacity.
- Building a network of providers.
- Engaging the community to help.
- Foster care placement services.
- Coordinating and delivering services to children in foster care and their families.

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.

Network Providers

As the SSCC, OCOK will enhance and facilitate DFPS efforts to redesign the foster care system through a Community-Based Care approach by developing a system of care that is transparent, collaborative, and most importantly, accountable to performance expectations and outcomes.

OCOK recognizes that the individual needs of each child and family can be very diverse, and we seek to always ‘provide the right services at the right time.’ In support of the achievement established DFPS service objectives - OCOK is prepared to work together with service providers to evaluate current service offerings and expand capacity, as necessary. Together we will develop and support a robust Network Provider with the capacity to deliver a full array of services creating an integrated full continuum of care for children and families.

The success of the SSCC contract in Region 3b is directly related to the performance and collaborative relationship with this Network of Providers who diligently work to meet the outcomes and performance standards relating to the services contained in the Provider Services Agreement, the Master SSCC Contract and the Provider Manual. All Providers must comply with state and federal laws and regulations. Additionally, the Providers that serve children must comply with all applicable DFPS Minimum Standards for 24-hour Residential Child-Care operations or their state’s licensing requirements. These documents, laws and regulations serve as companion documents for the performance of services through the SSCC and are a roadmap for Providers.

The first step in the development of the OCOK Provider Network has been meeting with Providers both as a group and individually to outline the placement and purchased services available in each community, as well as to begin planning for accomplishment of the outcomes and performance measures related to Community-Based Care. OCOK is committed to seeking Providers whose commitment to community-based, family-centered, collaborative, and outcome-driven service is matched by their commitment to quality and to the region’s families and children.

Secondly, Providers complete an application on the www.oc-ok.org website expressing a more formal interest in providing paid foster care and/or purchased services through the OCOK Provider Network. OCOK uses this information to determine for children’s services if the Provider is a qualified residential child-care operation and meets the criteria to become a part of the Provider Network or if the Provider meets the requirements to provide family services. The Provider’s current standing with DFPS and their state’s licensing body is an important determiner as to the appropriateness of the Provider’s entrance into the OCOK Network. In addition, this information begins to develop a more complete picture of what services will be available in each community and where potential services gaps may exist.

Lastly, for those Providers who meet criteria to become a Network Provider through the Region 3b SSCC, their agency will sign the Provider Services Agreement and return it to the OCOK Director of Quality and Contracts or designee.

On an on-going basis continued eligibility in the Network will be contingent upon outcome achievement for children and families, providers being credentialed and periodically re-credentialed. This process will contain provisions to determine if Providers who are part of the network continue to be qualified to perform the contracted services.

This OCOK Provider Manual will give Provider's staff a more in-depth look at the expectation and protocols for service provision for paid foster care placements and purchased services that are affected by Community-Based Care in Region 3b.

OCOK Organizational Structure

As the SSCC, OCOK has built an effective and efficient administrative structure, which maximizes available resources to deliver services to children and families. In addition, our administrative design supports Regional-specific oversight and support of services and programs in the Community-Based Care model. The Senior Administrative staff of OCOK includes a Chief Operating Officer, a Senior Director of Permanency, a Senior Director of Care Management and Placement Services, and a Senior Director of Finance and Administration. These individuals will serve as a core SSCC administrative team committed to meeting every aspect of OCOK's mission while maximizing funding for children.

Provider Group

OCOK is actively engaging the Network Providers to participate in the successful implementation of the contract and achievement of contract outcomes. This group is convened on a quarterly basis and aims to provide data and conduct open discussions with the group with the goal of a) designing a system which providers believe is fair and equitable, and b) creating a common understanding and expectation of quality performance in this system. This group will continue to convene on a regular basis to monitor system performance, problem-solve, and continue ongoing development of the system as further stages begin.

Providers are encouraged to actively participate in different committees (i.e., Recruitment, Quality, Clinical, and IT) in order to address issues pertinent to the SSCC in Region 3b.

Client's Rights

Providers will :

- ***Ensure all children have been given a written copy of the DFPS Rights of Children and Youth in Foster Care at the time of placement and at the time of any placement change to a new foster home/residential facility*** (evidence must be documented in the client record);
- support the rights listed in the DFPS Rights of Children and Youth in Foster Care;
- not deny or restrict, through action or policy, any of the rights listed in the DFPS Rights of Children and Youth in Foster Care;
- provide services to children who are deaf or hard of hearing that ensure effective communication;

- make reasonable efforts to ensure services provided to children and families are offered in the individual's primary language; and
- deliver services in a manner that is relevant to the culture of children and families served.

Case Conflict Resolution Process

There may be times when OCOK and a Network Provider may not agree on a case decision or what should happen with a child and/or family.

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

Step 2: If the dispute is not satisfactorily resolved in Step 1, it will be elevated to the OCOK Chief Operating Officer (COO) and the Executive Director/Administrator of the Network Provider agency in writing. Supporting documentation will be sent by email to the OCOK COO and the Network Provider Executive Director/Administrator with the subject line of "Dispute Resolution." As a part of the review, the philosophy and goals of Community-Based Care will be reviewed and used as a guideline for the ultimate resolution. The Network Provider must ensure continuity of services, as defined by the SSCC Provider Services Agreement and the OCOK Operations Manual for the child or family involved while seeking to resolve the case-specific dispute. The issue will be resolved at this level and a final decision will be distributed back to the requesting staff by email with supporting points for the decision.

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

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

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 stepwise conflict resolution process.

Complaints and Concerns

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

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

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

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

Conflict of Interest

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

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

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

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

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

resolution to the actual, potential or perceived conflict. The party will be notified of the resolution by the OCOK Chief Operating Officer or designee.

2. Recruitment and Region 3b Capacity

Enhancing Service Capacity/Quality Parenting Initiative (QPI)

Current foster parents will receive continuing education in Quality Parenting Initiative (QPI) to assist their development of a positive culture in their homes, enhance their ability to deliver essential supports for children and stay up to date on essential safety measures. When applicable, OCOK will enhance the capacity of current foster parents to accept a variety of new placements – supporting our efforts to improve placement geographic proximity throughout our continuum of care.

OCOK’s approach to community and stakeholder engagement is grounded, in part, on the philosophies developed for the Quality Parenting Initiative (QPI) by the Youth Law Center, located in San Francisco, California. QPI is an approach to strengthening foster care, including kinship care, using branding and marketing principles. It is a process designed to help develop new strategies and practices, rather than imposing a predetermined set of “best practices” upon a system. The core premise is the primary goal of the child welfare system is to provide children with effective, loving parenting. The best way to achieve this goal is to enable the child’s own parents to care for him or her. If that is not possible, the system must monitor the foster or relative family caring for the child provides the loving, committed, skilled care the child needs, while working effectively with the system to reach the child’s long-term goals.

QPI recognizes that the traditional foster care “brand” currently carries negative connotations, and this deters families, both potential foster parents and biological parents from participating and creates barriers to community engagement. QPI is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the core elements underlying the brand. When these changes are accomplished, QPI sites are better able to develop communication materials and to design recruitment training and retention systems for foster parents. The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then
- To align the system so that those goals can become a reality.

The major successes of other QPI implementations have been in systems change and improved relationships. Other systems in Florida and California report measurable improvement in outcomes such as:

- Reduced unplanned placement changes;
- Reduced use of group care;
- Reduced numbers of sibling separation: and
- More successful improvements in reunification.

OCOK will apply the work of the QPI process to garner support and participation beyond primary system participants, utilizing the opportunity to educate and engage a broader audience. This strategy reflects a complex system change strategy cited by Ellen Kagen of creating a common “mental model” or vision of success among a system. Once the adaptive change issue of a common vision is achieved, a focus is brought to addressing change on multiple levels. QPI provides an exciting platform for changing systems and culture related to out-of-home services.

Transition of DFPS Homes

OCOK will be evaluating Provider’s capacity to absorb, transfer and verify homes from the DFPS legacy system. Foster Parents from the DFPS legacy system will be offered an opportunity to attend an information meeting where they will be provided information about Community-Based Care, OCOK, and Network Providers. Providers will be present and available to meet with Foster Parents to discuss transferring to their agencies. Foster Parents will be given their choice of Providers. The plan is to conduct the information meeting in the first 90 days of implementation. It is expected that all Foster Families be verified by their chosen Provider within three (3) months from their decision. As each Foster Family is verified by the Providers the child/children in that home will remain in their home and then transfer to the SSCC system.

Ethical Family Transfer Process

During the term of the contract with the SSCC, and up to one (1) year after the contract ends, no verified family of the Network Provider will be contacted by staff, volunteers, subcontractors, or affiliated entities of another Network Provider for the purpose of recruitment or transfer to that Provider agency. These standards hold, even when one organization is planning to close its operations or is placed on placement hold by Residential Child-Care Licensing (RCCL) and wishes to release its homes to other agencies. In these situations, the organization may request that OCOK send a list of Network Providers with contact information to the affected foster parents, for them to make their own contacts and decision about transferring verification.

If a verified family contacts another agency for information about a potential transfer, or makes application to change verification, the agency contacted shall inform the family of this *Ethical Family Transfer Process* and direct the family to discuss their concerns with the agency that developed their verification. The contacted agency must also inform the original verifying Provider’s recruitment staff or Program Director by phone and by email, within five business days of contact, regarding the date of the family’s contact for a request to transfer.

The contacted agency may have no further contact with the family for at least 30 days, or until they have received a release and closing summary from the previous verifying Provider, whichever is sooner, to allow sufficient time for that Provider to meet with the family to resolve any outstanding issues that may be present.

If the family still wishes to make a transfer, the originating Provider shall transfer verification information to the Provider with whom the family wishes to transfer, with a closing summary / release form signed by an administrator of the agency, no later than 30 days after having received notification.

Foster families and Providers are encouraged to contact the OCOK Senior Director of Care Management and Placement Services if families are solicited directly or indirectly *in an unethical manner* to make a transfer to another Provider.

OCOK has a number of remedies it may consider, when necessary, including withdrawal of an agency's Provider Services Agreement and notification of appropriate licensing boards regarding a pattern of unethical practice by Child Placing Agency Administrators, Licensed Social Workers or Superior Health for providers with certification through that entity. OCOK wants to emphasize and encourage the development of new foster family resources for children in our catchment area, and to develop a sense of trust and cooperation between and among Providers within the Provider Network.

Interagency Home Transfer Procedure

1. When a foster home has been approved for transfer by the receiving or new Provider agency, the agency will notify the OCOK Intake Department by email no later than five (5) days prior to the intended transfer date and enter the family into TPG/CareMatch. When a mass transfer is taking place, the receiving agency will provide as much notice as possible but not later than 10 days prior to the intended transfer date. The following information must be provided in the email request:
 - a. Name of the home/foster parents transferring
 - b. Name/s of the child/ren in the home transferring
 - c. The specific placement forms necessary for each child
 - d. Intended transfer placement date
2. The OCOK Intake Department will assign an OCOK Intake Specialist who will be responsible for completing any placement paperwork necessary and sending an email to all parties upon receiving confirmation that the transfer has taken place.
3. Once the home/s have officially transferred and been entered in CLASS, the receiving agency will notify the OCOK Intake Department who will then check IMPACT to verify that each home has transferred. Upon verification of the official transfer, the OCOK Intake Specialist will ensure the home is also part of our network and will notify all parties when the placement can be made and become official.

By 5 pm the next day, the assigned OCOK Intake Specialist will then provide all necessary placement paperwork and a confirmation email to all parties (OCOK Therapeutic Services Coordinators, Permanency, CASA, CPA, Attorneys, etc.) and complete appropriate documentation, as necessary.

3. Assessing, Conducting and Managing Placements

OCOK and the Network Provider will operate under the philosophy; “A child’s first placement should be the best placement.” We will have a joint understanding of the negative impacts of placement disruption for children in substitute care and will seek to continue to implement best practices to support effective placements in the most appropriate/least-restrictive environment possible. When threats of placement stability are identified, OCOK and Network Providers will utilize a wraparound approach of organizational responsiveness and oversight with increased intervals of supervision to ensure placements remain most appropriate and are stabilized. OCOK includes an Intake Department responsible for accepting, assigning, managing, and tracking incoming referrals from the Department of Family and Protective Services (DFPS). The Senior Director of Care Management and Placement Services will oversee an Intake Director, Intake Manager, Intake Supervisor and Intake Specialists. The Intake Department will provide the capacity to accept referrals both internally and from DFPS/CPI for residential child-care 24 hours per day, 7 days per week, 365 days per year (24/7/365).

Types of Placements

A placement need may be generated from the following different types of circumstances:

- ***Emergency Placement:***

An emergency placement is appropriate when DFPS or Permanency staff make a referral to OCOK Intake Department for a child or youth who is in immediate need of paid foster care placement and/or services (i.e., same day, typically within 4 hours if not immediately.)

The OCOK Intake Specialist will identify an appropriate placement through the CareMatch matching system and will notify the requesting party of an appropriate placement option as well as a potential medical consentor. The requesting party has one (1) hour to approve the placement recommendation if no response within the one (1) hour period the recommendation is considered approved; Intake then will document the placement in IMPACT. The child will be placed as soon as possible following receipt of referral. Child’s needs and preferences will be considered in determining the most appropriate placement.

- ***Non-Emergency Placement:***

A non-emergency placement is appropriate when DFPS/CPI or Permanency staff make a referral to OCOK Intake Department for a child or youth already in DFPS conservatorship who is moving to a paid foster care placement in OCOK’s Provider Network (one example is a child who needs to move from a fictive kin placement to paid foster care) but the move is in an emergency.

For new referrals classified as non-emergency, the OCOK Intake Specialist will identify the potential placement option(s) for the child, again through the CareMatch system, and will schedule pre-placement visits for children with potential caregivers as appropriate. The child will be involved in the placement decision as appropriate to the child’s age and level of understanding. Whenever possible, the OCOK Intake Specialist will contact the Provider from

which the child will be moved to gather relevant information. OCOK Intake Specialists will identify the most appropriate placement and will notify the requesting party electronically of the appropriate placement option, including potential medical consenters, no later than three (3) days prior to the date placement needs to occur.

Placement changes can also take place with children/youth that are placed in a paid foster care setting within the OCOK Network and require a new foster care placement within the OCOK Network. While most placement changes should be planned, in the case of an emergency such as a disruption stemming from a safety concern, the request should be treated as an emergency request, otherwise all other non-emergency moves such as a move to place siblings together or place a child closer to home, should be planned and processed with the team before a move is made.

In the case of a request from an OCOK Permanency Specialist for a placement change, OCOK Intake Department will request a joint staffing when needed to discuss barriers and strategies to prevent placement changes whenever possible and appropriate. OCOK and the Provider will offer placement stabilization services to attempt to avoid a disruption. If these strategies are not effective or warranted, the CareMatch database will again be utilized to identify potential placement option(s) for the child and schedule pre-placement visits for the child with potential caregivers as appropriate. Each child will be involved in this decision process as appropriate to the child's age and level of understanding.

Providers may not make their own placement changes without prior approval from OCOK. This includes placing children in respite only to later become a placement as well as other types of sub-moves. As soon as a Provider learns that a placement change may be needed, the Provider should contact their care coordinator to set up a staffing.

In all placement need situations, the OCOK Intake Specialist will contact a Provider if one of their families is identified as a potential best match placement option for the child. The Provider will need to ensure that the OCOK Intake Department has updated contact information for staff that are responsible for making placements during business hours as well as after hours and weekends. The Provider is responsible for being available for placement referrals and for physical placement of the child(ren) 24/7/365. OCOK will run all necessary checks (i.e., review CLASS and IMPACT history for citations, Abuse/Neglect findings, variances, etc.), and will ensure all appropriate and applicable approvals for Heightened Monitoring and/or Probation are sought, as necessary.

Upon notification from OCOK to the Provider that a family has been identified as a potential best match placement, the Provider must respond back to the OCOK Intake Specialist with the family's acceptance or non-acceptance of the placement within the following timeframes:

- For emergency placements, **within one (1) hour** of notification of placement need.
- For non-emergency placements, **within two (2) business days** of notification of placement need.

OCOK may be contacting several agencies at one time due to the timeframes involved in making placements so an initial contact from OCOK does not guarantee that placement will be made with your family. The best match identified within the above timeframes will be considered in OCOK's final decision of placement recommendation. Once the process for approval has been completed, OCOK's Intake Specialist will work together with the Provider case manager, the family and Permanency staff to determine placement date/time and transportation arrangements. The Provider case manager and caregiver must be present to receive the child at time of placement. In the event the Provider case manager cannot be present the OCOK Permanency Specialist or designee will be present for the placement. The DFPS caseworker may also be in attendance, if applicable.

At the time of placement, the OCOK Intake Specialist or designee will ensure that the Placement Authorization form, Medical Consenter (Form 2085b), and the Education Decision-Maker (Form 2085e) are all completed and signed. In addition, OCOK will assist in ensuring that the required residential child-care documents that need signatures are completed as well.

OCOK will provide the Provider case manager with information received such as the Common Application or the Alternative Application for Placement of Children in Residential Care, the Removal Affidavit as well as the Attachment A and Placement Summary as soon as received to assist with the daily care of the child. These forms and other historical information are also available in CareMatch which Providers can obtain access to through their TPG login for any child placed in one of their homes/facilities.

Notification of Child Sexual Abuse, Aggression and Behavioral Problems

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

OCOK Intake staff will ensure the information is also documented in the OCOK Placement Summary and Attachment A and provided to the Provider at the time of the placement search. The Provider will ensure the information is reviewed with the caregiver/foster parent prior to placement. OCOK Intake staff will send the form to the DFPS caseworker and/or Permanency Specialist that is requesting placement for verification and accuracy purposes and the signed form will need to be returned with the signed placement paperwork.

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

Assessing and Ensuring Appropriate Placement

The OCOK Intake Specialists will assess the placement based on the information provided on the Common Application and discussions with CPI/Permanency as to CareMatch selection criteria at the time of referral for emergency/non-emergency placements. The information will be used for the purpose of matching a child with the most appropriate, least restrictive placement. When a referral is received for a non-emergency placement OCOK will include Superior Behavioral Health, as needed, so an assessment of the child's needs and risk factors can be completed in conjunction with the Child and Adolescent Needs and Strengths (CANS) Assessment.

All information about the child's needs will be gathered to assist with appropriate assessment of the most appropriate placement. For new removals, DFPS staff will provide this information. For placement moves, information from the child's record including information from the birth family, DFPS/Permanency case workers, IMPACT system, previous Providers and caregivers, professionals providing services, historical records, current assessments, court records, and other resources will be utilized. Once known information is reviewed, the worker will evaluate the least restrictive placement type needed and review with the supervisor. The OCOK Intake Specialists will then identify appropriate placement resources nearest to the child's removal location, family, siblings or others with whom the youth may be reunifying. The goal will be to place the youth within 50 miles of their home of origin or home where they will be living when they discharge from care, if different than their home of origin. The OCOK Intake Specialist will gather the information about placement options, review the placement option with the Provider, and assess their current capacity and dynamics. Each child in a sibling group will be assessed for their individual needs, but also the needs of the sibling group so siblings can remain in care together or near enough to each other for contact. If their needs differ greatly and require different types of specialized services, maintaining sibling connections will be prioritized as placement decisions are considered.

OCOK's matching system, CareMatch, will rank potential placements for a child. This system takes into account the characteristics and performance history of potential homes, geographic distance and school district boundaries, and the characteristics of the child/ren obtained from the initial assessment and referral information. The OCOK Intake Specialists will use this information to guide the decision making about the most appropriate placement. Our goal will be for this process to be completed within one (1) to two (2) hours for emergency placements and no more than four (4) hours. OCOK has the responsibility to accept all referrals for paid foster care (No Reject) made by DFPS and will continue to meet the individual needs of children referred (No Eject) until DFPS determines the individual is no longer eligible for the SSCC services. For this reason, Providers will be asked to work closely with OCOK in identifying an appropriate placement and in recruiting and developing additional resources in our Region 3b communities. OCOK must also follow ICWA and MEPA guidelines when making placements.

OCOK will continually review the appropriateness of the child's placement and make efforts to work with the Provider to preserve the current placement. Our joint goal will be to minimize placement

disruptions of children in care. To that end, no child's placement will be disrupted solely due to the SSCC transition of legacy children.

Consistent recruitment for additional foster homes will be utilized to include targeted recruitment for children with special needs. All foster homes will be expected to operate within their licensed capacity, and no home can have more than six (6) children at any time without approval from DFPS State Office, Licensing, and Legal. However, when OCOK and the Provider assess a foster family and determine they can temporarily handle increased capacity, a plan will be developed to pursue a waiver to allow siblings to be placed in the same home even if that results in the home being over the licensed capacity. Placing siblings together reduces the stress and behavioral issues in most cases and reduces the trauma for children of being removed from their families. This waiver will allow these children to remain together. Not all cases will support this concept and each case must be individually evaluated to determine the capability of the home and foster parents as well as the needs of the children. In the event that there are six (6) children placed in the home, the Provider should increase supervision of the home and develop a plan with the OCOK Therapeutic Services Coordinator as to how they will ensure appropriate services and supports are available to the foster home. (Refer to Section on PHBC homes for information on capacity in PHBC placements)

Foster Home Profiles

OCOK will require our Network Providers to verify daily their foster home information and availability and to update the TPG if changes have occurred within the home, thus providing an actual representation of available placement options. Utilizing a "live" system that accurately identifies available placement options throughout Region 3b will allow the OCOK Intake Specialists to make decisions which reflect the best interests of the child. By utilizing real time placement information and the CareMatch algorithm, OCOK will identify the most appropriate placement early in the process so the best match can be made.

OCOK understands the importance of continuity of procedure and service provision across the continuum of care. The standard home profile used for matching purposes will be utilized for all homes where an OCOK child is to be placed. This profile has information regarding the family such as location of the home, demographics of the parents, type of family (basic, therapeutic, etc.), capacity (openings and placements), parent preferences of age range and sex, quality indicators for the family (utilizes trauma-informed principles, structured home environment, one parent stays at home, advocates for education, facilitate transportation or visits, etc.), behaviors that the family feel comfortable working with/preferred (home accepts LGBT youth, etc.). OCOK requires that this information to be entered in CareMatch for each foster and adoptive home in the Network.

OCOK will gather information about the child(ren) already in the home from the Provider and the child(ren) to be placed in the home from DFPS/Permanency and any previous Providers. Information about the child(ren) will guide the placement decision (such as safety concerns, sexualized behaviors, aggression, PMN, disabilities, age difference among placements, self-harm, runaway behaviors, homicidal ideations, etc.).

OCOK will maintain a central database of the Provider's homes and open beds (CareMatch database). Providers will be responsible for keeping the data on their homes up to date. The OCOK Intake Department will utilize this data, along with information about the child, to make the best possible match. As new referrals come in, OCOK Intake Specialists will be able to quickly search for appropriate resources concentrically within the child's home community to a 50-mile radius. Child and family safety will always be the first priority in placement decisions, and the safe placement offering the closest proximity to family, school, siblings, relatives, and supports will be selected. All these factors, along with others associated with successful placement outcomes, are combined together in the CareMatch software tool, the research-validated matching system our Intake Specialists will utilize.

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.

Placement Stability

We jointly believe that every child is entitled to placement stability. We understand placement disruptions negatively impact the child's emotional, behavioral, and physical health as well as their ability to develop and maintain healthy relationships. Through policy and in practice, OCOK and the Providers will integrate best practice, evidence-based models of care such as wraparound and trauma-informed interventions to maintain and preserve placements in the least restrictive settings. OCOK Intake Department will track all placement changes, while OCOK Therapeutic Services Coordinators will review a child's response to services and assist in authorizing services to support stability.

OCOK understands the importance of on-going placement management to prevent placement disruption. In most cases, OCOK and the Providers will be able to identify potential disruptions at the supervisory level and implement interventions, training, and other supports as necessary to enhance placement stability. Examples of possible actions to prevent placement disruption include family planning, caseworker interventions, and training opportunities for the resource family. OCOK seeks to expand opportunities for supporting placements with new evidence-based practice and innovative research as the SSCC Network Administrator.

When a child is having behavior problems and is at-risk of disrupting placement, the Provider case manager will consult with their clinical staff to review interventions and strategies and develop a child and family centered placement stability plan when appropriate. These plans will focus on providing support, additional training and coaching, and increased monitoring. The Provider case manager will also consult with the OCOK Therapeutic Services Coordinator assigned to the child to provide additional support for placement stability.

Discharge

OCOK considers a discharge successful when it is planned, to a less restrictive setting and/or family-like setting, placement with siblings and/or kinship or when reunification with the family occurs. Network

Providers will be responsible for implementing many interventions to prevent unplanned disruptions. However, if a child is out of control, is a danger to his or herself or others, and cannot be helped through additional supervision and support in their current placement, the Network Provider will request a placement change through the TPG discharge request 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 in the case of an emergency.

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

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

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

OCOK expects 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.

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

OCOK may remove a child or request the Provider to locate immediate respite whenever it has been determined to be in the best interest of the child due to allegations of neglect and abuse in the current placement. OCOK will be in contact with DFPS/Child-care Licensing for any recommendations in the event there is an open investigation. In the event that an emergency discharge is not approved, the Provider will be responsible for finding respite should the OCOK Senior Director of Care Management and Placement Services deem it necessary. It will be the Provider's responsibility to utilize respite within

their home agency or to locate respite with other agencies. The Provider will still be responsible for the child until officially discharged by OCOK.

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

The 14-day discharge for children who are AWOL should be submitted within 24 hours of the child being absent. If the Provider intends to take the child back, this must be indicated on the discharge notice. If the child returns within the 14 days, and the Provider indicated they would keep the child upon return, then the discharge notice will be automatically rescinded. If the child does not return within the 14 days OCOK will pay for bed for up to the 14 days unless an earlier discharge is negotiated. If the Provider does not intend to continue to care for the child past the 14th day, this will need to be indicated as “no” on the discharge notice when submitted. In this situation, if the child returns on or before the 14th day the child will be the responsibility of the CPA/GRO/RTC and for the remainder of the 14-day period. If the option to not continue for care was selected and the child did not return during the 14-day period, the Provider will not be paid for the period of time the child was gone, and the placement end date will be the date of run. OCOK discharge box must be notified immediately upon a child’s return from AWOL. *NOTE -ONLY if the Provider indicates the willingness to take the child back by checking the corresponding box on the discharge form, will the Provider be eligible for payment if the child does not return following the 14 days.*

A 24-hour discharge can be submitted for children admitted to the psychiatric hospital or when a child is detained and charged with a crime. Children who are picked up by the police and taken to the police station to be processed without being detained will not qualify for a 24-hour discharge. If a child is taken to a psychiatric hospital that does not accept Superior Health placement days, the Provider will need to request a transfer to a hospital that does prior to your 24-hour discharge being approved. If the Provider takes the child to a hospital that is not under contract with Superior Health or does not have a child specific contract with Superior Health for the hospital stay in question, the Provider will be responsible for any payments incurred during the hospital stay not covered by Superior.

The Provider is responsible for completing a Discharge Summary/Plan within 15 days of discharge; OCOK must receive a copy of the Discharge Summary/Plan.

Disruption Mitigation Process Guidelines

Preventing disruptions starts in the licensing process when the Provider emphasizes the importance of first placement/only placement until permanency is achieved with foster/adopt parents.

Guidelines to consider prior/during the licensing process:

- (1) Set the tone during the initial states of inquiry regarding the level of commitment that is required of foster/adopt parent, repeat again during pre-service and again at the time of licensing. (Some agencies have the parents sign a commitment statement).

- (2) Identify some of the external stressors that could cause a disruption during pre-service and help families make a plan to manage these stressors:
- Child-care. They are responsible for paying for up to three months of childcare out of pocket while waiting for approval. The families need to demonstrate how they will cover those costs.
 - Provide them with information on the requirements to qualify for childcare expenses.
 - Transportation to family visits. The foster/adopt family needs to have a plan for transporting the child to and from visits with biological family members. If both parents work outside of the home, they need a clear plan for meeting this need.
 - Most importantly be realistic regarding the child's needs so that the foster/adopt family feels most prepared to manage within their current family system.

Guidelines to consider for pre-placement activities when child is coming from a different agency/placement:

- (1) Request pre-placement visits between current foster/adoptive family/placement and new foster/adoptive family, so the new foster/adoptive family can get to know the child in an environment that is familiar to them, learn about the child's routine/schedule, discover the child's likes and dislikes, and hear from the current foster/adoptive family about what positive/negative reinforcements work for the child, etc.
- (2) Gather information/document about the child from the agency the child is transferring from:
- a. Current Common App (CPS)
 - b. Therapy notes
 - c. Educational documentation
 - d. Psychiatrist/PCP documentation
 - e. Any other additional information the transferring agency can share

Guidelines to consider during the first 30-60-days of placement:

Research shows that this is a critical stage of placement and the more resources and support that you have in place at the beginning of the placement will help prevent disruptions.

Take extra steps to get the information that you need on the child in order to assess needs quickly and set up support and resources to meet those needs:

- Call up the chain of command both at OCOK and CPS to get needed documents. Do not wait for weeks in order to get the information that you need. Have a system in place!
- If the child is being placed from another licensed placement, call the previous placement, the OCOK Therapeutic Services Coordinator or review CareMatch to get information on the reasons for the move and the services that the child has been receiving.

- Increase face to face visits during the first 60 days of placement both at the home and outside of the home (for example; accompany the foster parent and child to the doctor or the first psychiatric visit).
- Set up a contact person at the school that the child will be attending or at the daycare that the child will be attending. Identify yourself as a person to call if there are challenges with the child's behaviors. Participate in parent/child meetings to advocate for the child's educational needs.
- Train and supervise frontline workers on potential risk factors and offer emotional support and resources to meet other needs:
 - Child's behavior is escalating without any relief
 - Caregiver is increasingly negative about the child and states that nothing is working
 - The Caregiver does not have the skills to meet the needs of the child and/or expectations are too high
 - The placement is significantly different from the Caregiver's preferences
 - Comments from other professionals working with the child indicate that caregiver(s) appear to be stressed by the child's placement
 - The child is showing some evidence of being disruptive and/or unsafe with other children in the home
 - The specialist appears highly frustrated with the family caring for the child
 - The family/community does not have resources readily available to them to meet the needs of the child including respite services
 - Day care services are threatening to expel the child due behaviors

Guidelines for ongoing case support:

Have a system in place to staff cases regularly especially if some additional stressors are identified such as:

- Child is hospitalized or admitted to outpatient psychiatric services
- Child is exhibiting a pattern of running from the home and/or facility
- Child physically injures or sexually acts out with another child in the home/facility
- Caregiver verbalizes some uncertainty about being able to maintain the placement
- Case Manager/Supervisor verbalizes that the caregivers cannot manage this placement well and demonstrate more authoritarian approaches with the caregivers
- Caregivers are not following through with any recommendations and starting to exhibit an adversarial posture

Additional resources available that could assist are the Turning Point Program when there is a concern about possible hospitalization. Tarrant County MHMR, CK Behavioral Health and Mosaic Services are also available in-home services may be utilized to help stabilize the situation with a child.

- Have a system in place to review incident reports routinely to assess any additional needs/risks/patterns.
- Set up a TEAM Meeting with the family if there is evidence that they are overly stressed by the placement or questioning their commitment to the placement. (Some organizations give this a special name: ROCK- Reaffirming Our Commitment to Kids) Invite OCOK, CPS, CASA, Therapist and Clinical Director. The tone of this meeting is focused on what else we can do to support this placement. What is working and what is needed?

Guidelines to follow after a 30-day notice is given:

- If a 30-day notice is given by either the family or the agency than the following guidelines are followed:
- A decision is made regarding what the child will be told about the placement change, when the child will be told and who will tell the child. The caregiver will be part of telling the child about the change regardless of which professional initiates the discussion.
- Case manager helps the caregivers prepare and/or update the life book for the child.
- Case manager talks with the child about transitions and identifies the needs of the child during the transition.
- Case manager maintains regular contact with the child's therapist in order to support the therapeutic needs of the child.
- Case manager helps the caregiver prepare the child for the transition and assists with a good-bye activity between the child and the caregiver and family.

If safety concerns are identified for either the child and/or the caregiver an alternate placement may be considered during the transition. OCOK is included in these discussions to promote the next best placement as well as to plan pre-placement visits.

It is essential to have a debriefing with the foster/adopt placement regarding the disruption to reassess their ability to foster and/or adopt. Consider what additional training, resources and supports they need in order to strengthen the system and most importantly consider the type of placement that works best in their home. Additionally, providers should be reviewing their discharge data on a regular basis and can request this from OCOK as necessary to review their positive and negative discharges and assess for barriers and needs to having good placement stability.

Delivery of a Timely Array of Services

OCOK and the Provider will make the following commitments to ensure effective service delivery:

1. As outlined in the Provider Services Agreement, it is the Provider's responsibility to ensure the "first visits" after a child is removed from parental custody take place and will ensure that they occur within five (5) calendar days, **including transportation to the visit(s)**. Prompt visitation

between children and their parents early in the case is critical to ensuring more timely permanency occurs. The Provider will respect the right of both children and their parents to have visitation as long as behavior remains safe throughout.

2. The Provider case manager will ensure that service plans are developed within established timeframes and that all parties outlined under the Service Planning section of this Provider Manual are invited **including biological and/or adoptive parent(s)**. The Provider will ensure no case is left 'up in the air' or goes without timely and vital service planning and service delivery.
3. As outlined in the Provider Services Agreement, it is the Provider's responsibility to ensure that on-going visitation occurs between children and their parents as outlined in the service plan, **including transportation to all visits**.
4. OCOK and the Provider understand that prompt communication is essential to maintain appropriate service delivery across the continuum of care. Both, OCOK and the Provider, will commit to be timely in communication as a component of this performance-based contract.

Pre-Placement Staffing

A pre-placement staffing may occur for non-emergency moves and placement changes to ensure that all interested parties to the child have an opportunity to share and discuss relevant child information in support of OCOK's search for the best possible placement option. The pre-placement staffing seeks to share all relevant information about a child or youth who requires a non-emergency placement or placement change. The pre-placement staffing will be coordinated and facilitated by OCOK. The Provider case manager and current caregiver will be invited and will be expected to attend either in person or by phone. The Provider is responsible for transportation of the child/youth to all pre-placement staffings.

In addition, the child/youth over the age of 10 will be invited and is expected to attend. If they cannot or choose not to attend, their voice in the decision making and planning should be represented by either the Provider case manager or the caregiver(s). The Provider case manager will provide the child or youth with alternate methods of participation such as:

- writing them down in a letter to be read during the staffing;
- drawing them in a picture to be shared during the staffing;
- verbalizing them in a video to be played during the staffing; or
- utilizing technology such as FaceTime or Skype; or
- verbalizing them to a designated person, such as your Provider case manager, Permanency caseworker, current caregiver, or CASA volunteer, to be addressed at the staffing.

If older youth are unable or decline participation, in addition to the above methods of including their voice in the process the Provider case manager will:

- ascertain the reason for the decline;

- ensure that the youth fully understand the purpose of the staffing; and
- ensure that the youth understands the importance of having a voice in planning for their future.

OCOK, DFPS and the Provider case manager will share, and exchange copies of all external documentation gathered thus far related to the child or youth's needs, including but not limited to birth certificates, social security cards, medical/dental reports or records, school records, assessments, evaluations, and so on.

Diligent Search for Relatives/Fictive Kin

Placing children with kinship a priority for OCOK. OCOK will utilize information obtained through diligent search efforts for relatives and fictive kin to expand placement opportunities. Providers will be encouraged to develop strong community support through schools, extracurricular activities, childcare, churches, and other identified groups. Providers should notify OCOK with any information they receive that could lead to a potential relative or fictive kin connection for a child placed in one of their homes.

Efforts Toward Permanency

Providers and caregivers will be expected to work together with OCOK to support efforts toward achievement of the child's permanency goal. Some strategies that might be employed are below (this is not an exhaustive list):

- Supporting visitation with family and siblings
- Supporting pre-placement visits with adoptive families
- Actively participating in the Permanency Conferences and Family Group Decision Making Conferences and including the child's parents and family in the meetings
- Supporting recruitment events and efforts
- Assisting children and youth in getting their questions answered about why adoption would be a good option for them – especially when their initial response is a “no”

Placing Children Who Have Habilitative or Primary Medical Needs

After a placement has been recommended by OCOK and approved by DFPS/Permanency for children who have habilitative or primary medical needs, with the assistance of the OCOK Intake Specialist, Permanency will coordinate a telephone staffing with the chosen caregivers, the Provider case manager, medical staff (if applicable), DFPS Well-Being Specialist, OCOK Permanency Supervisor and OCOK Permanency Director, Regional DFPS Nurse and STAR Health staff to:

- discuss the specific needs of the child or youth,
- discuss the expectations of placement, and
- develop a plan to move the child or youth and establish services in the new placement.

The staffing should occur prior to the child or youth arriving in his or her new placement, but no later than two (2) business days after the child or youth's placement. It will be the responsibility of the Provider case manager to ensure that the services for the child are implemented timely as outlined in the plan.

Placing Children in an Institutional Setting

- DFPS-Licensed Institutions for children with intellectual and developmental disabilities;
- State Supported Living Centers;
- State Hospitals;
- Home and Community-Based Services (HCS) Residential Placements;
- Nursing Facilities; or
- Intermediate Care Facilities for the Intellectual Disabilities/Related Conditions (ICF/IID-RC).

The current Provider case manager and caregiver(s) should work collaboratively with OCOK and DFPS as we are carefully assessing the child or youth's specific needs and attempting to exhaust all least restrictive placement options before recommending the child or youth's placement in one of these institutions. The Provider case manager and caregiver(s) will have important information about the child or youth to assist in this assessment. In addition, the Provider case manager should ensure that the child or youth is informed and prepared for this transition.

Continuous 24-hour Awake Supervision

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

All Providers serving more than six (6) children in their facility must provide Continuous 24-hour Awake Supervision. Provider's supervision policies and procedures must consider and address the ages, needs, living arrangements, and levels of service of the children and youth placed at a facility in addition to the physical environment and layout of the facility.

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

OCOK Network Providers are required the following:

1. All licensed residential childcare providers who have more than six (6) children in their facilities must submit policies and procedures that meet the updated Continuous 24-hour Awake Supervision provisions.
2. All residential services providers must report serious incidents to OCOK via the Texas Provider Gateway (TPG) and to HHSC/DFPS through the process established by HHSC/DFPS within 24 hours of the occurrence.

No children or youth in the conservatorship of DFPS may be placed in licensed residential childcare placements with more than six (6) children, inclusive of foster, biological, and adoptive children, which lack continuous 24-hour awake-night supervision, with the exception of unlicensed placements, such as unlicensed or unverified kinship placements. If a Provider would like to make an exception to this for instances such as keeping a large sibling group together or a parenting youth and their minor child, the Provider may provide to the OCOK Senior Director of Care Management and Placement Services, a copy of the home study, a copy of the plan for safe and appropriate 24-hour awake supervision to include any backup caregivers, what the family will do in the case of an emergency or illness, how the agency will support the family and ensure the children's safety, along with any other requested documentation and if it is deemed that it is in the child's best interest to be placed into a home with six (6) or more children, the OCOK Senior Director of Care Management and Placement Services will submit to DFPS State Office for review and approval. No placement can be made until approval is received and no requests will be made for homes with eight (8) or more children in the home already.

Continuous 24-hour Awake Supervision means caregivers are awake to supervise children continuously, 24 hours a day; children mean all children and youth under the age of 18, including foster, adoptive, pre-adoptive, biological, etc.

Monitoring and Compliance

1. OCOK will review the Provider's 24-hour Awake Supervision policies and procedures during the initial contracting process and will submit to DFPS for approval of the Provider's 24-hour Awake Supervision policies and procedures before being added to the OCOK Provider Network.
2. OCOK will review non-compliance incidents within 24 hours of being notified and may issue a Contract Violation and request a Quality Improvement Plan/Corrective Action Plan, as necessary.
3. OCOK will maintain a quarterly report of non-compliance of Continuous 24-hr Awake Supervision.
4. OCOK will request information about staff ratio and sample of 24-hour awake supervision schedule during the initial Administrative Review, if applicable; and annually during the monitoring review process.

Placing a Child/Youth with a Verified Kinship Caregiver

When OCOK receives a referral for a kinship caregiver to be licensed for paid foster care or for adoption of a Region 3b child, OCOK's designee will provide a list of Network Providers for the kinship caregiver to choose from.

Kinship Home Verification Notification Process

1. Once a relative or kinship caregiver has been verified the Provider will enter the family into the TPG notify and OCOK Intake box by email no later than five (5) days prior to the intended transfer date. The Provider will provide the following information in their email request:
 - a. Name of the home/relatives being verified
 - b. Name/s of the 3B child/ren in the home
 - c. The specific placement forms necessary for each child
 - d. Intended placement date
2. The OCOK Intake Supervisor will assign to an OCOK Intake Specialist who will be responsible for completing any placement paperwork necessary and sending an email to all parties upon receiving confirmation that the verification has taken place.
3. As soon as the kinship caregiver is approved in DFPS CLASS (can take more than 48 hours) OCOK will determine an official start date for the child's placement in the foster home and follow the relevant placement process. Foster care maintenance payments to a verified kinship caregiver (foster home) begin once OCOK has completed the relevant placement process.
4. Once the home has officially become verified and been entered in CLASS, the Provider will notify the OCOK Intake Department who will then check IMPACT to verify that the home has been entered. Once complete, the OCOK Intake Specialist will notify the Provider that the home is considered official and will provide an effective date for placement paperwork. The Provider has the option to enter preferences for the home but should verify their capacity along with their other homes daily.
5. By 5 pm the next day, the assigned OCOK Intake Specialist will then provide all necessary placement paperwork and a confirmation email to all parties (Care Coordination, Permanency, CASA, CPA, Attorneys, etc.) and complete appropriate documentation, as necessary.

Initial Coordination Meeting

The Initial Coordination Meeting (ICM) is a collaborative process that focuses on the unique, individualized needs of the child and outlines services to address those needs. The ICM process seeks to share all relevant information about a child in DFPS conservatorship who required a new emergency placement within OCOK's Provider Network. Relevant information includes assessments, evaluations, medical reports, recommended services, and all other information that pertains to the child's individual needs. During the ICM the child's initial and concurrent permanency goals will be identified. The ICM takes the place of the traditional removal staffing.

Within seven (7) days of a new emergency placement referral to OCOK, DFPS will host, coordinate and participate in the ICM. The ICM may be extended up to three (3) days if an emergency placement occurs on a holiday or weekend day (Friday, Saturday, and Sunday) or inclement weather prevents the ICM from occurring as scheduled. All other extensions to an ICM must be approved by the DFPS Program Director.

DFPS will be providing two (2) business days of notice to participants. Participation can occur in person at the identified DFPS office or by scan call.

At a minimum, the following participants will be notified by DFPS of the upcoming ICM:

- OCOK Therapeutic Services Coordinator; DFPS Removal worker and Supervisor; OCOK Permanency Specialist, Supervisor and Permanency Director; Family Finding and Engagement Specialist, Provider case manager; and other DFPS staff or subject matter experts as needed.
- The Provider case manager will be invited by OCOK. When possible OCOK will notify the Provider on the same day that notification is received by OCOK from DFPS. The Provider case manager will invite the Caregivers, as appropriate.

OCOK, DFPS staff and the Provider case manager will share, and exchange copies of all external documentation gathered thus far related to the child's needs, including but not limited to removal affidavit, immunization records, birth records, birth certificates, social security cards, medical/dental reports or records, school records, assessments, evaluations, etc.

The first or subsequent service planning meeting date will be identified by the Provider case manager prior to ending the ICM.

4. Service Planning

Child and youth service planning is a collaborative and inclusive process between 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. ***All children 5+ years of age will participate in Service Planning.*** Under Community Based-Care, service planning with children and youth will occur with all:

- *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).

Service Plans must be developed with children/youth in accordance with the Texas Family Code timeframes and applicable CCL standards.

Service Planning Meeting Process

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 a 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.

Timeframes: The Provider case manager will schedule and conduct the initial service planning meeting at the following intervals:

- **New placements (new removals): within 30 days of removal (this means that if a child moves within the first 30 days of care, the Provider may need to adjust their timeframes and get with the OCOK Therapeutic Services Coordinator to ensure they are meeting the requirements).**

The Provider case manager will ensure that the first two (2) Service Plan Reviews are scheduled and conducted within 90 days of the Initial Service Plan Meeting each (meaning one by day 120 and a second by day 210). Child's Service Plans will be updated or reviewed more frequently when a child's circumstances change, or significant events occur that dramatically alter the child or youth's needs. OCOK will ensure that the Provider case manager is aware of any Region 3b Jurisdictional differences for county-specific child service plan completion timeframes.

The Child's Service Plan will be reviewed at the following intervals:

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

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

- 1st review: within 90 days following the Initial Service Plan {no later than 120 days from the date of removal}
- 2nd review: within 90 days following the 1st review {no later than 210 days from the date of removal}
- All other reviews: at least once every 180 days following the 2nd review. Note: following the PMC order, the plan should be reviewed within 30 days and then once at least every 180 days

Children who are receiving Therapeutic Services (Specialized and Intense, PHBC or EC) as determined by OCOK:

- **Every 90 days following the Initial Service Plan (regardless of TMC/PMC status)**

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

- Scheduling and coordination with participants a meeting date and time;
- reserving a conference room and/or virtual or scan call;

- all relevant participants are invited to the meeting;
- coordination with OCOK staff to ensure barriers to parent and/or family member participation are mitigated (i.e., transportation needs); and
- notice is provided to all participants of the service planning meeting:
 - The Provider case manager will send an email invitation for scheduled service planning meetings to OCOK and other relevant team members;
 - ***The Provider case manager will ensure that OCOK and bio-parent(s) receive a minimum of 14-day Notice of Service Plan Meetings;***
 - 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 as this information will be included in the documentation provided at placement. ***It is the Provider's responsibility to ensure they obtain contact information for bio-parent(s), at placement or soon after, and send the Notice of Service Plan Meeting directly to bio-parent(s). Evidence of the Notice of Service Plan Meeting sent to the bio-parent(s) must be filed in the client record.***

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 a virtual or conference call.

Participants: Service planning meeting participants will generally include, at a minimum:

- Biological parents (or adoptive)
- The child/ren/youth
- the child or youth's parents and the parents' attorney, who must be invited when the parents have been invited
- family members
- current caregiver
- Provider case manager
- OCOK Therapeutic Services Coordinator
- OCOK Permanency Specialist 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

Because the OCOK Permanency Specialist 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.

During the Service Plan Meeting:

- The Provider case manager will complete the child/youth's Service/Treatment Plan. The Providers must use the DFPS form K 908-3300, the Single Child's Plan of Service Form for all Service Plans.
- The Provider case manager will ensure all participants sign the Service/Treatment Plan.
- The Provider case manager will send via email to the OCOK Permanency Specialist and the OCOK Therapeutic Services Coordinator a copy of the completed signed Service/Treatment Plan within five (5) business days after the Service Plan Meeting or by the 30th day of placement (for initial placements) whichever comes first.
- The OCOK Permanency Specialist is responsible for ensuring the Family Service Plan is developed, reviewed, and/or updated during each service planning meeting.
- OCOK and the Provider case manager 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.

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

- a. Permanency Planning and Permanency Goals identified by OCOK Permanency;
- b. Child's need (i.e., Educational, Cultural, Religious, Language, Recreational, Normalcy, etc.);
- c. CANS Assessment of the child's strengths and needs;
- d. Any (short term and long-term behavioral goals) established by the Child's team;
- e. Components of a Child's Individual Education Plan (IEP) and the Individual Transition Plan (ITP) that are both developed by the schools; Admission, Review, and Dismissal (ARD) Committee, if appropriate;
- f. Components of the CPS Transition Plan for youth 16 to 22 years of age to include results of the Ansell-Casey Life Skills Assessment when applicable; and
- g. The Early Childhood Education and the Individual Family Service Plan (IFSP) if applicable.

Within five (5) days after the Service Plan Meeting the OCOK Permanency Specialist will complete the Child's Service Plan or Child's Service Plan Review in IMPACT. If OCOK requires any edits to the proposed Child's Service Plan, OCOK will contact the Provider case manager to discuss the requested changes and the Child's Service Plan will be modified accordingly.

During the Child's Service Plan Meetings, the Provider case manager will accomplish the following:

- the Child's Service Plan is recorded from the meeting discussion;
- everyone in attendance signs the acknowledgement of participation to the service planning; and
- a copy of the plan is distributed to all participants.

- ***If a child/youth is not in attendance at the Service Plan Meeting, the Provider case manager must review the Child's Service Plan with the child/youth and must obtain his/her signature as acknowledgement of his/her review/participation.***

During the Child's Service Plan Meeting, OCOK and the Provider case manager will share and exchange with each other any relevant external assessments, evaluations, medical/dental forms, and other documents related to care of the child.

Family members (particularly placement resources) who move outside the catchment area during the time their youth is in placement with the SSCC will be managed, as much as possible, as if they are still in the community with the use of technology, such as Zoom or Teams, telephone, email, letters, notices of all meetings, conference calls, etc. OCOK will encourage all service providers to document involvement and invitation to all service planning meetings and other contact with family members in the client records. Family members will be considered part of the treatment and permanency planning team.

Providers are responsible for maintaining client's documentation in the client record; to be included but not limited to, admission and placement paperwork, Service Plans and assessments, medical/dental/vision exams, psychotropic/psychological/psychiatric evaluations, daily/weekly/monthly milieus, educational/recreational schedules, court reports, etc. It is the Provider's responsibility to ensure there are daily/weekly/monthly milieus in the client record with documentation in reference to milestones, activities, behaviors, serious incidents, visits, appointments, etc., that could impact the client's therapeutic needs, placement stability and level of care. Providers should be uploading these documents on a monthly basis into CareMatch via TPG or within five (5) days of completion/receipt.

After the Service Plan Meeting

Within ten (10) business days after the Service Plan Meeting the OCOK Permanency Specialist will send a final, approved and signed copy of the IMPACT Child's Service Plan or Child's Service Plan Review with the *Provider's* Child's Service Plan document attached to all meeting participants, including participants who were unable to attend the meeting.

- OCOK Permanency Specialist will document the Service Plan Meeting and participants in IMPACT on the contact detail page.
- If a Service Plan Meeting is held in place of a Permanency Planning Meeting (PPM), the OCOK Permanency Specialist is responsible for documenting the Service Plan Meeting in each child's PPM detail page in IMPACT.

Child and Family Assessments

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. The Child and Adolescent Needs and Strengths (CANS) Assessment will be utilized for this purpose. As indicated by research, children and families' active participation in every aspect of the treatment planning process is central to placement stability and permanency. OCOK values individual uniqueness

and firmly believes families know what they need better than anyone. Rather than relying solely on case history, OCOK recognizes children and families are the experts on their lives, and this will be communicated throughout the assessment process. OCOK will draw from children and families' account of their own histories to develop a culturally and linguistically competent understanding of needs and strengths. Assessments will drive Service Plan development and inform the appropriateness of placement and permanency goals.

The CANS Assessment will be completed for children ages three (3) years and older within 21 days of legal removal (for any children removed after 9/1/2016) allowing sufficient time for the child and caregiver to settle into a routine and form an initial relationship. Information gathered during the assessment will be used to develop the Child's Service Plan no more than 30 days following the date of placement. Service Plans are expected to incorporate the information from the CANS Assessment and if there are areas of strength or concern identified, those must be addressed in the Service Plan. Assessments of a child's service needs will be conducted prior to making a recommendation to Permanency regarding placement for non-emergencies, in a timeframe allowing development of the Service Plan.

If a child turns three (3) years old during a placement, the CANS Assessment will need to be completed within 30 days of the child's third birthday. The child will then follow the regularly scheduled reviews according to their service level. CANS Assessments are completed for all youth 18 years and older if they are still in an OCOK foster care/residential placement.

CANS Assessments will be conducted by a professional with a CANS Certification and will utilize the approved CANS Assessment version by OCOK.

Assessments will be completed in a timely manner and updated as appropriate for determination of services needed to support the foster child, biological parents, extended family members, friends, significant others, and foster parents. Network Providers will be accountable for completing CANS Assessments within the following timeframes:

If a child has a subsequent move in their first 21 days of care, the new placement Provider will need to ensure a CANS Assessment is completed no later than the 30th day of care (30 days from legal removal), regardless of how long the child has been in their placement. If a child moves within the first 30 days of care, it is the Provider's responsibility to ensure the CANS Assessment is still completed before their 30th day of care.

CANS Assessments will need to be updated annually for all clients with a Standard Level of Care. If Provider accepts subsequent placement of a client and is unable to locate a current annual CANS Assessment, one must be completed within 30 days of placement.

CANS Assessments will need to be updated every 90 days for all clients with a Therapeutic Level of Care. If Provider accepts subsequent placement of a client the timeline of the CANS Assessment must

continue, if the most recent CANS Assessment cannot be located one must be completed within 30 days of placement.

OCOK Therapeutic Services Coordinator will be responsible for ensuring that CANS Assessments are completed in a timely manner, in accordance with both Policy and law, and that Child's Service Plans address any areas of strength or need identified by the CANS Assessment. OCOK Therapeutic Services Coordinator will monitor bi-weekly, CANS Assessment completion progress to ensure that Providers are complying with all legal timeframe requirements (both for initial and annual renewals).

According to Superior/STAR Health, Providers can schedule the annual CANS 2.0 on or up to 7 days before the annual assessment is due. Providers should check in the eCANS system to help determine when the last assessment was completed for the child/youth.

Assessments will be tailored to the child and family's needs as indicated by case history and the unique culture of the child and/or family. OCOK understands cultural competence exceeds the bounds of race and language and communicates the values and personal life experiences of the child and the family. Culturally responsive assessments will include and call attention to the child and family's system of values, beliefs, attitudes, traditions, tribal affiliation, ethnic and cultural background, sexual orientation, and developmental level.

Trauma-Informed Care

Trauma-informed care is the cornerstone for appropriate placement matches, placement stability, and the healing of children. Trauma sensitive care will call on foster parents to be teachers and healers rather than viewing children as "bad." That said, the CANS Assessment trauma section will be used to provide an in-depth view of a child's trauma history, inform placement decisions, and drive treatment planning. The CANS Assessment will not only document the child and family's strengths, but they will also emphasize the negative impact trauma has on children and their ability to trust, attach, and form lasting relationships. Problematic behaviors will not define children but will be viewed as a survival skill.

Child and Family-Centered

OCOK and Network Providers will be accountable for:

- Engaging all family members, extended family (when appropriate), significant others, and foster parents in a non-threatening, informal discussion about the child and family's personal account of their history.
- Placing emphasis on the bond between children and their parents by asking the parent or parental figure to clarify and add information contained in the case file. OCOK wants families to be the narrators and tell their life story through their eyes and not from someone who did not share the experience.

Strengths-Based

OCOK and Network Providers will empower families to share their worldview regarding their own strengths, the strengths of their children, the needs of the family, and what has and has not worked in the past. Rather than focusing on problems, OCOK will view children from within life domains that make up their social ecology.

- Families will be given the voice and the choice to define their individualized needs.
- Family strengths will include competencies, special interests, talents and familial supports, how these strengths were successful in the past.
- Children and families will be empowered to identify resources and natural supports, actively participate in creating family driven plans, and resolve problems on their own rather than professionals prescribing interventions that may not be appropriate.

Utilization Management - Level of Care

Initial Level of Care

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

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

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

For foster home placements, children are leveled using OCOK’s three (3) tier system; Standard (behavior that would meet the legacy criteria of Basic or Moderate), Therapeutic (behavior that would meet the legacy criteria of Specialized) and Therapeutic II (behavior that would meet the legacy criteria of Intense).

For RTC placements, children are leveled utilizing the same clinical criteria as DFPS for the four (4) levels of the legacy system; Basic, Moderate, Specialized and Intense.

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

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

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

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

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

Level of Care For Subsequent Placements

OCOK Intake staff follows the same procedures for all subsequent placements that they do when making an initial placement (i.e., entering all information into CareMatch, reviewing the common application and all other documentation available, including but not limited to and when available/completed a

psychological, medical records and the most recent YFT review) for making a determination of a level at the time of a new subsequent placement. These levels are assessed during the placement search process and finalized no later than the day of the placement.

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

Level of Care Following an Initial Placement

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

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

Children placed at the Standard level of care will remain at that level unless a Level of Care Review is requested by the Child Placing Agency (CPA) due to concerns that the child may qualify for a higher level of care. When a review is requested, YFT is used to provide the review.

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

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

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

Exceptions to the Quarterly YFT Reviews

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

Level of Care Appeals Process

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

OCOK determined Levels of Care-

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

determined, the Provider may request a non-scheduled review/read from YFT by contacting their Therapeutic Services Coordinator and submitting it to YFT.

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

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

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

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

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

Level of Care Waivers

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

If the level of a child at an RTC is lowered by YFT to Moderate, then the Provider can request, to the OCOK Level of Care Committee, that they be paid the Specialized level rate until a new placement can be

found for the child. This waiver will only be approved for a maximum of 30 days while the OCOK Intake staff is searching for a new placement.

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

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

OCOK Process for Setting up New Providers with YFT

When a new Provider joins the OCOK Network, the OCOK Quality Improvement and Contracts Department will inform the Provider of what to expect in terms of timeframes requirements and will provide a copy of the OCOK Operations and Provider Manual for their review. The OCOK Data Manager will notify YFT of the new Provider and get them on YFT's calendar for quarterly reads to begin.

Tracking and Monitoring

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

Level of Care Audit

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

Foster Daycare Services

Determination of foster family eligibility:

Within 30 days of new foster parents being verified who will potentially need daycare reimbursement, or within 30 days of expiration of existing daycare reimbursement authorization (every 12 months from original authorization);

The Provider case manager will email the daycare@oc-ok.org email box with Subject line: **Last name, First Name and Last name, First Name** (preferably with foster mother's name first and then other parent second, if applicable) and include the following documents:

1. Foster Child Care Referral Form (see OCOK website), and;

2. [Foster/Relative & Other Designated Caregiver Daycare Verification](#) (Form K-908-1809) In cases where the foster parents are still in the process of being verified, the child information would not be filled in, but the rest of the form must be filled out entirely with signature, which can be done electronically), and;
3. Any supporting documentation:
The most recent three (3) recent months of documentation of employment verification for each caregiver showing an average of 32-hours of work per week during the most recent three (3) months. If the caregiver has started a new job and does not have three (3) months of employment verification, a letter from the employer is acceptable.

The OCOK Daycare Coordinator will monitor the box daily for these referrals and forward requests to CCMS on the same day they are received. OCOK will not be reviewing eligibility but will simply forward the information on to CCMS.

Once CCMS receives the referral from the OCOK Daycare Coordinator, they will contact the foster parents directly to obtain any additional needed documents for review. Foster parents will have up to 15 days to submit documentation to CCMS. If the foster parent does not comply within 15 days, the referral will be inactive and a new referral will have to be made by the Provider case manager to the daycare@oc-ok.org box as above.

CCMS will review the documentation, determine the family's eligibility based on the criteria above and submit the signed Foster Child Care Referral Form along with all documentation to the daycare@oc-ok.org email box within five (5) days of receipt of all requested documentation from the foster parent or within five (5) days of OCOK's referral to CCMS if all of the appropriate documentation was already attached.

- If CCMS denies the request:
The OCOK Daycare Coordinator will review the reasons for denial, determine if a waiver would be appropriate and submit the waiver request to DFPS within one (1) business day of notification from CCMS. DFPS will review the waiver request and respond no later than two (2) business days from the request date.
- If the family is approved whether by CCMS review or by DFPS waiver:
The OCOK Daycare Coordinator will ensure that the family's approval is documented and saved for future placements where daycare reimbursement is needed, however, the approval will only be good for up to one (1) year. Note- if when requesting a new child's daycare placement or daycare change, the expiration date is within one (1) month, OCOK will need to submit all updated documentation to avoid any lapses in daycare.

OCOK will notify the Provider case manager of final family approval or denial by email.

Determination of foster child eligibility:

Once a child(ren) has been identified and accepted for placement in a foster home and the placement occurs, the OCOK Daycare Coordinator will make a referral to DFPS for approval for specific child(ren) to receive daycare reimbursement.

The OCOK Daycare Coordinator will forward the above completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form 1809) and will fill in the specific children's information.

Within 10 days of this referral, daycare approval should be received.

Medical/Dental/Vision and Behavioral Healthcare Services

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

The Providers must 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. The Provider must use community resources to obtain Behavioral Health Services not covered by Medicaid. The OCOK Therapeutic Services Coordinator will assist the Provider in locating services as needed. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover the services, the Provider shall be financially responsible for providing Behavioral Health Services.

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. *Texas Family Code §266.004(i)* **The Provider is responsible for transportation of the child/youth to all medical, dental, vision, and behavioral healthcare appointments.**

Participation must be in person or, if it is appropriate and acceptable to the Provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving; the medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenters must discuss with healthcare providers their expectations for participation.

When a child is initially removed, OCOK will require the DFPS Medical/Dental/Vision Examination Form (Form 2403) from the Provider. The doctor must complete the form at a child's medical, dental, or vision appointment. The form is filled out jointly by the person taking the child/youth to the appointment (usually the caregiver) and doctor/dentist. Providers can utilize their own Medical/Dental/Vision Examination Form as long as it meets the minimum requirements as per DFPS/RCCL at time of the appointment.

Within 72-hours after the child's appointment, the Provider will send the completed Form 2403 or equivalent, and any supporting documentation to OCOK at the 3in30 email box 3in30@Oc-ok.org. OCOK will provide a copy of the completed Examination Form to the DFPS as needed.

The Provider case manager will ensure that youth ages 16 to 22 are advised of their right to request to become their own Medical Consenter. Documentation of this conversation will be noted in the youth's record.

No later than the second business day after a child's caregiver receives a STAR Health Denial letter, the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the OCOK Therapeutic Services Coordinator in accordance with the provisions of the OCOK Operations and Provider Manual.

Network Provider will maintain records of all health care services in accordance with SSCC policies and Residential Child-Care Licensing (RCCL) requirements, screenshot of the Health Passport is not sufficient evidence as there needs to be a written document from the attending physician.

Network Providers must ensure that within three (3) business days, children entering DFPS care must visit a doctor to see if they are hurt or sick and get any treatments they need (this is required by law). The 3-Day Medical Exam is an added medical screening and does not replace the Texas Health Steps Medical Checkup and vice versa. Network Providers must ensure the Texas Health Steps Initial Medical Checkup is completed within 30 days of placement (children must see a doctor for a complete check-up with lab work). Note- this must be a Texas Health Step Medical Checkup to be considered complete.

For children/youth that are NOT new to DFPS conservatorship, as stated above, Providers must ensure that the child/youth has a medical examination by a health-care professional within 30 days after the date of admission. This exam is not required if the Provider has documentation that the child has had a medical examination within the past year, including documentation in the child's health passport if the child is in the department's conservatorship. If the Provider admits a child/youth with primary medical needs, the Provider must provide the child with a medical examination by a health-care professional within seven (7) days before or three (3) days after admission. If the child/youth admitted shows symptoms of abuse or illness, a health-care professional must examine the child immediately. The checkup is considered overdue 31 days after admission.

For children enrolled in STAR Health who are six (6) months and older, the first Texas Health Steps dental checkup must occur within 60 days after the child comes into DFPS conservatorship. The checkup is considered overdue 61 days after removal. Children who turn six (6) months old while in DFPS care must have their first Texas Health Steps Dental Checkup within 30 days of turning six (6) months old. After that, children should get Texas Health Steps dental checkups every six (6) months. The checkup is due six (6) months after the month in which the child received the previous checkup. Children six (6) through 35 months of age who are identified by their dentist as being a moderate to high risk for the development of early childhood caries (cavities) may get regular dental checkups on a more frequent basis such as every three (3) months.

Children and youth age three (3) to 20 years old must receive a Texas Health Steps Medical Checkup annually. The checkup is due 12 months after the month in which the child/youth received the previous checkup. Children who are younger than three (3) years of age must get Texas Health Steps Medical Checkups more often, Providers must follow the Texas Health Steps Periodicity Schedule.

Network Providers must follow the Texas Health Steps schedule for subsequent medical/dental/vision appointments. Refer to the OCOK Operations Manual 6.12 Medical/Dental/Vision and Behavioral Healthcare Services.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup and 3in30 Specifications

Following the initial removal and placement into DFPS conservatorship, children are required to complete three (3) medical/behavioral health exams, known as the 3in30. The three (3) medical/behavioral health exams consist of:

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

Effective September 1, 2019, a financial penalty will be assessed to Network Providers for any Texas Health Step Medical Checkup/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup that is not completed as per the required timeframe. This must be coded by Superior in Health Passport as a Health Step Exam to be considered compliant with this requirement.

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

Network Providers will be required to obtain documentation of the appointment that meets all of the criteria for a Texas Health Step Medical Checkup. Provider may use TDFPS Form 2403, or their own form of documentation provided all information for the EPSDT Checkup is included in the documentation form. Network Providers must submit the utilized form to the OCOK 3in30@oc-ok.org email box within 72 hours of the exam completion. An EPSDT Checkup is considered complete only if the 30-day Medical

Exam is completed within the specified timeframe and the complete documentation is received by OCOK verifying the exam's completion.

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

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

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

The OCOK Intake Department will remind Network Providers, at the time of the initial placement and in writing via language included on the confirmation email, of the 3in30 requirements. Additionally, the Care Management Department will include requirements of 3in30 in their standard introductory emails to Provider case managers upon new assignments and in their away messages.

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

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

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

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

Progressive Remedies Assessed

Network Providers must improve performance quarter over quarter for completing EPSDT's at a 90% completion rate or above. If Network Provider's performance does not progressively improve quarter

over quarter to at least or above 90% completion rate, then the agency will be assessed a financial penalty of \$150.00 per missed EPSDT for that reported quarter.

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

Developmental Assessments

Any child who is under the age of three (3) and is suspected of having a disability or developmental delay or whose 3-day Medical Exam identified a developmental need will need to be referred to Early Childhood Intervention (ECI) by the Provider case manager within three (3) business days of placement and must be documented in the child's record. All children under three (3) regardless of suspected disability will be referred to ECI within 30 days of placement. Ongoing developmental screenings will be completed according to the well-child guidelines to identify any need for further assessment.

Psychiatric Hospitalization

Providers are to notify OCOK immediately of any psychiatric hospitalization by emailing OCOK at psychhospitalization@oc-ok.org and cc'ing the OCOK Therapeutic Services 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.

In addition, a serious incident report must be submitted via the Texas Provider Gateway within 24 hours of the incident along with the immediate notification of any psychiatric hospitalization.

OCOK encourages Providers to see psychiatric hospitalization as a last resort and to utilize outpatient and diversion bed programs such as the Excel Program and Turning Point, whenever possible and prior to inpatient psychiatric hospitalization, but do understand that sometimes psychiatric hospitalization is necessary. OCOK encourages Providers to not see psychiatric hospitalizations as an end to placement but rather in these instances encourage Providers to reach out to the OCOK Therapeutic Services Coordinator and the team of professionals surrounding the child to ensure all services and supports necessary are in place to ensure the child can return to their placement upon discharge.

If a placement change is needed, the Provider must provide OCOK with a Discharge Notice as soon as possible so that planning can be made timely. A Discharge Notice does not substitute for a Serious Incident Report or a notification of hospitalization.

Psychotropic Medication Appointments

The Provider case manager must ensure that all caregivers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network ***at least once every 90-days*** to allow the practitioner to:

- appropriately monitor the side effects of the drug;
- determine whether the drug is helping the child achieve the treatment goals; and
- determine whether continued use of the drug is appropriate.

For all children receiving psychotropic medication, the Provider case manager must provide OCOK documentation addressing the following:

- that the child has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
- that 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.

In the event that an OCOK staff member is designated as the medical consentor for a child, the Provider case manager must ensure that the OCOK staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.

The Provider is responsible for ensuring that any medical consentor representing the agency has the most up to date DFPS training and documentation in their record to function in this capacity. Medical consentor training must be completed annually.

Consenting to Psychotropic Medication

When a healthcare provider initially prescribes a psychotropic medication, the Provider case manager will ensure that all caregivers or employees who serve as medical consenters for a child:

- notify OCOK in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- complete and sign the Psychotropic Medication Treatment Consent (Form 4526) with the healthcare provider; and
- provide a copy of the form to OCOK within three (3) business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

Academic Success of Children/Youth in Care

Providers will ensure 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 the child's OCOK

Permanency Specialist and DFPS Education Specialist (e.g., for private schooling, homeschooling, or temporary school absence due to physical or mental condition). Documentation of school enrollment will be kept in the child's record. Educational stability will be a critical factor when identifying foster care placements.

Providers also will ensure that preschool age children will be provided access to appropriate early childhood education programs. Children between three (3) and five (5) years of age will attend a pre-kindergarten program offered through the local public-school district or an early childhood education program offered through Head Start unless an exception has been granted from the child's OCOK Permanency Specialist. If such a program is not available and an exception has been granted by OCOK, OCOK will assist the Provider in locating a program.

Within five (5) calendar days of the child's school enrollment, Verification of the child's School Enrollment will be provided, by the Provider, to the OCOK Permanency Specialist and OCOK Therapeutic Services Coordinator, and documentation of such notification will be recorded in the child's record. In compliance with the Texas Education Code §29.012, the Provider will notify the school district in which the school is located for all children three (3) years of age or older. For eligible children under age three (3), OCOK will require that the Provider set up a Texas Health Steps Exam to evaluate developmental health. If a disability or developmental delay is suspected prior to this, OCOK will consult an OCOK Permanency Supervisor, DFPS nurse consultant, and/or DD Specialist and communicate with the Provider. Any child who is suspected of exposure to illegal substance abuse or prenatal drug exposure withdrawal will undergo the same process.

OCOK understands the Provider case manager serves a critical role in ensuring the educational stability and success of children and youth in foster care. The Provider case manager is responsible for monitoring and documenting each child's educational progress and stability and in collaboration with the regional educational specialist, facilitating the coordination of educational services on behalf of the child and addressing issues impeding the provision of appropriate education-related services. The education service plan for each child will identify the child's educational needs and any additional support services necessary to meet those needs. For children requiring special education or Section 504 services, the Provider case manager will consult with the regional educational specialist and the DD specialist to ensure needs are met.

A current/accurate Education Portfolio is essential to monitor a smooth transfer if the child must move from one school to another which includes proper educational placement and services, and ongoing monitoring of a child's academic progress. The Provider will ensure copies of all required documentation (e.g., report cards transcripts, standardized tests scores, school withdrawal documentation, immunization records, medication needs, correspondence to and from the school, copy of the birth certificate) are included in the portfolio, with original documentation being maintained in the child's case file. ***The Provider will ensure the child's Education Portfolio is reviewed and updated monthly or more frequently if needed, and documentation is reflected in the child's record.***

For children receiving special education or Section 504 services, additional documentation will be maintained (e.g., ARD meetings, results of FIE, IEP updated annually, current IFSP, documentation of services provided under Section 504, and Individual Transition Plan or Summary of Performance (9th – 12th grade). Provider case managers will coordinate with OCOK to ensure copies of needed documents are submitted to the child's school within 30 days of enrollment (if a change in school occurs). The Education Portfolio will be updated quarterly and discussed during monthly reviews with the caregiver.

Including biological parent(s) and foster caregiver(s) in the educational process of children contributes to educational success. However, the roles of caregivers in the educational process can be confusing. In many cases, biological parent(s) maintain decision-making rights even after children are removed from the home. It is important to empower the biological parent as an educational advocate. The role of a caregiver is equally important in the educational processes, specifically if a child has a disability and an Individual Education Plan. To address the complexities of these roles 1) Provider case managers will be trained to provide parents with enhanced information concerning their participation in their child's education; 2) Foster parents will be able to mentor biological parent's participation; and 3) The caregiver will be provided with information pertaining to their roles and responsibilities if assigned to act as a surrogate parent. Parents will be invited to all meetings concerning educational progress and transportation will be facilitated when needed.

Transportation

As outlined in the Provider Services Agreement, it is the responsibility of Network Providers to ensure their caregivers/foster parents transport to all scheduled required visits and appointments; to include family visits, medical/dental/vision appointments, therapy/counseling appointments, educational/life skills trainings, etc. If a caregiver/foster parent is unable to transport, it is the responsibility of the Network Provider to arrange for alternative transportation. OCOK will only provide transportation on a case-by-case basis and only after due diligence has been done on the part of the Network Provider. If a Network Provider is unable and/or unwilling to ensure transportation will occur, the Network Provider Director must contact the OCOK Director of Therapeutic Services to explain the circumstances and gain approval for OCOK to transport. If a caregiver/foster parent or agency is unwilling or refuses to transport, and the Network Provider does not have a backup transportation plan in place, OCOK may place that foster home on hold or restrict the types of placements the foster home is able to take.

5. Court Requirements

The Provider will comply with all court orders regarding the provision of paid foster care and/or purchased services for children, youth, and families served by the Network Provider.

Services that are ordered by the court and fall outside the purchase of service criteria of this Agreement will be reviewed by the SSCC and Network Provider on a case-by-case basis to determine rate of payment and parameters of services to be provided by the Network Provider.

OCOK understands it is important not only for staff to understand all court orders/requirements, but also for foster families to have a clear understanding of the judicial process. As necessary, foster parents will attend court hearings and provide youth with the opportunity to attend court hearings related to his/her individual case. At OCOK, we believe the youth's voice should be heard by the court systems. *If it is determined that it is not in the best interest of the child/youth to attend a court hearing the absence must be approved by OCOK and/or excused by a judge and documented in the child's/youth's record.*

Court Orders will be reviewed and documented in the following as appropriate for the need: Intake Assessments, Individual Service Plans, Monthly Contact Notes, Permanency Planning Documentation, and Foster Parent Progress notes when appropriate. There will be continued monitoring of court requirements, such as visitation, permanency goals addressed in the youth's Individual Service Plan, and continued contact with OCOK to monitor the network provider and foster family are meeting all court requirements.

Court Hearings

OCOK will notify the Provider case manager of all upcoming court hearings.

The Provider case manager must ensure children are given the opportunity to attend court hearings, unless excused by the presiding Judge prior to the court hearing and approved by OCOK. Attendance may occur through video conference and/or teleconference when appropriate and approved by the court. Attendance at Adversary Hearings (14-day hearings) is, generally not expected, unless the child's attorney ad litem requests the child's attendance. If the child/youth is expected to attend the Provider is responsible for transportation to all court hearings.

The Provider must identify and ensure attendance of the most appropriate staff (i.e., Provider case manager) with personal knowledge of the case at all court hearings unless excused by the presiding judge. The Provider must also attend all other court preparation meetings as requested by OCOK, CASA, attorney ad litem, or other members of the judiciary.

The Provider case manager must notify the OCOK Therapeutic Services Coordinator of who will be attending court within two (2) business days of notification of court hearing. If an emergency court hearing is scheduled, then the Provider will share the attendee list as soon as possible.

If the date and time of a court hearing is announced during court, OCOK considers this formal notice to the Provider. Therefore, whoever is present (the Provider case manager or the caregiver) must notify the other parties by the next business day.

If an emergency court hearing is scheduled, then the Provider and OCOK will determine the attendee list as soon as possible.

The Provider case manager will also notify OCOK immediately of any service of legal process (i.e., subpoena, summons, discovery notices) delivered to the Provider agency, employees, caregiver or child/youth related to the child's court case or any contract compliance issues.

Court Reports

OCOK holds ultimate responsibility and ownership of all information contained in court reports submitted to the court. However, the Provider will be providing the information for completion of the sections of court reports that are relevant to the child and should communicate directly with the OCOK Permanency Specialist to provide them with information about the child's progress on services, any special needs or services they may have as well as anything else that may be helpful for or affect the child's legal/permanency goals/case.

The Provider must maintain a copy of the most up-to-date court report/documents in the client record from within the past six (6) months.

6. Transitional Living Services

OCOK and the Network Provider will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood.

OCOK understands youth must be prepared for adulthood. OCOK will serve and support foster youth as they begin their journey to independence by developing life skills and creating community connections capable of supporting youth as they transition from care to independence. OCOK will utilize a multidisciplinary approach involving the youth, the family, Network Providers, and natural supports including biological families, churches, and community partnerships.

The Provider will ensure youth 16+ years of age obtain a Driver's License or State ID (efforts to obtain will be documented in the client record) as part of the youth's preparation for adulthood.

Transition Plan Development

The transition plan is developed over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world. OCOK and the Provider will work together to initiate the discussion and development of the youth's transition plan.

During service planning meetings and just prior to the youth turning age 15.5, the OCOK Permanency Specialist will:

- Introduce the Transition Plan and process to the youth.
- Inform the youth that an OCOK staff member will discuss Transition Planning with them further.

The Provider will schedule a service planning meeting to address the Transition Plan. The Provider case manager will discuss the elements of the transition plan with the youth and records the initial transition plan discussion on the plan document (i.e., goals, strengths, fears, etc.).

The Provider case manager will continue to discuss and document the transition plan and progress with the youth overtime during face-to-face visits, subsequent service planning meetings (90-day reviews), and Transition Plan Meetings.

Preparation for Adult Living (PAL)

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

Upon receiving a referral packet from the PAL Contracted Provider:

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

PAL Classes

- a. 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.
- b. The Network Provider is responsible for ensuring a PAL referral is initiated for youth 16+ years of age within 30 days of placement and/or turning 16 years of age.
- c. The OCOK PAL staff will complete a Service Authorization (Form 2054) and Referral Form (Form 5501) for any youth eligible for PAL services.
- d. The OCOK PAL Care Coordinator will send an email to PAL Network Provider with Service Authorizations and Referral Forms for youth placed according to the Region in which they are placed.
- e. The PAL Network Provider will contact the Caregiver to initiate and schedule PAL classes/training.

- f. The OCOK PAL Care Coordinator will review a monthly report provided by the PAL Contracted Provider by the 15th of the month and will send it to the OCOK Data Department for documentation of the youth's progress and status of PAL Life Skills Training.
- g. 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.
- h. The Network Provider is responsible for ensuring the youth has transportation to and from the PAL classes/training.
- i. Out of State Network Providers are responsible for ensuring the PAL curriculum is covered with the youth in their care.

Other PAL Related Services

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

Supervised Independent Living (SIL)

Supervised Independent Living (SIL) placement settings are living arrangements offered through the Extended Foster Care Program that allow young adults to reside in a less restrictive, non-traditional foster care setting while continuing to receive casework and support services to become independent and self-sufficient.

On the youth's 17th birthday, the OCOK PAL Coordinator will notify the Region 3b SIL Case Manager to provide information regarding SIL to the young adult. SIL case manager will coordinate a meeting with the Provider case manager and the young adult to provide information to the youth about their SIL options.

To be eligible for SIL, young adults must be able to live independently in a setting with minimal to no supervision. Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the Voluntary Extended Foster Care Agreement (Form 2540). Young adults can move through the settings offered based on behaviors, enhancement of skills, or overall progress made in the young adult's current setting. The SIL case managers will maintain documentation of the young adult's progress in case notes as well as in the subsequent service planning meetings, which will be filed in the young adult's record.

If the youth chooses SIL services either in Region 3b or outside of Regions 3b, the OCOK PAL Coordinator contacts the OCOK Permanency Specialist with the transitional living placement recommendation for their approval.

Extended Care and Return to Extended Care

OCOK and the Network Provider will work together to identify youth for either Extended Care or Return to Extended Care programs. The Provider case manager will ensure that participation in the Extended Care or Return to Extended Care programs will be discussed and planned with the youth during regularly scheduled service planning meetings (90-day reviews), during the youth's Circle of Support or Transition Plan Meeting, or upon the youth's request.

If youth appears to be eligible and is interested in Extended Care or Return to Extended Care, the Provider case manager will assist the youth in completing the Voluntary Extended Foster Care Agreement (Form 2540) within 30-days prior to the youth's 18th birthday and provide the completed form to the OCOK Care Coordinator.

The OCOK Therapeutic Services Coordinator will provide the information to the OCOK PAL Coordinator and OCOK Permanency Specialist for the approval process. OCOK will determine eligibility according to current Extended Care Guidelines. Once approved or denied, OCOK will notify the Provider case manager. The Provider case manager will notify the caregiver and the youth of the approval/denial if the child is already in care.

If approved, the Provider case manager will ensure that the youth is assisted in maintaining necessary documentation for the Extended Care program.

If a caregiver or Provider becomes aware of a youth who is interested and eligible for **Return** to Extended Care the same process will be followed however, PAL will notify the young adult directly.

National Youth in Transition Database (NYTD)

DFPS will take the lead in identifying youth (ages 17, 19, and 21) who will participate in surveys for the National Youth in Transition Database (NYTD). OCOK will inform the Provider case manager of the youth who will participate in NYTD surveys via email with subject line of “NYTD Survey Participant.” *Network Providers will ensure youth 17+ years of age are registered for the NYTD in the event they are chosen to participate in the survey.*

Once notified, OCOK and the Provider case manager will assist DFPS in obtaining NYTD surveys from identified youth. OCOK will maintain current contact information for youth placed within their Network Provider and inform DFPS when updated information becomes available.

Aftercare and Follow Up

OCOK and the Network Provider value the importance of seeing our youth not just age out of the foster care system, but age into a new community full of opportunities and life as a young adult. Before the youth discharges from foster care, an aftercare plan will be developed by the Provider case manager along with the OCOK PAL Coordinator and OCOK Permanency Specialist focusing on the youth’s preferences and independent living needs. The aftercare plan will include a termination of service evaluation and assessment of “unmet” needs. Together, the OCOK facilitated support system and youth will devise goals and objectives meeting the “unmet” needs to monitor an on-going structure for a smooth discharge and transition into adulthood.

7. Adoption

OCOK will take primary lead on all adoption activities for referred children in DFPS conservatorship in the OCOK Community-Based Care catchment area. OCOK Permanency staff will continue to be responsible for all legal and court activities.

Recruitment

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

OCOK and the Provider will work together on general and child-specific recruitment, including:

- collaborating with and facilitating access to various adoption recruitment tools, such as Heart Gallery, Wednesday’s Child, TARE, Wendy’s Wonderful Kids;
- collaborating on the development of child-specific profiles;
- providing notice to any adoption events hosted by DFPS or other entities; and
- providing general or child-specific adoption inquiries as they are received.

OCOK will manage all general and child-specific adoption inquiries.

Home Studies

OCOK will ensure that home studies on all potential adoptive homes (including kinship) are conducted and approved.

If a potential adoptive family is referred to OCOK for an adoption home study, OCOK will search for Network Providers in the family's geographical area that have expressed interest in completing adoption home studies and will provide these options to the family. Once the family chooses a Provider, OCOK will send an email to the Provider with the Adoption Home Study referral and will provide (attached to the email) the Adoption Referral Form and any supporting documentation, such as a kinship home assessment or previous home studies completed if available.

Home Selection and Staffing

OCOK will take the lead on review of a child and available home studies and will coordinate and host a selection staffing with Permanency staff, CASA, ad litem, and guardian ad litem within seven (7) business days. This can be accomplished at a subsequent service planning meeting or other scheduled meeting for the child.

By the next business day after the staffing, OCOK will send official notification to Permanency via email of:

- recommended adoptive home; OR
- no adoptive home is recommended.

Once an adoptive home is approved, OCOK will provide all appropriate information to the prospective family (i.e., psychological evaluation, service plans, HSEGH, etc.) once received from Permanency.

When the prospective family agrees to proceed with the adoption process, Permanency will:

- complete redaction within 15 business days; and coordinate with OCOK to ensure it is provided to the Provider.

When an adoptive home recommendation is denied or in the event that no family is identified or selected, OCOK will continue the recruitment of adoptive homes to find a match for the child. OCOK will staff cases determine the appropriateness of recruitment and modality.

Presentation Staffing

After the prospective family has reviewed the child's case file, OCOK will ensure a Presentation Staffing is held with the prospective family, current family, CASA, ad litem, guardian ad litem, Provider case manager and Permanency. A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child's daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan will include adoption preparation activities, pre-placement visits, among other tasks. If the prospective family elects to not accept a child, the Provider must notify OCOK within four (4) business days of the Presentation Staffing.

Placement of the Child

When placement of the child with the adoptive family is determined, OCOK will work together with the Provider and the adoptive family to facilitate the physical placement of the child/youth in the home.

Adoption Services

In order to ensure placement stability, OCOK will be contracting with the Provider to deliver services to children placed with adoptive families prior to consummation of the adoption. The Provider is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. The Provider will provide documentation of these services to the OCOK Adoption Coordinator.

OCOK Permanency staff will provide monthly supervision of children who are placed with adoptive families until consummation is achieved and DFPS is dismissed as the child's conservator.

8. Professional Home-Based Care (PHBC)

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

Characteristics of Children Qualifying for PHBC

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

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

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

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

Characteristics of PHBC Families

- Be available to meet the needs of the child and respond to crises involving the child at all times. In order to achieve this at least one parent cannot work outside the home.
- Have no more than two (2) children who meet criteria for PHBC in the home. In some cases, three (3) children who meet or have met the criteria for PHBC will be allowed if one (1) child is ready for discharge.
- Not have a child under the age of three (3) years in the home.
- Limit the number of biological children. Any home with biological children living in the home must also have a written plan to ensure safety in the home. Additionally, the plan must address how the foster parent will be readily available and on-hand for any emergencies or immediate needs the child may experience.
- Demonstrate successful completion of a trauma-based training program specifically designed to increase their skills and capacity to work with children meeting the clinical criteria for PHBC services.
- Accept a child back into their home upon discharge from a psychiatric hospital. PHBC parents may NOT submit a 24-hour Discharge Notice if a child in their care is admitted into a psychiatric hospital.
- Demonstrate the capacity to show continuity of effort with children who may frequently run away and/or have admissions into psychiatric hospitals.
- Single parent families may become PHBC families. However, single parent families must have a written plan for additional support as needed. The plan must include the number of children allowed in the home to ensure effective treatment and safety.
- Note- if the Provider has a home that does not meet the above requirements, but they still feel would be appropriate for the PHBC program, they may submit a waiver request to the Director of Therapeutic Services to review and approve/deny. The waiver must provide a written plan for how the foster home and agency will meet the child's needs despite not meeting the above requirements. If the waiver is denied, the provider can appeal to the OCOK COO, however, their decision will be considered final.

Additional Requirements of Providers with PHBC Homes

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

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

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

Assessments

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

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

Intake Process for PHBC Cases

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

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

Responsibilities of OCOK Therapeutic Services Coordinators in PHBC Cases and Service Planning

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

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

- The Early Childhood Education and Individual Family Service Plan (IFSP) if applicable.
- Additional areas if appropriate

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

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

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

- Child/youth
 - Biological/adoptive parents
 - Foster Parents/Caregivers
 - Permanency Specialist and Supervisor
 - Attorney Ad litem for child and parents
 - CASA
 - CPA PHBC Case Manager/Therapist and Supervisors
 - Clinical consultants
 - Other professionals as needed (i.e., IDD, Education, Medical, or Well-being Specialist/s, Occupational, educators Physical and Speech Therapists) based on the child's need
1. The assigned OCOK Therapeutic Services Coordinator will be responsible for documenting the PHBC Treatment Team Staffing.
 2. The assigned OCOK Therapeutic Services Coordinator will be responsible for keeping a list of contact information for all Treatment Team Members, including the on-call crisis number for the agency and making it available to the team.
 3. The assigned OCOK Therapeutic Services Coordinator will schedule additional staffing as needed regarding crisis situations, Serious Incident Reports or other concerns.
 4. The assigned OCOK Therapeutic Services Coordinator will communicate any concerns regarding PHBC homes to the Provider's OCOK Quality Improvement and Contracts Specialist and the OCOK Community Relations Coordinator.
 5. The assigned OCOK Therapeutic Services Coordinator will ensure that the PHBC Provider accesses appropriate mental health, medical including neonatal and pediatric services, and other rehabilitation services. The Therapeutic Services Coordinator ensure that the PHBC Provider maintain all appropriate relationships and contracts with those service providers and help with resourcing if needed, to include with a board-certified physician appropriate to meet the acuity needs of a PHBC child to ensure the proper provision of needs specialized services.

Utilization Management

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

As children in PHBC placements do not qualify for emergency discharges, their discharge process involves a staffing and approval from the entire team. Discharges not initiated as a joint decision by the Treatment Team, but by the foster home/agency will undergo an Unplanned Discharge Review which will determine whether a home/agency will be allowed to continue as a PHBC home in the future with OCOK.

9. Training

OCOK understands staff development is core to organizational advancement. Our internal and contract training programs provide employees in all disciplines with opportunities to develop essential knowledge and skills. OCOK utilizes an annual training plan to guide professional development across the organization and works to implement best practices and address competency training as appropriate. In collaboration with DFPS, OCOK will define and develop new training roles and strategies to service the Region 3b area to meet requirements, legal and regulatory statutes, and enhance the continuum. OCOK seeks to aggressively integrate best practices and new evidence-based practices within our continuum of care.

OCOK's training program provides opportunities to engage in the development of essential skills to serve effectively in the Region 3b service area. Programs encourage cultural competency, innovative program development, and evidence-based service delivery, and improve effectiveness working with individuals and families with diverse backgrounds and needs. New challenges identified in the catchment area will be addressed in training exercises and staff will be equipped with appropriate skills to service. All federal, state, and local requirements will be met, along with adherence to DFPS Minimum Standards and contract requirements.

OCOK expects that each Network Provider will ensure that their staff and caregivers/foster parents have the minimum required trainings for state licensing requirements and national accreditation (if applicable), to perform all duties as expected in the SSCC Master Contract, the Provider Services Agreement, the OCOK Operations Manual, as well as this OCOK Provider Manual.

Provider's personnel must acknowledge being informed of the most current agency's Disaster and Emergency Response Preparedness Plan (DERPP) during orientation and annually thereafter. Providers must ensure there is documented pre-service experience for personnel.

The following trainings are also required for Provider's personnel and all caregivers/foster parents, minimum but not limited to:

Agency's orientation (during pre-service)

Emergency Behavior Intervention (8 hrs. CPA pre-service, 16 hrs. GRO/RTC pre-service)

Reporting Suspected Abuse or Neglect of a Child (during pre-service and annually thereafter)

Preventing and Recognizing Youth Sexual Abuse (during pre-service and annually thereafter)

DFPS Medical Consenter (during pre-service and annually thereafter, if applicable)

DFPS Psychotropic Medication Training (during pre-service and annually thereafter, if applicable)

Trauma-Informed Care (8 hrs. pre-service, 2 hrs. annually)

Normalcy (2 hr. pre-service and 2 hr. annually thereafter)

Cybersecurity (1 hr. pre-service and 1 hr. annually thereafter)

Human Trafficking (2 hrs. pre-service and 2 hrs. annually thereafter)

CPR (as required to maintain certification)

First Aid (as required to maintain certification)

Cultural Competency (3 hrs. pre-service and 3 hrs. annually thereafter)

For any personnel and caregiver/foster parent that cares for children under 2 years they must complete SIDS, Shaken Baby and Brain Development training during pre-service

Caregivers/Foster/Adoptive Parents must receive information/training in reference to the Texas Health Steps no later than 90 days after being verified/licensed

In addition, OCOK will be monitoring and supporting each agency in their participation of additional non-mandatory training that is provided at no cost to their agency and are supportive of the philosophy and mission of Community-Based Care.

OCOK offers a variety of different training subjects throughout the year. Training opportunities will be posted on an ongoing basis on the OCOK website.

10. Performance Measures

OCOK views the Community-Based Care Initiative as an opportunity to radically improve outcomes for our children and their families and we are engaging in partnerships to build a community-based system of care.

The Network Providers will work in partnership with the SSCC to improve outcomes for Children as it relates to the Federal Child and Family Service Review (CFSR) and DFPS State outcomes.

Children are Safe in their Placements

The safety of children, youth and families is a primary consideration of OCOK. To support these efforts, OCOK will utilize risk assessment tools, computerized algorithms to identify strength and outcome

trends in the network and a frequent case manager visitation schedule to further evaluate safety in the various placement settings within the continuum of care.

Also, Praesidium Abuse Risk Management is a recognized national leader in identifying and analyzing organizations for potential risks of abuse and will assist OCOK and the Providers to develop industry best practices in preventing both child-to-child and adult-to-child abuse within programs. OCOK Network Providers are encouraged to complete a risk assessment in the first six (6) months of their contract with OCOK; the results are sent directly to the Provider and OCOK. OCOK will pay for the risk assessment. The Providers are encouraged to develop a plan for response to the results of their risk assessment and implement as recommended by Praesidium.

Children are Placed in their Home Communities

OCOK understands the critical importance of geographically appropriate placements. Strong emphasis will be made to support local placements, to ensure continuity of each child's living context - schools, religious affiliation, recreational participation, extended family, employment and other support systems. OCOK will work with other members of the Network Provider to expand local placement options in all communities.

OCOK staff always search for a home close to the child's home community. We clearly understand that proximity to the child's home is one of our priority placement factors. In addition, OCOK will work with the Providers to develop a geographically and ethnically diverse group of foster homes using DFPS removal data as well as focus on rural counties as part of our recruitment strategy.

Children are Appropriately Served in the Least Restrictive Environment that Supports Minimal Moves for the Child

OCOK and our Network Provider understand children are best served in least restrictive placements. Utilizing an innovative algorithm-based placement tool (CareMatch) as the network administrator, OCOK seeks to make the first placement the best placement for every child and youth. In addition, OCOK and the Provider will utilize innovative 'wraparound' efforts to support children and youth with behavioral or mental health needs, so that they receive the support and treatment needed to experience success in less restrictive settings. When more intensive or restrictive environments are warranted, innovation drives short-term stabilization, rather than long-term placement in that setting. During that phase of care, supportive services are provided to both the youth and the caregiver, with the goal of returning the youth to their less restrictive caregiver's home as soon as possible.

Placement in the *most appropriate/least-restrictive environment within a child's home community* provides a sense of continuity and retains connections with family, peers, schools, religious practitioners, and medical providers. Providing required services in the home community is essential to supporting a community-based system of care. OCOK has numerous proposed strategies to ensure provision of required service in the home community:

- As appropriate, OCOK will encourage providers to become Medicaid eligible service providers to provide localized direct care offerings to clients.

- OCOK will participate in the recruitment of new or expanded service providers in collaboration with Cenpatico Behavioral Health in underserved communities.

The purpose of the initiative will be to increase the number and quality of foster parents in targeted areas, both urban and rural, and ensure diversity of parents to meet the cultural needs of children.

- OCOK and the Providers will implement-enhanced searches for permanent placement opportunities within or near the child's home community.
- OCOK and the Providers will increase training and oversight to improve capacity for existing foster parents to accept an increased variety of placements in essential communities. This SSCC contract requires a detailed recruitment plan for foster families, adoptive families, and alternate care providers from Providers, including specific strategies to utilize faith-based and other targeted group programs.

Connections to Family and Others Important to the Child are Maintained

OCOK encourages all people with an interest in the well-being of a child to be involved in a comprehensive treatment plan for the child and family.

OCOK will ensure that service planning actively engages families, relatives, CASA volunteers, DFPS caseworkers and other significant people in the child's life. In addition to family members the involvement of teachers, coaches, ministers of faith and others with whom the child has developed an attachment is welcomed. OCOK understands the importance of strong and meaningful connections for our children and youth and works to support and nurture essential and supportive relationships. OCOK is committed to ensuring children maintain and grow the crucial natural supports that will help them long after permanency is achieved. OCOK's approach for strengthening family and other connections includes the following strategies: (1) Increasing local placement options in as many communities as possible; (2) Developing procedures to ensure frequent and meaningful family and sibling visitation occurs; (3) Improving the birth parent - foster parent relationship; (4) Monitoring Plans of Service for all youth regarding implementing or maintaining engagement with activities and supportive members of their local community (e.g. Little League Team and Coach or youth group and minister at their church), (5) Integrating family centered, strength-based case practice.

In addition, OCOK and the Provider will work together to maintain connections for children and youth in care who have a family member, **other than siblings or parents**, or any other individual identified by their DFPS worker as a significant family contact. ***The Provider case manager must ensure that contact with designated individuals occurs monthly in order to maintain significant connections.***

Children are Placed with Siblings

OCOK makes every effort to ensure siblings are placed together when possible. In many cases, placement with siblings in one foster home can reduce stressors on the children and foster families and ease transitions into care as well as help with reunification. Maintaining all siblings together improves

the efficacy of service planning, developing and carrying out permanency plans and increases communication between foster families, birth parents, DFPS caseworkers and officers of the court.

Whenever siblings are placed in separate foster homes, OCOK will attempt to place the siblings in close proximity to facilitate more sibling contact. We also work to maintain connections when siblings are not placed together by utilizing the same therapist and to set up respite between the families. ***The Provider case manager must ensure that sibling contact occurs monthly when siblings are placed separately.***

If the sibling is residing within a 100-mile radius, contact is face to face. If the sibling is outside of the designated radius, contact between the siblings occurs via phone contact, Skype or other electronic means.

Understanding that placing siblings together can be significant to their sense of safety and well-being, foster parents will be trained to understand this significant dynamic. This understanding helps motivate foster parents to care for entire sibling groups if possible. When necessary, OCOK and the Provider will request variances to allow greater capacity in a home, so children can be placed with siblings.

OCOK also takes a proactive stance when there is an opportunity to move siblings together if they are initially separated at placement. If an opening arises in the home of one of the siblings that can accommodate another sibling, we will inform the Provider case manager of the child there may be an opportunity to place siblings together. The Provider should discuss this with the caregiver and ensure they understand the benefits of placing the siblings together.

Services Respect the Child's Culture

Delivering services to all children, youth and their families in a culturally competent manner is a primary objective of OCOK. Providers must ensure that their staff complete training on cultural competency to include specific insight and skills for working with the LGBT community. OCOK will make the training available to all Providers in the SSCC Network.

Further, OCOK and Provider staff are required to participate in annual updates in specialty areas of cultural diversity. Foster parents are required to participate in similar training.

The Provider will make and document good faith efforts, in the child's record, to ensure that children are able to preserve desired and appropriate connections to the child's own cultural identity and community, including religious/spiritual, family members, school and organizations through on-site or off-site means, and other people or groups to which a child is bonded, and which help the child maintain normalcy.

To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers

To be fully prepared for successful adulthood, OCOK and the Providers will provide children and youth with opportunities, experiences, and activities similar to those experienced by their non-foster care peers. We will work to give all youth in care, opportunities to enjoy the experiences, and activities available to their peers (youth not in the foster care system).

Youth in all foster homes and residential facilities participate in activities in the community. These include dining out, going to a movie, shopping at malls, activities at bowling alleys, theme parks and for some, part-time employment. Youth should attend public school and are encouraged to participate in extra-curricular sports, arts and culture or academic programming.

Children and Youth are Provided Opportunities to Participate in Decisions that Impact their Lives

At every opportunity OCOK and the Provider engage children and youth to participate in the decisions affecting their lives. The empowerment of children and youth to work collaboratively with OCOK staff and the Provider case manager to plan for their future is a strong value of our system, and the benefits of this approach are easily apparent. Youth are much more invested in their service plans when they feel ownership of the plan. All programs subscribe to the strength-focused principle that clients are the experts on their own circumstances and needs. Staff should bring skills, experience and best practices and through a partnership relationship help children reach decisions that are most meaningful and represent a realistic likelihood of being successful. Whenever possible, and as appropriate for the child's chronological or developmental age or ability, the Provider case manager will have children participate in person, by phone or by electronic means, in legal and DFPS permanency processes such as court hearings, staffings and other service planning events.

Formal and informal goal setting is seen as a collaborative effort. The Provider case manager will ensure that children and youth participate in and sign their service plans. Children are also encouraged to express their needs and preferences for things such as choosing if they are interested in attending religious services and of what denomination, what extracurricular activities they pursue, and goals for their permanency plans.

OCOK will ensure Providers receive the most up-to-date Performance Measures as those are received from DFPS. Network Providers are responsible for the submission of Performance Measures data to OCOK on a quarterly basis.

11. Risk Management and Reporting

OCOK requires ALL OCOK Residential Network Providers, as a condition of the SSCC Provider Services Agreement, to report all critical incidents, licensing investigations, Licensure Board reports and investigations, suspected fraud or fraud investigations, and State's licensing and Minimum Standards violations to OCOK. Reporting serious incidents is also a condition and requirement of ALL OCOK Residential Network Providers outside the State of Texas when children and youth are placed by OCOK through the Interstate Compact on the Placement of Children (ICPC). Failure to disclose and report may be regarded as a breach of the SSCC Provider Services Agreement. For these circumstances, 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.

Incident Reports

ALL OCOK Residential Network Providers must submit ALL incident reports via the Texas Provider Gateway (TPG) within 24 hours of incident occurrence or as per the required timeframe according to the Texas Health and Human Services Commission reporting guidelines. Please refer to the OCOK Serious Incidents and Reporting Timeframes and Serious Incidents Reporting Requirements for details.

ALL OCOK Residential Network Providers must ensure reportable incidents are directly reported as per the required timeframes, and information is included in the incident report submitted via TPG. ALL OCOK Residential Network Providers outside the State of Texas must also directly report to their state's abuse and neglect hotline as per required timeframes, and information must be included in the incident report submitted via TPG.

A serious incident is not submitted properly in TPG until the Provider's designated Vendor Administrator approves the serious incident to be SSCC submitted. All mandatory filed in TPG must be completed and if the serious incident does not contain all of the necessary information it will be rejected by OCOK. The rejected serious incident will need to be resubmitted with the correct information within 24 hours of the rejection date.

Data Collection and Reporting

Network Providers shall be responsible for:

- forwarding to OCOK on a timely basis all appropriate records relating to the services required by the Provider Services Agreement, the SSCC Contract, or applicable law, rule or regulation, and
- preparing and attending to, in connection with the Services, all reports, claims, and other correspondence necessary or appropriate under the circumstances. Such documentation shall include, without limitation, the reports and other documentation listed throughout this Provider Manual.

Disaster and Emergency Response Preparedness Plan (DERPP)

Network Provider shall submit to OCOK a Disaster and Emergency Response Preparedness Plan (DERPP) 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 Response Preparedness Plans shall be completed in accordance with the Network Provider Manual and the Master Contract. **The Provider's staff and caregivers/foster parents must review the agency's DERPP during pre-service training and annually thereafter in order to be informed of any updates to the Provider's DERPP.** In the event of an emergency, OCOK may exercise oversight authority over the Network Provider in order to assure implementation of the agreed emergency relief provisions.

As a provision of the Disaster and Emergency Response Preparedness Plan, all youth placed in the care of OCOK 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.

12. Quality Improvement and Contract Management

OCOK's approach to managing services is outcome driven, data informed, and performance based. As the SSCC, 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. Our process will allow SSCC management to hold ourselves and those we partner with accountable for financial, quality, and outcome measures that promote child safety, well-being, and permanency.

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. Using the DMAIC approach is effective because:

- We are solution focused and approach every situation with a sense of urgency.
- We engage leadership and system of care staff.
- We value data as a means of diagnosing and understanding our performance.
- We review data and our response to it is in alignment with our values.
- We value transparent and effective communication.
- We receive all critical feedback as an opportunity to improve our service delivery.

Strategies for implementing DMAIC are:

- *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.
- *Analyze*: Analysis includes identifying trends, and opportunities for improvement, isolating data anomalies and process issues, identifying root causes, and reviewing the analysis.
- *Improve*: Subcontracted agencies, 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.

During the process of the ongoing monitoring, OCOK consistently shares and solicits feedback from case management and child protective investigations front line staff, supervisors, agency managers, and community. OCOK understands that the well-being of children and families and the achievement of required metrics are both goals that must be assigned appropriate weight and must be considered symbiotically rather than as separate entities.

The process described above is a continuous cycle that is repeated until performance is at the highest achievable levels and stability is maintained.

Monitoring Review

- A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists Department, a review of the following components:
 1. Records: Client, Caregiver/Foster Parent, Personnel, Policies and Procedures
 2. Physical Site
- B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.
 1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
 2. OCOK reserves the right to make unannounced on-site monitoring visits to the Provider during normal business hours.
- C. Quality Improvement and Contracts Specialists (QI&C Specialist) will complete an annual Monitoring Review for each active contracted Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review. The Director of Quality Improvement and Contracts may determine that a Monitoring Review needs to be postponed until a placement is secured by the Provider in order to have a more comprehensive Monitoring Review that will include client records.

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

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

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

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

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

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

H. Pre-monitoring Activities

1. Quality Improvement and Contracts Specialists will send a Monitoring Review Notice to the Provider announcing the date of the Monitoring Review and requesting needed documentation.
2. Quality Improvement and Contracts Specialists will review the Provider's contract record to ensure that all applicable Monitoring Reports, licensing summaries and other documentation is on file.

3. Quality Improvement and Contracts Specialists will meet with the Director of Quality Improvement and Contracts to review prior reports and any current issues, review monitoring tools and determine roles and timelines.
4. For In-state Providers, the most current SSCC Joint Monitoring Tool will be utilized for the Monitoring Review.
5. For Out-of-State Providers, and in order to determine monitoring items, the Quality Improvement and Contracts Specialist will request, via the Monitoring Review Notice, a copy of the table of contents for personnel, client, and caregiver/foster parent records, as well as a copy of the training log for required trainings by the Provider and their state. Once these documents are received, the Quality Improvement and Contracts Specialist and the Director of Quality Improvement and Contracts review the documents and the SSCC Joint Monitoring Tool in order to determine if the SSCC Joint Monitoring Tool needs to be modified in order to align monitoring requirements with the Provider's procedures and their state's requirements. The SSCC Joint Monitoring Tool is then modified as needed and a Monitoring Tool is developed specific to the Out-of-State Provider. The Provider is then notified of items that will be reviewed during the Monitoring Review.

I. Monitoring Review Activities

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

J. When the Monitoring Review is completed, Quality Improvement and Contracts Specialists will review the preliminary results with the Provider during an exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview

signature form will be obtained as evidence this was completed with the Provider. For desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

K. Monitoring Report and Follow-up

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

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

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,

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

SSCC Joint Monitoring Review

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

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

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

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

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

Annual SSCC Joint Monitoring Review Process

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

1. Work with any SSCC that has a contract with the Provider to determine date of the Monitoring Review/on-site monitoring visit/desk review and determine records to review.
2. Schedule the Monitoring Review/on-site monitoring visit/desk review with the Provider and send information on which records will be monitored for each SSCC. No other records will be reviewed on-site from what has been communicated to the Provider unless requested by a specific SSCC. A Monitoring Review Notice must be sent to the Provider at least 30 days in advance of the Monitoring Review with the necessary information for the SSCC Joint Monitoring Review.
3. Request documents necessary for the Administrative Review to include documents in the “ALL SSCCs Monitoring Items-Via Desk Review” section of the SSCC Joint Monitoring Tool. Any other documents needed by an SSCC for the Administrative Review will be requested/obtained by that SSCC.
4. Schedule entrance and exit interviews.
5. Be the point of contact for the Provider during the monitoring activities.
6. Consolidate and prepare the final Monitoring Report to be issued to the Provider, to include the request of any necessary Performance and Quality Improvement Plans.
7. Obtain Monitoring Report approval from the SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee.
8. Review and accept any Performance and Quality Improvement Plans (PQI Plans) as needed.

Monitoring Review Activities – On-site/Desk Review

1. Meet with the Provider’s staff to go over the purpose, scope and activities planned for the review during the entrance interview. For Desk Review this can be accomplished via Zoom/Teams meeting.
2. Review a variety of records, including but not limited to policies and procedures, client, human resources, and caregiver/foster parent records as deemed appropriate in the pre-monitoring activities.
3. Interview personnel, caregivers/foster parents, and/or clients as deemed appropriate.
4. Tour the facility.
5. Compile work product papers as part of the on-site monitoring visit/audit/desk review. These papers are confidential during the Monitoring Review and must be secured daily. They may be included as back-up in the SSCC record once the Monitoring Review is concluded.

6. SSCC Quality Improvement/Assurance/Provider Relations staff may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the Monitoring Review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Require a private space to review records.
9. When the SSCC Joint Monitoring Review is completed (on-site/desk review), Quality Improvement/Assurance/Provider Relations staff will review the preliminary results with the Provider during an exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview signature form will be obtained as evidence this was completed with the Provider. For desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

Monitoring Report and Follow-up

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

8. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review.
9. The SSCCs reserve the right to complete Monitoring Reviews/audits and on-site visits to their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.
10. The SSCCs reserve the right to request documents from their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.

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

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

The most recent SSCC Joint Monitoring Tool will be posted on the OCOK website (www.oc-ok.org) for Provider's reference.

The OCOK Operations Manual will be posted on the OCOK website (www.oc-ok.org) for Provider's reference and full description of Contract Management for Residential Providers and Family Services Providers. Network Providers are responsible for performing services according to the most up to date OCOK Operations Manual.

Any changes to Policies and Procedures will be posted on the OCOK website (www.oc-ok.org). It is the Provider's responsibility to routinely check for updates to the OCOK Operations and Case Management via the OCOK website. The OCOK Provider Manual is a condensed version of the OCOK Operations Manual and does not contain all of the OCOK Policies and Procedures and must be used as an easy guide for most frequent activities. Network Providers are also informed via email when OCOK adopts new requirements that Providers are required to follow.

OCOK has developed multiple QA/QI activities to assess compliance and quality surrounding output, outcome and satisfaction expectations. These include:

- ***Data Elements:*** OCOK has identified and defined the quality and compliance data elements to be collected and measured/evaluated and used to drive improvement efforts. Appropriate data collection and measurement tools have been, and continue to be, developed in order to analyze and communicate the strengths and weaknesses within a service, program or administrative

department. Collected data assess required outcomes, outputs and consumer satisfaction/feedback. Examples of collected data include:

- *Outcome Related Data:* Performance Outcome Measures (including CFSR and ASFA data), contract deliverables, record reviews, and qualitative measurement of specific activities.
- *Output Related Data:* Client counts, staff turnover, contract and service specific outputs (quantitative measurement of activities), incidents and accidents, program meeting minutes, operations management meeting minutes, risk management Committee meeting minutes, record reviews.
- *Satisfaction Data:* Consumer satisfaction (youth, families) and stakeholder satisfaction.

Finally, OCOK uses client outcome and satisfaction data as a measurement of overall system performance and to identify whether family-centered, strength-based practices and values have been integrated into the System of Care. Information is gathered and analyzed for the purposes of establishing trends, identifying root or contributing causes, and making the necessary adjustments or developing an improvement plan in collaboration with network partners.

This information is reported to all stakeholders and integrated into a continuous quality improvement cycle and is used to enhance the effectiveness of the service delivery system.

- As the SSCC, we will compare these outcomes to State-level expectations and improvement plans to ensure improvement strategies and targets are met.

Capacity to Collect Data

OCOK will utilize all State required systems as well as our local case management information technology system to collect and validate client information. Using these data systems, OCOK will generate reports that are used to manage and track performance across the System of Care.

Examples of additional data and information sources will include, but not be limited to:

- Internally and externally produced QA/QI reports (for instance: DFPS monitoring reports, QA/QI reports, OCOK monitoring reports, RCCL reports and Financial Audits;
- Incident reports, exit interview and client complaints;
- Case management, case staffing and Utilization Management data; and
- Internal and External Meeting Minutes.

Collectively, QA/QI data is used for multiple purposes including monitoring contractor performance and compliance with contractual expectations, assessing system outcomes, and to guiding and managing provider-specific and system-wide performance improvement initiatives.

Quality Improvement & Integration into the Service Delivery System

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. As a whole, this approach to CQI promotes the safety, permanency and well-being of children and families served. As such, performance improvement activities relate to and support achievement of specific Adoption and Safe Family Act, CFSR, and contractual outcomes.

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. If an individual provider or the System of Care as a whole does not meet performance expectations, OCOK facilitates the development of a performance improvement plan designed to drive improvement by developing comprehensive plans to provide necessary support, training, and data-informed feedback. Through this process, findings from CQI activities are used to drive improvements in our delivery system.

As needed OCOK management will meet with DFPS and network partners to discuss circuit-specific performance, review contractual and financial topics, and develop strategies to enhance service provision and improve outcomes.

Oversight and Monitoring of Subcontract Providers

OCOK will actively engage Network Providers in the CQI process and develop contract monitoring policies, procedures and tools to guide the process. Network Providers will be held accountable through performance-based agreements, which detail the scope, requirements and parameters of the subcontract. Additionally, because OCOK will encourage Network Providers to be COA accredited and support them in their efforts to achieve this milestone, each subcontractor will be required to develop and implement internal quality management processes and participate in OCOK' monitoring processes. 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 subcontractor meets the conditions of their contract. Our approach to monitoring subcontract performance will be based on the: 1) Risk-Based Review of Contracts, 2) Real-Time Review of Performance Data, and 3) Accountability to Performance and Outcome Requirements.

Real Time Review of Performance Data

OCOK will utilize an integrated model of quality assurance that engages OCOK and subcontracted provider staff in the review of real-time ("in-process" and "end-process") performance data. This model of continuous quality management, which is fundamentally different than a traditional "compliance" model, allows OCOK and network providers to identify performance trends and proactively develop solutions at both case- and systemic-levels. Our focus at this level of the Quality Improvement Process is the achievement of quality outcomes that directly tie federal and state measures. Through the review of "in-process" and "end-process" performance data, we will empower decision making at a case-level, ensure accountability at the front-line, improve transparency, and better align quality assurance activities with specific System of Care objectives.

Risk-Based Review of Contracts

OCOK will assess contractual risk-based on various factors (value of the contract, previous findings or corrective actions, nature of services, and changes to key executive staff) to determine the level and frequency of monitoring. Depending on the risk factor analysis, contracts are monitored annually (or more frequently), bi-annually or every three years. The OCOK/SSCC COO will create an annual contract-monitoring schedule for each subcontract provider. Reviews will be conducted by fiscal and contracts and quality improvement staff and include any additional OCOK or network provider staff necessary to execute an effective review. Fiscal, administrative and programmatic components are reviewed using the standardized review procedures and tools. The comprehensive review includes, but is not limited to, an onsite review of records, interviews and direct observations by the review team. Findings from the review are communicated to the provider and used to guide and inform service improvements and, when necessary, establish corrective actions, assess performance penalties (financial), or terminate the contract.

Accountability to Performance and Outcome Requirements

OCOK will integrate incentivized performance measures into our contracts with Network Providers. Through the use of performance-based contracts, OCOK rewards or penalizes Network Providers for meeting or not meeting contract expectations. OCOK holds Network Providers accountable to administrative and service performance standards. Contractual measures are established to drive the Provider Services Agreement, which in turn could reduce the frequency of onsite monitoring.

Communication with Network Providers

OCOK be able to develop an ongoing strategy for communicating and addressing system performance. As a result, we will be able to identify problems quickly and develop family- and child-specific strategies to solve issues as they arise. Additionally, the OCOK Quality Committee will meet at least quarterly with providers, Network Providers and other stakeholders to provide a venue for announcements, updates, and discussion of provider successes and concerns. The meeting's agenda will be structured to explore issues related to network performance and to identify and develop solutions to overcome any barriers or mitigate any concerns pertaining to the quality care or services. The ongoing opportunity to share strategies and address challenges builds a cohesive Network Provider and leads to innovative new practices.

The organizational SSCC Quality Improvement approach is simple. Providers must meet clear levels of contractual performance or immediately execute plans to meet performance expectations. If any member of the system of care does not meet DFPS expectations OCOK management will quickly launch a plan to improve performance in the identified areas.

Capacity to Conduct Quality Assurance / Improvement Activities

OCOK will implement a system wide comprehensive CQI process and assembled experienced staff to direct and conduct the activities. The Team will be responsible for: conducting all Quality Improvement activities; development and implementation of management tools to standardize performance measurement; collection and analysis of qualitative and quantitative performance data; development of

system-wide and provider-specific reports; identification of trends and patterns; and integration of findings into a continuous quality improvement process.

Please refer to the OCOK Operations Manual for complete details for Contracting, Monitoring and Quality Improvement procedures. OCOK will ensure Network Providers follow the procedures as applicable.

13. Information Technology

Technical Contact

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;
- respond to periodic reports verifying the Provider's active user accounts;
- 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.

Required Data

Providers are required to submit timely data including the following:

- client data such as assessments, demographics, health information, medications, critical incidents, plans of care, school information, and documents pertinent to client cases;
- resource home information such as address, contact information, licensing information, members of household, and preferences relating to the types of children to be placed;
- daily bed vacancies; and
- other data pertinent to outcome metrics, Provider contract performance, or quality of care.

Methods of Data Submission

In keeping with state requirements, the Child and Adolescent Needs and Strengths (CANS) Assessment must be entered in the statewide eCANS system (<http://ecans.org>).

All other required data elements must be entered into OCOK's web-based software systems (e.g., The Texas Provider Gateway).

As an alternative to manual data entry, Providers may elect to automatically submit daily batches of data. Providers electing to use the automated upload method are responsible for configuring their internal systems to capture and upload data in the required format. Contact info@fiveptg.com for more information.

Support

OCOK provides periodic webinars and on-site training for Providers. Recorded webinars, manuals, and other useful information are posted on the OCOK website (<http://oc-ok.org>).

During business hours, OCOK provides live phone support at 682.432.1111 or by email at support@oc-ok.org to assist Providers with technical issues related to OCOK software.

CANS Assessment Certification

Provider's staff or CANS Assessment Administrators must complete the online CANS training at <http://canstraining.com> and pass a test demonstrating competency in order to be certified to administer the CANS Assessment tool. To maintain the CANS assessment certification, Provider's staff and/or CANS Assessment Administrators must retrain and retest annually. It is the Provider's responsibility to ensure that the CANS Assessment Administrators maintain certification and/or contract with a certified provider.

Requesting Logins to OCOK Systems

OCOK administers Provider accounts for several data systems, including the Texas Provider Gateway and eCANS. The Provider's technical contact is authorized to request new logins by sending a request to support@oc-ok.org. The request should include the following:

- the full name of the individual;
- their job title;
- their phone number; and
- their email address.

Note that the Provider is responsible for ensuring that each authorized user is appropriately trained on the protection of confidential information per contract requirements. The technical contact is responsible for notifying support@oc-ok.org when an employee associated with a login is terminated or transferred and their account should be deactivated.

Securing Email and Fax Communication

Prior to transmitting confidential information by email, Providers are responsible for ensuring that their email system utilizes Transport Layer Security (TLS) to provide an encrypted channel of communication between email servers. TLS is an attractive alternative to third-party email encryption systems, because encryption occurs automatically in the background without requiring the receiving party to log into a third-party system to access the email. If a Provider is not certain whether their email system uses TLS, they should check with their IT professionals or contact support@oc-ok.org for assistance. OCOK will accept emails through third-party encryption services but has a strong preference for using TLS instead. Providers are also responsible for ensuring privacy of communications received by Fax. DFPS and OCOK require physical security around fax machines to prevent unauthorized access to confidential information. OCOK encourages the use of secure digital faxing services which deliver faxes to a secure

email account.

14. Finance and Billing Procedures

Our Community Our Kids (OCOK) will follow the process outlined in Article 5 of the Provider Services Agreement and the addendums to the agreement for payments and payment disputes. Questions that arise should be sent to the OCOK Finance Department at finance@oc-ok.org or call 817.502.1323.

Initial Payment for Foster Care Services

- New placements – Network Providers will be paid by Our Community Our Kids for all new placements that have been referred to by OCOK after 9/01/2014.
- Legacy transfers – Network Providers will be paid by Our Community Our Kids for Region 3b legacy kids beginning on the date the legacy kids are transferred into the OCOK Network.

Payment Terms

- Article 5 of the Provider Services Agreement states that Network Providers will be paid for each month's services by no later than the 25th day of the next month. For example, Network Providers would be paid for their September foster care services by no later than October 25th. However, we will make every effort to pay Network Providers earlier than the 25th whenever possible.
- Network Providers will receive one payment each month for all services provided (i.e., foster care, adoption, etc.).
- OCOK does not require or need Network Providers to prepare and send a bill or invoice for foster care services. Payments will be based on placement data from the OCOK client data management system, myEvolv.
- All Network Providers will be paid electronically by direct deposit. Your bank account will show that the deposit is from ACH Child and Family Services or All Church Operating. A Direct Deposit Authorization Form and a Form W-9 will be sent to all Network Providers to complete and return once the Network Provider application and contract process has been completed.

Foster Care Service Payments

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for foster care service at the fee-for-service rates shown in Exhibit/Appendix A of the Provider Services Agreement (or applicable Addendums for rate changes) and according to the limitations in this section.

- Providers will receive payment for each day a youth is in pre-authorized placement.
- OCOK will pay the provider for the calendar day of placement, but not for the calendar day of discharge.
- OCOK will pay the provider for up to 14 days of foster care in the following circumstances:
 - (1) Psychiatric hospitalization
 - (2) Medical facility hospitalization
 - (3) Runaway

- (4) Unauthorized placement
- (5) Temporary placement/visit in own home
- (6) Locked facility, jail, juvenile detention center
- (7) Short-term substance abuse placement
- Under the above-referenced circumstances, OCOK will reimburse the Provider for days of foster care on behalf of a child who is no longer in that Provider's care, in order to reserve space for the child's anticipated return to the same placement at a date in the near future. The maximum duration of continued payments to the Provider during a child's absence is subject to the limitations set forth in this section. Payments to the provider for foster care during a child's absence will only be made if each of the following conditions are met:
 - The Provider plans to return the child to the same placement at the end of the absence;
 - The Provider agrees to reserve space for the child's return for as long as payments are made in the child's absence; and
- In order for the Provider to be eligible to receive foster care payments for children absent from the foster care facility, excluding children who have run away from placement, the Provider must be actively engaged in:
 - Giving emotional support to the child (via active participation in the child's treatment while hospitalized);
 - Meeting the child's concrete needs (providing clothing, etc.);
 - Having frequent face-to-face contact with the child on a regular basis (being physically present with the child at the hospital as required by some medical facilities, etc.);
 - Facilitating family visits, as appropriate; and
 - Communicating with the medical facility care team regarding the child's progress and discharge plan.
- In order for the provider to be eligible to receive foster care payments for children who have run away from the foster care facility, the Provider must be actively engaged in working with the primary caseworker to locate the child.
- OCOK will not pay the Provider for days of foster care when children and/or youth reside in the following non-DFPS paid placements:
 - (1) Nursing home placement
 - (2) Intermediate care facilities for persons with mental retardation (ICFMR)
 - (3) State Supported Living Centers (SSLC)
 - (4) Placed with a non-licensed relative caregiver
 - (5) Pre-consummated adoptive placement
 - (6) Texas Youth Commission facility
 - (7) Texas State Hospitals
 - (8) Home and Community-based Services
 - (9) Psychiatric hospitals once acute care ends

Adoption Service Payments

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for “Adoption Placement” and “Adoption Post-Placement” services. The fees for these services are included in the Provider Services Agreement.

Providers will be required to send an invoice and adoption document packet to the OCOK Finance Staff for Adoption Placement Services, if applicable, and Adoption Post-Placement Services. The invoice and document packet must be received by OCOK within 30 days from the date of service. For adoption placement services, the date of service is the date of the adoptive placement as shown on the DFPS Adoptive Placement Agreement. For Adoption Post-Placement Services, the date of service is the date the adoption decree or final adoption order is signed by the Judge.

Adoption Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with a date of adoptive placement within the period of the Begin Date and the Termination Date and have the correct 88F service code), and
2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child.

Adoption Post-Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with dates inclusive of the day following the adoptive placement to the date of consummation as Begin Date and the Termination Date. Must also have the correct 88G service code.);
2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child;
3. Copy of the file stamped petition for adoption (stamp must be clearly visible on first page);
4. Copy of the signed **and notarized** court report for the adoption proceedings (DFPS requires the court report to be notarized in order to release the funds for the adoption services. Court Reports that are not notarized will not be accepted.); and
5. Copy of the adoption decree signed by the judge. (Decree must have the judge’s signature. Decrees with the stamp “Original signed by Judge” on the signature line will not be accepted. DFPS requires the judge’s signature in order to release the funds for the adoption services).

To request a copy of the CPS adoption service authorization Form 2054, please contact the adoption coordinator or email adoption@oc-ok.org.

The invoice and document packet can be sent to the OCOK Finance staff by any of the following:

1. Encrypted Email;
2. Uploaded to their file on the box.com website;
3. Faxed to the attention of OCOK Finance; and
4. Regular mail to the OCOK administration office

Once received, the OCOK Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter

the adoption services event(s) in the myEvolv system, which will cause an invoice for the Provider to be created in myEvolv. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly payment report.

Extended Foster Care Service Payments

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for Extended Foster Care Services, which also include Supervised Independent Living Services. Extended Foster Care Services that are provided in a licensed CPA or GRO placement are paid at normal Foster Care daily rates, which are shown on the fee schedule included in the Provider Services Agreement. There is a separate daily rate fee schedule for Extended Foster Care Services that are provided in a Supervised Independent Living program. The fees for these services are included in the Supervised Independent Living Provider Services Agreement.

In order for providers to be paid for Extended Foster Care Services and Supervised Independent Living Services, the following conditions must be met:

1. The Extended Foster Care agreement signed by the youth must be on file with OCOK.
2. The provider must be able to provide documentation on a periodic basis demonstrating that the youth is:
 - a. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
 - b. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the Youth or young adult has received a high school diploma or GED certificate. (40 TAC §700.316);
 - c. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
 - d. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
 - e. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday; or (40 TAC §700.316); and
 - f. Accepted for admission to a college, or vocational program that does not begin immediately. In this case, the youth or young adult's eligibility is extended three and a half months after the end of the month in which the youth or young adult receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

Preparation for Adult Living (PAL) Service Payments

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for Preparation for Adult Living (PAL) services that have signed the PAL Provider Services Agreement. The fees for these services are included in the PAL Provider Services Agreement.

In order for providers to be paid for PAL services, they must meet the requirements stated in the PAL Provider Services Agreement. Providers will be required to send an invoice and PAL services documentation to the OCOK Finance Staff. The invoice and documentation must be received by OCOK within the time frame specified by the OCOK PAL Services Agreement.

The invoice and documentation can be sent to the OCOK Finance staff by any of the following:

1. Encrypted Email;
2. Uploaded to their file on the box.com website;
3. Faxed to the attention of OCOK Finance; and
4. Regular mail to the OCOK administration office.

Once received, the OCOK Finance staff will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the PAL services event(s) in the myEvolv system, which will cause an invoice for the provider to be created in myEvolv. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly payment report.

Payment Reports for Providers

Upon sending the monthly payment to the Network Providers, the OCOK Finance Staff will create a payment report for each Provider showing the details of the Provider's direct deposit payment. The payment report shows the Provider agency name, children's names, children's myEvolv ID numbers, levels of care, dates of care and the services that were provided.

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

In order to set up a Provider's file on box.com, the Accounting Manager has the ability to create the file when the Provider's first payment has been created by the myEvolv system. When the first payment is made, the Accounting Manager will contact the person that the Provider has designated as their point of contact for their OCOK contract and request the name and contact information for a billing/payment contact person. Once received, the staff will be given access to their organization's file on box.com with viewer/uploader status. The staff will be able to download and upload documents when needed. At any time, a Provider can contact the Accounting Manager to change the staff that have access to their file on box.com. For any questions about accessing or downloading information from box.com, please contact finance@oc-ok.org.

Payment Dispute Resolution Process

The Network Provider will reconcile the payment from OCOK to the Provider's records. If any discrepancies are noted, the Network Provider will initiate the following dispute resolution process within 30 days of receiving payment.

- The parties will confer, in person or by telephone/email, to resolve disputes over payment for services through the following process. In order to initiate this process, either party must provide the other party with written notice of its dispute about a service and/or payment issue. The provider can request a Provider Payment Discrepancy Report form in order to submit payment discrepancies to the OCOK Finance Staff. The discrepancy report can be submitted by encrypted email, fax, regular mail and can also be uploaded to their file on box.com. Please contact the OCOK Finance department with any questions at finance@oc-ok.org.
- Staff Conferencing. Within ten (10) days of receipt of a written notice initiating the dispute resolution process, OCOK and Network 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 Network 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 thirty (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 Network 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 thirty (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 Network 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 Network Provider in the next monthly payment following the month in which OCOK concluded it was liable for payment.
- In the event the Network 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 sixty (60) days from invoicing by OCOK to Network Provider, OCOK may deduct the balance amount due to OCOK from any amount owed to the Provider pursuant to the Provider Services Agreement.
- Compliance with 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.

Return of Funds

In the event that the Network Provider or its independent auditor discovers that an overpayment has been made by OCOK, the Network 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 Network Provider, OCOK shall notify the Network Provider by letter of such a finding and request repayment forthwith. OCOK may unilaterally deduct overpayments made to Network Provider from monies owed to Network Provider.

Monitoring for Minimum Pass-Through Rate Compliance

OCOK monitors its Child-Placing Agency Providers (Providers) for compliance with the minimum pass-through rate, which is required by the SSCC Master Contract and also the Provider Services Agreement. The Minimum Pass-Through Rate to the foster parents is shown in the most recent Rate Addendum to the Provider Service Agreement. This annual monitoring is performed by the OCOK Senior Director of Finance & Administration and the designated OCOK Finance staff.

The DFPS CBC Fiscal Officer will select a random sample of foster care placements for the DFPS fiscal year being reviewed. Once the sample of placements has been received, each Provider is contacted with the list of randomly selected foster homes. For the selected month, we request that the Providers send us the calculation of the foster parents' payment and also proof that the foster parents received the payment.

Once the Providers have complied with our request, we use the Minimum Pass-Through Rate Monitoring Tool to evaluate each foster parent's payment, and to verify that all Child-Placing Agency Providers have complied with the minimum pass-through rate requirement. If we determine that a foster parent has been paid incorrectly, the issue is presented to the billing contact of the Provider and proof of a corrected payment to the foster parent is requested and required. If a Provider fails to comply with the request for the foster parent payment information and/or fails to comply with the Minimum Pass-Through Rate requirement, it is reported to the OCOK Chief Operating Officer in order to pursue a remedy with the Provider.

Monitoring for Financial Viability

OCOK may monitor the financial viability of the Providers when it deems appropriate to do so.

According to the OCOK Provider Services Agreement, Providers must send their unaudited financial statements to OCOK on an annual basis within 90 days of the Provider's fiscal year end. These financial statements shall include Balance Sheet and Income Statement (or Statement of Activities and Changes in Net Assets). If the financial statements of the Provider have been audited or reviewed by an independent certified public accountant, then audited financial statements accompanied by the auditor's management letter or a financial review report are to be provided to OCOK within 9 months after the Provider's fiscal year end.

OCOK will utilize standard financial measures to monitor the financial viability of the Network Providers when it is deemed appropriate to do so. The monitoring will be performed by the OCOK Senior Director

of Finance & Administration, and the results of this monitoring will be submitted to the OCOK Chief Operating Officer.

15. Manual Revision and Communication

This Provider Manual will be revised from time to time, as needed. When it is revised Providers will be notified and the latest version will be posted on the OCOK website www.oc-ok.org. Once there is a change in a Policy and/or Procedure OCOK will notify Providers, this communication will serve as the formal notification of a change to a Policy and/or Procedure and must be adopted as a requirement effective the date in the communication/notification. **It is the responsibility of Network Providers to ensure they are operating within the most current version of the OCOK Operations Manual, OCOK Case Management Manual, and their condensed versions --OCOK Stage I Residential Provider Manual and OCOK Stage II Family Services Provider Manual.**

OCOK Contact Information

3 in 30	3in30@oc-ok.org
Adoption Services	adoption@oc-ok.org
Complaints/Concerns/Grievances	consumeraffairs@oc-ok.org
Courtesy Requests	S3CC3B_CVS_KIN_LPS_ADO@oc-ok.org
Daycare	daycare@oc-ok.org
Family Services Providers	familyservicesproviders@oc-ok.org
Finance Department	finance@oc-ok.org
Foster-Adopt and Kinship Inquiries	fosteradopt-inquiry@oc-ok.org
Information Technology	support@oc-ok.org
Quality Improvement and Contracts	qualityandcontracts@oc-ok.org
Referral and Placements	intake@oc-ok.org
Service Planning, Court Reports	caremanagment@oc-ok.org
PAL (Preparation for Adult Living)	palreferral@oc-ok.org
Psychiatric Hospitalization Notification	psychhospitalization@oc-ok.org