



our community our kids

a division of ACH Child and Family Services

# OCOK Stage II Family Services Provider Manual

Rev. 1-2024

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## 1. Introduction

Since 2014, Our Community Our Kids (OCOK), a division of ACH Child and Family Services, has been providing a continuum of services for children in the Texas foster care system in the Texas Department of Family and Protective Services Region 3b catchment area through the Single Source Continuum Contract (SSCC). Region 3b catchment area includes Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Tarrant counties.

In 2020, OCOK implemented Stage II of the SSCC contract. As in Stage I, OCOK continued to be responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services. In addition to Stage I responsibilities, OCOK expanded its services to provide Case Management and Family Services. Stage II services strive to enable children to safely achieve permanency in their own home, with relatives, or through adoption.

In 2023, ACH Child & Family Services was re-awarded the SSCC Contract, expanding the catchment area from 7 to 10 counties adding Denton, Cooke & Wise counties to the service area. Stage I of this expanding contract will go into effect in 2024.

Throughout Stage I of the CBC contract, OCOK has worked together with Residential Providers throughout Region 3b to evaluate current service offerings and to expand capacity, as necessary. OCOK has developed and supported a robust Network of Providers with the capacity to deliver a full array of services, creating an integrated, full continuum of care in the Region.

In Stage II of CBC, OCOK has developed a Network of Providers to deliver a broad array of services to meet the various needs of families involved in the Texas child welfare system. To become a Family Services Network Provider, an agency or individual must complete an application and have a fully executed Family Services Provider Services Agreement and Addendums. This Family Services Provider Manual will give the Provider guidance on specific issues, expectations and protocols not covered in the contract or addendum. If you have any questions regarding any part of this manual, please contact the OCOK Chief Operating Officer.

The Network Providers are invited to participate in the OCOK Provider Network Meetings. The Network Provider Meetings are scheduled on a regular basis to provide the Network and OCOK an opportunity to work together to identify gaps in services, starting new services, expanding services into rural areas, and improving communication and quality of services.

With the expansion of services into the three (3) northern counties, OCOK will work closely with DFPS & the community to develop children and family services that support the well-being, safety and permanency needs of children and their families in Region 3W.

## 2. Drug Testing

A Permanency Specialist may authorize the screening of a client's urine specimen to test for the existence of a drug.

A drug screening confirms only the existence of the drug in a specimen; it does not confirm whether a client used the drug or whether a positive result is due to secondary exposure.

A diluted sample indicates that a client drank a large amount of water some time before the drug test.

When the lab indicates that a sample is diluted, the Permanency Specialist can take one the following actions to arrive at a conclusion about the client's use:

- Have the client retested
- Request a different type of testing, such as requesting a hair follicle test instead of a urine test
- Rely on credible evidence obtained through observation, information from collateral sources (such as a teacher, neighbor, or family doctor), and the case history.

### ***Drug Testing-Oral Fluids***

A Permanency Specialist may authorize an instant test; that is, an oral swab of a client's oral fluids performed by a Permanency Specialist.

The test results:

- are confirmed by a laboratory, when possible; and
- must be confirmed before being presented as evidence in a court hearing.

### ***Drug Testing-Hair Follicle Testing***

A Permanency Specialist may authorize the testing of a client's hair sample to establish the client's use of a drug over a 90-day time span.

The test is effective for use over that time span, only if:

- the root of the hair is included; and
- the hair is examined in segments.

Hair testing does not detect the recent use of drugs; rather, it detects drug use that took place at least weeks or even months before the test.

### ***Drug Testing-Confirmation-All Types***

A Permanency Specialist may authorize a test confirming the results of a drug test.

A specimen is collected from the client to measure whether the client's body has metabolized the drug. If the drug is present in the client's body at levels high enough to be metabolized, the possibility of accidental or second-hand exposure is ruled out. Confirmation tests are also used to rule out false-positive results.

### 3. Substance Abuse - Assessment and Counseling

OCOK seeks to contract with qualified providers to assist OCOK in achieving program purpose and objectives by providing Substance Abuse Services (SAS). OCOK does not guarantee any minimum level of utilization or specific number of referrals. Utilization rate will vary according to the needs of staff, individual client needs, and regional allocations. The final decision for use, partial use, and nonuse of these professional services lies within the authority of OCOK.

#### ***Eligible Population***

Individual adults referred directly by OCOK are eligible for services. OCOK determines eligibility; Provider must serve all clients properly referred by OCOK consistent with their capacity and program aims.

#### ***Client Characteristics***

Due to the nature of OCOK's responsibilities the Provider must be prepared to serve individuals with characteristics including, but not limited to:

- Involuntary clients;
- Parents or caregivers who are responsible for the care of abused and neglected children and need these services as a means of preventing future abuse or neglect;
- Person(s) to whom a court has ordered OCOK to provide services;
- Person(s) who have been or are currently involved in the criminal justice system: or
- Person(s) with limited English language proficiency.

#### ***Minimum Service Provider Qualifications***

Service Providers and staff responsible for their supervision and clinical decisions must be an individual who is appropriately licensed by the State of Texas to perform the service. Interns are not approved to provide services to clients under this Contract.

Provider will assign only qualified personnel to this Contract. The Service Provider must:

- Be licensed by the State of Texas as a Licensed Chemical Dependency Counselor (LCDC) to provide LCDC Services and maintain licensure throughout the life of this contract, or
- Have substance abuse assessment/counseling experience and possess Clinical Licensure in the State of Texas. The service provider must be working within the ethical scope of their license when providing this service.

#### ***Trauma-Informed Care Child Welfare Practices***

An understanding of Trauma-Informed Care Child Welfare Practices is critical to the process of addressing therapeutic needs of families involved with substance abuse.

*Provider's personnel who work directly with clients must complete at least two (2) hours of Trauma-Informed Care training. Existing personnel must complete this training within 30 calendar days of contract execution. New personnel must complete this training within 30 calendar days of hire.*

*The Provider must maintain a copy of the Certificate of Completion of Trauma-Informed Care training in the personnel record.*

### **Service Authorization and Referral**

Clients will be referred via an OCOK Service Request Form and a referral packet.

Services must be authorized on a valid OCOK Service Authorization Form prior to services being rendered. The individual case record must include, and the Provider must follow the specifics addressed in the form, including but not limited to:

- The provision of services within the time frames specified;
- Discontinuing services at the earliest date, based on when one of these events occurs:
- The number of units specified on the authorization form have been delivered; or
- The request for service is withdrawn by OCOK.

### **Additional Referral Information**

In addition, the referral packet may include:

- Copies of previous psychological testing reports or other assessments;
- A Family Plan of Service; and
- Other information pertinent to the referral for services.

### **Initial Contact**

The Provider must use an appropriate contact method designed to maximize the chances the referred individual will respond and honor appointment times and dates.

*The Provider must contact the client within three (3) business days of receipt of the OCOK Service Request Form to schedule initial appointment.*

*The Provider must begin the delivery of services within 10 business days of receipt of the OCOK Service Request Form.*

### **Emergency**

It is anticipated that emergency situations may occur requiring a need for expedited services. Provider must work closely with OCOK to expedite service delivery as requested.

### **Missed or Cancelled Appointments**

#### **Missed by Client**

*The Provider must notify the Permanency Specialist within 24 hours of the missed appointment via email.*

When two (2) consecutive appointments are missed, Provider must obtain the Permanency Specialist's instructions on how to proceed. Further appointments must not be scheduled unless instructed by OCOK to schedule additional appointments.

A maximum of two (2) missed appointments may be billed to OCOK.

### ***Cancelled by Provider***

The Provider is responsible for sending a 24-hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.

### ***Major Service Deliverables***

OCOK purchases Substance Abuse Services to assess individual service needs and meet identified need for treatment, as appropriate for clients who abuse alcohol or engage in the abuse of, improper use of, or dependency on illegal or legal drugs. Major service deliverables include any individual or combination of the following:

- Substance abuse assessments;
- Substance abuse treatment;
- Court related services; and
- Case specific diagnostic consultation.

### ***Substance Abuse Assessment***

An assessment is used to determine the severity of a client's substance abuse disorder and to identify their treatment needs.

The assessment process consists of two main tasks:

- Intake includes the gathering and compilation of, but not limited to:
- Basic demographics;
- Reason for referral;
- Drug of choice; and
- To some extent, a brief summation of the client's expectations regarding the proposed services.

### ***Assessment***

The administration and the written results of a substance abuse assessment tool. The assessment tool must identify problems associated with substance use including but not limited to the following minimum requirements:

- The issues identified in the OCOK client referral information;
- The identification of the parent/caregiver's strengths, diminished protective capacities and unmet needs of the child(ren);
- The parent/caregivers' perception of family problems, to include how the parent/caregivers' substance use poses a threat to child safety, risk and why the child is in care or involved with CPS;

- The parent/caregivers' ability to protect the child(ren) from abuse or neglect;
- The parent/caregivers' ability to problem solve and utilize resources;
- The family's support system and/or extended family;
- Substance abuse;
- Family violence issues;
- Parent/Caregivers' ability to function as a provider for the family;
- Evaluation of safety threats and continued risk to the child; and
- Specific recommendations for further treatment.

### ***Documentation of Assessment***

Documentation of the assessment must be maintained in the client's record.

### ***Due Date Assessment***

Assessment is due to OCOK no later than 10 business days following the face-to-face meeting with referred client.

### ***Substance Abuse Treatment***

Substance abuse treatment services must be provided:

- Face to face;
- In a suitable location other than the home of the client; and
- Within the Scope of Practice and guidelines consistent with generally acceptable standards of treatment.

### ***Types of Counseling Treatment***

OCOK may authorize two types of counseling treatment:

#### ***Group Counseling***

Group counseling is the preferred OCOK service modality. It must be designed to equip clients with skills needed to understand the disease concept and maintain sobriety.

#### ***Group Requirements***

The following are requirements for the provision of group services.

Group content must be designed for complete delivery within a series of group sessions and must be limited to no less than eight (8) and no more than 24 total participant hours.

The group must be designed to allow clients to enter a series of sessions at any time they are referred to, rather than having to wait for a new series to begin. Participants must be scheduled to prevent repeating a session topic.



The size of groups must be at least two (2) (unrelated individuals), but no more than 12 total participants.

The Provider will be responsible for providing the site for the group. The site may be an OCOK office site upon approval of OCOK. The room must be appropriately furnished and large enough for the group.

### ***Individual Counseling***

Individual counseling consists of private, face-to-face counseling between a client and a counselor or therapist, to help the client meet his or her treatment goals.

If issues are identified through the participation in group counseling or other means, OCOK may authorize individual counseling.

### ***Communication with OCOK***

#### ***Substance Abuse Treatment Exceptions***

*The Provider is expected to communicate significant information such as missed appointments, relapses, and drug testing results to the Permanency Specialist by phone followed by a written report that must be sent by email or fax within 24 hours of the appointment.*

### ***Treatment Plan***

Individual substance abuse treatment services require documentation to support the necessity of the service rendered. The client's written treatment plan is therefore required and must be developed, distributed and maintained within the requirements outlined below throughout the course of treatment.

#### ***Initial Treatment Plan***

The Provider's initial treatment plan shall identify the issues, intervention strategies, and goals of treatment.

#### ***Treatment Plan – Minimum Requirements***

A treatment plan and supporting documentation must include, but is not limited to, the following components:

- Identification and rank of issues to be addressed based on the client's assessment, including those identified in the OCOK referral and any child safety threats;
- Defined goals;
- Written objectives for each goal;
- Identified strategies/interventions;
- Recommended projected length of services and frequency;
- Dated signature of participating client;
- Dated Service Provider's signature;

- Drug testing method and frequency of testing, if appropriate;
- A Relapse Prevention Safety Plan; and
- Date and way the plan was submitted to the Permanency Specialist.

***Due Date for Initial Plan***

Initial treatment plan is due to the Permanency Specialist no later than 21 business days following the initial referral for treatment.

***Updates to Treatment Plan***

Treatment plan must be updated every 90 days.

***Monthly Summary Notes***

*Monthly summary notes must be provided to the Permanency Specialist detailing the approach, and progress or lack of progress by the 10th day of the month following the month of service. Copy of email must be maintained in the client record as evidence of compliance with this requirement in the event the client record is reviewed.* Notes must include enough information to keep the Permanency Specialist updated. At a minimum, the notes must address:

- Name of the client;
- Date(s) served, location and type of service provided;
- Group session topic(s), level of participation, engagement, and changes in client’s behaviors and conditions that demonstrate that problems contributing to risk have been, or are in the process of being, satisfactorily addressed;
- Progress or lack thereof, toward treatment goals; and
- Number of substance abuse tests, if any and results.

***Discharge Plan***

The purpose of a Discharge Plan is to document and report closure of treatment services case due to either completion or termination. *Provider must provide a Discharge Plan to OCOK no later than 10 business days after closure. Copy of email must be maintained in the client record as evidence of compliance with this requirement in the event the client record is reviewed.* A Discharge Plan must include, but is not limited to, the following:

- Name of client(s) served;
- Summary with detail to support the client’s participation and progress, or lack thereof, in meeting goals identified in the Treatment Plan as applicable;
- Reason for case closure;
- Dated service provider’s signature;
- Date and way the summary report was submitted to the Permanency Specialist; and

- Any recommended protective measures.

### ***Substance Abuse and Alcohol Testing***

Substance abuse and alcohol testing is not payable as a separate expense. It is expected that, if the Provider's treatment plan requires testing, the Provider will have a method for testing as needed for treatment services.

### ***Positive Test Result***

#### ***Client Admission***

OCOK considers a client's admission of current drug use or abuse of alcohol as a "positive" drug result. Client's denial of drug use should not be considered a negative drug test result.

#### ***Documentation***

Provider must communicate and document the client's self-reporting or the positive test result to the Permanency Specialist within 24 hours, including:

- Substances tested; and
- Cut off levels.

#### ***Court-Related Services***

OCOK purchases court-related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. This service is not optional and is an allowable charge to the contract only when authorized by OCOK. OCOK will, upon authorization, pay a total equal to three (3) units of service for court testimony.

#### ***Preparation***

The Provider and its representatives must ensure that they and the applicable service providers have personal knowledge of the matters to be discussed and are adequately prepared to provide the service.

#### ***Attendance***

The Provider must ensure and require all requested or subpoenaed parties to attend depositions and court appearances at the times requested by OCOK.

#### ***Court Related Documentation***

The following information must be maintained in the client record:

- A copy of the completed Court Related Services Case Note, and
- Subpoena, if applicable.

#### ***Case Specific Diagnostic Consultation***

OCOK purchases diagnostic consultation services to obtain professional recommendations and opinions about a specific client. Diagnostic Consultation is participation in a formal meeting or staffing, initiated by OCOK, to discuss a specific case. Informal telephone conversations and meetings are not billable.

### ***Preparation***

The Provider and its representatives must ensure that they are prepared to discuss relevant information at the case specific diagnostic consultation.

### ***Attendance***

The Provider is required and must ensure the service providers are available as requested by OCOK to provide case specific diagnostic consultation services, including attendance at case staffing.

### ***Documentation***

Case specific diagnostic consultation documentation includes but is not limited to the following information:

A case note dated (month/day/year) and signed by the performing Provider to the appropriate and specific file is required and must include:

- Name of client;
- Date; start and end time of consultation;
- Location of consultation;
- Purpose of diagnostic consultation;
- Brief summary of case information shared at consultation; and
- Summary of any recommendations made by LCDC.

### ***Develop, Manage, and Maintain Quality***

Quality Services Delivered to OCOK: The Provider is responsible for implementing and maintaining quality assurance to ensure the services satisfy the requirements of this contract and clients benefit from services provided.

Timely Product Delivered to OCOK: Provider must manage referrals to ensure timeframes and quality expectations can be met.

### ***Provide Contract Maintenance***

Provide Feedback to OCOK Staff: At the request of OCOK the Provider must provide OCOK informal information on the status and progress of referrals. The informal information will be at no charge to OCOK.

### ***Subcontract Requirements***

Subcontractors providing services under the Contract must meet the same requirements as specified in this contract as the Prime Provider. No subcontract under the Contract shall relieve the Provider of the responsibility for ensuring the requested services are provided in compliance with the prime contract.

## 4. Evaluation and Treatment Services

A Permanency Specialist will authorize evaluation and treatment services on an approved OCOK Service Request Form. Once the Permanency Specialist's Supervisor has approved the service, the Permanency Specialist will forward the OCOK Service Request Form to the Provider.

Eligible clients will be children and their family members in open CPS cases referred to by the Permanency Specialist.

Individual or family counseling may be provided in the home. Policies on waiting times and missed appointments must be addressed as if the incidents had occurred in the office.

OCOK seeks to contract with qualified providers for Evaluation and Treatment Services to assist in achieving program purpose and objectives.

- Provide Evaluation and Treatment Services to families and caregivers who are in CPS conservatorship in order to enhance protective factors in the family and prevent child maltreatment.
- Aid children in the development of skills to manage and overcome trauma resulting from incidents of abuse and/or neglect.
- Assess the parental actions of parents/caregivers to provide clinically guided behavioral health care services to overcome trauma, re-establish healthy relationships, and to ensure child safety and basic and developmental needs are met.
- Provide clinically guided behavioral health care services that address parent/caregiver actions that are imperative to child safety and the developmental/emotional needs of children.
- Provide clinically guided behavioral health care services to aid children and youth toward developing skills to overcome trauma and re-establish healthy relationships with parents/caregivers and others (siblings, other relatives, teachers, etc.).
- Provide domestic violence assessment and Battering Intervention services to the domestic violence perpetrator to move towards a non-violent, non-coercive family structure, establish skill sets to prevent future violence, and increase the safety of victims.

### ***Contracted Evaluation and Treatment Services***

OCOK purchases the following direct client services to meet the individual need for evaluation and treatment.

#### ***Evaluation Services***

- Psychosocial Assessment (A psychosocial assessment is required in order to provide treatment services)
- Psychological Services (Evaluation & Testing)

### **Treatment Services**

- Individual Counseling/therapy
- Group Counseling/therapy
- Family Counseling/therapy

### **Missed or Cancelled Appointments For all Assessment and Treatment Services**

#### **Missed by Client**

*Provider must notify the Permanency Specialist within twenty-four (24) hours of the missed appointment via email.*

*When two (2) consecutive appointments are missed, Provider must obtain the Permanency Specialist's instructions on how to proceed. Further appointments must not be scheduled unless instructed by OCOK to schedule additional appointments.*

A maximum of two (2) missed appointments may be billed to OCOK.

#### **Cancelled by Provider**

*The Provider is responsible for sending a 24-hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.*

#### **Monthly Summary Notes**

*For all treatment services, monthly summary notes must be provided to the Permanency Specialist detailing the approach and progress or lack of progress by the 10th day of the month following the month of service. Copy of email must be maintained in the client record as evidence of compliance with this requirement in the event the client record is reviewed. Notes must include enough information to keep the Permanency Specialist updated. At a minimum, the notes must address:*

- Name of the client;
- Date(s) served, location and type of service provided;
- Group session topic(s), level of participation, engagement, and changes in client's behaviors and conditions that demonstrate that problems contributing to risk have been, or are in the process of being, satisfactorily addressed; and
- Progress or lack thereof, toward treatment goals;

#### **Battering Intervention and Prevention Program (BIPP)**

- Domestic Violence (DV) Assessment - DV assessment is required in order to determine if Battering Intervention and Prevention Program (BIPP) is appropriate for the domestic violence perpetrator.
- Group – Battering Intervention and Prevention Program (BIPP)

### ***Court-Related Services***

OCOK purchases court-related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. This service is not optional and is an allowable charge to the contract only when authorized by OCOK. OCOK will, upon authorization pay a total equal to three (3) units of service for court testimony.

#### ***Preparation***

The Provider and its representatives must ensure that they and the applicable service providers have personal knowledge of the matters to be discussed and are adequately prepared to provide the service.

#### ***Attendance***

The Provider must ensure and require all requested or subpoenaed parties to attend depositions and court appearances at the times requested by OCOK.

#### ***Court Related Documentation***

The following information must be maintained in the client file:

- A copy of the completed Court Related Services Case Note, and
- Subpoena, if applicable.

#### ***Trauma-Informed Care Child Welfare Practices***

An understanding of Trauma-Informed Care Child Welfare Practices is critical to the process of addressing therapeutic needs of families.

*Provider's personnel who work directly with clients must complete at least two (2) hours of Trauma-Informed Care training. Existing personnel must complete this training within 30 calendar days of contract execution. New personnel must complete this training within 30 calendar days of hire.*

*The Provider must maintain a copy of the Certificate of Completion of Trauma-Informed Care training in the personnel record.*

## **5. Parent/Caretaker Training**

A Permanency Specialist may authorize homemaker or parent training for parents or other caregivers that need to improve their parenting skills.

The training may be provided individually or in groups and in any appropriate setting, including the home. Parents, relatives, and other significant caregivers are eligible for this service. Service may also be provided to parents or caregivers to improve the care they provide for children who have special medical or developmental needs.

Children may live in their own homes, with relatives, with other substitute caregivers, in pre-consummated adoptive homes, or in foster care.

When a Permanency Specialist authorizes training or when a court orders training, the parenting education programs must be:

- evidence-based;
- promising practice; or
- evidenced-informed.

### ***Service Population Requirements***

For clients served through this contract, the following requirements must be met:

- All clients must enter into services voluntarily;
- Provider cannot charge client fees for participating in a program or for any program participation-related costs; and
- Provider must serve families that are not already receiving similar services.

### ***Intake Process***

The intake process must include completion of an enrollment form, and any additional client surveys and assessments as required by OCOK or the selected model(s). This intake process must be documented in each client record. The Provider's intake process must ensure the program is suitable to meet family's needs.

### ***Minimum Staffing Qualifications***

#### ***Direct Service Staff and/or Volunteers***

- Direct service staff or volunteers who are primarily responsible for delivering the core Evidence-Based Program components must have an associate degree or higher in a health and human services field; a bachelor's degree is preferred and two (2) years of direct service experience in a health and human services field; and
- If any proposed evidence-based programs have more stringent requirements, the Provider must meet those rather than the minimum requirements cited.

#### ***Program Director Role and Qualifications***

- The Program Director role, or equivalent position, will be the primary program contact and will be responsible for program oversight, services, and supervision;
- Any person holding the Program Director position or performing Program Director responsibilities must have at least a bachelor's degree in a relevant field, with relevant work experience, and a minimum of five (5) years of relevant program management and supervisory experience or a master's degree in a relevant field, along with a minimum of three (3) years program management and supervisory experience is preferred;
- The Program Director must have experience with performance evaluation, data analysis, reporting, and social service programming; and
- The following responsibilities and activities are required of the Program Director role and/or must be integrated into other appropriate manager roles where qualifications are met. Clear



organizational structure is required, with Program Director responsibilities clearly accounted for and assigned to the qualified full-time employee(s) (FTE(s)).

### ***Tracking Referrals***

### ***Service Documentation***

Provider will track all services provided in accordance with the Provider's documentation forms. Provider must ensure that all service documentation is complete, accurate, maintained in an organized fashion, and made available to OCOK staff upon request.

Provider must maintain records in a manner that protects the confidentiality of the families being served. Service documentation should include, but is not limited to:

- Case notes to include service type and activity documentation;
- Sign-in sheets, particularly for group activities;

All services provided by Providers and their Subcontractors (if applicable) must have valid documentation that supports verification of participant attendance, such as sign-in sheets and attendance rolls including a staff signature certifying the validity of the information.

## **6. Psychological/Psychiatric Evaluation/Assessment**

A Permanency Specialist may authorize psychological testing if:

- the Permanency Specialist suspects the presence of a mental, behavioral, or intellectual and developmental disability;
- a licensed clinician who has conducted a psychosocial assessment or a psychiatrist who has conducted a psychiatric evaluation and recommends psychological testing;
- a copy of a current psychosocial assessment, psychological testing, or psychiatric evaluation (conducted within the past 14 months) is not available;
- there is no other source of payment, such as Medicaid, private insurance, or a community resource; and
- an OCOK Program Director has provided approval for the psychological testing; or
- the court orders psychological testing.

Eligible clients include:

- parents or caregivers in open OCOK cases;
- kinship, and prospective adoptive parents (when this service helps to determine or maintain appropriate placement).

### ***Psychiatric Evaluation***

A Permanency Specialist may authorize psychiatric evaluations if:

- the Permanency Specialist suspects the presence of a mental, behavioral, or intellectual and developmental disability;
- psychological test results or a licensed clinician who has conducted a psychosocial assessment recommends a psychiatric evaluation;
- a copy of a current psychosocial assessment, psychological testing, or psychiatric evaluation (conducted within the past 14 months) is not available;
- there is no other source of payment, such as Medicaid, private insurance, or a community resource; and
- an OCOK permanency director has provided approval for the psychiatric evaluation; or
- the court orders a psychiatric evaluation.

Eligible clients include:

- children and their parents or caregivers in open OCOK cases; or
- kinship, legal-risk, and prospective adoptive parents (when the service helps to determine or maintain appropriate placement).

Provider will provide quality care with the focus on safety, permanency, and well-being for children and youth in CPS conservatorship so that they can move into a least restrictive and more permanent, family-like setting.

### ***Missed or Cancelled Appointments For all Assessment and Treatment Services***

#### ***Missed by Client***

Provider must notify the Permanency Specialist within 24 hours of the missed appointment via email.

When two (2) consecutive appointments are missed, Provider must obtain the Permanency Specialist's instructions on how to proceed. Further appointments must not be scheduled unless instructed by OCOK to schedule additional appointments.

A maximum of two (2) missed appointments may be billed to OCOK.

#### ***Cancelled by Provider***

The Provider is responsible for sending a 24-hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.

## **7. Permanency Planning Meetings**

A Permanency Planning Meeting (PPM) is a meeting that combines people and ideas from different fields and backgrounds. It can engage any combination of the following people in case planning:

- Parent(s)
- Child

- Other family members
- Attorneys and other people whom the court may specifies
- Other people who have a stake in the child’s well-being
- Other professionals
- Caregiver(s)
- Other people in the community who provide support for the family

Participants also review progress toward the goal of providing safety, permanency, and well-being for the child.

The purpose of a PPM is to do the following:

- Identify the child’s permanency goal
- Identify any barriers to achieving the child’s permanency goal
- Develop strategies and determine actions to achieve the child’s permanency goal
- PPM may also include the service plan of the parents or family to support the child’s reunification with his/her family

***Timing of Permanency Planning Meetings***

Timing of the PPM will be agreed upon by the Provider and OCOK depending on the meeting model chosen and the goals of the meeting. In some cases, as soon as possible after a final court order naming CPS as Permanent Managing Conservator of a youth age 16 years or older whose permanency goal is Another Planned Permanent Living Arrangement (APPLA), and any time after that, if there has been no progress toward achieving positive permanency for the youth.

**8. Therapeutic or Specialized Camp**

Therapeutic or specialized camps have the general characteristics of a day camp or residential camp. Camps also may be primarily for recreational, athletic, religious, or educational activities. Provider may authorize camp services to:

- Improve a child's social skills, self-image, and self-esteem through a group-learning experience;
- Develop a child's skills in a specific activity (examples: athletics, music); or
- Improve a family’s interaction to support the well-being of parents and their children.

***Eligible Camp Providers***

Camp must have a current state agency license or Texas Department of State Health Services (DSHS), or the appropriate licensing entity if the camp is located outside of Texas.

Short-term therapeutic or specialized (special skills) camp may be authorized for as long as six (6) weeks within a 12-month period.

### ***Therapeutic Camping***

A Permanency Specialist may authorize therapeutic camping services from a licensed, 24-hour childcare program for children who are:

- over the age of six (6); and
- have behavioral or emotional problems that make it difficult for them to function.
- Camp may also have programming that includes parents of other family members.

The camps are used to treat behavioral or emotional problems in an environment that is not punitive. The primary emphasis is on therapy rather than recreation.

As with other treatment-oriented placements, admission is based on:

- the program's ability to meet the child's identified needs; and
- the suitability of placing the child with the other children in the camp.

### ***Youth Camping***

A Permanency Specialist may authorize youth camping to:

- improve a child's social skills, self-image, and self-esteem through a group-learning experience;
- provide respite for the caregiver of a child; or
- develop a child's skills in a specific activity (for example, in athletics or music).

To be eligible, a child must be:

- Eight (8) years old or younger;
- in an open OCOK case; and
- referred by OCOK for the camping services.

Youth camping services available through the contract may include both 24-hour residential and day camping.

## **9. Concrete Services**

A Permanency Specialist may authorize concrete services to obtain goods and/or services that the client cannot purchase to increase the safety of the home and/or allow the parent or relative caregiver to better meet the needs of the child or family.

### ***Determining Eligibility***

Clients are eligible for concrete services when:

- The purchase of the service will allow the child to remain in the home or expedite the return of the child to the home;
- Resources are not available from another source; and
- Negotiations on family contribution have taken place.

### ***Identifying Available Services***

The specific goods and services that may be purchased under the concrete services contract include the following:

- Assistance locating and obtaining housing;
- Transportation reimbursement for family visits, medical treatment, or employment;
- Personal care items, such as clothing, and personal hygiene products;
- Security deposits and rental assistance for housing;
- Utility deposits or emergency grants to avoid utilities from being cut off;
- Car repairs for family visits, treatment, or employment;
- Essential household items, furniture, and appliances, such as cribs, beds, stoves, tables, refrigerators, heaters, and sheets;
- Essential household supplies, such as brooms, mops, and cleaning supplies;
- Essential home repairs, such as plumbing, heating, and structural repairs;
- Parenting education;
- Therapeutic family recreation;
- Special medical services or equipment not covered by Medicaid, health insurance, or charitable organizations;
- Special learning aids, such as books, computers, flash cards, and auxiliary aids like TTY or TTD;
- Respite care;
- Employment-related items, such as tools or equipment, uniforms, and footwear;
- Special educational services, such as tutoring, GED classes, ESL classes, and undergraduate standardized test preparation classes; and
- Other goods and services when documentation on the service plan supports:
  - how the family will benefit from the goods or services, and
  - that the goods or services will directly contribute to the safety of the home, thereby allowing the child to remain in the home or expediting the child's return to the home.

### ***Referring Clients***

To refer clients for concrete services, the Permanency Specialist must:

- negotiate with the family about whether the family can contribute to the purchase of concrete goods or services in any amount;
- document the content of the conversation with the family in the CoBRIS system, in the note section of the service request, even if the family is unable to contribute;
- submit the service request to the supervisor for electronic approval in CoBRIS;
- print the approved service request from CoBRIS;
- obtain the signatures of the parents on the service request, acknowledging the negotiation;
- ensure that the provider of the goods and services receives the printed and signed version of the approved service request.

### ***Using CoBRIS***

To authorize concrete services, Permanency Specialists must login to the CoBRIS system to create a service request and obtain supervisor approval. The instructions for this process are shown in the CoBRIS purchase of service module user manual.

### ***When CoBRIS is Unavailable***

If the CoBRIS system is not functioning or the Permanency Specialist is otherwise unable to access it, the Permanency Specialist may authorize concrete services by submitting a paper copy of the Service Request to the Supervisor for approval and to the Provider to initiate services. The signed paper copy must be kept in the case file and a copy sent to [finance@oc-ok.org](mailto:finance@oc-ok.org). An official electronic version of the service request must be created and approved in CoBRIS as soon as the system becomes functional, or the Permanency Specialist's access has been restored.

### ***Handling Additional Duties***

A Permanency Specialist may be required to pick up and deliver goods. There is a prohibition on giving money directly to the client or writing a check that is payable to the client or the Permanency Specialist.

### ***Changing, Extending or Terminating Service Requests***

To authorize additional units of service, or extend or reauthorize the service, the Permanency Specialist must follow the procedure shown in the CoBRIS purchase of service module user manual.

### ***Concrete Services Provision***

Once the approved service request, as described above, is submitted to the service provider with the documentation required by the service contract, the service provider will issue payment to the specified vendor. Confirmation will be provided to the Permanency Specialist. Also, the Provider will submit an invoice and monthly payment report to the Finance department in order to be reimbursed for services paid for and compensated for the fee for service administration.

### ***Service Request Form and Referral Process***

OCOK will authorize services via OCOK Service Request form. The Provider must be able to accept the service request form by any means, including but not limited to:

- E-mail;
- Fax;
- U.S. Mail; and
- Hand Delivery or Commercial Delivery Service.

### ***Maintain Support Resources***

Provider must maintain all necessary support resources to receive, process, and document claims, including but not limited to:

- Fully operational fax machine;

- Fully operational computer(s) and software compatible with OCOK technology;
- Sufficient technological capacity to handle all aspects of the claims processing service;
- Working telephone;
- Internet service; and
- Working accessible and secure email capacity.

### ***Document Referral***

The Provider must document the time and date that the Provider received the OCOK Service Request form by:

- Attaching or maintaining the email (with a clearly visible receipt date and time notation) directly to the file copy of each form, or
- Utilizing a Time and Date stamp on the form; and
- Attaching the fax sheet with an accurate receipt time and date notation.
- For OCOK Service Request forms found to be inaccurate or incomplete during the Quality Assurance review, the Provider must document the initial receipt date and time and the final acceptance date and time.

### ***Information needed to make the disbursement***

- Who to pay;
- The vendor identification number for those goods and services as agreed upon by both parties;
- The exact amount of the disbursement;
- Where to send the disbursement;
- Any special instructions; and
- Invoice, bill or other documentation supporting amount due.

### ***Process Accurate Payments***

The Provider must ensure disbursements made on behalf of OCOK are accurate as specified in the service request form, including but not limited to making sure:

- Each requested disbursement is made payable to the correct party and is not a "restricted disbursement:"
  - OCOK Staff  
Disbursements by the Provider must not be payable to any OCOK employee.
  - OCOK Client  
Disbursements by the Provider must not be payable to the OCOK client.
- Each requested disbursement is for the exact amount requested.

### ***Process Timely Payments***

The Provider must ensure disbursements made on behalf of OCOK are made timely.

### ***Disburse Documentation Requirements***

The Provider is responsible for:

- Securing invoices and receipts as appropriate to the claim being processed to support the disbursements made on behalf of OCOK, and
- Matching receipts to the corresponding service request form.

OCOK will provide a single point of contact to assist the Provider with tracking receipts and checks that have not been cashed.

### ***Reconcile Disbursements***

Provider must reconcile disbursements against invoices, receipts, service request form and processed checks as appropriate. Provider must report any differences or other discrepancies to the OCOK Finance Department for instructions on how to handle.

### ***Returned Disbursements (non-use)***

The Provider must adjust any returned disbursements that have not cleared the Provider's account, within 60 days of issuance, in the next billing cycle as a credit adjustment. The Provider may retain the initial administrative fee but may not charge an additional administrative fee.

### ***Partial Funds Returned***

If a check issued by the Provider in accordance with the OCOK Service Request Form is not fully utilized, funds will be returned to the Provider. The Provider must credit the amount of returned funds to OCOK in the next billing cycle. The Provider may retain the initial administrative fee but may not charge an additional administrative fee.

### ***Required Record Keeping***

The Provider must maintain records. Records may be kept electronically; however, Provider must be able to promptly produce an easily legible hard copy of any records, if requested to do so by and for OCOK. Provider must maintain and house all records in a central location, although Provider may maintain backup copies of records in an alternate secure location. The required records that must be maintained by Provider include but are not limited to:

### ***Required Reports***

There are no specific reports required of the Provider; however, OCOK may from time-to-time request reports from the Provider as needed to support the Claims Processing Service. The Provider must comply with any report request made by the OCOK Finance Department and/or QI and Contracts Department.



## 10. Translator and Interpreter Services

### **Description**

This is not an optional service. When a referral is received for a client that has limited English proficiency or communication impairment, translator or interpreter services must be arranged by The Provider.

Translator and interpreter services are only reimbursable when provided by a subcontracted translator or interpreter that is approved to provide contracted services. Translator and interpreter services provided under subcontract include, but are not limited to:

- Provision of information and services in a manner understandable to the client using interpreters, translators, or other identified methods.
- Use of auxiliary aids to ensure effective communication for clients with hearing, vision, speech, or other communication impairments. The Provider must identify the service provider and the compensation rate and secure prior approval from OCOK contract staff.

### **Service Requirements**

When a client's ability to communicate is diminished due to Limited English Proficiency (LEP) or some other communication disability, OCOK reimburses for translator and interpreter services when provided by the Provider. Provider must ensure that communications with clients who have communication impairments are as effective as communications with other clients, and that clients understand all significant actions as fully as possible.

## 11. Court-Related Services

OCOK may request one or more of the court-related services listed below, when it is legally necessary and appropriate for the well-being, safety, or permanency of the child.

Available court-related services include, but are not limited to:

- the serving of subpoenas and paying related witness fees;
- the serving of citations (local or out-of-state; by publication or other means);
- the reproduction of records (such as, birth certificates and medical);
- the costs of a court reporter for depositions;
- the costs of a court reporter for transcripts;
- fees for a provider witness testifying at a trial, deposition, or mediation. (For example, a therapist who provides therapy to a child or the child's parents under a contract with OCOK);
- the costs of out-of-area travel for a provider witness;
- the cost of an expert witness testifying at a trial, deposition, or mediation; and
- the travel costs for an expert witness.

## ***Service Requirements***

### ***Preparation***

The Provider and its representatives must ensure applicable service providers have personal knowledge of the matters to be discussed and are adequately prepared to provide case-specific testimony.

### ***Attendance***

The Provider must ensure that requested or subpoenaed parties attend depositions and court appearances at the times requested by OCOK.

### ***Court-Related Documentation***

The following information must be maintained in the client file:

- A copy of the completed Court-Related Services Case Note, and
- Subpoena, if applicable.

## **12. Supervised Visitation**

A Permanency Specialist may authorize supervised visitation if visits between a child in DFPS conservatorship and the child's parents or other caregivers require it.

Clients are eligible for this service:

- when OCOK staff determine that the service is needed;
- when OCOK desires the opinion and possible testimony of a trained third-party regarding the parent-child relationship; or
- when the supervised visitation is court-ordered.

Supervised visits must take place in a safe and appropriate setting.

The supervised visitation services available by contract must include:

- Observation of the parent's or caregiver's interaction with the child during a visit, including but not limited to:
  - behavior management and alternatives to physical discipline;
  - the parent-child relationship, including attachment and communication skills;
  - nurturance of children; and
  - the child's reaction to the parent or caregiver.
- Preparation of notes about the visit;
- Contact with the child's worker about the visit (at least monthly);
- Appear in court to provide testimony when needed; and
- Participation in staffing for case planning, as needed.

### ***Need for Service***

OCOK seeks to contract with qualified providers to assist OCOK in achieving program purpose and objectives by providing Supervised Visitation Services. OCOK does not guarantee any minimum level of utilization or specific number of referrals. Utilization rate will vary according to the needs of staff, individual client needs and regional allocations. The final decision for use, partial use, and non-use of these professional services lies within the authority of OCOK.

### ***Accessibility***

*Services must be available seven (7) days a week, including evening and holidays if necessary.* Service hours must be flexible and include morning, afternoon, and evening to accommodate the schedules of employed participants. The Provider must accommodate school age children by scheduling services at times that do not interfere with school attendance and participation in school activities.

It is expected that some visitations will occur in locations secured by the Provider; however, it may be necessary to supervise a visitation in an OCOK office. The visit may occur at an OCOK office at the request of the Permanency Specialist. Acceptable and billable locations are as follows:

### ***Provider Secured Location***

Provider secured location consisting of services provided in a location other than an OCOK office. The Provider must obtain prior written approval from the OCOK program liaison or designee for visitation services delivered in locations other than the Provider's primary or satellite office or an OCOK office.

### ***Travel***

Time to travel to and from any site of service is not billable.

### ***Transportation for Visit***

The Provider will not be responsible for arranging transportation and must not provide transportation to any participant to or from the visit.

### ***Eligible Population***

Individual adults referred directly by OCOK are eligible for services. OCOK determines eligibility; Provider must serve all clients properly referred by OCOK.

### ***Client Characteristics***

Due to the nature of OCOK responsibilities Provider must be prepared to serve individuals with characteristics including, but not limited to:

#### ***Child's Characteristics May Include:***

- Exhibit a pattern of impulsivity;
- Exhibit poor or insecure attachment to parents;
- Exhibit separation anxiety;
- Have a history of temper tantrums;

- Have chronic illness or health problems;
- Have experienced probable neglect, physical abuse or substantiated sexual abuse;
- Have witnessed violence between parental figures;
- Be easily distractible or has attention deficits;
- Be hyperactive;
- Be irritable; or
- Be the recipient of special education services.

***Family's Characteristics May Include:***

- Family may exhibit chronic unresolved conflicts between parental figures and or child,
- One or more parental figures may:
- Have a history of chemical abuse or are currently exhibiting chemical abuse;
- Have engaged in probable or adjudicated criminal activity;
- Have had previous mental illness treatment; or
- Exhibit poor or inconsistent monitoring of the child's behavior.

Clients will be provided the necessary information to be able to contact the Provider in at least two (2) of the following methods for the purpose of notifying the Provider of the need to cancel an appointment: phone number, email or a number to text a message.

***Missed Appointment***

A missed appointment is when a client fails to notify the Provider within 24 hours of the scheduled appointment and fails to present themselves for the scheduled visitation.

*The Provider must document the time and date of any missed appointment. The Provider must obtain the signatures of those present and email the Permanency Specialist by 5 p.m. on the business day following a missed appointment.*

When two (2) consecutive appointments are missed the Provider must notify the Permanency Specialist for instructions on how to proceed. Further appointments must not be scheduled unless instructed by OCOK to schedule additional appointments.

Appointments scheduled without this authorization will not be billable to OCOK as visitation or missed appointments.

***Delay in Beginning the Visitation***

It is possible that the parent or the child may be late arriving at the visitation. The Provider must be prepared to begin the visit at the time both parties arrive up to the time the visitation was scheduled to end or the length of time necessary to comply with court orders, as applicable.

### ***Cancelled by Provider***

The Provider is responsible for sending a 24-hour notification to clients and the Permanency Specialist when a visit must be canceled. The Provider must maintain documentation of notification and contacts in each client record regarding cancellation. The documentation must include:

- The reason for cancellation; the date, time and manner of contact with each client, notifying them of the cancellation; and
- The Provider must document the time, date, Permanency Specialist name and manner used to notify the Permanency Specialist of the canceled visit.

### ***Major Service Deliverables***

Major Service deliverables include:

- Preparation for Supervised Visits;
- Pre-visitation Activities;
- Monitor the visit;
- Document the visit; and
- Provide court-related services.

### ***Preparation for Supervised Visits***

The Provider is responsible for all activities necessary for each supervised visit and must take actions as required and appropriate to prepare to oversee each supervised visit, including but not limited to:

- Taking actions necessary to comply with all OCOK referral instructions and OCOK Contract requirements;
- Confirming the visitation schedule;
- Confirming who may participate in the visitation;
- Ensuring visit participants will be allotted their full time for a visit;
- Obtaining the necessary approval for the site location;
- Securing an appropriate visitation site to include the following;
- Has an environment that is safe and non-threatening;
- Is age appropriate;
- Is family friendly;
- Is fully equipped with age-appropriate items that will allow the family to participate in activities and interact;
- Will allow flexibility in order to accommodate the physical needs of the participants such as meals and snacks and accessibility; and

- Is convenient for the family.

### ***Pre-visitation Activities***

The Provider staff must meet with the adult participants prior to the children being present and immediately before the first supervised visit begins for the purpose of preparing the adults to ensure a productive supervised visit. The pre-visitation meeting will serve to:

- Provide an explanation of the Supervised Visitation Rules for Caregivers and Adult Participant(s) to ensure all adult participants understand the rules; and
- Finalize the Visitation Plan that includes the visitation schedule clearly stating the frequency and length of the visits to include the beginning and end times and dates, who may visit and place of visit.

Obtain the agreement of every adult participant, documented by the signature of each such participant on a copy of the Supervised Visitation Rules for Caregivers and Adult Participant(s), prior to the beginning of the initial visit.

Note: If any adult participant refuses to sign the Supervised Visitation Rules for Caregivers and Adult Participant(s), the Provider must document the reasons for such refusal and notify the Permanency Specialist by 5 p.m. on the business day following the refusal for instructions on how to proceed.

The Provider must ensure the visitation site is prepared and equipped to facilitate the visit and to meet the needs of the participants.

### ***Monitor the Visit***

*The Provider must monitor the visit.* The Observer must observe and be present for the entire visit and be attentive to the interactions of the participants. Monitoring includes but is not limited to the following activities:

Ensuring the safety of the child(ren) by:

- Ensuring all adult participants at the visit sign a Sign-In Log;
- Ensuring only individuals who have been pre-approved by OCOK participate in the visit;
- Ensuring the visit is monitored at all times by observers;
- Ending the visit at any time the child(ren) is fearful of continuing the visit;
- Ending the visit at any time there are safety concerns;
- Allowing only persons authorized by OCOK to remove the child(ren) from the visit; and
- Ensuring that the caregivers and all approved adult visitors comply with the visitation rules.

The participants must be allowed to communicate effectively, which may include conversing in the language of their choice. The Provider must ensure the Observer that is monitoring the visit is able to understand and, as necessary, effectively communicate with the participants.

### ***Document the Visit***

The Observer must document observations of the parent's or caregiver's interactions with the child(ren) during the visit or interactions and observations between siblings during sibling visits.

### ***Visit Observations***

Observation notes for parent or caregiver and child(ren) visits must be documented using the Visitation Record and Observation Checklist.

Observation and interaction notes for sibling visits must be documented using the Sibling Relationship Checklist.

An Observer may only observe one (1) visitation at a time.

### ***Provide Court-Related Services***

OCOK purchases court related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. Court-related services are not optional.

### ***Preparation***

The Provider and its representatives must ensure that they have personal knowledge of the matters to be discussed at the Deposition or Court Appearance and are adequately prepared to do so.

### ***Court-Related Documentation***

The Provider must complete the Court-Related Services Case Note, for all court-related services delivered. The form must be filled out with the appropriate and specific client information.

## **13. Finance and Billing Procedures**

Our Community Our Kids (OCOK) will comply with the utilization and compensation section of the Family Services Provider Service Agreement and Addendums. Questions that arise should be sent to the OCOK Finance Department at [finance@oc-ok.org](mailto:finance@oc-ok.org) or call 817-502-1323.

### **Purchased Family Services Categories and Service Codes**

- Drug Testing
  - 79A - Drug Testing - Urine Analysis
  - 79B - Drug Testing - Oral Fluids
  - 79C - Drug Testing - Hair Testing
  - 79D - Drug Testing - Confirm All Tests
- Substance Abuse – Assessment, Counseling, Therapy
  - 83F - Sub Abuse - Assessment
  - 83G - Sub Abuse - Individual Counseling/Therapy
  - 83H - Sub Abuse - Group Counseling/Therapy
  - 83K - Sub Abuse - Diagnostic Consult
- Non-Substance Abuse – Assessment, Counseling, Therapy
  - 86C - Counseling/Therapy - Individual

- 86E - Counseling/Therapy - Group
- 86F - Counseling/Therapy - Family
- 86U - Psycho-Social Assessment
- 88K - Home-Based Therapy
- Parenting
  - 87C - Parent/Caretaker Training
- Psychological/Psychiatric – Evaluation and Assessment
  - 86A - Psychological/Development Evaluation/Test
  - 86B - Psychiatric Evaluation
- Permanency Planning Meetings
  - 81M - Family Group Conference (FGC)
  - 81N - Circles of Support (COS)
  - 81P - Permanency Conference (PC)
  - 81Q - Transition Plan Meeting (TPM)
- Camping
  - 80T - Therapeutic Camping
  - 81G - Youth Camping
  - 90P - Specialized Camping Exp
- Concrete Services
  - 82C - Concrete Services
- Translator Services
  - 98L - Translator Services
- Court Related Services
  - 86H - Court Related Services
- Supervised Visitation
  - 92L - Supervised Visitation

### **Initial Payment for Purchased Family Services**

OCOK will issue payment for family services performed for referred Region 3W families on and after March 1, 2020, which comply with all billing requirements.

### **Payment Terms**

- Network Providers will be paid for each month's services by no later than the 25<sup>th</sup> day of the next month. For example, Network Providers would be paid for their September services by no later than October 25<sup>th</sup>. However, we will make every effort to pay Network Providers earlier than the 25<sup>th</sup> whenever possible.
- Network Providers will receive one payment each month for all services provided.
- Payment will be issued for pre-authorized services only.
- Providers are required to bill Medicaid (traditional or managed care) for Medicaid eligible services for Medicaid eligible clients.



- If referred clients are covered by private insurance, Providers are required to make every effort to bill the private insurance plan for services performed.
- 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.

## **Family Services Provider Payments**

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for pre-authorized purchased family services. The fees for these services are included in the Family Services Provider Services Agreement in the Fee Schedule Addendum.

Providers will be required to send an invoice and any required documentation to the OCOK Finance Staff for Family Services. The invoice and document packet for non-Medicaid eligible services must be received by OCOK within 30 days from the date of service. For Medicaid eligible services, the invoice and document packet must be received by OCOK within 30 days of receiving the Medicaid denial letter.

Invoice and document packets are required to include:

- Invoice for services performed
- Copy of the OCOK approved service authorization
- For Medicaid eligible services, a Medicaid denial letter
- For group counseling, group training classes and permanency planning meetings, a sign in log

The invoicing requirements for drug testing and concrete services are stated in the Family Services Provider Service Agreement for those subcontractors.

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 services in the CoBRIS system, which will cause an invoice for the Provider to be created in CoBRIS. 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 CoBRIS system will automatically generate a payment report for each Provider showing the details of the Provider's direct deposit

payment. The payment report shows the Provider agency name, client's names, client's DFPS PID numbers, number of units, dates of care and the services that were provided.

Each Provider will be able to login to the CoBRIS system and download the payment report. Each Provider is allowed two (2) login IDs to the CoBRIS system for payment reporting purposes.

To request CoBRIS login IDs, the Provider must contact the OCOK Director of Accounting at [finance@oc-ok.org](mailto: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](mailto:finance@oc-ok.org).
- Staff Conferencing. Within 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 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 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 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.

## **Invoice/Billing Monitoring**

The OCOK Quality Improvement and Contracts Department will monitor the Family Services Network Providers to ensure that the Provider's records and documentation justify and support the invoices that have been submitted to OCOK for payment.

## **14. Information Technology and Support**

### **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](mailto: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.

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

During business hours, OCOK provides live phone support at 682-432-1111 or by email at [support@oc-](mailto:support@oc-)

[ok.org](http://ok.org) to assist Providers with technical issues related to OCOK software.

## 15. Quality Improvement and Contract Management

### Family Services Network Providers (Purchased Client Services)

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

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

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

- A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists (QI&C Specialist), a review of the following components:
  1. Records: Client, Personnel, Policies and Procedures
  2. Physical Site, if applicable
- B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.
  1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
  2. OCOK reserves the right to make unannounced reviews/visits to the Provider during normal business hours.
- C. Quality Improvement and Contracts Specialists will complete the Monitoring Review for each active contracted Family Services Network Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review.
- D. Financial monitoring will be completed by the Finance Department. Monitoring compliance of administrative requirements takes place annually and billing reviews take place quarterly and are completed by the Quality Improvement and Contracts Department. OCOK Permanency 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 Monitoring Review Notice requesting required information prior to the Monitoring Review. The Monitoring Review Notice may be sent 30 days in advance of the Monitoring Review.
  2. Being the point of contact for the Provider during the monitoring activities.

3. Consolidating and preparing the final Monitoring Report to be issued to the Provider requesting any necessary Performance and Quality Improvement Plans.
4. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plan).

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

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

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

H. Pre-monitoring Activities

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

I. Monitoring Review Activities

1. Quality Improvement and Contracts Specialists will communicate with the Provider's staff to go over the purpose, scope and activities planned for the Monitoring Review.
2. Quality Improvement and Contracts Specialists may be reviewing a variety of records, including but not limited to policies and procedures, client, human resources, and financial records as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the agency may be requested, if applicable.
5. Quality Improvement and Contracts Specialists will compile work product papers as part of the monitoring. These papers are confidential during the review and must be secured daily. They may be included as back-up in the OCOK record once the monitoring is concluded.
6. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.

8. Quality Improvement and Contracts Specialists will require a private space to review records if an on-site visit is conducted.

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

1. Quality Improvement and Contracts Specialists will document findings (Observations) noted during the Monitoring Review.
2. Within 30 business days of the completion of the Monitoring Review, 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 actions or Performance Quality Improve (PQI) Plans. The Director of Quality Improvement and Contracts or designee approves this monitoring report.
  - a. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement and Contracts.
  - b. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
  - c. OCOK will send a written 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 one to three (1-3) records reviewed, or
  - c. If the finding (Observation) is not in the areas of Health and Safety.
  - d. The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
5. If PQI Plans are approved OCOK will notify the Provider.
6. If PQI Plans corrections and updates are needed the Provider will be notified and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved OCOK will follow-up (during the next monitoring review) to ensure progress is made in the specific area.

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

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current Performance and Quality Improvement Plans with backup documentation, and

4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.

## 16. 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](http://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 version --OCOK Stage I Residential Provider Manual and Stage II Family Services Provider Manual.*

### OCOK Contact Information

3 in 30	<a href="mailto:3in30@oc-ok.org">3in30@oc-ok.org</a>
Adoption Services	<a href="mailto:adoption@oc-ok.org">adoption@oc-ok.org</a>
Complaints/Concerns/Grievances	<a href="mailto:consumeraffairs@oc-ok.org">consumeraffairs@oc-ok.org</a>
Courtesy Requests	<a href="mailto:SSCC3B_CVS_KIN_LPS_ADO@oc-ok.org">SSCC3B_CVS_KIN_LPS_ADO@oc-ok.org</a>
Daycare	<a href="mailto:daycare@oc-ok.org">daycare@oc-ok.org</a>
Finance Department	<a href="mailto:finance@oc-ok.org">finance@oc-ok.org</a>
Foster-Adopt and Kinship Inquiries	<a href="mailto:fosteradopt-inquiry@oc-ok.org">fosteradopt-inquiry@oc-ok.org</a>
Kinship	<a href="mailto:ocok_kinship@oc-ok.org">ocok_kinship@oc-ok.org</a>
Grievances	<a href="mailto:consumeraffairs@oc-ok.org">consumeraffairs@oc-ok.org</a>
Information Technology	<a href="mailto:support@oc-ok.org">support@oc-ok.org</a>
Quality Improvement and Contracts	<a href="mailto:qualityandcontracts@oc-ok.org">qualityandcontracts@oc-ok.org</a>
Referral and Placements	<a href="mailto:intake@oc-ok.org">intake@oc-ok.org</a>
Service Planning, Court Reports	<a href="mailto:caremanagment@oc-ok.org">caremanagment@oc-ok.org</a>
PAL (Preparation for Adult Living)	<a href="mailto:palreferral@oc-ok.org">palreferral@oc-ok.org</a>
Professional Home-Based Foster Care	<a href="mailto:phbc@oc-ok.org">phbc@oc-ok.org</a>
Psychiatric Hospitalization Notification	<a href="mailto:psychhospitalization@oc-ok.org">psychhospitalization@oc-ok.org</a>