



**Our
Community
Our Kids**

OCOK Network Management Operations Manual

Rev. 7-1-2025

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Section 1

OCOK Overview

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1.01 OCOK Core Values and Ethics			
Domain	OCOK Overview, OCOK Behavior Support and Management		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 4-2022, 1-2024, 7-1-2025
Documents			
Reference	OCOK Service Modalities and Interventions Policy, ACH/SSCC Program Proposal, COA NET 1, NET 1.01, NET 1.02, NET 4, NET 4.01, NET 4.04, NET 9, NET 9.01, NET 9.02		

Purpose:

Community-Based Care (CBC) 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.

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

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

- Work to increase the capacity of existing Providers and identify more community-based support and services.
- A comprehensive assessment of community needs and an analysis to find gaps between the need for services and their availability.
- A comprehensive safety and risk assessments to evaluate family strengths and needs.
- Service coordination for children and youth with complex behavioral health needs, utilizing evidence-informed models.
- A trauma-informed and trauma-based care service approach.
- A comprehensive continuous quality improvement (CQI) process to assess, inform, and guide how services are provided, and the system improved.
- A centralized training department that provides evidence-based training to all personnel, Providers and stakeholders, based on CQI data and stakeholder’s feedback.

In 2017, the Texas Legislature directed TDFPS 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 TDFPS, thus moving from "Foster Care Redesign" to "Community-Based Care."

As Community-Based Care has taken shape statewide, Child Protective Services' focus shifted to ensure quality oversight of foster care and services for children and families. The SSCC is 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.

In 2023, ACH Child & Family Services was re-awarded the SSCC Contract and expanded the service catchment area from the original seven counties to ten counties (adding Denton, Cooke & Wise), and renaming the catchment area from Region 3b to Region Metroplex West (Region 3W). Stage 1 of this contract went into effect in 2024.

Effective July 1, 2025, the SSCC Contract transferred to Our Community Our Kids (OCOK) with all its responsibilities as it was awarded to ACH Child and Family Services.

OCOK has developed Policies and Procedures that are effective as of July 01, 2025. All Policies and Procedures in effect before July 01, 2025, were accepted under ACH Child and Family Services Policies and Procedures.

For the purpose of this OCOK Network Management Operations Manual all "Effective" and "Revision Dates" of the Policies and Procedures will continue as is in the Manual to denote OCOK has been in compliance with required Policies and Procedures for the SSCC Contract since it was awarded to ACH Child and Family Services in 2013.

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

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

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

The SSCC organizational design leverages the strengths of community providers to best meet the needs of children, youth, and families in our catchment area.

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

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

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

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

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

1.02 Outcomes and Performance Measures			
Domain	OCOK Overview, OCOK Risk Prevention and Management		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 4-2022, 10-2022, 11-2022, 1-2024, 4-2024, 7-1-2025
Documents			
Reference	OCOK Performance and Quality Improvement, DFPS Statement of Work, Provider Performance Report, CareMatch, Texas Provider Gateway (TPG), COA NET 2.02, NET 8, RPM 1, RPM 2, RPM 2.01, RMP 7		

Purpose:

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 Single Source Continuum Contractor (SSCC) to improve outcomes for children as it relates to the Federal Child and Family Service Review (CFSR) and TDFPS outcomes.

Policy:

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

Procedure:

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

Contract Outcomes

A Network-wide outcomes measurement system evaluates individual progress and service delivery program effectiveness at the program level.

OCOK provides Child-Placing Agencies Providers with a quarterly “Provider Performance Report” that outlines the Provider’s performance on key indicators on several domains. Examples of information that may be provided: Placement Performance, Contract Compliance, Safety Performance, Financial Wellness, Child Wellness, etc. Information allows the Provider to see trends over time of their own performance as well as how they compare to the Network.

OCOK’s overall purpose is to protect children and youth and to act in their best interest. OCOK focuses on children, youth, and their families and seek active involvement of the children and youth’s family

members to solve problems that lead to abuse or neglect. The objectives outlined by DFPS and agreed to by OCOK are to:

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

As part of their daily work, the OCOK Data Quality team uses automated discrepancy reports to compare data across multiple business systems, including IMPACT and OCOK's placement matching system (CareMatch), Provider's services and payment system (CareMatch). When discrepancies appear or when data is missing, the Data Quality Coordinator is responsible for working with others to track down the correct information and to resolve discrepancies, with the goal of ensuring data in all systems match.

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

Network Providers are required to submit regular and timely data and information for each child served as well as data on foster homes or facilities within the Network. This includes placement vacancies, reporting of specific data elements into the Texas Provider Gateway, serious incident, medical and mental health documents, and any other data as needed by OCOK.

OCOK Continuous Quality Improvement Process

Network Providers will be monitored through the OCOK's Continuous Quality Improvement process on an annual basis in order to ensure compliance with applicable federal, state, and local laws, codes and regulations, including those related to the following but is not limited to:

1. Licensure
2. Facilities
3. Accessibility
4. Health and safety
5. Financial stability
6. Human resources
7. Compliance with applicable minimum standards for each service type
8. Citations and non-compliances
9. Acceptable performance on stakeholder and consumer surveys administered by OCOK

Action Plans (Quality Improvement Plans (QIP)) for Network Providers will be created based on the type of citation/violation received.

OCOK's internal Continuous Quality Improvement process

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

- A. A Quality Care Committee (QCC), a Safety Committee, and a Network Quality Improvement Committee to ensure review of immediate and on-going risks, transparency and information sharing.
- B. OCOK's personnel participation to the different OCOK risk management committees.
- C. The OCOK Quality Care Committee meets quarterly to share information in reference to OCOK's performance and its Network as a whole. The Safety Committee meets as need arises to address

concerns within a Provider in the Network, and the Network Quality Improvement Committee meets monthly to review results of the Provider's annual Monitoring Review. Review of immediate and ongoing risk management reports takes place during these Committee meetings. Reports include but not limited to training, incidents, serious incidents, accidents, grievances, stakeholder complaints, allegations of abuse and neglect, finance concerns, safety issues, serious illness, injuries and deaths, suicidal/homicidal attempts, Provider's service modalities, placement needs, use of seclusion or restraint as a restrictive behavior management intervention, Provider's continuous quality improvement plans, and any other health and safety concern that is identified by the Committee members that needs to be addressed. Any Committee member can request an Agenda item to be added to the Agenda during a meeting.

Performance Measures

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.

Youth are Prepared for Adulthood

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.

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 do not submit PMET data to OCOK; instead, the OCOK Data Manager compiles this information based on internal data sources and validates the specific information.

1.03 Applicable Regulations, Statutes and Policies			
Domain	OCOK Overview, OCOK Ethical Practice Rights and Responsibilities		
Effective	January 01, 2014	Revision Dates	1-2018, 4-2022, 11-2022, 6-2023, 7-1-2025
Documents			
Reference	OCOK Ethical Practice, RCCR Minimum Standards, Indian Child Welfare Act, DFPS Statement of Work		

Policy:

All employees, volunteers, interns and subcontractors of Our Community Our Kids (OCOK) are required to know and follow the Code of Ethics for their respective positions and professions.

Procedure:

OCOK Network Providers will comply with all applicable Residential Child Care Regulation (RCCR) Minimum Standards for 24-hour Residential Child Care Operations (General Residential Operations and Child-Placing Agencies), or its equivalent for out of state Providers, and with state and federal laws and regulations, including but not limited to the following:

Indian Child Welfare Act (ICWA) - Information on ICWA can be found by visiting: <http://uscode.house.gov/download/pls/25C21.txt> OCOK Network Providers will identify if the client meets ICWA criteria and this will be documented in the client’s record.

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

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

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

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

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

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

Section 2

Jurisdiction

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

2.01 HHSC CCR Role of Licensing Overview			
Domain	Jurisdiction, OCOK Organizational Integrity		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022, 1-2024, 7-1-2025
Documents			
Reference	OCOK Network Assessment and Planning, RCCR Minimum Standards, 40 TAC §700.1321(e)		

Policy:

Our Community Our Kids (OCOK) commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

I. Facility Licensure

Network Providers shall:

- A. Comply with HHSC Residential Child Care Regulation (RCCR) requirements for 24-hour Residential Child Care Operations, or equivalent for out of state Providers, for any child-care license issued by the Department to the Provider for services provided under this Contract;
- B. Comply with the operating or regulatory agency’s regulations if the Provider as a Facility operated or regulated by one of the state agencies specified in 40 TAC §700.1321(e), or equivalent for out of state Providers;
- C. Comply with all applicable service levels as designated by OCOK Care Management staff.
- D. Ensure that all staff providing direct services to the Child complies with state professional laws pertaining to the services provided including laws pertaining to licensure and confidentiality.

II. Role of Licensing

- A. Network Provider must report to OCOK known incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations and violations that occur within Network Provider’s business in accordance with RCCR Minimum Standards, or equivalent for out of state Providers, and contract requirements within 24 hours of incident. For these circumstances in particular, and at all times in general, the Network Provider must have operational procedures and mechanisms in place to ensure staff are knowledgeable of and respond immediately to conditions or situations that may pose a threat to child safety.
- B. OCOK will regard any failure to disclose and report such incidents by the Network Providers as a breach of the Provider Services Agreement with OCOK. RCCR's role or equivalent, with all licensed Providers including the SSCC Network Providers, will remain unchanged and all Providers are expected to maintain compliance with licensing standards and regulations at all times.
- C. Additionally, RCCR or equivalent will continue to accomplish the following including but not limited to:
 - 1. Monitoring the Providers for compliance with Licensing Regulations and Standards
 - 2. Registering the Provider’s foster/adoptive homes

3. Monitoring the Provider's foster/adoptive homes
4. Involvement in closure of the Provider's foster/adoptive homes
5. Manage the Criminal Background Checks Units – to include follow-up on Criminal Background Checks, Criminal History and FBI Checks
6. Conducting Abuse/Neglect Investigations
7. Following up on all violations

2.02 DFPS Conservatorship and Relationship with Providers			
Domain	Jurisdiction, OCOK Organizational Integrity		
Effective	January 01, 2014	Revision Dates	1-12-2020, 2-2022, 7-1-2025
Documents			
Reference	OCOK Network Assessment and Planning, SSCC Master Contract		

Policy:

Our Community Our Kids (OCOK) commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

I. Conservatorship and DFPS Relationship with OCOK and Providers

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

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

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

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

- and children/youth who the Department has approved for the Exceptional Foster Care Rate) for each day of service.
4. OCOK will provide Preparation for Adult Living (PAL) Life Skills training, Purchased Adoption Services, and Foster Care Day Care in Stage I for children and youth who are served by the SSCC and meet appropriate criteria for these services.
- C. Stage II (Begins the day the first referral for purchased service). In addition to the procedures outlined in Stage I, OCOK will utilize allocated funds referred to as purchase of service funds, to provide services for families and other individuals that support the achievement of safety, permanency, and well-being for children in DFPS conservatorship and will develop and provide for case management services for all family members (parents and identified relatives or kin) who have children in conservatorship and who are referred to OCOK. OCOK will provide all court related duties for the resolution of children's court cases.
- D. Stage III
1. OCOK will be responsible for providing the services outlined in Stages I and II.
 2. OCOK will be hold financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children.
 3. During Stages I and II OCOK will develop an array of services for children.
 4. In Stage II OCOK will develop an array of services for parents/kin as well as a direct workforce to provide all case management services.
 5. In the first year of Stage III, OCOK will have the opportunity to gauge effectiveness of services related to the timeliness to permanency.

2.03 Role of OCOK as the SSCC			
Domain	Jurisdiction, OCOK Organizational Integrity		
Effective	January 01, 2014	Revision Dates	1-2018, 1-13-2020, 2-2022, 11-2022, 1-2024, 4-2024, 7-1-2025
Documents	SSCC Provider Services Agreement		
Reference	OCOK Governing Body Oversight Responsibilities, RCCR Minimum Standards, SSCC Contract, COA NET 1.02 (a) (b) (c), RPM 7, RPM 7.02		

Purpose:

As the SSCC, Our Community Our Kids (OCOK) strives to enhance and facilitate Texas Department of Family and Protective Services (TDFPS) efforts to redesign the foster care system through a Community-Based Care (CBC) 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 TDFPS service objectives - OCOK works together with providers in our network to evaluate current service offerings and expand capacity, as necessary. Together we work to develop and support a robust Provider Network 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 in Region 3W 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 SSCC Provider Services Agreement, the SSCC Master Contract and the Operations Manual. All Providers must comply with state and federal laws and regulations. Additionally, the Providers that serve children must comply with all applicable HHSC RCCR 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.

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

I. 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 Executive Officer, a Chief Operating Officer, and a Chief Financial Officer. These individuals will serve as a core SSCC administrative team committed to meeting every aspect of OCOK’s mission while maximizing funding for children.

II. Provisions of Services

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

III. Network Provider - Role and Responsibilities

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, their signatory authority will sign the SSCC Provider Services Agreement and return it to the OCOK Director of Quality Improvement 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.

Provider's list of responsibilities including but not limited to the following:

1. Maintaining good standing with RCCR, the Comptroller's office, DFPS, and/or state's regulating body
2. Licensing foster homes and registering them within CLASS, if applicable
3. Updating the placement availability in CareMatch, if applicable
4. Reviewing and Receiving Referrals
5. Accepting Placements, if applicable
6. Abiding by the SSCC Provider Services Agreement and the OCOK Operations and Case Management Manual
7. Communicating with OCOK in a timely manner via established protocol
8. Working with OCOK regarding discrepancies, disputes regarding case information, and or days of care reimbursements
9. Providing OCOK with the required PMET data within required timeframes, if applicable
10. Recruitment of Foster Homes, if applicable
11. Recruitment of Adoptive Families, if applicable
12. Managing the direct service delivery of subcontractors
13. Managing provision of their own services
14. Work with OCOK to provide services to Birth Families, when applicable
15. Manage a Disaster and Emergency Response Preparedness Plan, if applicable
17. Providing quality services evidenced by maintaining children/youth safe and in the least restrictive environment, if applicable
18. Structure services to be able to respond and adapt easily and quickly to changes in the services environment and the needs of the persons served to achieve desired results

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

2.04 OCOK Network Assessment and Planning			
Domain	OCOK Jurisdiction, OCOK Organizational Integrity		
Effective	January 31, 2018	Revision Dates	2-2022, 9-2022, 1-2024, 7-1-2025
Documents			
Reference	OCOK Network Assessment and Planning, SSCC Program Proposal, COA NET 3, NET 3.01 (a) (b) (c) (d) (e) (f) (g) (h), NET 3.02, NET 3.03 (a) (b) (c) (d) (e), NET 3.04 (a) (b), FKC 17.01, FKC 17.02, FKC 17.03, AS 3.04		

Purpose:

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

Policy:

Our Community Our Kids (OCOK) commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

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

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

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

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

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

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

Every three (3) years OCOK, through the Strategic Planning, conducts a Network-wide, long-term, strategic planning process that:

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

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

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

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

foster homes and their needs should also be shared with potential caregivers. Each agency has the ability and responsibility to provide information on their own philosophy on treatment and parenting which OCOK supports so long as it is trauma informed.

OCOK host Joint Information Meetings (JIM) collaboratively with Providers to provide prospective families with an opportunity to meet with potential agencies. OCOK encourage the Providers to have a welcoming and supportive approach and will ensure the Providers are responding timely in an equitable and culturally responsive manner and follow up at each step of the process. If the family does not select an agency at the time of the JIM, OCOK will follow up with the caregiver to help them connect with any agency. OCOK encourages the use of current foster parents who are in good standing as a technique for recruitment and ensures that open houses, orientations, JIMs and other training sessions are easily accessible and inviting to the public. Information on how to find a meeting can be found on the OCOK website as well as on the Texas Adoption Resource Exchange (TARE) website.

Section 3

Purchasing Services

3.01 Enrollment and Termination of Providers

3.02 SSCC Provider Services Agreement

3.01 Enrollment and Termination of Providers			
Domain	Purchasing Services, OCOK Organizational Integrity		
Effective	June 01, 2014	Revision Dates	1-2018, 12-2019, 2-2022, 6-2022, 11-2022, 4-2024, 7-1-2025
Documents	Network Provider Application, SSCC Provider Services Agreement & Addendums, Family Services Provider Services Agreement & Addendums		
Reference	OCOK Network Assessment and Planning, COA NET 2.04 (b), NET 9, NET 9.01, NET 10, NET 10.01 (a) (b), NET 10.02 (a) (b), NET 10.03 (a) (b) (c) (d), RPM 3, RPM 6, RPM 6.01 (a) (b) (c), RPM 7.01 (a-b)		

Policy:

Our Community Our Kids (OCOK) commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

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

Residential Providers complete an application found on the OCOK website (www.oc-ok.org) expressing a formal interest in providing paid residential services and/or purchased services through the OCOK Provider Network in Region 3W (Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant and Wise County) or outside the Region. Applications for General Residential Operations (GRO), Residential Treatment Centers (RTC), and Supervised Independent Living (SIL) programs are sent to OCOK Leadership (i.e., Provider Relations Manager, Director of Intake, Director of Therapeutic Services, etc.) for their review and follow up. The Director of Quality Improvement and Contracts will consult with the Director of Intake and/or Adoption Supervisor for the need of Child Placing Agency and Adoption Providers when these types of applications are received and will move forward with the contracting process if it is determined that the service is needed.

Family Services Providers complete an application found on the OCOK website (www.oc-ok.org) and emails it to www.familyservicesproviders@oc-ok.org expressing a formal interest in providing Family Services through the OCOK Provider Network in Region 3W (Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant and Wise county) or outside the Region. Applications are reviewed by the Director of Quality Improvement and Contracts to determine need for service, and as needed sent to the Director of Network Development for review and follow up.

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

OCOK intends to contract with any Provider in its catchment area who can successfully meet the needs of the communities in the region(s). The following procedures ensure the success in enrolling, contracting, and securing the delivery of services to the children and families of Region 3W. HHSC

Residential Child Care Regulation Minimum Standards, the Community-Based Care RFP, the SSCC Master Contract and the OCOK's proposal will serve as the primary rule governing the actions of the SSCC and its Provider Services Agreement.

I. Enrollment of Network Providers

Residential Network Providers

- A. OCOK will purchase the following services in Region 3W from qualified Providers in the Region(s). If the service is not available in Region 3W it will be purchased outside of Region 3W as needed:
1. Foster Care
 2. Adoption
 3. Residential Services
 4. Supervised Independent Living (SIL)
 5. Preparation for Adult Living (PAL)
- B. Request for Applications. OCOK recruits and/or contracts with Providers based on anticipated and identified needs of the service population, including needs related to therapeutic services, geographic location, and cultural and linguistic diversity. Prospective Providers must promote continuity of care for Region 3W clients (family connections, service planning, independent living skills, etc.). OCOK will announce any Request for Applications to Providers; this request will be sent out in one or more of the following methods:
1. Email
 2. Letter
 3. Website announcement (www.oc-ok.org)
- C. Providers are able to submit an application. The *Network Provider Application* can be found on the OCOK website (www.oc-ok.org).
- D. The application should be completed in its entirety and submitted per the instructions. The following must be turned in with the Application:
- Submit/Upload required information:
- Subcontractor Consent Form
 - Certificate of Insurance (OCOK must be the Certificate holder, and the limits must be as outlined in the agreement)
 - DFPS or state Monitoring Reports, if available
 - RCCR or state's licensing body Compliance History Reports
 - Financial information –
 - a) A copy of their most recent audited financial statements along with a copy of the auditor's management letter, if available
 - b) Financial statements from their most recent fiscal year, if available (Balance Sheet, Income Statement & Statement of Cash Flows)
 - c) Most recent interim financial statements for the current year
 - Copy of the facility/program licenses and accreditations
- E. OCOK may consider enrolling Providers who have not formerly provided services in the identified specific catchment area. New Providers to Region 3W may contact OCOK at any time to inquire about enrollment opportunities and/or the enrollment process. Inquiries can be emailed to qualityandcontracts@oc-ok.org.

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

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

G. Insurance Requirements.

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

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

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

Professional Liability Insurance. \$1 million per occurrence and \$2 million aggregate. Sexual Abuse and Molestation coverage, to the full policy limit, must be included in this policy if not included in the General Liability Policy.

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

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

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

Family Services Network Providers

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

- Drug Testing
- Substance Abuse - Assessment, Counseling, Therapy
- Assessment, Counseling, Therapy (Non-Substance Abuse)
- Parent/Caretaker Training
- Psychological/Psychiatric Evaluation/Assessment
- Permanency Planning Meetings
- Camping

Concrete Services
Translator Services
Court Related Services
Supervised Visitation

B. Providers currently serving the catchment area are able to submit an application via email to www.familyproviders@oc-ok.org, the *Family Services Network Provider Application* can be found on the OCOK website (www.oc-ok.org).

C. The application should be completed in its entirety and submitted per the instructions. The following must be turned in once the Application is reviewed by the Quality Improvement and Contracts Department and requested from Provider:

Submit required information:

- Subcontractor Consent Form
- Certificate of Insurance (OCOK must be the Certificate holder, and the limits must be as outlined in the agreement)
- Form OCOK PCS-102 Contracting Entity and List of Staff

D. Insurance Requirements

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

Coverage must be provided through an insurance company licensed and authorized to do business in the State of Texas with a "B" or higher rating.

1. All policies and coverage are to be maintained throughout the contract term.
2. The required insurance types, endorsements and coverage are:

a. Commercial General Liability Coverage [TBD via SSCC]

Commercial General Liability Insurance or equivalent insurance coverage including but not limited to liability with a minimum coverage of three-hundred thousand dollars (\$300,000) for each occurrence, and six-hundred thousand dollars (\$600,000) aggregate limit.

b. Crime Policy

Commercial Crime Policy Insurance or equivalent insurance coverage to cover losses from fraudulent and dishonest acts with:

- i. Minimum coverage of twenty-five thousand (\$25,000) for each occurrence; and
- ii. A third-party endorsement and an employee dishonesty endorsement or equivalent.

c. Professional Liability

Professional Liability Insurance or equivalent insurance coverage including but not limited to liability with a minimum coverage of three-hundred thousand dollars (\$300,000) for each occurrence, and six-hundred thousand dollars (\$600,000) aggregate limit.

E. OCOK may consider enrolling Providers who have not formerly provided services in the identified specific catchment area. New Providers to Region 3W may contact OCOK at any time

to inquire about enrollment opportunities and/or the enrollment process. Inquiries can be emailed to qualityandcontracts@oc-ok.org.

II. Provider Selection & Review Process

- A. The Provider must complete a Network Provider Application and submit as described above. The Applicant must provide full, accurate, and complete information as required by the solicitation. As part of the review process, OCOK staff may validate any aspect of the application for enrollment. Validation may consist of an on-site visit, review of records, and confirmation of the information submitted by the Applicant with the Applicant and third parties (other SSCCs, DFPS, regulatory and licensing body, etc.).
- B. The documentation submitted with the Network Provider Application is compiled by the Director of Quality Improvement and Contracts.
1. Applications for GRO, RTC, and SIL programs are sent to OCOK Leadership (i.e., Provider Relations Manager, Director of Intake, Director of Therapeutic Services, etc.) for their review and follow up.
 2. The Director of Quality Improvement and Contracts will consult with the Director of Intake and/or Adoption Supervisor for the need of Child Placing Agency (CPA) and Adoption Providers when these types of applications are received and will move forward with the contracting process if it is determined that the service is needed. If requested by the Director of Intake, the CPA application will be sent to the OCOK Leadership for review and follow up.
 3. The Provider Relations Manager or designee will be responsible for reviewing and following up on all Residential Network Provider Applications within 15 business days of application receipt, and to set up a meeting or site visit to discuss the Applicant's program/facility and OCOK's need for service, as necessary.
 4. The Youth Services Manager or designee will be responsible for following up on all SIL Network Provider Applications within 15 business days of application receipt, and to set up a meeting or site visit to discuss the Applicant's program/facility and OCOK's need for service, as necessary.
 5. The Director of Network Development or designee will be responsible for following up on Family Services Providers' Applications within 15 business days of application receipt, and to set up a meeting to discuss the Applicant's services and OCOK's need as deemed necessary. The Quality Improvement and Contracts Director can make the decision to contract with a Family Services Provider if the service(s) is requested by a client or Permanency staff in order to engage client in services as per their Plan of Service.
 6. The Provider Relations Manager or designee will review the Applicant's documentation and will consult with the Director of Intake and Director of Therapeutic Services for approval to move forward with the contracting process of GRO and RTC Applicants, and as needed for CPA Applicants. Once this is decided, the Provider Relations Manager or designee will notify the Director of Quality Improvement and Contracts if OCOK would like to engage the Applicant Provider in the contracting process or not. The Provider Relations Manager or designee will notify the Applicant Provider of OCOK's decision to move forward in the contracting process or not.

7. The Youth Services Manager or designee will consult with the PAL Supervisor for approval to move forward with the contracting process of SIL Applicants. Once this is decided, the Youth Services Manager or designee will notify the Director of Quality Improvement and Contracts whether OCOK would like to engage the Applicant Provider in the contracting process or not. The Youth Services Manager or designee will notify the Applicant Provider of OCOK's decision to move forward in the contracting process or not.
8. The Applicant is then assigned to a Quality Improvement and Contracts Specialist in order to start the contracting process.

All Applicants will be evaluated based on:

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

C. Establishing a Contract

1. OCOK estimates that the enrollment process for establishing a contract for services shall not take more than 60 business days from the date of application submission to OCOK to the approval day from DFPS to add the Applicant Provider to the OCOK Provider Network.
2. These times will vary due to a variety of circumstances, to include but not limited to the Network Provider's ability to submit the required documentation in a timely manner; however, OCOK will make its best effort to meet or exceed this timeframe. OCOK has provided this estimate to Applicants for informational purposes only and makes no promise or guarantee as to the length of time of any contracting process.

D. Non-Responsive Applications

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

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

E. Decision to Contract

1. The Applicant will be notified via electronic mail by the assigned Quality Improvement and Contracts Specialist if the application process has been completed and if any further information/documentation needs to be submitted as part of the contracting process in order to be considered as a Network Provider;
2. Once the SSCC Provider Services Agreement is executed by the OCOK Chief Executive Officer or designee, it is sent to DFPS for final approval, along with any other required documents and policies and procedures, and for the Applicant to be added to the OCOK Network;

3. The Provider Relations Manager and the Director of Intake make the final decision to move forward with contracting with a Residential Provider based on the documentation gathered in reference to the Applicant's compliance history and OCOK's need for service. They review any compliance history and available reports (i.e., CLASS, DSI) to OCOK before making the final decision.
4. Once DFPS acknowledges via electronic mail that the Applicant has been added to the Network, the Applicant then will be notified of its acceptance via electronic mail;
5. The Provider Relations Manager or designee will notify Applicants if not accepted in the Network via electronic mail within 45 calendar days of submission of the application;
6. Applicants not accepted in the Network can submit further information about their program and services to the Provider Relations Manager, Director of Intake, Director of Network Development and to the Youth Services Manager for further review of the information;
7. OCOK reserves the right to make the decision to contract with Providers based on need, experience, and success of the Applicant's program;
8. If an Applicant is not satisfied with the decision, it will then go up the chain of command to the OCOK Chief Operating Officer (COO), and if the Applicant is not satisfied with the decision of the OCOK COO the Applicant can take the information to the OCOK Chief Executive Officer (CEO) for further review of the information and final decision; and
9. OCOK will announce via its website if an open enrollment is taking place for any Residential and Purchased Services needed.

III. Term, Decision to Terminate, and Termination

Residential Network Providers – SSCC Provider Services Agreement:

1. **Term.** The term of this Agreement shall be one year from the Effective Date. The "Effective Date" is the date this Agreement is executed by SSCC as set forth on the signature page. This Agreement shall be automatically renewed for up to four (4) successive one-year periods unless either party shall give notice of termination 60 days prior to the last day of any term.
2. **Termination with Notice.** Either party may terminate this Agreement with or without cause for any reason upon 60 days written notice. To the extent Provider does not provide the full range of contracted Services during the 60-day period, Provider shall receive payments in proportion to the Services provided, with appropriate documentation, and in accordance with the requirements of the Provider Manual and this Agreement. Upon termination of this Agreement, Provider shall, on or before the effective date for said termination return to SSCC all records and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain property of SSCC.
3. **Termination upon Breach.** In the event either party gives written notice to the other that such other party has substantially and materially breached the terms of this Agreement, and such breach shall not have been cured within 30 calendar days of the giving of such notice, the party giving such notice shall have the right to terminate this Agreement at any time thereafter upon written notice of such termination to the other party. In lieu of curing the breach, SSCC, at its option, may accept a corrective action plan from Provider. The corrective action plan may include financial penalties as per the Master Contract and this Agreement. Upon termination of this Agreement,

Provider shall, on or before the effective date for said termination return to SSCC all records and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain the property of SSCC.

- 4. Automatic Termination.** This Agreement may be terminated at any time by SSCC, upon the occurrence of one or more of the following events:
- i. The Master Contract is terminated for any reason, or the funding received by SSCC from the Department for the Services is terminated for any reason.
 - ii. Provider is suspended, becomes disqualified from, or loses its license or certification to provide the Services, or otherwise is subject to disciplinary action that materially adversely affects Provider's ability Provider to perform the Services under this Agreement.
 - iii. Provider or Staff are determined by a court to be negligent with respect to or caused harm to a Child.
 - iv. Provider or its officers or directors are convicted of or plead "guilty," "no contest," or otherwise admits to, any crime involving a corrupt act or practice or any felony offense.
 - v. Provider fails to achieve the outcomes and performance standards required in accordance with the terms and provisions of this Agreement and the Provider Manual.
 - vi. Provider (i) makes an assignment for the benefit of creditors, (ii) files a voluntary petition in bankruptcy, (iii) is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceedings, or (iv) has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed within 120 days after commencement thereof.
 - vii. No placement activity for more than 12 consecutive months or 12 months within a fiscal year. Once the Provider is notified of the contract termination the Provider can decide to become inactive if they would like to pursue placements in the future, at which time, they will need to meet OCOK requirements as a Network Provider.
 - viii. Upon termination of this Agreement, Provider shall, on or before the effective date for said termination return to SSCC all equipment, records, and other property of SSCC then in Provider's possession, or otherwise under Provider's direction or control. All case records, charts, and files shall be and remain the property of SSCC.
 - ix. Upon Notification of termination by either party, SSCC will develop and execute a case transition plan, with which case transition plan Provider will participate and cooperate, to ensure seamless delivery of Services to all Qualified Individuals.

5. Payment by SSCC upon Termination.

1. Within 30 days of termination of this Agreement for any reason, the Provider shall submit to SSCC an itemized invoice for any fees and other sums due under this Agreement. SSCC shall pay to Provider accrued but unpaid compensation through the date of termination. Such payment shall be in full and complete discharge of any and all liabilities or obligations of SSCC to the Provider under this Agreement and Provider shall be entitled to no further benefits under this Agreement. Any

amounts owing to SSCC from Provider may be offset from this payment.

2. To the extent Provider continues to provide pre-approved by SSCC post-termination Services, Provider shall receive post-termination payments in proportion to the Services provided and in accordance with the requirements of this Agreement.

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

Family Services Network Providers – SSCC Provider Services Agreement:

Termination Clauses - With & Without Cause

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

Provider is responsible for referring to the most current clauses as above described and as per their executed SSCC Provider Services Agreement for Residential and Family Services Network Providers.

Termination Process

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

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

6. Determination of OCOK's monitoring/oversight of transition activities including any direct support/supervision of the homes/children needed and any on-going transition plan review meetings.
7. A Provider may be placed as inactive in the OCOK Network earlier than the 60-day termination written notice in the event there are no OCOK placements at the Provider's operation/facility. The OCOK CBC Contract Manager will be notified when this needs to take place.

3.02 SSCC Provider Services Agreement			
Domain	Purchasing Services, OCOK Organizational Integrity		
Effective	July 01, 2014	Revision Dates	1-2018, 1-2020, 6-2022, 11-2022, 4-2024, 7-1-2025
Documents	SSCC Provider Services Agreement and Addendums, Family Services Provider Services Agreement and Addendums, Form W-9, OCOK Direct Deposit Form		
Reference	OCOK Network Assessment and Planning, SSCC Master Contract, Texas Provider Gateway, SSCC Joint Monitoring Tool, IMPACT, COA NET 10.01 (c), RPM 6 (a-c), RPM 6.01 (a-c), RPM 6.02, RPM 6.03 (a-g)		

Policy:

Our Community Our Kids (OCOK) commits to completing assessment and planning for the development of services to meet the needs within the Network continuum.

Procedure:

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

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

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

During the contracting process, the QI&C Specialist will request/provide the following:

- SSCC Provider Services Agreement (Provider Services Agreement). This Agreement must be signed by both parties.
- OCOK will retain the original signed Provider Services Agreement
- OCOK will provide a copy of the Agreement via electronic mail to the Provider
- Providers will be asked to review and sign any Addendums to the Provider Services Agreement; those will be available to the Provider via electronic mail
- The Provider will complete Form W-9 and OCOK Direct Deposit Form (provided by OCOK)

- Providers will be asked to submit their program's Policies and Procedures for an Administrative Review of Policies and Procedures and to submit any required Policies as per TDFPS for approval to the Network
- Network Providers will submit a copy of their Disaster and Emergency Response Preparedness Plan and Disruption Mitigation Plan, if applicable
- Providers will provide their IMPACT Resource ID to OCOK staff, if applicable
- Providers will need to assign Medical Consenters for their operation(s) and provide the information to the QI & Contracts Dept., if applicable
- Providers will be informed of Performance Measures and submittal information, if applicable
- Providers will be informed of how to access to SSCC Master Contract and documents, OCOK Network Management Operations Manual and Case Management Operations Manual
- Providers will be informed of access to the Texas Provider Gateway

I. Contracting with OCOK

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

II. Non-contractual Service Agreements – Memorandum of Understanding

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

1. Services exchanged or provided, and/or performance outcomes of such collaborations;
2. Roles and responsibilities of each organization including reporting responsibilities;
3. Procedures for sharing referrals and information;
4. Confidential protections, including signed written consent forms;
5. Assignment of case coordination responsibilities;
6. Service authorization procedures including accepting or rejecting referrals/cases; and
7. How to resolve communication difficulties.

Section 4

Contract Management and Oversight of Providers

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

4.01 Overview of Contract Management and Oversight of Providers			
Domain	Contract Management and Oversight of Providers, OCOK Organizational Integrity		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 11-2019, 6-2022, 11-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Governing Body Oversight Responsibilities, COA RPM 2, RPM 2.01, RPM 7.02		

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

I. Overview of Contract Management/Oversight of Providers

- A. OCOK will manage the Provider Network, and does not intend to provide direct services, nor to compete with its service partners. Provider performance will be evaluated and monitored regularly. Assistance will be made available to Providers in order to assist them in meeting performance standards. In addition, OCOK plans to recruit Providers to fill gaps created by agencies failing to meet standards.

- B. Each Provider must specify a technical contact, a person familiar with program operations and relevant technology systems used within the organization. The technical contact's responsibilities include the following:
 - serve as liaison between the Provider and OCOK technical staff;
 - request the creation and deactivation of user accounts for OCOK software systems;
 - request training and support for the Provider's staff in the use of OCOK software systems; and
 - report technical problems related to OCOK software systems.

- C. OCOK's approach to managing services is outcome driven, data informed, and performance based. As the OCOK, we will implement network-wide service management and outcomes measurement system that will allow us to evaluate case progress and service program effectiveness at both the case and system levels.

- D. Providers who deliver more than one service will have separate contracts for each service to ensure compliance with applicable state and federal laws, regulations, and rules, and to allow for more accountability for outcomes.

- E. Providers are paid a daily rate per client and are responsible for the day-to-day needs and activities of the client (to include but not limited to; food, housing, transportation, educational services, and any health and safety needs).

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

Residential Network Providers:

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

Family Services Network Providers:

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

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

Our approach to quality management is to "Define, Measure, Analyze, Improve and Control" (DMAIC) service delivery to our children. At the center of every discussion is how process improvement will impact our children and families. OCOK will follow a Continuous Quality Improvement (CQI) process to ensure Providers are meeting contract requirements. Providers will need to develop a Performance and Quality Improvement (PQI) Plan if they do not meet contract requirements.

4.02 Case Review System			
Domain	Contract Management and Oversight of Providers, OCOK Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 12-2019, 6-2022, 11-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Case Record Review and Access to Case Records, COA NET 7.06 (b), RPM 2, RPM 2.01, RPM 7.02		

Policy:

Our Community Our Kids (OCOK) maintains the confidentiality of case records while providing persons served or their designated legal representatives with access to their case records in accordance with state and federal privacy laws. Clients may add a statement to their case records. Any response by a staff member is added with the client’s knowledge. Clients are given the opportunity to review and make comments on those additions.

Procedure:

Case Review System

Residential Network Providers

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

Family Services Providers

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

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

4.03 Monitoring Review Process			
Domain	Contract Management and Oversight of Providers, OCOK Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 12-2019, 9-01-2020, 6-2022, 9-2022, 11-2022, 1-2024, 10-2024, 7-1-2025
Documents	SSCC Joint Monitoring Tool, Performance and Quality Improvement (PQI) Plan, OCOK Family Services Monitoring Tool		
Reference	OCOK Case Record Review and Access to Case Records, COA NET 10.01, RPM 2, RPM 2.01, RPM 7, RPM 7.02		

Policy:

Our Community Our Kids (OCOK) maintains the confidentiality of case records while providing persons served or their designated legal representatives with access to their case records in accordance with state and federal privacy laws. Clients may add a statement to their case records. Any response by a staff member is added with the client’s knowledge. Clients are given the opportunity to review and make comments on those additions.

Procedure:

Residential Network Providers

I. Monitoring Review

A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts 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 and on-site or desk review 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 Program 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 (PQI) Plan (i.e., Quality Improvement Plan (QIP), Corrective Action Plan (CAP)).
6. Reviewing, approving, and monitoring the Performance and Quality Improvement 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 as requested by the Director of Quality Improvement and Contracts.

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

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

H. Pre-monitoring Activities

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

of Quality Improvement and Contracts review the documents and the SSCC Joint Monitoring Tool in order to determine if the SSCC Joint Monitoring Tool needs to be modified in order to align monitoring requirements with the Provider's procedures and their state's requirements. The SSCC Joint Monitoring Tool is then modified as needed and a Monitoring Tool is developed specifically 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 records and financial records as deemed appropriate in the pre-monitoring activities and during the Monitoring Review.
3. On an annual basis, 10% of all clients served during the previous quarter of the Monitoring Review will undergo a compliance Monitoring Review. For those Providers that serve less than five (5) children and/or caregivers/foster parents a 100% review will be completed. OCOK will sample 10% of personnel records for CPA/Adoption programs and 20% of personnel records for GRO/RTC/ES programs (minimum of five (5)).
4. OCOK will utilize the SSCC Joint Monitoring Tool for the annual Monitoring Review.
5. Interviews with staff and/or clients may be conducted.
6. A tour of the facility will be requested for all General Residential Operations (GRO) and Residential Treatment Centers (RTC).
7. 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.
8. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
9. 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.
10. 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 in the Monitoring Report.
2. If 50% or more is found to be out of compliance for a specific Observation, the Provider will be required to develop a Performance and Quality Improvement Plan (PQI Plan) for that specific area.
3. 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.
4. 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.
 5. 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.
 6. If the PQI Plans are approved OCOK will notify the Provider.
 7. If the PQI Plans are in need of corrections and updates the Provider will be notified and a revised PQI Plan will be requested. OCOK will make enhancements to PQI Plans as needed noting specific requirements on PQI Plan.
 8. Once the PQI Plan is approved OCOK will follow-up (during the next Monitoring Review) to ensure progress is made in the specific area.
 9. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety a subsequent/follow up Monitoring Review will be completed within 4-6 months from the last Monitoring Review. During the follow up review implementation of PQI Plans and missing documentation from initial review will be monitored. OCOK retains the right to complete a full Monitoring Review cycle for the follow up review.
 10. The Director of Quality Improvement and Contracts and/or the OCOK Network Quality Improvement Committee will make the determination if a subsequent/follow up Monitoring Review needs to be competed, within 4-6 months from the last Monitoring Review, if the Provider's records have many discrepancies and/or not meeting the majority of the contract requirements but did not raise to the level of a PQI Plan.

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

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

II. SSCC and TDFPS Joint Monitoring Review

The SSCCs (2INgage, 4Kids4Families, EMPOWER, Our Community Our Kids (OCOK), Belong, Saint Francis, and Texas Family Care Network (TFCN)) will share responsibility for completing the annual SSCC Joint Monitoring Review (on-site monitoring visit/electronic/desk review) of Residential Providers (CPA, Adoption, GRO, ES, RTC) that have contracts with multiple SSCCs and may have contracts with TDFPS (Legacy Providers).

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

Legacy Providers

As a joint collaborative effort with the Texas Department of Family and Protective Services (TDFPS) in order to avoid duplication of the Contract Monitoring Review process and in support of Senate Bill 593, Legacy Providers that subcontract with one or multiple SSCCs, and also contract with TDFPS the monitoring responsibility will be shared. According to TDFPS, contract policy, TDFPS utilizes a risk-based approach to identify and prioritize the Legacy Providers that will be monitored each year. Annually, TDFPS will communicate this information and provide a list of the legacy providers that TDFPS will monitor to the SSCCs in a timely manner in order to prevent duplication of Contract Monitoring. The above-mentioned SSCCs will accept the TDFPS Contract Monitoring Review process in place as per the TDFPS Policy and Procedures in lieu of the annual SSCC Joint Monitoring Review process. TDFPS will be responsible for following up on the shared Legacy Provider's Performance and Quality Improvement Plan(s), Non-compliances, and Contract Violations requests and/or issued by TDFPS. TDFPS will share Contract Monitoring Review documents for shared Legacy Providers, to include but not limited to, the Provider's Risk Assessment Tool, Monitoring Review Notice, TDFPS Monitoring Tool, Monitoring Report, and any required Performance and Quality Improvement Plan(s) submitted in response by provider. In the event a Legacy Provider is under Heightened Monitoring (HM) the above-mentioned SSCCs will accept the HM Reports in lieu of the TDFPS Contract Monitoring Review event and in lieu of the annual SSCC Joint Monitoring Review process. The SSCCs may decide to complete a Monitoring Review for Providers under HM. The SSCCs will provide case management update reports to the HM Team, when applicable. TDFPS will train SSCCs' staff in retrieving needed reports from shared technology in the event those can be downloaded from such platforms. The SSCCs retain the right to conduct Contract Monitoring Reviews of shared Legacy Providers in the event specific SSCC's contract requirements and Performance Measures are not being met by the shared Legacy Providers.

SSCC Providers

If a contracted Provider's facility/program is located within an SSCC's Region that SSCC will be assigned as the Lead SSCC responsible for completing the annual SSCC Joint Monitoring Review cycle (to include, but not limited to, 30-day Monitoring Review Notice, completion of the Monitoring Report and approval of the Performance and Quality Improvement (PQI) Plan(s)).

If a Provider is outside of all SSCCs' Regions but has a contract with multiple SSCCs to provide services, a Lead SSCC will be assigned to complete the SSCC Joint Monitoring Review cycle. The SSCC assignment will be determined through a joint discussion between SSCCs based on history and relationship with the Provider, proximity and/or number of placements. Providers are also given the opportunity to choose a Lead SSCC for SSCC Joint Monitoring Review purposes instead of being assigned to a specific SSCC.

Assignment of the Lead SSCC will take place during the monthly SSCC Joint Meeting and/or SSCCs' communication and agreement via email. The "Lead SSCC Assignment of Providers" list, of all contracted SSCC Providers, will be reviewed on an ongoing basis for determination of assignment and updated as needed and available to TDFPS upon request.

The review and approval of the Monitoring Report will be completed by the Lead SSCC Quality Improvement/Assurance/Provider Relations Coordinator or designee. All documents sent/completed during the Monitoring Review process will be shared with each SSCC that has a contract with the monitored Provider and that were used for the required Monitoring Review. If a PQI Plan is required, as the result of the Monitoring Review, the Lead SSCC who completed the Monitoring Review will be responsible for completing the PQI process. Any additional documents/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.

Sharing of documents and results of the SSCC Joint Monitoring Review will be between the assigned Quality Improvement/Assurance/Provider Relations staff of each SSCC. Any health and safety finding will be shared during the monthly SSCC Joint Meetings, as well as how resolved if immediate response was needed.

The Lead SSCC is responsible for responding and following up on Provider's Non-compliances/Contract Violations requests and/or issued by DFPS/HHSC.

On an annual basis, 10% of all clients served/in placement at the provider's facility during the previous quarter of the Monitoring Review will undergo a compliance Monitoring Review. On an annual basis, 10% of all foster homes/facilities available to an SSCC will undergo a compliance Monitoring Review. For those Providers that serve less than five (5) children and/or caregivers/foster parents from each SSCC a 100% review will be completed. The Lead SSCC will sample 10% of personnel records for CPA/Adoption programs and 20% of personnel records for GRO/RTC/ES programs (minimum of five (5)). SSCCs will provide the sample information to the Lead SSCC for the SSCC Joint Monitoring Review in a timely manner.

Sample size

- Client Records (each SSCC) = 10% of total clients served last quarter, min. of 5
If less than 5 total Region clients = 100%

- Foster Homes/Facilities available to each SSCC = 10% of total available, min. of 5
If CPA has less than 5 homes for each SSCC = 100%

- Personnel Records by Branch/Operation = 10% or 20% of total assigned, min. of 5
CPA/Adoption 10% - GRO/RTC/ES 20%

Annual Monitoring Review Process - SSCCs

Lead SSCCs' staff will:

1. Work with any SSCC that have a contract with the Provider to determine date of Monitoring Review (on-site monitoring visit/electronic/desk review) and determine records to review.
2. Schedule the Monitoring Review with the Provider and send information on which records will be monitored for each SSCC. No other records will be reviewed from what has been communicated to the Provider unless requested by a specific SSCC. A Monitoring Review Notice will 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 all documents necessary for the Administrative Review (Policies and Procedures), to include documents in the "ALL SSCCs Monitoring Items-Via Desk Review" section of the SSCC Joint Monitoring Tool (i.e., Sample of 24-hr. Awake Supervision Schedule for the week of the Monitoring Review, etc.). Any other documents needed by an SSCC for the Administrative Review will be requested/obtained by that SSCC. Documents received must be shared with other SSCCs.
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 issue to the Provider, to include the request of any necessary Performance and Quality Improvement (PQI) Plans.
7. Obtain Monitoring Report approval from the SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee.
8. Review and accept any PQI Plans as needed.

On-site Monitoring Visit/Electronic/Desk Review Monitoring Activities - SSCCs

1. Meet with the Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview. For electronic/desk review this can be accomplished via Zoom/Teams meeting.
2. Review a variety of records, including but not limited to policies and procedures, personnel, client, 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. Require a private space to review records, if on-site.
6. Compile work product papers as part of the Monitoring Review. These papers are confidential during the Monitoring Review and must be secured daily. They may be included as back-up in the SSCC file once the Monitoring Review is concluded.
7. SSCCs' staff may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
8. 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.
9. When the SSCC Joint Monitoring Review is completed, SSCCs' staff will review the preliminary results with the Provider during the exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview signature document will be obtained as evidence this was completed with the Provider. For electronic/desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

Monitoring Report and Follow-up - SSCCs

1. Document findings (Observations) noted during the SSCC Joint Monitoring Review.
2. Within 30 business days of the exit interview, the Lead SSCCs' staff 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 assigned SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee approves this Monitoring Report before it is sent to the Provider.
 - a. If the Provider disagrees with an Observation, the Provider needs to provide a written response within five (5) business days to the Lead SSCC Quality Improvement/Assurance Director or designee.
 - b. The Lead SSCC will review the necessary information and the Provider's response.
 - c. The Lead SSCC will send a written respond within 10 business days of receipt of the Provider's response with a final decision.
3. If 50% or more of the total records reviewed for a specific Observation are found to be out of compliance, the Provider will be required to develop a Performance and Quality Improvement Plan (PQI Plan) for that specific area.
4. 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 Lead 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.
5. The Lead SSCC may determine whether 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 Lead SSCC will make this determination and will notify the Provider in writing that the PQI Plan is not needed.
6. If PQI Plans are approved, the Lead SSCC will notify the Provider.
7. If PQI Plans corrections and updates are needed the Lead SSCC will notify the Provider and a revised PQI Plan will be requested. Lead SSCC may make enhancements to PQI Plans as needed as per specific requirements on PQI Plan.
8. Once the PQI Plan is approved, the Lead SSCC will follow up (during the next Monitoring Review) to ensure progress is made in the specific area.
9. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety as noted on the Joint Monitoring tool, a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review. During the Follow-up Monitoring Review implementation of PQI Plans and missing documentation from initial Monitoring Review will be monitored. The Lead SSCC retains the right to complete a full Monitoring Review cycle for the Follow-up Monitoring Review.
10. 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.
11. The SSCCs reserve the right to request documents from their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.

Documents to be shared - SSCCs

The following documents must be shared between SSCCs if an SSCC Joint Monitoring Review is coordinated/completed. These documents must be shared once a Monitoring Review cycle has been

completed and/or when requested by an SSCC in the case the SSCC is in need of those documents before the Monitoring Review cycle is completed.

1. Monitoring Review Notice (sent to Provider 30 days before the Monitoring Review) - signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
2. Email/Letter if Monitoring Review was rescheduled (best practice to copy SSCCs when sending to Provider).
3. Administrative Review documents obtained (each SSCC will request any documents beyond what "ALL" SSCCs require).
4. SSCC Joint Monitoring Tool(s) – completed (Facility Sample, Personnel Records Monitoring Review, Client Records Monitoring Review, Caregiver/Foster Parent Records Monitoring Review, Criminal Background History Tracking(s), and Administrative Review). All N/As on tool must be explained.
5. Exit interview signature document – completed/signed by Provider (signed by all participants).
6. Approval email from Director/Coordinator or designee for Monitoring Report.
7. Monitoring Report – signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
8. Provider's response to Monitoring Report if disputing Monitoring Report/Observations.
9. SSCC's response to Provider, if Provider is disputing the Monitoring Report (best practice to copy other SSCCs when sending to Provider).
10. Letter approving Provider's PQI Plan(s) (best practice to copy SSCCs when sending to Provider).
11. Approved PQI Plans (each one requested/approved).

SSCC-TDFPS Staff Training and Communication

1. The SSCCs will coordinate joint staff training and/or meetings to review the SSCC Joint Monitoring Review process.
2. SSCCs' staff will have access to the SSCC joint staff training information for reference during the Monitoring Review process.
3. SSCCs' Management Staff is responsible for sharing documents with their staff that are needed during the SSCC Joint Monitoring Review process (Lead SSCC Assignment of Providers, Protocol, most recent SSCC Joint Monitoring Tool, etc.).
4. SSCCs are responsible for training their staff in the SSCC Joint Monitoring Review process and the TDFPS Contract Monitoring of Legacy Providers.
5. SSCCs/TDFPS' staff will communicate directly with each other to request/share documents needed and will have access to a department's email or individual's email for communication purposes.

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

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

A. Personnel

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

B. Caregiver/Foster Parent Training

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

C. Foster Home Development

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

D. Admission/Eligibility

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

E. Client’s Rights

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

F. Services

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

G. Discipline and Behavior Management

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

H. Healthcare Services

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

I. Safety

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

J. Serious Incidents

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

K. Subsequent Placement/Discharge

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

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

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

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

Any changes to this Policy 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 Network Management Operations Manual and OCOK Case Management Operations Manual via OCOK website.***

Family Services Network Providers (Purchased Client Services)

I. Monitoring Billing Review

- ✓ The Quality Improvement and Contracts staff will make a request to the Finance Department of a list of services paid for 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.
- ✓ The Director of Finance 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.

4.04 Continuous Quality Improvement Process			
Domain	Contract Management and Oversight of Providers, OCOK Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 8-2018, 11-2022, 4-2024, 7-1-2025
Documents	SSCC Joint Monitoring Tool		
Reference	OCOK Performance and Quality Improvement, CareMatch, Texas Provider Gateway (TPG), COA RPM 2, RPM 2.01		

Policy:

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

Procedure:

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

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

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

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

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

I. Overview of Continuous Quality Improvement Process

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

II. Contract Outcomes

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

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

- B. Additional outcomes may be added to Providers based on their level of functioning within the Network.
 - 1. Regular and timely submission of extensive data and information for each child served as well as data on foster homes or facilities within the Network.
 - 2. This includes capacity, placement vacancies, data related to PMET outcomes quarterly, reporting of specific data elements to the utilized by CareMatch and TPG, and any other data as needed by OCOK.
 - 3. Compliance with applicable state's minimum standards for each service type provided by the Provider. Provider's citations and non-compliances will be reviewed by OCOK as part of OCOK Continuous Quality Improvement (CQI) process. Performance and Quality Improvement Plans will be developed by Network Providers based on the type of citation/contract violation received.
 - 4. Acceptable performance on stakeholder and consumer surveys administered by OCOK.
 - 5. Acceptable performance on process checklists, project audits and quality control reviews to include peer reviews, deliverable reviews, documentation reviews, and process reviews.

III. Reports

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

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

4.05 Quality Management Overview			
Domain	Contract Management and Oversight of Providers, OCOK Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022, 4-2024, 7-1-2025
Documents	SSCC Provider Services Agreement		
Reference	OCOK Performance and Quality Improvement, COA NET 2.02, RPM 2, RPM 2.01, RPM 7.02, RPM 7.03		

Policy:

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

Procedure:

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

Quality Management Strategies

- A. OCOK Provider Network has been Council on Accreditation (COA) accredited and is committed to ensure provisions of the highest quality services to the clients served under the SSCC. Because accreditation is generally accepted nationwide as a clear indicator of quality services, OCOK highly recommends that Network Providers attain national accreditation by a national accreditation body and maintain that accreditation in good standing for the life of this contract.

- B. Quality Improvement and Contracts staff will focus on organizational systems of network members’ performance and will seek to continuously improve quality of services provided. OCOK has established a quality management program that provides for the meaningful involvement of OCOK staff members, Network Providers, individuals served, DFPS and other stakeholders. The program includes, but is not limited to the following elements:
 - 1. Establishing quality improvement goals and objectives related to operations, management, program results and outcomes;
 - 2. Developing reliable and valid performance measures;
 - 3. Measuring performance in relation to OCOK performance;
 - 4. Performance outcomes established at the federal and state levels;
 - 5. Making continuous and progressive improvements, and measuring the impacts;
 - 6. Reviewing performance in relation to utilization management targets;

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

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

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

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

Deliverable Monitoring Process Overview

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

Placement Stability and Permanency

- A. Quality Improvement and Contracts staff reviews serious incident reports for compliance with data points and then forwards them to the OCOK Therapeutic Services Coordinators for their review and follow up.
- B. As OCOK becomes aware of any abuse/neglect incidents or investigations resulting in Reason to Believe (RTB) for any of our Providers, the Senior Director of Care Management or designee follows up with the agency to ensure a full understanding of the incident, assess the agency's response to the incident for assurance of both immediate mitigation of risk/safety concerns for children involved in the incident as well as other OCOK children placed in that home or facility and to assess the appropriateness of the agency's on-going plan to reduce the risk of abuse/neglect going forward.

- C. Additionally, a determination would be made if a placement hold must be enacted temporarily. For CPA's, Basic GRO's or Shelters, the Chief Operating Officer (COO) or a designee will complete this review. For all other Residential Providers, the Senior Director of Care Management or designee will complete this review. The information is then reviewed with the Chief Operating Officer for final agreement to the agency's response as well as determination of any on-going oversight, technical assistance or training that would need to occur in addition to the agency's planned response. The appropriateness of a placement hold is reviewed as well.
- D. In situations where an agency has a trend of serious incidents involving safety concerns, the OCOK Safety Committee convenes to review performance issues or concerns regarding that provider or their homes. The Committee is comprised of the OCOK Chief Operating Officer, the Senior Directors of Permanency, the Senior Director of Care Management, the Director of Quality Improvement and Contracts, the Director of Child Safety and Legal Compliance, the Permanency Directors, the Director of Intake, the Director of Therapeutic Services, and the Provider Relations Manager but also consults with other members of the OCOK team as needed.

An agency may be placed on Safety Committee review for issues such as but not limited to the following:

- 1. the agency's viability is potentially at risk;
 - 2. the children and/or families are potentially at risk; and
 - 3. the agency or one or more of their homes have serious incidents or on-going licensing or contracting issues.
- E. The Committee members review the known information and develop a plan for how to address the issues. Example actions taken through this review may include but are not limited to:
 - 1. determining that the agency has resolved the issue and no action is needed;
 - 2. gathering more data and reviewing at the next meeting;
 - 3. meeting with the agency leadership;
 - 4. increased oversight – OCOK lead is identified and assigned for enhanced oversight and details developed;
 - 5. development of a plan for remediation or quality improvement required by agency;
 - 6. review of performance or documents (home studies, safety plans, etc.);
 - 7. additional training requirements mandated;
 - 8. on-site technical assistance;
 - 9. temporary placement hold on either the entire agency or specific homes; or
 - 10. termination of the contract.
- F. If a Performance and Quality Improvement Plan (QIP) is required, the Provider will be given a timeframe to submit the plan and will be required to provide updates as needed to correct the issue. The QIP is due within 30 days of receipt of OCOK's communication, but this can be modified in the event there is the need for an immediate response. OCOK will notify the Provider when the QIP needs to be submitted sooner than 30 days.
- G. The Quality Improvement and Contracts staff will maintain and evaluate a centralized issue system designed to capture issues raised during monitoring reviews.

- H. After assessment and evaluation of the issues raised, the Quality Improvement and Contracts staff will ensure that the results of the Monitoring Reviews are disclosed and resolutions to the issues are implemented.
- I. As a support to management, Quality Improvement and Contracts staff will provide documentation to management about the issues reviewed and analyzed. Management is then responsible for prioritizing action and either developing or approving strategies to resolve the issues. This information will be provided as needed in order to improve placement stability, safety, permanency and well-being.
- J. The Quality Improvement and Contracts staff will coordinate policy and procedure development and updating as needed.

4.06 Disaster and Emergency Response Preparedness Plan (DERPP)			
Domain	Contract Management and Oversight of Providers, OCOK Health and Safety		
Effective	July 01, 2014	Revision Dates	12-2017, 12-2019, 6-2023, 4-2024, 7-1-2025
Documents	OCOK Disaster and Emergency Response Preparedness Plan, SSCC Provider Services Agreement		
Reference	OCOK Disaster and Emergency Response Preparedness Plan, SSCC Master Contract		

Policy:

A Disaster and Emergency Response Preparedness Plan is developed and updated annually. The plan is written and coordinated by the Director of Facilities and Director of Quality Improvement and Contracts.

Procedure:

The information held within this document lays out a plan of action and lists responsibilities and tasks for OCOK personnel and its Network Providers in the event of a disaster striking Region 3W, a city, or a state where OCOK children/youth are placed. OCOK personnel follow the OCOK Disaster and Emergency Response Preparedness Plan (DERPP).

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

Residential Network Provider shall submit to OCOK a Disaster and Emergency Response Preparedness Plan (DERPP) within 30 days of the execution of the SSCC Provider Services Agreement. The Plan shall include provisions for pre-disaster records protection, alternative accommodations for children/youth in substitute care, supplies, and a recovery plan in the event of an actual emergency. Disaster and Emergency Response Preparedness Plans shall be completed in accordance with the OCOK Operations Manual and the SSCC Master Contract. Network Provider is responsible for annual training of its personnel and caregivers/foster parents. In the event of an emergency, OCOK may exercise oversight authority over the Network Provider in order to assure implementation of the agreed emergency relief provisions. As a provision of the Disaster and Emergency Response Preparedness Plan, all children placed in the care of OCOK Residential Network Providers, either within or outside of the catchment area, will have location specific plans for ensuring children’s safety. **Network Providers’ personnel and caregivers/foster parents must be trained and/or acknowledge the agency’s DERPP during pre-service and annually thereafter.** All foster/adoptive homes will be required to develop a DERPP that will be maintained in the Provider’s foster/adoptive home record for OCOK’s access and review as needed.

The Provider’s DERPP will include, at minimum, appropriate and effective:

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

4.07 Culturally Competent Service Delivery			
Domain	Contract Management and Oversight of Providers, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	9-2014, 1-2018, 4-2024, 7-1-2025
Documents			
Reference	OCOK Non-Discrimination in Service Provision, SSCC Provider Services Agreement		

Policy:

Our Community Our Kids (OCOK) does not illegally discriminate in any way in the manner in which it provides services to its client population.

Procedure:

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

1. Provider shall deliver services in a manner that is relevant to the culture of children and families served.
2. ***Provider's personnel and caregivers/foster parents must complete a minimum of three (3) hours of Cultural Diversity/Competency training during pre-service and annually thereafter.***
3. Providers will be encouraged to attend a variety of trainings that addresses cultural competencies both in the community and training that is offered by OCOK.
4. When foster children are placed in a foster/adoptive home, the cultural dynamics of the home are taken into consideration prior to the placement.
5. The initial and ongoing service plans for all clients will reflect their cultural competencies and the steps taken to implement the particular client's culture into the daily activities and operations of the Provider.
6. OCOK supports family contacts in collaboration with TDFPS to promote cultural identity and connections.
7. OCOK will support the foster/adoptive family if a need in this area arises by facilitating community connections and activities.
8. OCOK will notify Network Providers via electronic mail and OCOK website (www.oc-ok.org) of any training opportunities.

4.08 Dispute, Complaint, Grievance and Conflict of Interest			
Domain	Contract Management and Oversight of Providers, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2018, 5-30-2019, 12-30-2019, 2-2022, 9-2022, 11-2022, 1-2024, 3-2024, 4-2024, 7-1-2025
Documents			
Reference	OCOK Client and Stakeholders Complaint and Conflict of Interest, 6.19 Utilization Management Procedure, 7.09 Payment Dispute Resolution Process, COA AS 12.01, AS 12.02, AS 12.03, AS 13.03, ETH 2, ETH 4, NET 2.04, GOV 7, GOV 7.01 (a-e), GOV 7.02 (a-b), GOV 7.04		

Purpose:

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

Policy:

Our Community Our Kids (OCOK) maintains a formal process in which clients and stakeholders can express and resolve grievances.

Procedure:

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

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

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

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

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

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

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

II. Case Related Dispute Resolution Process between OCOK and DFPS

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

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

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

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

III. Complaints and Concerns

OCOK employs a consumer affairs approach to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can launch a complaint or concern directly with OCOK by sending an email to consumeraffairs@oc-ok.org. The OCOK Director of Child Safety and Legal Compliance 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.

OCOK 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

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

Only at the discretion of the OCOK Chief Operating Officer or designee is new information considered.

Office of Consumer Affairs (OCA) Review Process:

Upon receiving a request for Office of Consumer Affairs review, the Office of Consumer Affairs Specialist will obtain and review the documentation from the case, research, and review information with all parties. The OCA Specialist will submit the review and will recommend the finding to the OCOK Director of Child Safety and Legal Compliance for consideration.

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

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

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

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

If the Office of Consumer Affairs is unable to satisfactorily resolve the complaint, the OCOK Director of Child Safety and Legal Compliance will forward the review along with supporting documentation to the OCOK Chief Operating Officer. Should the OCOK Chief Operating Officer be unable to satisfactorily resolve the complaint, the case along with supporting documentation will be forwarded to the OCOK Chief Executive Officer for final determination.

If this process is exhausted and the constituent does not find their case was resolved appropriately, children and youth under the age of 18 may contact the HHS Foster Care Ombudsman at 844-286-0769, or adults may contact the DFPS Office of Consumer Relations at 800-720-7777. This should be the final step in the appeals process and only be used when the constituent deems it necessary.

IV. Conflict of Interest

A Conflict of Interest is a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her duties in the best interest of OCOK, 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 OCOK 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 the Human Resources Director to be investigated and bring resolution to the actual, potential, or perceived conflict. The employee will be advised of the resolution accordingly.

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

Potential Contracting Conflicts of Interest

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

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

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

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

contingent fee basis and is only paid for services actually rendered or for reimbursement of appropriate expenses incurred.

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

Potential conflicts involved in purchasing services include

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

Other potential conflict

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

Tracking and Managing Potential Contracting Conflicts of Interest

Purchasing services from an OCOK employee or Board Member

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

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

Other potential conflicts resulting from contracting for services

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

As per the OCOK Ethical Practice Policy and Statement all employees, volunteers, interns and subcontractors of OCOK are required to know and follow the Code of Ethics for their respective positions and profession. These ethics statements all address personal conflicts of interest and the importance of avoiding or mitigating them.

Resolving Potential Contracting Conflicts of Interest for OCOK

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

Potential Case Management Conflicts of Interest

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

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

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

Other potential conflicts resulting from Case Management

- *OCOK employee becomes part of a DFPS investigation or open case.* If the child of an OCOK employee were to become part of an open case involving kinship placement or out-of-home placement, conflicts would arise given the employee's access to confidential information about the child, the case, or the family members. Access to this information could put an employee in the position of being able to use this information to unfairly influence decisions about the case including placement decisions, reunification decisions or decisions about the involvement of other family members.
- *Family or extended family of an OCOK employee has a CPS case opened.* If a family or extended family member of an OCOK employee were to become part of an open case involving kinship placement or out-of-home placement, conflicts would arise given the employee's access to confidential information about the child, the case, or the family members.

- *Friend or other person with whom an OCOK employee has a relationship with outside of work has a CPS case opened.* If a person known to an OCOK employee becomes involved with the DFPS system, the prior relationship could impair good decision-making about the case if the employee is involved.

Tracking and Managing Potential Case Management Conflicts of Interest

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

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

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

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

It is important to note that many issues could impact these variables that do not involve a conflict of interest. For example, court decisions to reunify children to more risky settings, lack of community services to support reunification, and youth entering care with more severe behavioral or mental health needs, are all factors that could each impact these variables negatively. In addition, strong efforts to help reunify more children with their families will likely result in more reunifications but will also result in more re-entry’s because more children are living with their families. Tracking the information and then conducting more detailed case analysis if concerning trends are indicated, will help OCOK and DFPS understand factors influencing the trends, and whether or not a secondary interest is receiving higher priority than the primary interest for the children in Region 3W.

Other potential conflicts resulting from Case Management

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

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

Resolving Potential Case Management Conflicts of Interest

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

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

4.09 Stakeholder Satisfaction Survey			
Domain	Contract Management and Oversight of Providers, OCOK Performance and Quality Improvement		
Effective	July 01, 2014	Revision Dates	1-2018, 11-2022, 7-1-2025
Documents			
Reference	OCOK Performance and Quality Improvement		

Policy:

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

Procedure:

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

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

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

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

4.10 Risk Prevention and Incident Reporting			
Domain	Contract Management and Oversight of Providers, OCOK Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 6-2022, 9-2022, 11-2022, 6-2023, 4-2024, 7-1-2025
Documents	Serious Incident Report, Serious Incidents and Reporting Timeframes, Serious Incidents Reporting Requirements		
Reference	OCOK Risk Management Governing Board Review, RCCR Minimum Standards, CLASS, Texas Provider Portal (TPG), COA RPM 2		

Policy:

Our Community Our Kids (OCOK) provides an annual report of the internal assessment of overall risk to the Board of Directors.

Procedure:

OCOK requires ALL OCOK Residential Network Providers, as a condition of the SSCC Provider Services Agreement, to report all 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.

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

Risk Prevention and Incident Reporting

A. Serious Incident Report:

1. Providers and OCOK staff are mandated reporters. Any incident that fits the criteria for mandatory reporting will be reported to the Texas Abuse Hotline and to OCOK within the timeframes set by HHSC Residential Child Care Regulation (RCCR) and OCOK.
2. OCOK may instruct the Provider to report an incident to the Texas Abuse Hotline or state’s reporting system.
3. Upon receiving notification of an incident regarding a child/youth the Provider will make a determination as to whether the incident demands mandatory reporting to authorities other than OCOK.

4. Serious incidents are to be handled as opportunities for enhancing the growth and development of clients, not as justification for terminating the placement if appropriate.
 5. Whenever possible, serious incidents are to be handled in a manner that preserves the placement, assures continuity of care, and provides a learning experience for both the child/youth and foster parent and/or placement entity.
 6. Incidents to be reported include but are not limited to:
 - a. Death of a child
 - b. Reasonable cause to believe a child has suffered abuse or neglect
 - c. Suicidal ideations, gestures, or attempts
 - d. Homicidal ideations, gestures, or attempts
 - e. Disclosure of sexual or physical abuse
 - f. Physical assaults between two or more children
 - g. Physical assault of foster parents and/or staff
 - h. Use of physical restraint on a child
 - i. Runaway or missing child
 - j. Increased threat to the safety of a child
 - k. Sexual contact between children that is not determined to be typical play between preschool age children
 - l. Any medication that is given inappropriately or lapsed doses of medication
 - m. Unexpected health problems including but not limited to offsite emergency medical treatment
 - n. Violations of licensing or certification requirements where the health and safety of a foster child is at risk and violations are not corrected immediately
 - o. Serious property damage or other significant licensing violations that are a safety hazard and are not immediately corrected and may compromise the health and safety of youths in care
 - p. Youth in care is pregnant
- B. OCOK provides a 24-hour on-call telephone number to Providers and DFPS; in the case of a crisis and/or emergency situation.
- C. **Providers must submit a written incident report to OCOK via the Texas Provider Gateway (TPG) within 24 hours of the incident occurrence involving a Region 3W child, caregiver, available foster/adopt parent/home, and operation contracted with OCOK.** 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 required entries 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 rejection or sooner if instructed by OCOK.
- D. A Serious Incident Report should be completed for each contact made in the case of a presumed emergency or crisis situation. This report must include the following:
1. Name of child/youth involved in the incident or crisis situation;
 2. Developmental and chronological age of child(ren)/youth involved in the incident;
 3. Date and time of the incident or crisis situation;
 4. Date, time and method of notification made to OCOK placement authority, supervisor and licensing;
 5. Nature of the incident or crisis situation;

6. Actions taken by the Provider and OCOK;
 7. Date report was completed;
 8. Date report was submitted to DFPS and OCOK; and
 9. Notation as to whether or not mandatory reporting is required.
- E. Upon receiving the immediate notification of an incident OCOK (Quality Improvement and Contracts Specialist and/or OCOK Therapeutic Services Coordinator as appropriate) will contact the Provider to review the course of action taken by the Provider and will determine as a team if further interventions are needed. This would include, but is not limited to, a corrective action plan, additional wraparound services, and training.
- F. All incident reports will be available to DFPS for their review. Any incident reporting of an injury, runaway, missing child, or increased threat to the safety of a child will be reported immediately to DFPS.
- G. OCOK will work in partnership with RCCR on any investigation that results from a Network Provider's incident report. OCOK runs monthly CLASS compliance history reports on Network Providers in the state of Texas in order to gather all the necessary information for an incident, allegation or investigation. OCOK conducts monthly web searches to locate information in reference to allegations of abuse/neglect and citations for out of state Residential Providers in the event compliance history reports cannot be obtained. OCOK will follow up with the Provider as needed on specific incidents, allegations or investigations in order to resolve the issue.
- H. The Network Provider is responsible for sending RCCR documentation to OCOK; to include but not limited to, sampling visits forms, allegations and investigations letters, deficiencies, and closure letters for all facilities available to OCOK no later than three (3) business days of receipt of the documentation/information. Network Provider is also responsible for submitting, within three (3) business days, licensure board reports and investigations, suspected fraud or fraud investigations, and any other violations that occur by its Administrator and for the program/facility. OCOK will follow up with the Provider as needed on specific incidents, allegations or investigations in order to resolve the issue.
- I. OCOK will identify trends by Providers and the Network as a whole. If a trend is identified in a specific area OCOK will assist with the formation of a workgroup to address improvement in that specific area. This workgroup may be Provider-focus or Network-focus.
- J. The OCOK Safety Committee meets as needed to review performance issues or concerns regarding Network Providers and/or their homes. An agency may be placed on the OCOK Safety Committee review for issues such as, but not limited to, the following:
- the agency's viability is potentially at risk;
 - children and/or families are potentially at risk; and
 - the agency or one or more of their homes have serious or on-going licensing or contracting issues.

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

- determining that the agency has resolved the issue, and no action is needed;

- gathering more data and reviewing at the next meeting;
- meeting with the agency leadership;
- increased oversight;
- additional training requirements mandated;
- on-site technical assistance;
- temporary placement hold on either the entire agency or specific homes; and
- termination of the contract.

Serious Incidents and Reporting Timeframes

A Serious Incident is any non-routine occurrence that has an impact on the care, supervision, or treatment of a child. This includes, but is not limited to suicide attempts, injuries requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

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. OCOK/TPG will automatically notify OCOK staff as required.

OCOK will ensure each Serious Incident, for OCOK Residential Network Providers in and outside the State of Texas, is reported within 24 hours of incident occurrence to all the following:

OCOK Permanency Specialist and OCOK Therapeutic Services Coordinator (automatically via OCOK/TPG);

OCOK Permanency Specialist's Supervisor (automatically via OCOK/TPG);

OCOK Quality Improvement and Contracts Specialist (automatically via TPG), and the following DFPS areas;

- DFPS Statewide Intake at (800) 252-5400 or online at <https://www.txabusehotline.org>
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. 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.
- OCOK Permanency Specialist will ensure each Serious Incident, for OCOK Residential Network Providers outside the State of Texas, is reported within 24 hours of incident occurrence to the following:
DFPS Interstate Compact for Placement of Children by email at ICPCHS@dfps.texas.gov

The following serious incidents (Reportable Incidents) must be reported by the OCOK Residential Network Providers directly to the Texas Abuse and Neglect Hotline at (800) 252-5400 or online at <https://www.txabusehotline.org>, and reported to OCOK via the Texas Provider Gateway (TPG) within the appropriate timeframe:

When must I report and document a serious incident?

Requirements for all OCOK Residential Network Providers (In-state and Out of State: Child Placing Agencies, General Residential Operations, Residential Treatment Centers, Emergency Shelters):

A child dies while in your care. Report as soon as possible, but no later than 2 hours after the child's death. Fatality must be reported to Law Enforcement immediately, but no later than 1 hour after the child's death.

A substantial physical injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization. Report as soon as possible, but no later than 24 hrs. after the incident or occurrence.

Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited. Including, if a Child-Placing Agency, plans to move the child until the investigation is complete. Report as soon as you become aware of it.

Physical abuse committed by a child against another child. Physical abuse that occurs when there is substantial physical injury, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to a child. Report as soon as you become aware of it.

Sexual abuse committed by a child against another child. Sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child. Report as soon as you become aware of it.

A child is indicted, charged, or arrested for a crime; or when law enforcement responds to an alleged incident at the operation or foster/adopt home that could result in criminal charges being filed against the child. Report as soon as possible, but no later than 24 hrs. after you become aware of it.

The unauthorized absence of a child who is developmentally or chronologically under 6 years old. Report within 2 hrs. of notifying law enforcement. Unauthorized absence must be reported to Law Enforcement immediately upon determining the child is not on the premises and the child is still missing.

The unauthorized absence of a child who is developmentally or chronologically 6 to 12 years old. Report within 2 hrs. of notifying Law Enforcement, if child is still missing. Unauthorized absence must be reported to Law Enforcement within 2 hours of determining the child is not on the premises if the child is still missing.

The unauthorized absence of a child who is 13 years or older. Report no later than 6 hrs. from when the child's absence is discovered, and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to your operation or foster/adopt home. Unauthorized absence must be reported to Law Enforcement no later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or

you believe the child has been abducted or has no intention of returning to your operation or foster/adopt home.

A child in your care contracts a communicable disease. Report as soon as possible, but no later than 24 hrs. after you become aware of the communicable disease.

A suicide attempt by a child. Report as soon as you become aware of the incident.

Any incident that renders all or part of your operation unsafe or unsanitary for a child, such as a fire or a flood. Report as soon as possible but no later than 24 hrs. after the incident.

A disaster or emergency that requires your operation or a foster/adopt home to close. Report as soon as possible but no later than 24 hours after the incident.

An adult who has contact with a child in care contracts a communicable disease. Report as soon as possible, but no later than 24 hours after you become aware of the communicable disease.

An allegation that a person under the auspices of your agency/operation who directly cares for or has access to a child in the agency/operation has abused drugs within the past seven days. Report within 24 hrs. after learning of the allegation.

An investigation of abuse or neglect by an entity (other than Licensing) of an employee, professional level service provider, contract staff, volunteer, or other adult at the agency/operation. For out of state OCOK Residential Network Providers, it also applies for investigations of abuse or neglect by their state's licensing body. Report as soon as possible, but no later than 24 hours after you become aware of the investigation.

An arrest; an indictment; information regarding an official complaint accepted by a county or district attorney; or any arrest warrant executed by law enforcement against an employee, professional level service provider, foster/adopt parent, contract staff, volunteer, or other adult at the agency/operation alleging commission of any crime. Report as soon as you become aware of the situation.

A search warrant is executed by law enforcement at the operation or a foster/adopt home. Report as soon as you become aware of the situation.

An allegation that an employee or caregiver (foster/adopt parent) used a prohibited emergency behavior intervention technique; used a prohibited personal restraint technique; or used an emergency behavior intervention inappropriately.

Non-reportable incidents to the Texas Abuse and Neglect Hotline but reportable to OCOK via the Texas Provider Gateway as soon as possible, but no later than 24-hrs after the incident occurrence:

If there is a medically pertinent incident such as a seizure, urgent care visit, etc., that does not rise to the level of a reportable serious incident to the Texas Abuse and Neglect Hotline.

A child's unauthorized absence that does not meet the reporting time requirements (as above).

Complete an addendum to the serious incident report to finalize the documentation requirements, if the child returns to an operation after 24 hours.

A child is issued a ticket at school by law enforcement or any other citation that does not result in the child being detained.

Knowledge of child/youth in your care is pregnant.

OCOK Residential Network Providers must submit a serious incident for:

- All Psychiatric Hospitalizations
- Behavioral Incidents
- Suicidal/Homicidal thoughts
- Emergency Behavior Interventions (all restraints)
- Unsafe activities by the child/youth

A serious incident must be documented in a written report that includes the following information – the Texas Provider Gateway will capture all of this information; OCOK Residential Network Providers must be ready to enter as required:

- (1) The name of the operation/foster home or adoptive home, physical address, and telephone number
- (2) The time and date of the incident
- (3) The name, age, gender, and date of admission of the child or children involved
- (4) The names of all adults involved and their role in relation to the child(ren)
- (5) The names or other means of identifying witnesses to the incident if any
- (6) The nature of the incident
- (7) The circumstances surrounding the incident
- (8) Interventions made during and after the incident, such as medical interventions, contacts made, and other follow-up actions
- (9) The treating licensed health-care professional's name, findings, and treatment if any
- (10) The resolution of the incident.

Identifying information for one child should not be placed in the record of another child. You may choose to: 1) write one incident report that is filed centrally (not in each child's record) and de-identified when released as part of a child's record, 2) write one incident report that is filed in each child's record, with each copy de-identified to not show the full name of other children involved in the incident, or 3) write a separate incident report for each child, with only the first name or initials of each other child involved.

OCOK Residential Network Providers must include the following additional documentation as an attachment to a serious incident report via the Texas Provider Gateway, when applicable:

- (1) Child death, substantial physical injury, or a suicide attempt: Any emergency behavior interventions implemented on the child within 48 hours prior to the serious incident.

- (2) Any substantial physical injury resulted from a short personal restraint: Documentation of the short personal restraint, including the precipitating circumstances and specific behaviors that led to the emergency behavior intervention.
- (3) Emergency Behavior Interventions: Documentation on precipitating circumstances, length of the restraint, intervention to de-escalate situation, outcome of EBI, follow-up with client after EBI, any other pertinent information.
- (4) Unauthorized absence of a child: (A) Any efforts made to locate the child; (B) The date and time you notified the parent(s)/legal guardian and the appropriate law enforcement agency and the names of the persons with whom you spoke regarding the child's absence and subsequent location or return to the operation/foster home; (C) If the parent/legal guardian cannot be located, dates and times of all efforts made to notify the parent/legal guardian regarding the child's absence and subsequent location or return to the operation/foster home; (D) Whether the child has returned to the operation/foster home, and if so, the length of time the child was gone from the operation/foster home; and (E) If the child returns to the operation/foster after 24 hours, an addendum to the report that documents the child's return.
- (5) Any physical or sexual abuse committed by a child against another child: The difference in size, age, and developmental level of the children involved in the physical or sexual abuse.

OCOK Residential Services Providers must notify the legal responsibility/DFPS caseworker/SSCC of each child residing at your operation or each foster home verified by the CPA of a deficiency in: (1) A safe sleeping standard; (2) The abuse, neglect, or exploitation standard. Notification must occur within 5 days of receiving notification of a deficiency.

4.11 Continuous 24-hour Awake Supervision			
Domain	Contract Management and Oversight of Providers, OCOK Risk Prevention and Management		
Effective	August 01, 2019	Revision Dates	11-2022, 3-30-2023, 6-2023, 4-2024, 7-1-2025
Documents			
Reference	OCOK Risk Management Governing Board Review, COA RPM 2		

Policy:

Our Community Our Kids (OCOK) provides an annual report of the internal assessment of overall risk to the Board of Directors.

Procedure:

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

All Providers serving more than six (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 required Continuous 24-hour Awake Supervision provisions.
2. All residential service providers must report, to OCOK, via the Texas Provider Gateway, and to DFPS through the process established by DFPS, any non-compliance of Continuous 24-hour Awake Supervision within 24 hours of the occurrence.

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

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

Monitoring and Compliance

1. OCOK will review the Provider’s 24-hour Awake Supervision Policy and Procedures during the initial contracting process and will submit to DFPS for approval of the Provider’s 24-hr Awake Supervision Policy and Procedures before being added to the OCOK Provider Network.

2. OCOK will review the Provider's non-compliance incidents within 24 hours of being notified. OCOK may issue a Contact Violation and may request a Quality Improvement Plan/Corrective Action Plan, as necessary.
3. OCOK will maintain a quarterly report of non-compliance of Continuous 24-hour 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.

4.12 Initial and Rolling Capacity Limits for New Facilities			
Domain	Contract Management and Oversight of Providers, OCOK Performance and Quality Improvement		
Effective	10/15/2021	Revision Dates	7-1-2025
Documents	Monthly Capacity Assessment		
Reference	OCOK Performance and Quality Improvement		

Policy:

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

Purpose:

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

Process Procedure:

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

5. OCOK will maintain ongoing communication with the Provider in order to gather information and data to be shared during the monthly staffings and to complete the Monthly Capacity Assessment;
6. OCOK will invite other SSCCs and any other interested parties to participate in the monthly staffing with the purpose of gathering information to determine capacity for the Provider;
7. During this monthly staffing, the SSCCs will also discuss the Provider's performance and whether a capacity increase or decrease is warranted based on circumstances and available data;
8. This process lasts until the Provider has received their full permit to operate a residential childcare operation (6-12 months), and the SSCCs agree that the Provider poses no significant risk to children upon full licensure.
9. Within 180 days of the Provider joining the OCOK Network, the assigned OCOK Quality Improvement and Contracts Specialist will complete a Contract Monitoring Review, unless the Provider has been assigned to a Lead SSCC for Contract Monitoring Review. OCOK then will accept the Lead SSCC's Contract Monitoring Review results. If OCOK completes the Contract Monitoring Review, results of this Contract Monitoring Review will be shared with DFPS, SSCCs and internally, and;
10. For any shared SSCC and DFPS contracted facilities, OCOK will also team with DFPS and any other SSCCs on this process.

4.13 Abeyance of Staff			
Domain	Contract Management and Oversight of Providers, OCOK Human Resources Management		
Effective	12-27-2021	Revision Dates	11-2022, 7-1-2025
Documents			
Reference	OCOK Background Investigation and Screening		

Purpose:

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

Policy:

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

Procedure:

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

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

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

Section 5

Referral and Placement

- 5.00 Intake and Placement Services**
- 5.01 Intake Process and On-call Procedure**
- 5.02 New Referral – Non-Emergency Placement (CPS requested)**
- 5.03 New Referral – Emergency Placement (CPS requested)**
- 5.04 OCOK Initiated Emergency and Non-Emergency Placement Change**
- 5.05 Children Without Placement Notification**
- 5.06 Legacy Transfer**
- 5.07 Notification of Child’s Immediate Needs, History of Child’s Sexual Abuse, Sexual Aggression and Sexual Behavior Problems**
- 5.08 Non-paid Placements - Kinship/FRE, Adoption, SIL, Specialty Placements and In-Transit**
- 5.09 Courtesy Referrals**
- 5.10 Paid Kinship Placements**
- 5.11 Post-Adoption Referrals**
- 5.12 Out-going Interstate Child Placement Compact Placements**
- 5.13 Children Recovered from Runaway from Out of Region/State**

5.00 Intake and Placement Services			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	April 1, 2022	Revision Dates	4-2024, 7-1-2025
Documents			
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, SSCC Master Contract		

Purpose:

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 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).

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

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

In order to meet the needs of our children in care, OCOK contracts with and manages an array of Residential Providers including Child Placing Agencies (CPAs), General Residential Operations (GROs) and Residential Treatment Centers (RTCs) who are then tasked with providing quality care, service provision and supervision to all children placed within their facility/homes. While OCOK has a no-reject, no-eject

policy, the Providers must assess for themselves the appropriateness of placement and make a decision based on their ability to meet a child or sibling set needs. OCOK is tasked with meeting the needs of all children from the 3W catchment area, no matter what their need and as such, contracts with Providers who are licensed for things such as childcare, respite childcare, emotional disorders, mental retardation, pervasive developmental disorders, primary medical needs, human trafficking, transitional living, adoption and more.

The Intake team assesses all children at the time of referral (initial and subsequent placement referral) to determine the most appropriate placement and service needs at that moment in time and matches them with the Provider best suited to meet their needs. Whenever possible, Intake consults with the youth's team including their Permanency Specialist (Investigations for new removals), attorney, CASA, parents, the child/youth and others, seeking input, preferences and information to make the best match possible. On the occasion that at the time an emergency or subsequent placement is needed, and no placement can be located that can meet all of the child's immediate and long-term needs, intake will continue to work with the child's team to locate a more appropriate placement while the OCOK Care Management department assesses for additional services in the temporary placement to provide for the child in the interim. When a particular service or placement is not paid through a traditional contract but covered by Medicaid or insurance, such as psychiatric hospitalization or substance abuse treatment centers, OCOK Intake works with the child's permanency team and the Medicaid Provider to ensure the Provider has all necessary intake information and documentation and that there is a plan for their transition out of the facility when treatment goals are met and back into a regular paid placement.

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

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 are discharged from care, if different than their home of origin. The OCOK Intake Specialist will gather 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 3W 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 Texas Provider Gateway (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 3W 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.

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 the above 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.

Client's Rights

Providers will:

- ***Ensure all children have been given a written copy of the TDFPS 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*** (form must be signed by the child/youth and copy must be filed in the client record);
- support the rights listed in the TDFPS Rights of Children and Youth in Foster Care;
- not deny or restrict, through action or policy, any of the rights listed in the TDFPS 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.

5.01 Intake Process and On-call Procedure			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 10-2021, 3-2022, 4-2024, 7-1-2025
Documents	Safety Plan		
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, 5.04 OCOK Initiated Emergency and Non-Emergency Placement Change, 5.09 Courtesy Referral, 5.13 Children Recovered from Runaway from Out of Region/State, COA NET 5, NET 5.01, 5.02, NET 5.03. NET 5.04, NET 5.05, NET 6, NET 6.01, NET 6.02		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

1. OCOK Intake Department will be responsible for ensuring that calls for referrals are answered 24/7/365. Intake workers complete all triage and critical care decision-making of referrals promptly and in accordance with the type of referral being made. Intake staff are supervised by Intake leadership who is experienced in residential childcare and/or licensed. All calls will be screened and assessed for priority (emergency or non-emergency) determination based on how quickly a placement is needed to ensure all children are treated equitably and in a manner that appropriately addresses their need for placement and timely initiation of services. During the intake process, Intake staff gather information necessary to identify critical service needs in order to determine if a more intensive service is necessary and they assess immediate safety/risk of harm both to the child and others. If at any time during the intake process, OCOK

should learn that the child/ren are an immediate threat to themselves or others, the Intake Specialist will staff with their supervisor and consult with DFPS to have the child assessed by medical/mental health professionals prior to coming into placement. If the threat is such that it does not require hospitalization but does require additional supports, supervision or other services, Intake will work with the provider and DFPS to implement a safety plan with all parties involved.

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

5.02 New Referral – Non-Emergency Placement (CPS requested)			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 2-2020, 7-2020, 10-2021, 3-2022, 4-2024, 7-1-2025
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, Child’s Bill of Rights, Common Application, Attachment A, Placement Summary 2279, CANS Assessment, Exceptional Care Request Form, Form K-908-2279b, OCOK Placement Introduction and Summary Form		
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, CareMatch User Guide, IMPACT User Guides, CLASS system, 6.23 EPSTD, COA NET 2.02, NET 5, NET 5.02, NET 5.04, NET 6		

Purpose:

A non-emergency placement is appropriate when DFPS/CPI 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.

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

1. CPS/CPI will contact OCOK Intake Department via phone toll free (1-844-777-OCOK) or email (intake@oc-ok.org) and provide OCOK Initial Referral Information for both the child and family within two (2) weeks of knowing placement will be needed. Once custody is obtained, CPS/CPI will initiate a referral in IMPACT and OCOK will acknowledge the referral within one (1) hour.
2. CPS/CPI will provide OCOK Intake with a Common Application and Attachment A as well as any other available supporting documentation (i.e., a psychological assessment, medical records) that would be necessary to finding the most appropriate placement for all children that are part of the referral.

3. Assignment of non-emergency placement requests will be assigned by OCOK Intake Supervisor or designee to Intake Specialists on a rotating basis. The Supervisor will be responsible for tracking assignments and ensuring caseload equity.
4. If necessary, OCOK will coordinate and facilitate a pre-placement staffing, and the Intake Specialist assigned to the referral will participate by telephone to gather as much placement information on the child as possible.
5. OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (Refer to CareMatch User Guide for instructions)
6. OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
7. OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third calendar day after the date the child is placed in the facility. The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/CPS within five (5) days of school enrollment. Additionally, the Provider will be notified of the requirement of a Texas Health Steps Physical within 30 days of removal. (Refer to 6.23 EPSDT)
8. The Provider will have two (2) days to discuss the potential placement and return an acceptance or denial to OCOK. The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.
9. Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide to CPS/CPI with a summary in order to make an informed decision about the appropriateness of the potential placement.
10. Within three (3) days of placement being needed OCOK will provide notice to CPS/CPI through email of the recommended placement and medical consent. CPS/CPI will evaluate and approve recommended placement and provide approval or denial within 24 hours. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with six (6) or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.
11. Once all approvals have been obtained, OCOK Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider. CPS/CPI is responsible for new referral (initial) non-emergency placements. CPS/CPI will also be responsible for ensuring that all caregivers are

notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained.

12. OCOK Intake Specialist will ensure the following documents are completed and signed:
 - a. Medical Consenter (Form 2085b)
 - b. Placement Authorization 2085 FC or K
 - c. Education – Decision Maker (Form 2085e)
 - d. Attachment A
 - e. Placement Summary 2279/OCOK Placement Introduction and Summary Form
 - f. Child's Bill of Rights
 - g. All required Residential Child-Care Forms
13. OCOK Intake Specialists ensure that a Common App and Placement Summary (DFPS or OCOKs) is provided to all foster parents and reviewed at the time of placement.
14. OCOK Intake Specialist will complete all documentation of placement in IMPACT within 12 hours of placement. (Refer to IMPACT User Guide for instructions) This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. (HM approval requests must be entered prior to placement)
15. OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the OCOK Intake Specialist is responsible for entering the data by 10:00 am the following day. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
16. OCOK Intake Specialists will assign the child and family stages to the appropriate Permanency Unit according to case assignment rotation schedule based on the county of removal.
17. OCOK Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to the Director of Intake. Requests must contain a Common Application, a complete search log, an Exceptional Care Request Form and documentation of all services to be provided.

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 consenter, no later than three (3) days prior to the date placement needs to occur.

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.

Form K-908-2279b Certification Procedure

1. At time of placement the child's attribute section on CareMatch (that has yes/no questions in reference to history of sexual abuse victimization/aggression) will be completed/checked by the person creating the child's file in CareMatch (Intake/Emergency Removal Team). Permanency will ensure the Provider is given the updated Attachment A to ensure they are aware of when a Form K-908-2279b is required.
2. Child Placing Providers are required to send signed Form K-908-2279b on a quarterly basis for all placements in the quarter and for any that need to be updated (for new hires that need to sign Form K-908-2279b during the quarter). Providers are encouraged to send signed Form K-908-2279b within 3 business days of placement or updates in order to avoid delays in receipt of this form on a quarterly basis.
3. The DFPS Provider Portal has features that allow DFPS and GRO/RTC Providers, and GRO/RTC caregivers to manage the Attachment A certification process online effective May 30, 2025. This online process will include email notifications and the requirement for GRO/RTC caregivers is to electronically review and certify the receipt of the Attachment A. This electronic process

replaces using a hard copy of the Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information form (Form K-908-2279b) for the GRO/RTC caregivers.

4. DFPS staff will send the document to a GRO/RTC Provider in the DFPS Provider Portal. The Administrator will be able to assign caregivers to a child, then the system will automatically forward an email notification to the assigned caregiver. The caregiver's email will have a link to access the DFPS Provider Portal where they will sign in, review, and certify the child's Attachment A.
 - a) GRO/RTC Providers must ensure caregivers have an email address in the DFPS Provider Portal. Caregivers cannot share the same email address.
 - b) GRO/RTC Providers must ensure that caregivers have been authenticated in the DFPS Provider Portal.
 - c) If assistance is needed with this process, GRO/RTC Providers will need to send a request to DFPSAttachmentAVerification@dfps.texas.gov.
5. The QI&C team will send an email reminder on a quarterly basis to Providers to ensure signed Form K-908-2279b are sent to OCOK and/or Attachment A is certified via the DFPS Provider Portal timely.
6. Any Form K-908-2279b received in the quarter will be sent to OCOK data team for upload to CareMatch.
7. During the Provider's annual Contract Monitoring Review, the QI&C team will ensure Form K-908-2279b are uploaded in CareMatch for those in the OCOK Monitoring Review sample.

CPAs: foster parents/adoptive caregivers sign the Attachment A when a child is placed in their home and only use this form if the child experiences a temporary out-of-home placement (i.e., respite, etc.).

The certification Form K-908-2279b will apply to all GRO/RTC caregivers as they should certify the Attachment A via the DFPS Provider Portal prior to providing care to DFPS/OCOK clients with an identified history of sexual victimization and/or aggression.

An email box has been created and is now active for Network Providers to send signed Form K-908-2279b to the OCOK Data team and Quality Improvement and Contracts team:

CertificationForm2279b@oc-ok.org

OCOK and its Providers will follow any procedures established by TDFPS. Any updated procedures will be communicated to Network Providers via electronic mail and/or posted at www.oc-ok.org.

5.03 New Referral – Emergency Placement (CPS requested)			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 2-2020, 7-2020, 10-2021, 3-2022, 4-2024, 7-1-2025
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, Child’s Bill of Rights, Common Application, Attachment A, CANS Assessment, Placement Summary 2279, Exceptional Care Request Form, Form K-908-2279b, OCOK Placement Introduction and Summary Form		
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, CareMatch User Guide, IMPACT User Guides, CLASS system, 6.23 EPSDT, COA NET 2.02, NET 5, NET 5.02, NET 5.04, NET 6, NET 6.01		

Purpose:

An emergency placement is appropriate when DFPS 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 consenter. 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.

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

1. CPS will contact OCOK Intake Department via phone toll free (1-844-777-OCOK) and provide OCOK Initial Referral Information. CPS will complete the referral for the child and family in IMPACT. OCOK will acknowledge and approve the referral once all Common Applications are completed, and the referral time will start once all approved. OCOK will have four (4) hours to complete the search and locate placement for the child/ren once the referral is approved.

2. CPS/CPI will provide OCOK Intake with a Common Application and Attachment A as well as any other available supporting documentation (i.e., a psychological assessment, medical records) that would be necessary to finding the most appropriate placement for all children that are part of the referral.
3. Assignment of emergency placement requests will be assigned by OCOK Intake Supervisor or designee to OCOK Intake Specialists on a rotating basis. The Supervisor will be responsible for tracking assignments and ensuring caseload equity.
4. OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (Refer to CareMatch User Guide for instructions)
5. OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
6. If the Provider does not answer, a message is to be left and the OCOK Intake Specialist should move on to the next provider after 15 minutes with no response from the best match.
7. The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.
8. Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide to CPS/CPI with a summary in order to make an informed decision about the appropriateness of the potential placement.
9. Once OCOK has approval of the home from the Provider notification is to be sent to CPS/CPI by telephone or email. Approval will be assumed if denial is not received within one (1) hour.
10. If Placement is not located within four (4) hours, OCOK will take physical custody of the child/ren unless otherwise agreed upon by both parties that it would not be in the child's best interest to do so.
11. OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third calendar day after the date the child is placed in the facility. The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/CPS within five (5) days of school enrollment. Additionally, the Provider will be notified of the requirement for a Texas Health Steps Physical within 30 days of removal. (Refer to 6.23 EPSDT)
12. No later than seven (7) hours from receipt of notification for need of emergency placement, OCOK Intake Specialist will provide CPS/CPI worker with the name and location of recommended placement and Medical Consenter. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-

like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with 6 or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.

13. Once all approvals have been obtained, OCOK Intake Specialist will coordinate placement of the child with CPS/CPI and the Provider. If placement is confirmed and all necessary approvals are obtained prior to the end of the 4-hour period, CPS/CPI will be responsible for making the physical placement and for ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained. If placement confirmation and approvals are not obtained within the four (4) hours, OCOK will be responsible for the physical placement and ensuring that all caregivers are notified of any sexual abuse/victimization history and sign off on the Attachment A and the Child's Bill of Rights are reviewed with each child being placed and that signatures are obtained, unless otherwise agreed upon by all parties that it is not in the child/ren's best interest.
14. OCOK Intake Specialist will ensure the following documents are completed and signed:
 - a. Medical Consenter (Form 2085b)
 - b. Placement Authorization FC or K
 - c. Education – Decision Maker (Form 2085e)
 - d. Attachment A
 - e. Placement Summary (2279)/OCOK Placement Introduction and Summary Form
 - f. Child's Bill of Rights
 - g. All required Residential Child Care Forms
15. OCOK Intake Specialists ensure that a Common App and Placement Summary (DFPS or OCOKs) is provided to all foster parents and reviewed at the time of placement.
16. OCOK Intake Specialist will complete all documentation of placement in IMPACT within 12 hours of placement (See IMPACT user guide for instructions). This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. (HM approval requests must be entered prior to placement).
17. OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the OCOK Intake Specialist is responsible for entering the data by 10:00 am the following day. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
18. On the following business day OCOK Intake Specialist will ensure all documents are scanned into the CareMatch.
19. OCOK Intake Specialists will assign the child and family stages to the appropriate Permanency Unit according to case assignment rotation schedule based on the county of removal.

20. OCOK Intake Supervisor is responsible for ensuring all Exceptional Care Requests are completed and submitted in a timely manner to the Director of Intake. Requests must contain a Common application, a complete search log, an Exceptional Care Request Form and documentation of all services to be provided.

Form K-908-2279b Certification Procedure

1. At time of placement the child's attribute section on CareMatch (that has yes/no questions in reference to history of sexual abuse victimization/aggression) will be completed/checked by the person creating the child's file in CareMatch (Intake/Emergency Removal Team). Permanency will ensure the Provider is given the updated Attachment A to ensure they are aware of when a Form K-908-2279b is required.
2. Child Placing Providers are required to send signed Form K-908-2279b on a quarterly basis for all placements in the quarter and for any that need to be updated (for new hires that need to sign Form K-908-2279b during the quarter). Providers are encouraged to send signed Form K-908-2279b within 3 business days of placement or updates in order to avoid delays in receipt of this form on a quarterly basis.
3. The DFPS Provider Portal has features that allow DFPS and GRO/RTC Providers, and GRO/RTC caregivers to manage the Attachment A certification process online effective May 30, 2025. This online process will include email notifications and the requirement for GRO/RTC caregivers is to electronically review and certify the receipt of the Attachment A. This electronic process replaces using a hard copy of the Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information form (Form K-908-2279b) for the GRO/RTC caregivers.
4. DFPS staff will send the document to a GRO/RTC Provider in the DFPS Provider Portal. The Administrator will be able to assign caregivers to a child, then the system will automatically forward an email notification to the assigned caregiver. The caregiver's email will have a link to access the DFPS Provider Portal where they will sign in, review, and certify the child's Attachment A.
 - a) GRO/RTC Providers must ensure caregivers have an email address in the DFPS Provider Portal. Caregivers cannot share the same email address.
 - b) GRO/RTC Providers must ensure that caregivers have been authenticated in the DFPS Provider Portal.
 - c) If assistance is needed with this process, GRO/RTC Providers will need to send a request to DFPSAttachmentAVerification@dfps.texas.gov.
5. The QI&C team will send an email reminder on a quarterly basis to Providers to ensure signed Form K-908-2279b are sent to OCOK and/or Attachment A is certified via the DFPS Provider Portal timely.
6. Any Form K-908-2279b received in the quarter will be sent to OCOK data team for upload to CareMatch.
7. During the Provider's annual Contract Monitoring Review, the QI&C team will ensure Form K-908-2279b are uploaded in CareMatch for those in the OCOK Monitoring Review sample.

CPAs: foster parents/adoptive caregivers sign the Attachment A when a child is placed in their home and only use this form if the child experiences a temporary out-of-home placement (i.e., respite, etc.).

The certification Form K-908-2279b will apply to all GRO/RTC caregivers as they should certify the Attachment A via the DFPS Provider Portal prior to providing care to DFPS/OCOK clients with an identified history of sexual victimization and/or aggression.

An email box has been created and is now active for Network Providers to send signed Form K-908-2279b to the OCOK Data team and Quality Improvement and Contracts team:

CertificationForm2279b@oc-ok.org

OCOK and its Providers will follow any procedures established by TDFPS. Any updated procedures will be communicated to Network Providers via electronic mail and/or posted at www.oc-ok.org.

5.04 OCOK Initiated Emergency and Non-Emergency Placement Change			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	1-2018, 12-2019, 7-2020, 10-2021, 3-2022, 4-2024, 7-1-2025
Documents	Form 2085b, 2085e, 2085 FC or K, OCOK Placement Authorization Form, OCOK Child Care Discharge Form, Child’s Bill of Rights, Common Application, Attachment A, Placement Summary 2279, Exceptional Care Agreements, Form K-908-2279b, OCOK Placement Introduction and Summary Form		
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, CareMatch User Guide, IMPACT User Guide, CLASS system, 6.23 EPSDT, COA NET 2.04, NET 5.02, NET 5.04		

Purpose:

Placement changes can 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.

Policy:

Our Community Our Kids (OCO) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

- Permanency Specialist will notify Intake (via phone or email) of the need for placement change and provide the reason placement is needed and provide with an updated Common

Application/Attachment A, psychological assessment (most recent) and any other information that would be necessary or helpful to finding a placement.

- Assignment of emergency placement requests will be assigned by OCOK Intake Supervisor or designee to OCOK Intake Specialists on a rotating basis. The OCOK Intake Supervisor will be responsible for tracking assignments and ensuring caseload equity.
- OCOK Intake Specialist will enter all information regarding the child/youth into the CareMatch system which will generate the list of potential placements. (Refer to CareMatch User Guide for instructions)
- OCOK Intake Specialist will contact the Provider who is the best match according to CareMatch to discuss the child and appropriateness of the placement to include the family dynamics and other children residing in the home.
- If the Provider does not answer, a message is to be left and the OCOK Intake Specialist should move on to the next Provider after 15 minutes with no response from the best match. All placement recommendations take into consideration the best interest of each child including what is the least restrictive, most family-like setting; keeping siblings together; closest to home; and able to meet the child(ren)'s needs.
- The OCOK Intake Specialist will negotiate all rates and including any Exceptional Care Service Agreements prior to placement and will staff any rate increases with their Supervisor and/or the Director of Intake for approval prior to offering/negotiating any rates with a Provider.
- Prior to making a placement recommendation, the OCOK Intake Specialist will review CLASS and IMPACT for a minimum of two (2) years of investigation history and any current variances or requests for variances and provide Permanency with a summary in order to make an informed decision about the appropriateness of the potential placement.
- 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.
- Once OCOK Intake has received approval of the home from the Provider, notification is to be sent to the OCOK Permanency Specialist by telephone and email. Approval will be assumed if

denial is not received within one (1) hour for emergency placement request. For non-emergency or planned placements, OCOK Intake will notify OCOK Permanency of placement option within three (3) days of when a placement is needed, otherwise it will be considered and treated like an emergency placement. If the OCOK Intake Specialist and/or Supervisor disagree with the OCOK Permanency Specialist and Supervisor regarding the placement recommendation, both teams should staff and attempt to work out the disagreement at the lowest level. If after staffing, there is no resolution, denial must come from the Permanency Director to the Director of Intake. Once approved, if any additional approvals are required for Heightened Monitoring, Probation or for placement into a foster home with six (6) or more children, the OCOK Intake Specialist will submit the requests through the appropriate DFPS channels. Placement will not be made until all required approvals have been received.

- OCOK Intake Specialist will inform the Provider of the requirement that the assigned school district must receive written notice for each instance where a child aged three or older is placed in a residential facility within the school district. The notice must be sent no later than the third calendar day after the date the child is placed in the facility. ***The Provider must ensure the child is enrolled in school within three (3) days of placement and verification of school enrollment must be sent to OCOK/SSCC within five (5) days of school enrollment.*** If the placement change is within the first 30 days of removal, the Provider will be notified of the requirement of a Texas Health Steps Physical within 30 days of removal. (Refer to 6.23 EPSDT)
- Permanency will be required to obtain physical custody of the child and coordinate placement with OCOK Intake to complete all placement forms. If during the course of the search for placement, Permanency makes the decision to place a child in a non-paid placement, the OCOK Permanency Specialist will be responsible for all placement documentation and activities.
- OCOK Intake Specialist and Permanency Specialist will coordinate the exchange of relevant child's placement information:
 - a. Medical Consenter (Form 2085b)
 - b. Placement Authorization 2085 FC or K
 - c. Education – Decision Maker (Form 2085e)
 - d. Attachment A
 - e. Child's Bill of Rights
 - f. Placement Summary 2279/OCOK Placement Introduction and Summary Form
 - g. Form K-908-2279b
 - h. All required Residential Child Care Forms
- OCOK Intake Specialists ensure that a Common App and Placement Summary (DFPS or OCOKs) is provided to all foster parents and reviewed at the time of placement.
- 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.
- 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.

- The Permanency Specialist notifies the following parties (bio-parents, bio-parent's attorney, AAL, GAL) of all placement changes. The Intake Specialist will notify the CASA program designee.
- Prior to the placement change the OCOK Intake Specialist will ensure that the child or youth's caretaker completes the OCOK Child Care Discharge Form and provide copies to the child's new Provider. OCOK must keep copies of this form and upload it into CareMatch.
- OCOK Intake Specialist will complete documentation of placement in IMPACT within 12 hours of placement. (Refer IMPACT User Guide for instructions) This includes documenting the reason for placement decision and decision criteria in the Placement Narrative Summary. They will also ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
- OCOK Intake Specialist is also responsible for ensuring client information is entered into CareMatch. If placement takes place during normal business hours, it will be entered that business day. If placement occurs after hours, the Intake Specialist is responsible for entering the data by 10:00 am the following day.
- 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 Permanency Specialist or Therapeutic Services 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.

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.

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.

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.

Form K-908-2279b Certification Procedure

1. At time of placement the child's attribute section on CareMatch (that has yes/no questions in reference to history of sexual abuse victimization/aggression) will be completed/checked by the person creating the child's file in CareMatch (Intake/Emergency Removal Team). Permanency will ensure the Provider is given the updated Attachment A to ensure they are aware of when a Form K-908-2279b is required.
2. Child Placing Providers are required to send signed Form K-908-2279b on a quarterly basis for all placements in the quarter and for any that need to be updated (for new hires that need to sign Form K-908-2279b during the quarter). Providers are encouraged to send signed Form K-908-2279b within 3 business days of placement or updates in order to avoid delays in receipt of this form on a quarterly basis.
3. The DFPS Provider Portal has features that allow DFPS and GRO/RTC Providers, and GRO/RTC caregivers to manage the Attachment A certification process online effective May 30, 2025. This

online process will include email notifications and the requirement for GRO/RTC caregivers is to electronically review and certify the receipt of the Attachment A. This electronic process replaces using a hard copy of the Certification of Receipt of Child Sexual Abuse or Sexual Aggression Information form (Form K-908-2279b) for the GRO/RTC caregivers.

4. DFPS staff will send the document to a GRO/RTC Provider in the DFPS Provider Portal. The Administrator will be able to assign caregivers to a child, then the system will automatically forward an email notification to the assigned caregiver. The caregiver's email will have a link to access the DFPS Provider Portal where they will sign in, review, and certify the child's Attachment A.
 - a) GRO/RTC Providers must ensure caregivers have an email address in the DFPS Provider Portal. Caregivers cannot share the same email address.
 - b) GRO/RTC Providers must ensure that caregivers have been authenticated in the DFPS Provider Portal.
 - c) If assistance is needed with this process, GRO/RTC Providers will need to send a request to DFPSAttachmentAVerification@dfps.texas.gov.
5. The QI&C team will send an email reminder on a quarterly basis to Providers to ensure signed Form K-908-2279b are sent to OCOK and/or Attachment A is certified via the DFPS Provider Portal timely.
6. Any Form K-908-2279b received in the quarter will be sent to OCOK data team for upload to CareMatch.
7. During the Provider's annual Contract Monitoring Review, the QI&C team will ensure Form K-908-2279b are uploaded in CareMatch for those in the OCOK Monitoring Review sample.

CPAs: foster parents/adoptive caregivers sign the Attachment A when a child is placed in their home and only use this form if the child experiences a temporary out-of-home placement (i.e., respite, etc.).

The certification Form K-908-2279b will apply to all GRO/RTC caregivers as they should certify the Attachment A via the DFPS Provider Portal prior to providing care to DFPS/OCOK clients with an identified history of sexual victimization and/or aggression.

An email box has been created and is now active for Network Providers to send signed Form K-908-2279b to the OCOK Data team and Quality Improvement and Contracts team:

CertificationForm2279b@oc-ok.org

OCOK and its Providers will follow any procedures established by TDFPS. Any updated procedures will be communicated to Network Providers via electronic mail and/or posted at www.oc-ok.org.

5.05 Children Without Placement Notification			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	October 01, 2021	Revision Dates	2-2022, 3-2022, 4-2024, 7-1-2025
Documents	Child’s Bill of Rights, Placement Summary 2279, Common Application, Attachment A, Medication Log, SSCC Supervision Daily Log, Form K-908-2279b		
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, IMPACT User Guide, CareMatch User Guide		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

1. OCOK Intake Specialist will notify the Director of Intake and the Chief Operating Officer that placement has not been secured for the child and the child will need to be under OCOK Supervision.
2. OCOK Intake Specialist will complete documentation in CareMatch and IMPACT within 12 hours of the child being without placement. The OCOK Intake Specialist must document as if it is a placement under the Placement Log in IMPACT using the living arrangement code “SSCC Supervision.”
3. OCOK will notify the DFPS Regional Director and the 3W CPS Community-Based Care Administrator that a child is under OCOK Supervision for that date, along with the Program Administrator for RCCI.
4. OCOK will provide the SSCC Supervision Daily Log to the DFPS Placement Team, Regional Director, 3W CPS Community-Based Care Administrator, and Contract Administrator Manager of the child under OCOK Supervision by 9:00 am the following morning, noting any child that came under OCOK supervision prior to 12:00 am the previous day. The report is a running log of all children without placement, noting the date they came to OCOK without placement, reasons/barriers to finding placement, any potential placement options as well as their legal status. The log must be updated daily until placement is located and the child placed into an approved placement.

5. OCOK Intake Specialist will ensure a binder is taken to the unlicensed placement location (Glen Eden, ERC, hotel, or other designated location) at the time of placement that includes:
 - a. Common Application
 - b. Attachment A
 - c. Placement Summary 2279/OCOK Introduction and Summary Form
 - d. Form K-908-2279b
 - e. Medication Log
 - f. Child's Bill of Rights
 - g. All required Residential Child Care Forms
6. OCOK Intake Specialist will ensure the Child's Bill of Rights is uploaded into OneCase by the following business day in the Foster Care Bill of Rights tab. They will also ensure the Attachment A is uploaded into OneCase by the following business day in the Sexual History Report Attachment A tab.
7. OCOK Intake Specialist will continue to make search efforts daily to locate placement for any child under OCOK Supervision. The OCOK Intake Specialist will provide a daily report to the Director of Intake that lists the placement searches made for each youth and a timeline for moving them to a more appropriate licensed placement by 3:00 pm each day. This will be provided to the 3W CPS Community-Based Care Administrator, and Contract Administrator Manager no later than 5:00 pm daily.

Form K-908-2279b Certification Procedure

1. At time of placement the child's attribute section on CareMatch (that has yes/no questions in reference to history of sexual abuse victimization/aggression) will be completed/checked by the person creating the child's file in CareMatch (Intake/Emergency Removal Team). Permanency will ensure the Provider is given the updated Attachment A to ensure they are aware of when a Form K-908-2279b is required.
2. Child Placing Providers are required to send signed Form K-908-2279b on a quarterly basis for all placements in the quarter and for any that need to be updated (for new hires that need to sign Form K-908-2279b during the quarter). Providers are encouraged to send signed Form K-908-2279b within 3 business days of placement or updates in order to avoid delays in receipt of this form on a quarterly basis.
3. The DFPS Provider Portal has features that allow DFPS and GRO/RTC Providers, and GRO/RTC caregivers to manage the Attachment A certification process online effective May 30, 2025. This online process will include email notifications and the requirement for GRO/RTC caregivers is to electronically review and certify the receipt of the Attachment A. This electronic process replaces using a hard copy of the Certification Receipt of Child Sexual Abuse or Sexual Aggression Information form (Form K-908-2279b) for the GRO/RTC caregivers.
4. DFPS staff will send the document to a GRO/RTC Provider in the DFPS Provider Portal. The Administrator will be able to assign caregivers to a child, then the system will automatically forward an email notification to the assigned caregiver. The caregiver's email will have a link to access the DFPS Provider Portal where they will sign in, review, and certify the child's Attachment A.

- a) GRO/RTC Providers must ensure caregivers have an email address in the DFPS Provider Portal. Caregivers cannot share the same email address.
 - b) GRO/RTC Providers must ensure that caregivers have been authenticated in the DFPS Provider Portal.
 - c) If assistance is needed with this process, GRO/RTC Providers will need to send a request to DFPSAttachmentVerification@dfps.texas.gov.
5. The QI&C team will send an email reminder on a quarterly basis to Providers to ensure signed Form K-908-2279b are sent to OCOK and/or Attachment A is certified via the DFPS Provider Portal timely.
 6. Any Form K-908-2279b received in the quarter will be sent to OCOK data team for upload to CareMatch.
 7. During the Provider's annual Contract Monitoring Review, the QI&C team will ensure Form K-908-2279b are uploaded in CareMatch for those in the OCOK Monitoring Review sample.

CPAs: foster parents/adoptive caregivers sign the Attachment A when a child is placed in their home and only use this form if the child experiences a temporary out-of-home placement (i.e., respite, etc.).

The certification Form K-908-2279b will apply to all GRO/RTC caregivers as they should certify the Attachment A via the DFPS Provider Portal prior to providing care to DFPS/OCOK clients with an identified history of sexual victimization and/or aggression.

An email box has been created and is now active for Network Providers to send signed Form K-908-2279b to the OCOK Data team and Quality Improvement and Contracts team:
CertificationForm2279b@oc-ok.org

OCOK and its Providers will follow any procedures established by TDFPS. Any updated procedures will be communicated to Network Providers via electronic mail and/or posted at www.oc-ok.org.

5.06 Legacy Transfer			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2018, 3-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Service Modalities and Interventions, 3W CBC Joint Operations Manual, CareMatch User Guide, IMPACT User Guides		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

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

5.07 Notification of Child’s Immediate Needs, History of Child’s Sexual Abuse, Sexual Aggression and Sexual Behavior Problems			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	August 09, 2019	Revision Dates	1-20-2020, 10-2021, 3-2022, 4-2024, 7-1-2025
Documents	OCOK Placement Summary, Attachment A, Common Application, Form K-908-2279b		
Reference	OCOK Service Modalities and Interventions, IMPACT User Guides		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

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

6. OCOK Permanency Specialist will review documentation in each child's records for all confirmed allegations of sexual abuse involving the child as the aggressor.
7. All of the child's caregivers must be apprised of confirmed allegations of sexual aggression of the child at each present and subsequent placement.
8. OCOK Intake Specialist will ensure the signed OCOK Placement Summary and Attachment A are uploaded to OneCase in IMPACT by 7 pm the following day.

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

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

At the time of placement, OCOK Intake staff will review the confirmed sexual abuse, aggression and/or behavior problem history with the caregiver and ensure the caregiver acknowledges receipt of the information and opportunity to ask any questions about the history prior to the completion of placement. ***Caregivers/Foster Parents are required to sign the OCOK Introduction and Placement Summary, Common Application and Attachment A acknowledging receipt of the information. Certification Form K-908-2279b will be signed as needed and sent to OCOK within 3 business days of placement or updates.***

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

Form K-908-2279b Certification Procedure

1. At time of placement the child's attribute section on CareMatch (that has yes/no questions in reference to history of sexual abuse victimization/aggression) will be completed/checked by the person creating the child's file in CareMatch (Intake/Emergency Removal Team). Permanency will ensure the Provider is given the updated Attachment A to ensure they are aware of when a Form K-908-2279b is required.

2. Child Placing Providers are required to send signed Form K-908-2279b on a quarterly basis for all placements in the quarter and for any that need to be updated (for new hires that need to sign Form K-908-2279b during the quarter). Providers are encouraged to send signed Form K-908-2279b within 3 business days of placement or updates in order to avoid delays in receipt of this form on a quarterly basis.
3. The DFPS Provider Portal has features that allow DFPS and GRO/RTC Providers, and GRO/RTC caregivers to manage the Attachment A certification process online effective May 30, 2025. This online process will include email notifications and the requirement for GRO/RTC caregivers is to electronically review and certify the receipt of the Attachment A. This electronic process replaces using a hard copy of the Certification Receipt of Child Sexual Abuse or Sexual Aggression Information form (Form K-908-2279b) for the GRO/RTC caregivers.
4. DFPS staff will send the document to a GRO/RTC Provider in the DFPS Provider Portal. The Administrator will be able to assign caregivers to a child, then the system will automatically forward an email notification to the assigned caregiver. The caregiver's email will have a link to access the DFPS Provider Portal where they will sign in, review, and certify the child's Attachment A.
 - a) GRO/RTC Providers must ensure caregivers have an email address in the DFPS Provider Portal. Caregivers cannot share the same email address.
 - b) GRO/RTC Providers must ensure that caregivers have been authenticated in the DFPS Provider Portal.
 - c) If assistance is needed with this process, GRO/RTC Providers will need to send a request to DFPSAttachmentVerification@dfps.texas.gov.
5. The QI&C team will send an email reminder on a quarterly basis to Providers to ensure signed Form K-908-2279b are sent to OCOK and/or Attachment A is certified via the DFPS Provider Portal timely.
6. Any Form K-908-2279b received in the quarter will be sent to OCOK data team for upload to CareMatch.
7. During the Provider's annual Contract Monitoring Review, the QI&C team will ensure Form K-908-2279b are uploaded in CareMatch for those in the OCOK Monitoring Review sample.

CPAs: foster parents/adoptive caregivers sign the Attachment A when a child is placed in their home and only use this form if the child experiences a temporary out-of-home placement (i.e., respite, etc.).

The certification Form K-908-2279b will apply to all GRO/RTC caregivers as they should certify the Attachment A via the DFPS Provider Portal prior to providing care to DFPS/OCOK clients with an identified history of sexual victimization and/or aggression.

An email box has been created and is now active for Network Providers to send signed Form K-908-2279b to the OCOK Data team and Quality Improvement and Contracts team:

CertificationForm2279b@oc-ok.org

OCOK and its Providers will follow any procedures established by TDFPS. Any updated procedures will be communicated to Network Providers via electronic mail and/or posted at www.oc-ok.org.

5.08 Non-paid Placements - Kinship/FRE, Adoption, SIL, Specialty Placements and In-Transit			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 01, 2020	Revision Dates	7-30-2020, 2-2022, 3-2022, 7-1-2025
Documents	OCOK Non-Paid Kinship Information Request Form, Attachment A, Child's Bill of Rights		
Reference	OCOK Service Modalities and Interventions, IMPACT User Guides, 5.10 Paid Kinship Placements, CareMatch User Guides		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

Unlicensed Kinship

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

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

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

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

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

5.09 Courtesy Referral			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 01, 2020	Revision Dates	2-2022, 3-2022, 4-2024, 7-1-2025
Documents	CVS/KIN/LPS/ADO DFPS Form		
Reference	OCOK Service Modalities and Interventions		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

Receiving

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

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

6. A relative or kinship family living in the 3W catchment area with children placed with them from outside the 3W catchment area (KIN).

Sending

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

5.10 Paid Kinship Placements			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	4-2024, 7-1-2025
Documents	Placement Summary 2279, Common Application, Medication Log, Child’s Bill of Rights, Attachment A, Form K-908-2279b		
Reference	OCOK Service Modalities and Interventions, CLASS User Guides, IMPACT User Guides, Texas Provider Gateway (TPG)		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

OCOK supports and encourages relatives to consider licensure as soon as possible but at any time throughout their placement. When OCOK receives a referral for a kinship caregiver to be licensed for paid foster care or for adoption of a Region 3W 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 Texas Provider Gateway (TPG) and will notify the 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 3W 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 HHSC 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.

An OCOK Intake Specialist will coordinate with the OCOK Permanency Specialist on all placement activities, will verify that the family is active in CLASS and IMPACT as an SSCC resource, and will review CLASS and IMPACT for criminal background checks and variance requests.

If the Provider agency is on Heightened Monitoring or Probation, the OCOK Intake Specialist will follow all procedures to request approval from DFPS State Office prior to placement being made. Once approved and cleared for placement, the OCOK Intake Specialist will notify the OCOK Permanency Specialist that placement is ready to occur and send copies of all placement paperwork, including the following for signatures:

- a. Placement Summary 2279/OCOK Introduction and Placement Summary
- b. Common Application
- c. Attachment A
- d. Form K-908-2279b
- e. Medication Log
- f. Child's Bill of Rights
- g. All required Residential Child Care Forms

6. OCOK Intake Specialists ensure that a Common App and Placement Summary (DFPS or OCOKs) is provided to all foster parents and reviewed at the time of placement.

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

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

5.11 Post-Adoption Referrals			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	7-1-2025
Documents	Common Application, Placement Summary 2279		
Reference	OCOK Service Modalities and Interventions, IMPACT, 5.02 New Referral - Non-Emergency Placement (CPS Requested) and 5.03 New Referral - Emergency Placement (CPS) Requested		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

To be eligible for this service the adoptive family must:

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

Obtaining Post-adoption Substitute Care Services

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

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

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

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

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

Staffing

The purpose of the staffing is to evaluate the child, and family needs to determine if circumstances meet policy requirements, the child's best interest, and all parties can mutually agree to have CPS granted temporary conservatorship of the child, and the child is placed into substitute care with the adoptive family's ongoing involvement.

Participants should include but are not limited to:

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

Post-adoption Substitute Care IMPACT and Court Procedures

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

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

OCOK Post-adoption Services Liaison will:

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

OCOK Intake Specialist will:

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

OR

- Secure a new placement following all required placement approval processes

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

5.12 Out-going Interstate Child Placement Compact Placements			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 1, 2022	Revision Dates	4-2024, 7-1-2025
Documents	AP-152 – Texas Application for Payee Identification Number, 100 A		
Reference	OCOK Service Modalities and Interventions, IMPACT User Guides		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

Outgoing Foster Home or Adoption Study Requests:

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

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

Therapeutic and above foster care placements OR if the caregiver is verified through a Private Agency. For either of these scenarios, the OCOK Permanency Specialist will follow the Outgoing Foster Home and Adoption Study Request. Once located, the OCOK Permanency Specialist will notify the OCOK Director of Intake who will notify the OCOK Director of Quality Improvement and Contracts Department to initiate a contract directly with the private out-of-state Provider for placement services and supervision of the child. The Director of Quality Improvement and Contracts will notify and request the DFPS Contract Administration Manager to create a CPA resource and set up the home as part of the SSCC Provider

Network in IMPACT. The home must be added to the SSCC Network before placement is made. DFPS is not responsible for setting up a contract for supervision of the child in the out-of-state placement nor placement services with private agencies. In some cases, the out-of-state family will have the option to transfer to the public child welfare agency in the receiving state. If the family chooses to transfer to the public child welfare agency, a contract is not needed.

Children placed with an out-of-state family who is approved through a private provider for adoption.

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

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

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

5.13 Children Recovered from Runaway from Out of Region/State			
Domain	Referral and Placement, OCOK Behavior Support and Management		
Effective	March 01, 2022	Revision Dates	4-2024, 7-1-2025
Documents	DFPS Form 4116		
Reference	OCOK Service Modalities and Interventions		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

Scenarios include, but are not limited to:

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

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

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

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

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

Those involved in planning may include:

- Legal Region/OCOK Program/Permanency Director

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

The expectation for these types of temporary placements is that they are temporary and will not require multiple nights for placement. The Legal Region or OCOK will secure placement for the youth the following day after the youth is recovered and facilitate a least restrictive placement. In instances when DFPS cannot reimburse for placements that are less than 24 hours, payment will be made at the Emergency Shelter rate through DFPS Form 4116.

Section 6

Care Management

- 6.00 Care Coordination**
- 6.01 Service Plan Development**
- 6.02 Child and Family Assessments**
- 6.03 Discharge and Case Closure**
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- 6.05 Circles of Support (COS)**
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- 6.21 Professional Home-Base Care (PHBC)**
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- 6.28 Texas Child-Centered Care (T3C)**

6.00 Care Coordination			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	January 31, 2018	Revision Dates	1-2020, 4-2022, 6-2023, 4-2024, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibilities Information, CareMatch, Texas Provider Gateway (TPG), COA NET 4.02		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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

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

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

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 Plan Development section of this Manual are invited, **including biological and/or adoptive parent(s)**, to all Service Plan Meetings. The Provider will ensure no case is left 'up in the air' or goes without timely and vital service planning and service delivery. This activity will be documented in the client record.
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. The Provider will ensure all children 5 years and older receive all required policies during orientation as outlined in the most recent RCCR Minimum Standards or state's requirements. This activity will be documented in the client record.
5. The Provider will ensure all clients are informed of their Rights and Responsibilities at time of placement. This activity will be documented in the client record.
6. The Provider will ensure there is an initial visit/contact with the child/youth placed in their care or a Preliminary Service Plan is developed with the child/youth within 72 hours of placement. This activity will be documented in the client record.
7. The Provider will ensure there is at least quarterly contact with caregivers/foster parents in the home. This activity will be documented in the caregiver/foster parent record.
8. 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.

6.01 Service Plan Development			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2018, 1-2020, 7-2020, 4-2022, 9-2022, 4-2024, 7-1-2025
Documents	Child's Bill of Rights, T3C Blueprint		
Reference	OCOK Service Modalities and Interventions, IMPACT-OneCase		

Policy:

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Procedure:

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

1. 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 must participate in Service Planning.**
2. 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).
3. Service Planning will occur with all children under OCOK including new placements (children placed within OCOK Network upon removal) and current placements (children currently placed in paid foster care who require a placement change into the OCOK Network/legacy transfer). **Service Plans must be developed with children/youth in accordance with the Texas Family Code timeframes and applicable standards, including the DFPS Texas Child-Centered Care (T3C) Blueprint.**
4. Child Service Plans will be developed and reviewed through Service Plan Meetings. Primary and concurrent permanency goals for the child will be reviewed at each service planning meeting. 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.
5. The Network Provider is responsible for the coordination, facilitation and documentation of all Initial and subsequent Service Planning Meetings within the specified timeframes:

- a. 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).
- b. Current placement (new to OCOK Network/legacy transfer) ***within 30 days of placement***.
- c. 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). For children placed at a T3C Service Package, the T3C Blueprint will be followed to determine frequency.
- d. Child Service Plans will be updated or reviewed more frequently when a child's circumstances change, or significant events occur that dramatically alter the child or youth's needs; OCOK will ensure that the Provider case manager is aware of any Region 3W Jurisdictional differences for county-specific Child's Service Plan completion timeframes.
- e. For children in the LOC system, the Child Service Plan will be reviewed at the following intervals when CPS is named Temporary Managing Conservator (TMC) of a child:

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: every 180 days following the 2nd review. *NOTE: Following the PMC order, the Service Plan should be reviewed within 30 days and then once at least every 180 days.*

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

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

- f. For children placed with a T3C Credentialed Provider, service plan frequency and timelines will follow the T3C Blueprint for each T3C Service Package.
- g. If a placement change occurs the Service Plan in place can be utilized but team members/participants must be notified and in agreement; this activity must be documented in the client record.

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

- scheduling with participants a meeting date and time;
- reserving a conference room and/or scan call line;
- coordinating with OCOK and DFPS staff to ensure barriers to parent and/or family member participation are mitigated (i.e., transportation needs); and

- inviting all relevant participants to the meeting by sending a Notice of Service Plan Meeting to all participants/team members of the Service Plan Meeting.

The Provider case manager will send an email invitation for scheduled Service Planning Meetings to OCOK and other relevant team members, and evidence will be filed in the client record. ***The Provider case manager will ensure that team members, to include OCOK and bio-parent(s), receive at minimum a 14-day Notice of Service Plan Meeting.*** The Provider case manager will ensure parents, family members, and other participants (who may not have access to email) receive a timely Notice of Service Plan Meeting.

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.*** Evidence of efforts to obtain bio-parent(s) contact information 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. 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 OCOK Permanency Specialist in coordinating the date and time of the Service Planning Meeting.

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

- Child/Youth
- Biological Parent(s) if no restrictions and parental rights have not been terminated
- Adoptive Parents
- Family Members
- OCOK Permanency Specialist and/or OCOK Permanency Supervisor
- OCOK Therapeutic Services Coordinator
- Attorney Ad Litem for Child/Youth
- Bio-parent(s) Attorney
- CASA
- Case Manager/Therapist
- Other relevant professionals as needed (i.e., IDD, Education or Well-being Specialist/s) based on the child's needs
- Other persons identified in the case who can contribute to service planning with the child

The Provider case manager will ensure the child/youth signs the Child's Bill of Rights and will ensure a copy is maintained in the client record. The Permanency Specialist will ensure the Child's Bill of Rights is discussed and signed by the child and will ensure a copy with signatures is uploaded into OneCase.

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. Providers may use a different format with OCOK's approval but must cover all required areas.
- 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 case manager will ensure that the Child Service Plan incorporates, at minimum, and is consistent with:

- a. Permanency Planning and Permanency Goals identified by OCOK Permanency or DFPS;
- 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 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 Service Plan with the child/youth and must obtain his/her signature as acknowledgement of his/her review/participation.

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. Providers must 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 must document these documents on 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 Service Plan or Child Service Plan Review with the *Provider's* Child Service Plan document attached to all meeting participants, including participants who were unable to attend the meeting.

- 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.

6.02 Child and Family Assessments			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	July 01, 2014	Revision Dates	12-4-2015, 9-2016, 8-15-2018, 1-2020, 4-2022, 9-2022, 6-2023, 7-1-2025
Documents			
Reference	OCOK Service Modalities and Interventions, Child and Adolescent Needs and Strengths (CANS) Manual Texas Version		

Policy:

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Procedure:

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

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.

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 for all youth placed in their care at their level of care (LOC) until they are Active (Interim, Full) under the Texas Child-Center Care (T3C) system.**

OCOK CANS Assessors will be responsible for completing CANS for all youth placed under T3C system, in SIL, between placements, and starting 9/1/2025, unlicensed kinship.

The following timeframes must be followed:

1. ***The CANS Assessment will be completed for children ages three (3) years and older within 21 days of legal removal*** (for all children removed after 9/1/2016) allowing sufficient time for the child and caregiver to settle into a routine and form an initial relationship.
2. Information gathered during the Assessment will be used by the Provider case manager to develop the Child 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.
3. ***If a child turns three (3) years old during a placement, the CANS Assessment will need to be completed within thirty 30 days of the child's third birthday. The child will then follow the regularly scheduled reviews according to their service level.***
4. ***CANS Assessments are completed for all youth 18 years and older if they are still in an OCOK foster care/residential placement.***
5. ***CANS Assessments will need to be updated annually for all clients with a Standard LOC or Basic T3C.***
6. ***CANS Assessments will need to be updated every 90 days for all clients with a Therapeutic LOC or T3C.***
7. CANS Assessments must be completed no later than the end of the month in which they are due for renewal (annually or 90 days).
8. If utilizing a Superior CANS Assessor, according to Superior/STAR Health, Providers can schedule the annual CANS 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.
9. CANS Assessments must be conducted by a professional with a CANS Certification and will utilize the approved CANS Assessment version by OCOK. Network Providers are responsible for the subcontracting of this activity as needed.
10. The OCOK CANS Assessors will be responsible for ensuring that CANS Assessments are completed timely, in accordance with both Policy and law, and that Child Service Plans address any areas of strength or need identified by the CANS Assessment
11. OCOK completed CANS Assessments will be approved by the OCOK CANS Approver.

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, and 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.

CANS Assessment Certification

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, CANS Assessment Administrators must retrain and retest annually. It is the Provider’s responsibility to ensure that the CANS Assessment Administrators they utilize, if Provider’s staff, maintain current certification and/or subcontract with a current Certified Provider.

6.03 Discharge and Case Closure			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2023, 4-2024, 7-1-2025
Documents	OCOK Residential Child-Care Disruption/Discharge Notice Form, SSCC Provider Services Agreement		
Reference	OCOK Clients Rights and Responsibilities Information, 3W CBC Joint Operations Manual, Texas Provider Gateway (TPG), DFPS GPS		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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

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

Children will not be placed in an enhanced substitute care setting without the approval of the OCOK 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 all Child-placing Agency (CPA) Network Providers to utilize the mobile crisis service of the Turning Point program prior to a hospital admission. The mobile crisis service can be accessed by calling (817) 909-1171. As appropriate; OCOK will support the Provider in convening support services to assure ongoing needs are dealt with. OCOK also recommends all providers utilize local MHMR and other community-based resources including mobile crisis units before hospitalizations whenever appropriate.

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

OCOK may remove a child or request the agency to locate immediate respite whenever it has been determined to be in the best interest of the child due to allegations of neglect and abuse in the current placement. OCOK will be in contact with DFPS for any recommendations in the event there is an open investigation. In the event that an emergency discharge is not approved, the Provider will be responsible for finding respite should the OCOK Chief Operating Officer 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 found in the GPS. 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 agency that it has been denied, and a 30-day Discharge Notice has been accepted in its place. Discharges will be effective beginning the date received by the OCOK discharge email box if appropriately filled out and submitted with the required documentation.

All 14-day Discharge Notices for children who are AWOL should be submitted no earlier than 24 hours of the child being absent and no later than 48 hours. If the Provider intends to take the child back, this must be indicated on the Discharge Notice. If the child returns within the 14 days, then the Discharge Notice will be automatically rescinded. If the child does not return within the 14 days OCOK will pay for bed for up to the 14 days unless an earlier discharge is negotiated. If the Provider does not intend to continue to care for the child past the 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 the child ran. OCOK discharge email box (discharge@oc-ok.org) must be notified immediately upon a child's return from AWOL. *NOTE: ONLY if the Provider indicates the willingness to take the child back by checking the corresponding box on the discharge form, will the Provider be eligible for payment if the child does not return following the 14 days.*

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

If a discharge takes place, a ***Discharge Summary/Plan must be developed by the Provider and filed in the client record within 15 days of discharge date.*** OCOK must receive a copy of the Discharge Summary/Plan no later than the 16th day after discharge.

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
 - 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 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 that 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.

6.04 Transition Plan and Follow-up			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2020, 5-2022, 4-2024, 7-1-2025
Documents	Transition Plan (Form 2500), Follow up Plan, OCOK Residential Child-Care Disruption/Discharge Notice		
Reference	OCOK Clients Rights and Responsibilities Information, 3W CBC Joint Operations Manual, Texas Provider Gateway (TPG)		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

Every OCOK youth will receive a follow up plan with goals to help youth transition into adulthood. 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 transition 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 Transition Plan will include a termination of service evaluation and assessment of “unmet” needs. Together, OCOK facilitated support system (i.e., Permanency Specialist, caregiver, Provider case manager) 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.

Network Provider:

1. Network Provider will send to the OCOK Therapeutic Services Coordinator a Transition Plan and Follow-up.
2. Thirty (30) days prior to the child being discharged from the home or facility, the Network Provider will an OCOK Residential Child-Care Disruption/Discharge Notice Form in the Texas Provider Gateway (TPG), alerting OCOK that the child’s discharge from care is imminent.

OCOK Therapeutic Services Coordinator:

1. The OCOK Therapeutic Services Coordinator will obtain from the Network Provider the Transition Plan; he/she will review it and will provide it to the Permanency Specialist for approval.
2. The OCOK Therapeutic Services Coordinator will obtain from the Network Provider the OCOK Residential Child-Care Disruption/Discharge Notice Form; he/she will review it and will provide it to the Permanency Specialist for approval.
3. The OCOK Therapeutic Services Coordinator will provide notification of approval to the Network Provider for the Transition Plan and OCOK Residential Child-Care Disruption/Discharge Notice Form.

4. The OCOK Therapeutic Services Coordinator will notify the Network Provider when the OCOK Residential Child-Care Disruption/Discharge Notice Plan has been approved.

6.05 Transition Planning			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 5-2022, 4-2024, 7-1-2025
Documents	Transition Plan (Form 2500)		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, CPS Handbook Policy 6274 Permanency Planning Meetings for Youth 16 and Older, CPS Handbook Policy 1121, Documentation Requirements for Models of Family Group Decision Making (FGDM), IMPACT		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

A. Network Provider

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

B. OCOK

1. OCOK Transition Planning Coordinator will notify Network Provider to schedule a subsequent Service Planning meeting if the youth declines a Transition Planning Meeting.
2. OCOK Transition Planning Coordinator will update the transitional living services section of the child service plan in IMPACT with input from the Network Provider 10 days prior to Transition Planning or Service Plan Meeting.
3. OCOK Transition Planning Coordinator will monitor that youth attends and participates in the Transition Planning Meeting or subsequent service planning meeting and work with Network Provider to address reasons youth fails to attend.
4. OCOK Transition Planning Coordinator reviews Network Provider's documentation to ensure that Provider and youth are continually discussing transition plan during face-to-face visits, subsequent service planning meetings (90-day reviews).

5. OCOK Transition Planning Coordinator ensures Network Provider is working with and documenting their contact with youth, their caregivers and other significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transitions from substitute care to independence.
6. Three (3) days prior to the Transition Planning Meeting, the OCOK Transition Planning Coordinator will send an updated copy of the Transition Plan to the Network Provider.

6.06 Preparation for Adult Living (PAL)			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 7-25-2018, 1-2020, 4-2022, 6-2023, 4-2024, 7-1-2025
Documents	Service Authorization (Form 2054), Referral Form (Form 5501), ACLSA		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, CPS Handbook Policy Appendix 10212, Preparation of Adult Living Life Skills Training Curriculum Online, Texas Finance Code 201.101		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

Ansell Casey Life Skills Assessment (ACLSA)

Effective September 1, 2018

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

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

PAL Classes

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

- a. The 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.
- b. The OCOK PAL Coordinator will complete a Service Authorization (Form 2054) and Referral Form (Form 5501) for any youth eligible for PAL services.
- c. The OCOK PAL 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.
- d. The PAL Network Provider will contact the caregiver to initiate and schedule PAL classes/training.
- e. The OCOK PAL Coordinator will review a monthly report provided by the PAL Network 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.
- f. 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 Network Provider.
- g. The Network Provider is responsible for ensuring the youth has transportation to and from the PAL classes/training.
- h. Out of State Network Providers are responsible for ensuring the PAL curriculum is provided to 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 Coordinator with a subject line of “Life Skills Training” that includes:
- Youth’s status, progress and completion of PAL training; and
 - Services provided to the youth to assist with their transition into adulthood.

6.07 Transitional Living Services			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 4-2024, 7-1-2025
Documents	Transition Plan (Form 2500)		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, CPS Handbook Policy 6274 Permanency Planning Meetings for Youth 16 and Older		

Purpose:

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.

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

Transition Plan Development

The transition plan starts at age 14 to address child rights and is developed over time until the youth leaves substitute care or ages out of care, to include appropriate housing plans. 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. OCOK Therapeutic Services Coordinators monitor Network Providers to ensure they are discussing the Transition Plan with their youth and that the plan adequately prepares the youth to leave substitute care and transition into adulthood.

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.

Network Providers Responsibilities

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

1. Network Provider will schedule a Service Planning Meeting to address the Transition Plan.
2. Network Provider discusses with youth the elements of the Transition Plan (see Transition Plan Form) during their face-to-face meetings.
3. Network Provider records youth goals, strengths, fears, etc. on the plan document and services put in place to address issues.
4. Network Provider ensures that the youth participates in Transition Plan and meetings.
5. If a youth declines a formal Transition Plan Meeting, the Network Provider will schedule a subsequent Service Planning Meeting instead to address.
6. Network Providers document services they are providing to help the youth meet identified challenges to achieving independence.
7. 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.

OCOK Transition Plan Coordinator Responsibilities

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

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.

6.08 Supervised Independent Living (SIL)			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 4-2024, 7-1-2025
Documents	Voluntary Extended Foster Care Agreement (Form 2540)		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, CPS Handbook Policy 10400 Extending Foster Care For Youth Who Are Age 18 or Older, Texas Provider Gateway (TPG)		

Purpose:

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.

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

OCOK SIL Case Manager

On the youth’s 17th birthday, the OCOK PAL Coordinator will notify the Region 3W SIL Case Manager to provide information regarding SIL to the young adult. The 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.

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. The SIL case managers will monitor for compliance of Enhanced Case Management services provided by an OCOK SIL Provider.

Network Provider

1. Network Provider will identify and report to OCOK any youth interested in participating in the Supervised Independent Living (SIL) program 30 days prior to youth’s 17th birthday.
2. To be eligible for SIL the youth must:
 - Be able to live independently with minimal to no supervision
 - Comply with the Voluntary Extended Foster Care Agreement (Form 2540)
3. Network Provider will assist the youth in completing the Voluntary Extended Foster Care Agreement (Form 2540) and submit the completed form to OCOK Therapeutic Services Coordinator.

4. If the youth identified as being eligible for SIL is approved, the Network Provider and youth will attend and participate in a meeting coordinated by the OCOK SIL Liaison to provide information to the youth regarding their SIL options.
5. The approved youth will be placed in the SIL setting that best meet their needs.
6. When Network Provider receives SIL approval Network Provider will initiate transfer of youth to SIL placement.
7. At the time of the youth's placement into SIL, the Network Provider will complete discharge paperwork and submit it to the Texas Provider Gateway (TPG).

OCOK PAL Specialist

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

6.09 Extended Care and Return to Extended Care			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 4-2024, 7-1-2025
Documents	Voluntary Extended Foster Care Agreement (Form 2540)		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, CPS Handbook Policy 10400 Extending Foster Care for Youth Who Are Age 18 or Older, CPS Handbook Policy 10530 Processing a Young Adult’s Initial Request to Return to Extended Foster Care		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

OCOK and the Network Provider will work together to identify youth for either Extended Care or Return to Extended Care programs.

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

Network Provider

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

OCOK PAL Specialist

1. Upon receiving from the Network Provider, the completed Voluntary Extended Foster Care Agreement (Form 2540), the PAL Specialist will provide the documentation to the OCOK Permanency Specialist (Extended Care) to initiate the approval process.

2. Once the PAL Specialist receives notification of approval or denial, the PAL Specialist will notify the Network Provider.
3. PAL Specialist will obtain from Network Provider documentation ensuring that youth is maintaining the necessary documentation for continued eligibility from Extended Care and Return to Extended Care.

6.10 Foster Daycare Services			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2022, 7-1-2025
Documents	Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809), Foster Child Care Referral Form		
Reference	OCOK Client Rights and Responsibilities Information		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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 completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form 1809) to DFPS and will fill in the specific children’s information. Within 10 days of this referral, daycare approval should be received.

1. Daycare is a two-step process involving both the Family Eligibility Verification as well as the Child(ren) Eligibility Verification.
2. The Provider’s Case Manager will submit the following documentation to the OCOK Care Coordinator for Family Eligibility:
 - a. Foster Child Care Referral Form and,
 - b. The completed Foster/Relative & Other Designated Caregiver Daycare Verification (Form K-908-1809) unless an exception is met as described below:
 For the initial daycare authorization, the requirement for the foster parent to complete the form may be waived if it is determined the verification would prevent an emergency placement in the child’s best interest. Such emergency placement would be one where the placement cannot be sustained or is unlikely to be sustained if the person requesting the daycare were required to verify the unavailability of community resources. Waiver of the requirement must be approved by OCOK Permanency Director and should only be utilized where the foster parent has exercised reasonable diligence but has been unable to verify community resource unavailability. If such a waiver is approved, the foster parent will be required to verify the unavailability of community resources at the time of the first daycare renewal. Otherwise, programs such as Head Start and Early Head Start should be utilized whenever possible first.

If no child is currently placed in the home, this part may be left blank and completed at a later date. OCOK then provides all documentation to CCS to be processed and approved for “prior authorization/eligibility.” The family can be approved for up to one year.

3. Provider is responsible for submitting all daycare requests with appropriate documentation (initial and renewals) to OCOK in a timely manner in order to avoid lapse in services. OCOK will provide effective date of services to Provider once approval has been granted by DFPS.
4. Once the Family Eligibility is completed and received from CCS , OCOK may submit the child(ren) placed in the home for Child Eligibility Verification by completing the Form K908-1809 with the child’s information to be submitted to CPS for approval. This process may take up to 10 business days to be processed.
5. If the family is not approved/does not meet the daycare requirements as determined by the State of Texas (CPS), OCOK can request a waiver that is subject to approval from DFPS State Office. The waiver process can take up to 30 days and must be started as soon as the family becomes aware that they are not eligible/a waiver may be needed (note if a waiver is to be renewed annually, the Network Provider should provide all information at least a full month in advance to avoid a lapse in daycare). The Network Provider must provide all documentation (i.e., letters, paystubs, proof of disability, etc.) to OCOK and reasoning why a waiver is necessary for the continued placement of the child. Once received, OCOK will compile and submit for approval by DFPS State Office and notify the Provider of final decision. Note- to be eligible for daycare, all caregivers must work at least 32-40 hours per week. A full-time student, volunteer or foster parent does not fulfill this requirement.

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.

6.11 Psychotropic Medications			
Domain	Care Management, OCOK Health and Safety		
Effective	July 01, 2014	Revision Dates	1-2020, 4-2022, 4-2024, 7-1-2025
Documents	Psychotropic Medication Treatment Consent (Form 4526)		
Reference	OCOK Medication Management and Administration		

Policy:

Our Community Our Kids (OCOK) ensures all clients receiving prescribed and psychotropic medications, and their parents/legal guardians receive patient education regarding the medication. Clients and parents/legal guardians are informed of the intent, proper dosage and possible side effects of the medication, as well as proper storage and disposal of medications. All administered medications are documented in each client’s case record.

Procedure:

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

1. Network Providers are responsible for ensuring 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:
 - a. Appropriately monitor the side effects of the drug,
 - b. Determine whether the drug is helping the child achieve the treatment goals; and
 - c. Determine whether continued use of the drug is appropriate.
2. For any child receiving psychotropic medication, the Provider case manager must provide OCOK documentation addressing the following:
 - a. The child has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
 - b. The child has been seen by the prescribing physician, physician assistant or advanced practice nurse in the STAR Health Network at least once every 90 days.
3. **Network Providers must ensure monthly medication monitoring reports/logs are obtained and filed in the client record. Medication monitoring reports/logs must include all prescribed and over the counter medications administered to a child/youth.**
4. In the event the OCOK staff member is designated as the medical consenter for the child, the Provider case manager must ensure the OCOK staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.
5. Network Providers are responsible for ensuring the medical consenter representing the agency has the most up to date DFPS training and documentation in their record to function in this

capacity. *Medical consenters will complete the required DFPS training during pre-service and annually thereafter.*

Consenting to Psychotropic Medication

1. When a Healthcare Provider initially prescribes a psychotropic medication, the Provider case manager will ensure the caregivers or employees who serve as medical consenter for the child:
 - a. Notify OCOK in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
 - b. Complete and sign the Psychotropic Medication Treatment Consent Form (4526) with the Healthcare Provider; and
 - c. Provide a copy of the form to OCOK within three (3) business days. Form 4526 is not required for changes in dosages or for refills of the same medication.

6.12 Medical/Dental/Vision/Hearing and Behavioral Healthcare Services			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2018, 8-15-2018, 1-2020, 4-2022, 9-2022, 11-2022, 12-2022, 1-2023, 4-2024, 7-1-2025
Documents	TDFPS Medical, Dental, Vision, Hearing, or Behavioral Health Appointment (Form K-905-2403)		
Reference	OCOK Client Rights and Responsibilities Information, Texas Health Passport, Texas Provider Gateway (TPG), Texas Family Code §266.004(i)		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

1. 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.
2. The Provider is responsible for transportation of the child/youth to all medical, dental, vision, and behavioral healthcare appointments.
3. 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)*
4. Participation in each appointment must be in person or, if appropriate and acceptable to the Provider, by telephone.
 - a. Level of participation depends on the nature of the medical care the child is receiving, except medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications.
 - b. Healthcare providers may have varying requirements for participation.
 - c. Medical Consenters must discuss with Healthcare Providers their expectations for participation.
5. The TDFPS Medical, Dental, Vision, Hearing, or Behavioral Health Appointment (Form 2403) or equivalent must be used to document medical, dental, vision, hearing and behavioral health

(CANS) appointments. Completion of this form is not required for allied health services such as physical therapy, occupational therapy, speech therapy, or dietary services. Providers can utilize their own Medical, Dental, Vision, Hearing or Behavioral Health Appointment/Examination Form as long as it meets the minimum requirements as per DFPS/RCCL at the time of the appointment.

- a. If Form 2403 is being utilized, the person taking the child/youth to the appointment completes Section I of Form 2403 on each visit with a healthcare provider. When possible, Section II of Form 2403 is completed by the healthcare provider.
 - b. If Form 2403 is being utilized, and the healthcare provider is unable to complete Section II, the person taking the child/youth to the appointment completes Section II, signs his or her name, and checks the box labeled: *health care provider unable to complete*. The healthcare provider may attach medical records or other information to Form 2403 in lieu of completing Section II. Medical records or other information can also be attached to the Provider's equivalent form.
6. Providers will ensure that within three (3) business days, children entering DFPS custody visit a doctor to see if they are hurt or sick and get any treatments they need as required by law. Please check with DFPS if you are unsure if this is required for an individual child. The 3-Day Medical Exam is an added medical screening and does not replace the Texas Health Steps Medical Checkup and vice versa.
7. Providers will ensure a Texas Health Steps Initial Medical Checkup is completed within 30 days of removal for children/youth new to DFPS conservatorship (children must see a doctor for a complete check-up with lab work). Providers will follow the Texas Health Steps schedule for subsequent medical/dental/vision appointments. Just as the 3-Day Medical Exam does not replace the 30-day Medical Checkup, neither does the 30-day Medical Checkup replace the 3-Day Medical Exam. This Medical Checkup must occur even if the child's health passports indicates that the child received a medical exam prior to entering the foster care system. The checkup is considered overdue 31 days after removal.
8. 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.
9. 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.

10. 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.
11. Providers must follow the Texas Health Steps schedule for subsequent medical/dental/vision appointments.
12. The person taking the child/youth to the appointment provides a copy of the completed Form 2403 or equivalent to the Provider to file in the client record. Providers will maintain records of all healthcare services in accordance with SSCC Policies and Child-Care Licensing (CCL) requirements, screenshot of the Health Passport is not sufficient evidence as there needs to be a written notice/document from the attending physician.
13. 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.
14. OCOK will ensure youth ages 16 to 22 are informed and advised by the Provider of their right to request to become their own Medical Consenter. Documentation of this conversation will be noted in the youth's record.
15. If a STAR Health Denial Letter is received, no later than the second business day the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the OCOK Therapeutic Services Coordinator.
16. OCOK will ensure any child who is under the age of three (3) and is suspected of having a disability or developmental delay, or whose 3-day Medical Exam identified a developmental need, is referred to Early Childhood Intervention (ECI) by the Provider case manager within three (3) business days of placement and is documented in the child's record. All children under three (3) regardless of suspected disability will be referred within 30 days of placement. Ongoing developmental screenings will be completed according to the well-child guidelines to identify any need for further assessment. This process is the responsibility of the OCOK Network Provider.
17. In an emergency situation the Provider is responsible for having mobile capability and/or can send practitioners or teams into the home, school, emergency room, or policy department for immediate evaluation and crisis intervention.
18. When indicated, a child will receive a mental health screening within 30 days of removal or as needed ongoing.
19. In the event that a child requires psychiatric hospitalization, the Provider must notify OCOK immediately of any psychiatric hospitalization by emailing OCOK at psychhospitalization@oc-ok.org

ok.org and the OCOK Therapeutic Services Coordinator, as soon as a child is admitted, but no later than 12 hours after being admitted. Provider is also required to submit a serious incident report via the Texas Provider Gateway (TPG) for all psychiatric hospitalizations.

20. 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.
21. If there is an indication of alcohol and/or substance abuse issues, a screening will be completed within 30 days of the removal or known issue to determine the need for diagnostic assessment.
22. Medical Consenters have access to all necessary and relevant health information through the Health Passport. This includes but is not limited to information about the child's:
 - a. Physical and mental health history
 - b. Family history
 - c. Trauma history
 - d. Prescribed medications, including their dosages, targeted symptoms, side effects and monitoring process for any psychotropic medications.
23. Anyone acting in the capacity of Medical Consenter must be trained during pre-service and annually thereafter (must complete the required DFPS training).
24. Provider will ensure a Tuberculosis (TB) screening test is administered to children one (1) year and older within 30 days of placement or within 30 days of turning one (1) year old. TB screening test results will be obtained and filed in the client record.
25. Providers or caregivers will ensure that any services needed to address issues or conditions identified during the health screenings, assessments or examinations are provided by a qualified professional and will consult with Superior as needed.

6.13 Academic Services of Children/Youth in Care			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	1-2020, 6-2020, 4-2022, 6-2023, 7-1-2025
Documents	Verification of School Enrollment		
Reference	OCOK Client Rights and Responsibilities Information, Texas Education Code 29.012, Education Portfolio		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

1. ***Providers will ensure all children are enrolled in and attend an accredited local public school within three (3) calendar days of placement, unless an exception has been granted in writing by the child's OCOK Permanency Specialist and DFPS Education Specialist (i.e., for private schooling, homeschooling, or temporary school absence due to physical or mental health condition).***
2. OCOK will ensure Providers notify the school district in which the school is located for all children three (3) and older, in compliance with the Texas Education Code 29.012.
3. Providers will ensure that preschool age children will be provided with 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.
4. ***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/or OCOK Therapeutic Services Coordinator, and documentation of such notification will be recorded in the child's record.***
5. Providers are to set up a Texas Health Steps Exam to evaluate developmental health for all children under age three (3). If a disability or developmental delay has been identified prior to the exam, OCOK will consult with the DFPS nurse consultant and/or DD specialist, and results will be communicated to the Provider. OCOK will ensure the same process is followed for any child who is suspected of exposure to illegal abuse or prenatal drug exposure withdrawals.

6. 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.
7. 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. 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 Provider will ensure the child's Education Portfolio is reviewed and updated monthly or more frequently if needed, and documentation of this activity is reflected in the child's record.***
8. 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. Biological parents (when there are no restrictions and parental right have not been terminated) and caregivers will be invited to all meetings concerning educational progress.

6.14 National Youth in Transition Database (NYTD)			
Domain	Care Management, OCOK Child, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	4-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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).

The OCOK Preparation for Adult Living (PAL) Specialist will inform Providers of eligible youth who will participate in NYTD surveys via email with subject line of “NYTD Survey Participant.”

OCOK PAL Specialist will work with the Providers and youth to complete NYTD surveys for identified youth. Youth will complete survey without assistance.

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.

OCOK will maintain current contact information for youth placed within their Network Provider and make all efforts to locate any youth that have aged out of care or who are on runaway, or their location is unknown in order to complete the NYTD Survey. Information will be shared with DFPS when updated information becomes available.

6.15 Adoption			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 9-2022, 4-2024, 7-1-2025
Documents	Adoption Recruitment Referral Form, Adoption Broadcast Form, HSGEH, TARE Profile, ICPC 100 A & B, Final Order, Consummation Order, Adoptive Placement Agreement, Adoption Court Report, Adoption 2054		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, IMPACT, CareMatch, 6.16 Foster/Adopt Inquiries, 7.05 Requirements for Foster Care Providers Payments, COA AS 12.09, AS 12.10, AS 13.04, AS 13.05		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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.

Working with Provider Agencies

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

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

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

Child Services

Adoption Preparation

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

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

Types of Adoption

Relative/Kinship Adoption

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

Unrelated – Foster to Adoption

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

Unrelated – Straight/Matched Adoption

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

Recruitment

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

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.

The OCOK Adoption Coordinator will be assigned to Permanency units and will meet with the unit on a monthly basis to track, identify and staff any children in need of recruitment or having ongoing recruitment efforts.

The OCOK Adoption Coordinator will take the lead on most adoption recruitment activities. The OCOK Permanency Specialist will be responsible for completing the Adoption Recruitment Referral including Adoption Broadcast form, HSEGH, TARE (or other recruitment platform) profile and an Adoption Recruitment Approved Photo.

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

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

Any child who does have an identified adoption resource after 60 months of recruitment, or sooner at the discretion of the Permanency Supervisor, will be staffed with the OCOK Permanency and Adoption departments on a monthly basis for additional efforts (i.e., referral to Collaborative Family Engagement, specialized recruitment, case mining for relatives, etc.).

Home Studies

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

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 the review of a child and available home studies.

The OCOK Adoption Coordinator will collect submitted home studies for each child available for adoption, will review and narrow down home studies in order to prepare for the selection staffing. The OCOK Adoption Coordinator will send top 3-5 home studies to the OCOK Permanency Specialist and Supervisor to review prior to Selection Staffing. The OCOK Adoption Coordinator 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. The OCOK Adoption Coordinator will notify the Permanency Specialist within one (1) business day of the recommendation determined by the selection staffing.

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, the OCOK Adoption Coordinator will ensure a Presentation Staffing is held with the prospective family, current caregiver/family, CASA, Ad Litem, Guardian Ad Litem, Provider case manager, and OCOK Permanency Specialist and OCOK Permanency Supervisor.

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 OCOK Adoption Coordinator will ensure that the prospective family is able to ask questions of the current family as well as any other members of the child's team.

The OCOK Adoption Coordinator will facilitate a Transition Plan for the child into the adoptive home collaborating with the current and prospective family. The Transition Plan will include adoption preparation activities, pre-placement visits, among other tasks.

If the prospective family elects to accept or not accept a child, the Provider must notify OCOK within four (4) business days of the Presentation Staffing, and ensure all parties are notified.

File Redaction

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

Subsidy

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

Placement

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.

The OCOK Adoption Coordinator will ensure OCOK has an active approved contract with any agency (in or out of state) prior to placement. The OCOK Permanency Specialist will coordinate with the OCOK

Adoption Coordinator on the transition for any matched adoptions. If approved, the OCOK Adoption Coordinator will refer to Intake for criminal background checks and placement entry.

The OCOK Permanency Specialist will complete the ICPC 100 A and B for any out of state placements.

The OCOK Permanency Specialist will complete the Adoptive Placement Agreement and will enter the placement in IMPACT and the CareMatch system. Any homes with six (6) or more children already placed in the home require approval from the DFPS Regional Director before an adoptive placement can be made. This approval must be obtained prior to the placement being made and entered in IMPACT. Any home that is licensed with an agency on Heightened Monitoring must be approved first by the DFPS Regional Director, placement cannot be made until the approval is obtained.

Post-Placement Services

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

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.

Legal/Finalization

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

Billing

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

Family Services

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

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

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

Other

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

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

6.16 Foster/Adopt Inquiries			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	4-2022, 9-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibilities Information, COA AS 3.07		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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

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

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

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 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.

Foster/Adopt Home Studies

At minimum foster/adopt home studies must address the following:

- ✓ Financial status
- ✓ Results of criminal background history checks
- ✓ Motivation to Foster/Adopt
- ✓ Health status
- ✓ Discipline methods/techniques
- ✓ Understanding of the dynamics of child abuse and neglect
- ✓ Ability to work with specific kinds of behaviors
- ✓ Ability to work with different backgrounds

Network Provider Responsibility:

Home Studies and any Addendums must be filed in the foster/adopt parent record. Those must be signed by appropriate parties and dated. Once a foster/adopt home is verified/licensed the license must match the home study and copy of the license must be filed in the foster/adopt parent record.

6.17 Court Hearings			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual, Court Orders		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

OCOK will notify the Network Provider of any upcoming court hearing. 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 the Provider Services 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 caregiver/foster families to have a clear understanding of the judicial process. As necessary, caregivers/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 the presiding Judge and documented in the child’s/youth’s record.*

1. OCOK will notify the Network Provider of upcoming court hearing(s) immediately upon being notified.
2. ***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.*** This is not limited to the child/youth’s CPS hearings but also any juvenile, criminal or other hearings they are ordered and subject to participate in. 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. If the child is excused from attending a court hearing this must be documented in the child’s record.

3. OCOK will request and ensure the Network Provider informs the caregiver/foster parent of upcoming court hearings.
4. OCOK will forward any Court Orders relevant to the care of the child to the Network Providers.
5. OCOK will request Network Provider to inform OCOK if they (Network Provider) or their designee is required for any legal process.
6. OCOK will confirm with the Network Provider who has been identified as the most appropriate caregiver to attend court hearings. The Provider must identify and ensure attendance of the most appropriate caregiver and staff (i.e., Provider case manager) with personal knowledge of the case at all court hearings unless excused by the presiding Judge.
7. OCOK will encourage Network Provider, caregiver, and youth to participate in court hearings in person or by representation, letter, Skype, or conference call.
8. 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, OCOK, in conjunction with the Network Provider, will determine the attendee list as soon as possible.
9. OCOK will request Network Provider attends all other court preparation meetings as requested by DFPS/OCOK, CASA, attorney ad litem, or other members of the judiciary.
10. 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. OCOK will notify Network Provider by the next business day if Provider not present. OCOK will request Network Provider alert OCOK in the same fashion, if OCOK is not present at court when announcement is made.
11. OCOK will be informed by the Provider 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.
12. delivered to the Provider agency, employees, caregiver or child/youth related to the child's court case or any contract compliance issues.

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 caregiver/foster family are meeting all court requirements.

6.18 Court Reports			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	July 01, 2014	Revision Dates	12-4-2015, 1-2020, 4-2022, 6-2022, 4-2024, 7-1-2025
Documents	Court Reports/Status Report to the Court (Form 2070), Permanency Plan & Progress to the Court (Form 2088), Placement Review Report to the Court (Form 2088b)		
Reference	OCOK Client Rights and Responsibilities Information, 3W CBC Joint Operations Manual		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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

Network Providers will maintain the most up to date (from within the past six (6) months) Court Report/Documents for each client in the client record. Network Providers may request these documents from the OCOK Intake team, the Permanency Specialist or the Quality Improvement and Contracts team.

6.19 Utilization Management			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	January 31, 2018	Revision Dates	12-2019, 2-2022, 4-2022, 5-2022, 9-2022, 6-1-2023, 1-2024, 7-1-2025
Documents	Exceptional Care Rate Agreements, Placement Summary, T3C Blueprint		
Reference	OCOK Utilization Management, RCCL Minimum Standards, CareMatch, IMPACT, DFPS Rules, 5.00, 6.00, 40 TAC §700.2301, 40 TAC §700.2321, 40 TAC §700.2341, 40 TAC §700.2361, COA NET 4.03, NET 7, NET 7.01, NET 7.02, NET 7.03, NET 7.04, NET 7.05, NET 7.06, NET 7.07, NET 7.08, NET 7.09		

Policy:

Our Community Our Kids (OCOK) has a utilization management process to ensure that its services are appropriate, individualized, and meet the needs and preferences of all its clients at the best value.

Procedure:

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

Initial Level of Care and Texas Child-Centered Care (T3C) Service Package

Although OCOK does not conduct a “pre-authorization,” as placements may be needed at any time, OCOK Intake is available and can be reached via our Intake Hotline, 24/7/365 to locate and secure placement and assess a level of care. During an initial placement search and no later than 24 hours from the point of initial referral from DFPS, OCOK Intake staff will assign an initial Level of Care (LOC) after review of the CareMatch matching assessment along with the information provided by DFPS in the common application, removal affidavit, and any other available documentation. For youth placed in a T3C placement, OCOK Intake will recommend and select a T3C service package based on the information provided by DFPS in the common application, removal affidavit, and any other available documentation, including a CANS if available.

OCOK Intake Specialists are trained by a Lead Intake Specialist and/or an Intake Supervisor to review all information and apply the criteria for each level of care for each child and have access to the Senior Director of Care Management who is responsible for clinical oversight, 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 designee. All Exceptional Care Rates must be approved by a director or designee. (Refer to Section 5.00 and 6.00 for additional educational/experience information about Intake and Therapeutic Services staff). Tier I and Tier II service packages must be approved by a supervisor or 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 Child-placing Agency (CPA) placements (foster care), children are leveled using OCOK’s three tier system; Standard (behavior that would meet the legacy criteria of Basic or Moderate), Therapeutic

(behavior that would meet the legacy criteria of Specialized) and Therapeutic II (behavior that would meet the legacy criteria of Intense).

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

Level of Care/Utilization Management criteria can be found in the Texas Administrative Code, and T3C blueprint can be found on the DFPS website and 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 according to Exhibit K: Joint SSCC Exceptional Care Utilization Management Process starting at the beginning of the fiscal year and ending when the Exceptional Care days allocated by DFPS have been used. At that point, EC requests are reviewed internally by the Chief Operating Officer (COO), or designee and exceptional requests are presented to the state as determined in our joint protocols. Exceptional Care Agreements, once approved by the state placement office, are reassessed based on the timeframe approved by the state at the time of the request and are not a guarantee. If a Provider feels an exceptional rate is still warranted after the initial approval time period, the Provider must make an appeal to the Director of Therapeutic Services by submitting their request through OCOK Therapeutic Services Coordinators. If that approval is deemed appropriate, it will be sent on to the COO 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 group's 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 and T3C Service Package for Subsequent Placements

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

psychological, medical records and the most recent YFT review and CANS assessment) for making a determination of a Level of Care or T3C Service Package at the time of a new subsequent placement. These Level of Care or T3C Service Packages 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 IPTP level children placed in a Residential Treatment Center (RTC) are reviewed by Youth For Tomorrow quarterly to provide an objective utilization review regarding level of care. All moderate level children placed in an RTC are reviewed by Youth For Tomorrow (YFT) annually. YFT is a behavioral health care contractor, who provides third-party review services. YFT uses the same clinical criteria as DFPS, and as outlined in TAC, to determine all levels of care.

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

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

Children with Exceptional Rate Care 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 Therapeutic Services Manager, 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 Therapeutic Services 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 the Level of Care Committee, and a determination will be made as to the level. If 48 hours have passed since the level of care was determined, the Provider may request a non-scheduled review/read from YFT by contacting their OCOK Therapeutic Services Coordinator and submitting to YFT.

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

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

Step 1: Request an Appeal Review from YFT and a waiver from OCOK. Providers have up to 30 days to request an appeal from YFT. If they wait longer than 30 days it becomes a non-scheduled review and

they are no longer eligible for a waiver during the time the level is being reviewed; however, provided they request the appeal within 30 days, OCOK can grant a waiver for up to 30 days whilst the level is being reviewed. If after YFT completes the Appeal Review and the Provider continues to be dissatisfied with the decision, they may move to the second step in the Appeal Process. YFT will provide their reasoning for their level denial to both the Provider and OCOK.

Step 2: Send an Appeal Request to the child's 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 reasons for the final decision.

The OCOK Level of Care Committee is comprised of the OCOK Chief Operating Officer (COO) and the Clinical Director. 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 the OCOK Level of Care Committee that they be paid the Specialized level rate until a new placement can be found for the child. This waiver will only be approved for a maximum of 30 days while the Intake team is searching for a new placement.

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

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

OCOK Process for Setting up New Providers with YFT

When a new Provider joins the OCOK Network, the Quality Improvement and Contracts Department will inform the Provider of what to expect in terms of timeframes requirements for CANS Assessments and Service Planning Meetings; all OCOK Manuals will be provided 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.

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

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

Level of Care and T3C Audit

OCOK Level of Care Committee will review a minimum of 10% sample of all open and closed cases, including all Exceptional Care Agreements, quarterly to ensure appropriate levels of care and T3C packages have been authorized appropriately. Annually, OCOK reviews a 10% sample of all levels conducted by YFT the third-party reviewer contractor.

T3C Following an Initial Placement

For youth placed with a T3C credentialed network provider, OCOK will honor the rates, service package expectations, anticipated length of service, and all other requirements outlined in the DFPS T3C Blueprint. The T3C rate will remain in effect until discharge, except for those rates that are time limited as outlined in the DFPS T3C Blueprint.

T3C Transition Period

When providers transition from LOC to T3C, DFPS will submit a list of the providers' proposed T3C service packages which will be reviewed by a Utilization Review Specialist who, in consult with the Permanency Specialist when necessary, reviews the child's LOC history, CANS Assessment 3.0, Common Application, and/or any other pertinent information to either approve or deny the proposed T3C package for each child. If the proposed package for a child is denied, a CANS Assessment 3.0 will be completed by an OCOK CANS Assessment Assessor within 30 days to help inform the Selected T3C package. The Utilization Review Specialist will then Select the T3C Service package which is based on a combination of factors, including the CANS Assessment 3.0 Recommended Service Package, placement history and documentation, and child's best interest. If the CANS Assessment 3.0 T3C Recommended Service Package indicates the need for a service that the provider is not credentialed for, the Utilization Review Specialist will initiate contact with the Therapeutic Services Coordinator to ensure the child's needs are met by either moving the child or securing the needed service.

T3C Utilization Review Process and CANS Assessments 3.0

For youth placed in a T3C placement, a CANS Assessment will be completed by an OCOK CANS Assessment Assessor by the 21st day after coming into care, 30 days before or after the child's 3rd birthday, annually for youth placed in Basic T3C packages, and quarterly for youth placed in Therapeutic T3C packages. Beginning September 1, 2025, OCOK CANS Assessment Assessors will complete a CANS Assessment for youth placed in unlicensed kinship homes yearly. OCOK CANS Assessment Assessors will also complete CANS Assessment for all youth in extended foster care when placed at a T3C package,

based on the package, or yearly for youth in a Supervised Independent Living Program (SIL). OCOK CANS Assessment Assessors will also complete the CANS Assessment for all youth who are on AWOL, incarcerated, or hospitalized quarterly. A special CANS Assessment can be completed when court ordered, with a status change, or to help inform appropriate placement of a child. OCOK CANS Assessment Assessors will also provide oversight to ensure that youth who are placed in LOC placements are getting their CANS Assessment completed by the Provider.

If during a routine CANS Assessment, the OCOK CANS Assessment Assessor determines that a child is not progressing or otherwise not getting their needs met, the OCOK CANS Assessment Assessor will refer the child to a Utilization Review Specialist to follow up with the child's Permanency Specialist and/or Provider.

A utilization review is also triggered when a Provider or the OCOK Permanency Specialist requests a different T3C Selected Service Package. The Utilization Reviewer will take into consideration all documentation submitted by the Provider and reports from the OCOK Permanency Specialist. A special CANS Assessment may be requested to help inform the Selected T3C Package.

CANS Assessment 3.0 Audit

100% of CANS Assessments completed by OCOK CANS Assessment Assessors will be reviewed and approved by the OCOK CANS Assessment Approver.

6.20 Transportation			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	January 31, 2018	Revision Dates	1-2020, 4-2022, 6-2023, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibilities Information		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

It is the responsibility of Providers to ensure their caregivers/foster parents transport to all scheduled required visits and appointments; to include but not limited to family visits, medical/dental/vision/hearing appointments, therapy/counseling appointments, educational/life skills training, church, recreational activities, etc.

If a foster parent/caregiver is unable to transport, it is the responsibility of the Provider to arrange for alternative transportation. OCOK will only provide transportation on a case-by-case basis and only after due diligence has been done on the part of the Provider. If a Provider is unable and/or unwilling to ensure transportation will occur, the Provider’s Director must contact the OCOK Director of Therapeutic Services to explain the circumstances and gain approval for OCOK to transport. If a caregiver/foster parent is unwilling or refuses to transport, and the Provider does not have a backup transportation plan in place, OCOK may place that caregiver/foster parent home or Provider on placement hold or restrict the types of placements the caregiver/foster parent home is able to take.

6.21 Professional Home-Based Care (PHBC)			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	April 10, 2018	Revision Dates	12-2019, 1-2020, 4-2022, 6-2022, 9-2022, 7-1-2025
Documents	T3C Blueprint		
Reference	OCOK Service Modalities and Interventions, 6.01 Service Plan Development, CareMatch, Disruption Mitigation Plan, COA FKC 13.01, FKC 13.02, FKC 13.03, FKC 13.04, FKC 13.05, FKC 13.06, FKC 13.07, FKC 13.08, FKC 13.09, FKC 13.10, FKC 13.11		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

Starting January 1, 2025, DFPS will begin transitioning Network Provider Child Placing Agencies (CPAs) to Texas Child Centered Care (T3C). For Network Providers /foster homes that are not yet credentialed for T3C Treatment Foster Family Care Support Services, the OCOK PHBC policy will apply. Once a CPA/Foster Home becomes T3C Treatment Foster Family Care Support Services credentialed, the T3C Treatment Foster Family Care Support Services DFPS policy will be followed.

OCOK PHBC

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

Characteristics of Children Qualifying for PHBC

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

- Multiple placements in various types of settings (i.e., residential treatment, juvenile justice, psychiatric hospitals and foster homes).
- Extreme physical aggression that causes harm to others.
- Recurring major self-injurious actions to include serious suicide attempts.
- Other difficulties that present a critical risk of harm to self or others.

- Severely impaired reality testing, communication skills, cognitive abilities, affect or personal hygiene.
- History of abuse of alcohol, drugs or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency.
- Developmental or intellectual delays whose characteristics may include one or more of the characteristics above and/or the following: impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others, and a consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.
- Either the general population group or the developmentally or intellectually delayed group of children may have medical needs that will need to be addressed as well.

Characteristics of PHBC Families

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

Note- if the Provider has a home that does not meet the above requirements, but they still feel would be appropriate for the PHBC program, they may submit a waiver request to the Clinical Director to review and approve/deny. The waiver must provide a written plan for how the foster home and agency will meet the child's needs despite not meeting the above requirements. If the

waiver is denied, the provider can appeal to the OCOK COO; however, their decision will be considered final.

Additional Requirements of Providers with PHBC Homes

- Be licensed to provide care for children qualifying for Intense level of care, be at least 21 years old, and have at least three (3) non-relative references,
- Continuously assess the PHBC foster parent's ability to provide the Intense level of services needed for PHBC youth,
- Provide a proven; trauma-based, clinical training for PHBC parents. The intent of the training is to enhance the clinical capacity and expertise of the parents. Training for PHBC parents must be an evidence-based training, or a promising practice training or have all the key components of those trainings,
- Provide pre-service and on-going child-specific foster parent training with follow-up competencies to ensure that the specific daily and emotional needs as indicated by the CANS/diagnosis of the child being placed are being met with the implementation of professional in-home treatment strategies, child involved treatment goals and interventions, child participation in treatment planning and goal setting, documentation of children's progress in the home and response to intervention. Provide preservice and on-going child-specific training on interfacing, facilitating, advocating, and navigating services provided by clinical, medical, child welfare, education, special education, and ancillary professionals. PHBC foster parents will also be trained on child-specific medical equipment and medication, to include psychotropic medication and the importance of role modeling and engaging birth families to promote a successful transition.
- Be able and willing to treat all clients regardless of their race, religion, gender, sexual orientation, or gender identity,
- Provide three (3) days a month of Respite Care for PHBC parents.
- Limit the PHBC case manager case load to no more than eight (8) clients. Exceptions can be granted for a larger case load size with approved plan from the Provider outlining what case load size they are requesting and how they will enrich the oversight and support of their families and children.
- PHBC case managers will meet with the child and PHBC foster parents in the PHBC home within three (3) days of placement in the home. PHBC case managers conduct weekly face to face visits in the home, maintain contact with biological family and all service providers to ensure continuous progress towards permanency and service goals. PHBC case managers will coordinate at least monthly meetings with PHBC foster parents, children, and biological family when appropriate in the PHBC home, to include private discussions with all parties when necessary. This may be the wraparound meeting or a separate meeting. PHBC case managers will initiate contact and share information about the PHBC child with biological family and monitor biological family and child interactions to promote strong, healthy, supportive relationships within the biological family.
- Provide an on-call 24/7 crisis person available to their PHBC families; preferably someone who is a licensed clinician.

- Provide “planned vacancy period” from filling a vacant bed for at least two (2) weeks after successful discharge. OCOK and the Provider will reach an agreement on the amount of planned vacancy rate that will go to the Provider and the foster parents. OCOK knows that burnout can be a byproduct of this type of work and thus the Provider must make available resources for recognizing and coping with secondary trauma and stress.
- Demonstrate the use of an operational Disruption Mitigation Plan.
- Provide wraparound services as part of their PHBC program. These services can be provided internally if the Provider is certified to provide those services, or they can be provided through another certified Provider. This includes monthly wrap meetings with the entire treatment team to continually plan and assess for the child’s needs/services.
- Plan for, support, and document all discharge activities to ensure a positive transition to a less restrictive setting. Discharge documentation must outline the clinical course of PHBC, transition to next setting, follow-up medical, clinical, and all other appointments, and aftercare services when appropriate. Include the nature, frequency and duration of any services that may be needed. They should ensure all documents/records are uploaded into CareMatch to ensure the next provider/caregiver has all documents readily available and ensure a smooth transition to the next placement.
- Additional support to foster parents as needed.

Assessments

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

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

Intake Process for PHBC Cases

1. Therapeutic Services Coordinators and the Clinical Director 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 Clinical Director.

3. Child Placing Agency (CPA) Providers will notify the designated OCOK Therapeutic Services Coordinator or Clinical Director 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 Clinical Director will notify the Intake Department and the CPA of approval. The OCOK Intake Department will coordinate the placement per the OCOK Operations Manual for the general intake process.
6. A Pre-placement Staffing will then be scheduled by the OCOK Therapeutic Services Coordinator with the Treatment Team, including OCOK Intake staff to coordinate pre-placement visits and other placement details and treatment planning, to include diagnosis, initial goal (first 30 days) setting, and discussion of potential wrap and treatment needs to facilitate adjustment of the child into the home.
7. The CPAs will still be required to enter their families in CareMatch upon verification and update their preferences.

Responsibilities of OCOK Care Management in PHBC Cases and Service Planning

The OCOK Therapeutic Services Coordinator or Clinical Director or designee will attend all wraparound and Service Plan Meetings for PHBC placements and ensure that the Provider is coordinating and ensuring that all therapeutic, treatment, rehabilitative, and supportive services are provided. The OCOK Therapeutic Services team's focus during the meetings is to monitor the Permanency and Discharge Plan, and to ensure that quality services are being provided as agreed upon. Service Plan Meetings will be conducted within 30 days of placement and then reviewed at least every 90 days thereafter. Network Providers with PHBC homes will conduct weekly meetings to address issues and monthly reviews to address progress. All other service planning activities (notification, coordination, etc.) must be conducted as outlined in Section 6.01 for all PHBC clients. The role of OCOK Therapeutic Services 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 regard to education, cultural, religious, language, recreation, diagnosis, stressors, triggers, normalcy needs/services, developmental, emotional, trauma, medical, psychotropic use, dosage, side effects, and contraindications, behavioral and medical emergency plans, and plans for respite, discharge, and aftercare.
- Siblings and Sibling Reunification Goals
- CANS Assessment

- Short- and long-term behavioral goals and interventions
- Components of Child’s Individual Education Plan (IEP) and the Individual Transition Plan (ITP) developed by the school’s Admission, Review, and Dismissal (ARD) committee if appropriate
- Components of the CPS Transition Plan for youth 16 to 22 years of age to include results of the Ansell-Casey Life Skills Assessment when applicable
- The Early Childhood Education (ECI) Individual Family Service Plan (IFSP) if applicable.
- Additional areas if appropriate

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

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

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

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

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

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

help with resourcing if needed, to include with a board-certified physician appropriate to meet the acuity needs of a PHBC child to ensure the proper provision of needs specialized services.

Utilization Management

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

T3C Treatment Foster Family Care Support Services

Once a Network Provider/Foster Home becomes T3C Credentialed, OCOK can place children in the home per the most recent copy of the DFPS T3C Blueprint. Refer to the most recent T3C Blueprint for a full description of the service package and child characteristics.

https://www.dfps.texas.gov/Texas_Child_Centered_Care

Characteristics of Children Qualifying for T3C Treatment Foster Family Care Support Services

Children, youth, and young adults who may present with a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder and for whom structured and frequent clinical intervention and complex case management is needed to support and manage day-to-day activities. In addition to the DSM-5 diagnosis for an emotional disorder, the child may demonstrate two or more of the following:

- Major self-injurious actions, including a suicide attempt within the last 12 months;
- Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or
- An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment.

Characteristics of Foster Home and CPA Responsibilities

- No more than two children in foster care placed in the home at the same time.
- Trauma-informed, highly structured foster home, that in addition to providing a child's basic living needs, are highly trained with skill in providing time-limited, strength-based therapeutic services.
- Regular and frequent individual, family, and group therapy, as well as wraparound services (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child's individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in providing therapy to children with a DSM-5 diagnosis for serious mental, emotional, and/or behavioral disorder(s), unless the Service Planning team determines a different type of therapist is needed to meet the child's custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.

- Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but an initial Service Plan is due within 30 days of admission, and Service Plan reviews must occur every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan Reviews must include documentation to show the progress made toward achieving each goal.
- Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s), specific to a Treatment Foster Care program that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults that require the level of intervention required through services offered in the T3C Treatment Foster Family Care Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.
- The Child Placing Agency must maintain a current Logic Model specific to the provision of the T3C Treatment Foster Family Care Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process.
- Child Placing Agency must have case manager level or above staff available 24 hours a day/7 day a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Therapist is always available to provide consultation and respond in person if needed.
- The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the child’s Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.
- A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method.
- Specialized Paid Intermittent Alternative Care Program with one (1) skilled Intermittent Alternative Care Caregiver available for every twenty (20) children receiving the T3C Treatment Foster Family Care Support Services Package. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care.
- Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track T3C Treatment Foster Family Care Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source by the number and percentage of referrals that did, and did not result in

admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.

- The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements.
- Awake night supervision in foster home that aligns with the necessary plan to keep all children safe in the home. Mandatory if there are 7 or more children in the home. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children.
- Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan.
- Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the child welfare systems specific to children, youth, and young adults with serious emotional disturbance.
- In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).
- This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed and accommodations and/or supports are in place to aid in the child's educational success.
- Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth's medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult's individual eligibility).
- Caregivers must participate in therapy and other services with the child as needed and must have the ability to attend multiple meetings per week, and respond immediately when there is a need, or the child is in crisis.
- Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan.

- To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.

Length of Placement

Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the T3C Treatment Foster Family Care Support Services Package, Guidelines for Admission, and Continued Stay Guidelines. The T3C Treatment Foster Family Care Support Services Package is a Time-limited Service lasting up to 274 days, with one extension of up to 91 days when necessary for the child to complete treatment. An individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days. Although the maximum Length of Service guidelines for this Service Package have been established, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the T3C Treatment Foster Family Care Support Services Package. OCOK Utilization Monitor and ensure compliance with T3C length of stay requirements for this package.

Staffing Requirements, Identified, Personnel, Infrastructure, Child to Staff Ratio, Hours of Operation, Desired Outcome, Quality Assurance and Continued Stay Guidelines, and Aftercare Services

- Refer to the most recent T3C Treatment Foster Family Care Support Services as described in the T3C Blueprint.

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6.22 Professional Home Based Care (PHBC) - Disruptions			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	April 10, 2018	Revision Dates	5-01-2019, 1-2020, 4-2022, 6-2022, 6-2023, 7-1-2025
Documents	OCOK Residential Child Care Disruption - Discharge Notice Form, Unplanned Discharge Staffing Form		
Reference	OCOK Service Modalities and Interventions, Disruption Mitigation Process, Texas Provider Gateway (TPG)		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Purpose:

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

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

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

Procedure:

1. Discharge Notices are submitted through the Texas Provider Gateway (TPG). Included with the Discharge Notice the Child Placing Agency (CPA) should provide detailed information about how they have used their Disruption Mitigation Process and any other efforts that were made to prevent placement disruption.
2. As soon as possible but no later than 10 business days of receiving a Discharge Notice, a Discharge Staffing will occur with the PHBC Treatment Team scheduled by the OCOK Therapeutic Services Coordinator. The reasons leading up to the discharge, the current and future needs of the child, and any safety concerns will be discussed.

3. The information gathered at the Discharge Staffing, and the information provided by the CPA in the Discharge Notice will be presented by the OCOK Therapeutic Services Coordinator and/or the OCOK Clinical Director to the OCOK Clinical Team within five (5) business days of the discharge. The OCOK Clinical Team consists of the OCOK Clinical Director and the OCOK COO. The OCOK Clinical Team may also gather additional information from other PHBC Treatment Team members as needed. The OCOK COO or designee will make one of the three following determinations about the discharge:
 - Approved without Stipulations - the foster home/agency did everything they reasonably could and despite those efforts, a placement disruption was warranted.
 - Approved with Stipulations - areas of concern are identified and training or quality improvement plan will be required prior to accepting another PHBC child from the home and/or agency.
 - Not Approved - the home and/or agency will not be allowed to take further PHBC placements.
4. The CPA will be notified of the OCOK Clinical Team's decision within 10 business days of the Discharge Notice.
5. Upon notification of the determination made by the OCOK Clinical Team, if the agency/home decides to rescind their Discharge Notice, a staffing with the Treatment Team and one of the members of the OCOK Clinical Team that made the decision will be held to ensure that the placement is still viable.
6. The foster home/agency may appeal the decision of the OCOK Clinical Team within three (3) business days of receipt by submitting a letter to the OCOK COO. The decision of the OCOK COO will be final.

6.23 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	September 01, 2019	Revision Dates	12-28-2019, 4-2022, 10-2022, 12-2022, 7-1-2025
Documents	TDFPS Form 2403		
Reference	OCOK Client Rights and Responsibilities Information, CareMatch, Texas Provider Gateway (TPG)		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

1. 3-day Medical Exam: Within three (3) business days children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need in accordance with Texas Law. Note- not all children require a 3-day exam, if you are unsure if a child requires a 3-day Medical Exam please contact the removing worker.
2. Child and Adolescent Needs and Strengths (CANS) Assessment: Within 21 days of placement children ages 3-17 must get a CANS Assessment. The CANS Assessment is an evaluation that helps understand the impact of trauma a child has been through, and how they are doing. The CANS Assessment identifies services that may help the child, such as counseling, as well as existing strengths to build on, such as positive relationships.
3. 30-day Medical Exam - Texas Health Step Medical Checkup/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Checkup: Within 30 days of removal children must see a doctor for a complete EPSDT check-up with lab work.

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

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

Network Providers will be required to obtain documentation of the appointment that meets all of the criteria for a Texas Health Step Medical Checkup. Provider may use TDFPS Form 2403 or equivalent provided all information for the EPSDT Checkup is included in their 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 client record. ***The client record must include the client's allergies and critical conditions clearly visible/labeled in the record.*** The Quality Improvement and Contracts Department will sample client records during the Provider's annual Contract Monitoring Review as per the OCOK Case Review System as an additional review of each provider's performance on the EPSDT requirement.

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

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

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 COO 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 COO.

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

Progressive Remedies Assessed

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

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

6.24 Exceptional Care			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	January 24, 2020	Revision Dates	4-2022, 6-2022, 6-2023, 7-1-2025
Documents	Home Study, Provider Services Agreement, Discharge Notice		
Reference	OCOK Service Modalities and Interventions		

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

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

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

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

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

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

- Additional training may be required for the foster parent/caregiver.

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

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

6.25 Birth Certificates			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	March 1, 2022	Revision Dates	7-1-2025
Documents	Birth Certificate		
Reference	OCOK Client Rights and Responsibilities Information, DFPS Policy - Requesting a Delayed Birth Certificate, VitalChek, CareMatch, IMPACT-OneCase		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

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

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

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

6.26 In-patient Psychiatric Stabilization Program (IPSP)			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	6-30-2022	Revision Dates	5-2023, 7-1-2025
Documents			
Reference	OCOK Client Rights and Responsibility Information, TEA requirement, Superior STAR Health Medicaid		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

Occasionally, children/youth in care are in need of a specialized program to help them stabilize after a psychiatric hospitalization or in order to prevent placement instability for a child with a history of multiple psychiatric hospitalization. The In-patient Psychiatric Stabilization Program (IPSP) provides a continuum of in-patient psychiatric services to assist and enable children/youth to transition from hospitalization to less restrictive placement options.

Due to the nature of some mental illness and/or serious emotional disorders, coupled with extreme acting out behaviors (property destruction, aggression, threat of harm to self or others, etc.), certain children require an extended time to stabilize. Discharging youth prematurely to a less restrictive setting prior to stabilization can result in repeated brief hospitalizations with little continuity in treatment or ability to benefit from treatment. Extending time in psychiatric/residential treatment program is ideal for stabilizing this population of children as well as preparing them for the level of expectations in a facility and/or community-based residential child-care setting.

When a child is in need of an IPSP, OCOK can seek to get them admitted into an IPSP only if the program has first been approved by DFPS. In order to seek approval for a new IPSP Provider, OCOK will take the following steps:

Approval of In-patient Psychiatric Stabilization Program (IPSP):

OCOK must electronically submit a request for approval of the IPSP to the CPS Director of Placement or designee.

OCOK will submit a copy of the subcontract with the IPSP that includes:

- The IPSP treatment model, to include the Trauma-specific treatment model, and each child/youth will receive a strengths-based, evidence informed service delivery approach to treatment.

The IPSP will:

1. Provide the child/youth with at least one (1) individual therapy session per week with the ability to have additional sessions if requested by the child/youth and/or treatment team. Therapy includes but is not limited to addressing positive coping skills.

2. Provide the child/youth with two (2) group therapy sessions per week.
3. Provide the child/youth with close supervision to ensure their safety and the safety of others. The child/youth will receive one-to-one supervision when deemed necessary and ordered by a physician.
4. Update the child's/youth's treatment plan every two (2) weeks to ensure that child is progressing toward stabilization and provide this treatment plan to the Permanency Specialist.
5. Notify the Permanency Specialist and Therapeutic Services Coordinator, within one (1) business day of any assault, crime, medical hospitalization, runaway, or other incident that results in injury or the child needing medical attention
6. Follow all medical recommendations or directions from the child's attending physicians.
7. Provider will host multi-disciplinary staffing with OCOK at least 24 hours prior to child/youth discharging from psychiatric hospital.
8. Provider will ensure the child/youth has access to appropriate educational services through a credentialed charter school or local school district in accordance with Texas Education requirements (See TEA requirements).
9. Provider will provide acute psychiatric services if needed to be billed to Superior STAR Health Medicaid.
10. In-patient Psychiatric Stabilization Program and acute population will maintain separate distinct programming and preferably physical location. It must be clear that children/youth in the IPSP are receiving different programming.
 - The criteria and methodology used in considering a child/youth for IPSP placement, including client characteristics, approval process for the admittance, and level of internal managerial approval.
 - The plan on how OCOK will oversee, support, ensure safety, and monitor the placement while the child/youth remains in the program.
 - A transition plan to ensure the child/youth is moved to a lesser restrictive setting after the program's treatment model timeframe, with the intent that the child/youth transitions as soon as the child/youth has completed the program.

The Provider must be licensed by the Texas Health and Human Services (HHS) as a psychiatric hospital and must be in good standing with licensing requirements.

Hospitals who want to participate in this program will need to provide:

1. Assessment and treatment planning
2. Daily structure and support
3. Medication management
4. Skills development

5. Crisis behavior management
6. Education program
7. Provider staff to child ratio of 1:4
8. A plan for family or other supportive persons involvement
9. Discharge planning to begin at the time of admission
10. Communication to OCOK and assistance to OCOK if the child/youth needs an acute psychiatric hospitalization

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

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

While a child/youth is in an IPSP, the Provider is expected to meet the child's immediate and ongoing medical/dental/vision/behavioral/mental health needs and provide for their education. OCOK will work with the Provider to ensure all needs are met and consent to any medical needs. The Provider will notify OCOK of any serious incidents that occur while at the facility and will be responsible for reporting any instances of abuse/neglect directly to the DFPS hotline. The Provider will follow OCOK serious incidents reporting procedures. The In-patient Psychiatric Stabilization Program will provide daily care, supervision, assessment, training, training, education and treatment services that meet the needs of these children/youth. The In-patient Psychiatric Stabilization Programs will provide "active treatment" (intended to reduce or eliminate symptoms) to individuals with serious mental illness in need of psychiatric care.

Treatment provided under this model should provide an extended trauma-informed therapeutic, behavioral, and social milieu intervention in a psychiatric hospital. Additionally, this treatment model will promote healthy well-being, provide educational services, and community interaction to prepare the child/youth for transition to a less restrictive setting upon successful completion of the program. The program will provide:

1. A trauma-informed clinical, therapeutic, and behavioral services for children/youth under 18 years of age to treat severe mental, emotional, and behavioral disorders;
2. Transitional programming to prepare the child/youth to transition to a less restrictive setting within 90 calendar days of admission;
3. A 24-hour per day program;
4. Individualized care and treatment planning;
5. Highly organized and intensive services;
6. Planned therapeutic and clinical interventions;

7. Educational services on-site, including educational programming through a credentialed charter school or local school district;
8. Psychiatrist directed mental health treatment including a psychiatric evaluation at the time of placement and an additional evaluation prior to discharge to include recommendations for ongoing treatment, child strengths, and progress made;
9. Provide discharge planning including staffings with OCOK, other legal parties, next caregiver (if applicable), Superior Star Health Behavioral Health, Local Mental Health Authority and/or Local IDD Authority;
10. On-site nursing; and
11. Recreational and community activities, onsite or offsite.

OCOK will conduct at least one (1) monthly face to face visit at the facility as well as weekly virtual/phone calls with the facility whenever any children are there. During the weekly calls OCOK will get updates on the children in the program, discuss their progress and any challenges they are experiencing, discuss/review any serious incidents that may have occurred, discuss the transition plan for their children through the model and to their next less restrictive placement.

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

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

Child Eligibility

To be eligible to receive these services, a child/youth must meet all the following criteria:

1. In DFPS conservatorship;
2. Age 6-17; and
3. One of the following apply:
 - a) Currently in a psychiatric hospital, is medically cleared and ready to be discharged, or
 - b) Has complex mental and behavioral health needs that cannot be met in a residential setting or foster home; or
 - c) No licensed placement, or history of placement instability, due to a history of psychiatric hospitalizations.

** If a Provider is requested a "double-blocked" room for a child/youth, the Provider must also at the time of placement provide good reason as to why this is necessary in order for approval from State Office prior to placement. Justifications for this rate must be based on the child's/youth's safety and are subject to approval from both OCOK and DFPS.

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

6.27 Children Without Placement			
Domain	Care Management, OCOK Client, Family and Agency Rights and Responsibilities		
Effective	September 1, 2021	Revision Dates	7-1-2025
Documents	OCOK Prescription Medication Log, OCOK Non-Prescription Medical Log, Child Without Placement Form, Attachment A, Placement Summary		
Reference	OCOK Client Rights and Responsibilities Information, DFPS Policy 11300 Medication		

Policy:

Our Community Our Kids (OCOK) informs all persons served, or their designated legal representatives, of their rights and responsibilities at initiation of services. OCOK will provide all clients with equitable treatment as well as sufficient information to make an informed consent about services provided by OCOK.

Procedure:

OCOK will ensure each child or youth that is under SSCC supervision is assessed individually to include sleeping, bathing arrangements and all other basic needs. These needs will be met at an OCOK designated location.

Meeting the Needs of a Youth or Child Without Placement

To ensure child safety, under OCOK’s care and supervision in an OCOK office or another community location, OCOK will ensure all staff responsible for supervision of children receive an email prior to their shift with the following information:

- OCOK - Child Without Placement form
- The child’s sexual history report, Attachment A and Placement Summary
- OCOK Prescription Medication Log or OCOK Non-Prescription Medication Log

All forms listed above, as well as any updated information, will remain in the child’s or youth’s binder located at the place of supervision. This will be readily available to the staff who will supervise the child or youth who remains without placement. Staff are responsible for reviewing the forms to ensure the safety and wellbeing of the child or youth. A new signed Attachment A is not required if staff have previously reviewed and signed an Attachment A for the child during that period of temporary placement.

The primary caseworker or regional designee is responsible for making sure all Attachment A signature pages are uploaded to OneCase once the child or youth is moved into a placement.

If a child or youth is entering OCOK supervision (in the office or a community location) for the first time, a picture of the child is taken and sent to the child’s primary caseworker to be uploaded into IMPACT.

If a significant event or issue arises while supervising a child or youth, staff must notify their supervisor immediately, the on-call Permanency Director and/or the OCOK Transitions Support Program Manager.

All significant events and serious incidents will be escalated immediately up the chain of command to include the Chief Operating Officer using the subject line *CWOP Incident*. Once the OCOK Serious Incident Report is complete, a photograph or scanned copy of the Serious Incident Report will be sent to

seriousincidents@oc-ok.org, the primary Permanency Specialist, Supervisor, and Permanency Director within 24-hours. The OCOK Child Placing Agency Administrator will review and track the serious incident.

Food for a Child or Youth without Placement

OCOK will arrange for the child or youth to have all of the following:

- Three (3) meals and at least one (1) snack a day. It is encouraged that staff eat with the youth during mealtimes.
- Intervals between snacks and meals will never exceed four (4) hours during daytime hours and 14 hours during nighttime hours.
- Any special diet prescribed by a health care provider.

Medication for a Child or Youth without Placement

OCOK will follow the Medication Policy as outlined in DFPS Policy 11300 Medication. This policy:

- Outlines procedures for the administration, storage, and destruction of medications.
- If a medication is missed, rejected, or an error occurs, a Serious Incident Report must be complete and submitted to seriousincidents@oc-ok.org, the primary Permanency Specialist, Supervisor, and Permanency Director within 24-hours and must be logged on the youth's medication log. The OCOK Child Placing Agency Administrator will review and track the serious incident.

Toiletries, Linen, and Bedding for a Child or Youth without Placement

Each child or youth will have his or her own bed or sleeping space. For stays in OCOK designated locations, OCOK will arrange for the child or youth to have his or her own sleeping space, clean sheets, towels, blankets, bedspreads, pillows, toiletries, and other furnishings necessary to meet the child or youth's needs.

If staff does not locate a placement within 24 hours, OCOK will make arrangements for a child or youth to have a shower. Razors will not be permitted.

Supervision for a Child or Youth without Placement

When a child or youth stays with OCOK staff overnight, supervision will be a priority for the protection of the child or youth and staff members. To provide proper supervision, OCOK staff will follow these guidelines:

- All children and youth will remain in the direct line of sight of, and in close proximity to, OCOK staff and other trained adult caregivers at all times. During awake hours, the youth will remain in common areas and no two (2) youth will ever be in a room alone without staff supervision. Bedroom doors will remain open at all times and the child or youth will change clothes in the privacy of the bathroom.
- There will be at least two (2) caregivers at every location where at least one (1) child or youth is being supervised.
- At least one (1) of the caregivers will be an OCOK staff member at the Youth Care Specialist level or higher.
- The other caregiver will be a trained adult, age 21 years or older.
- There will be at least one (1) OCOK staff member (caseworker or higher) for every three (3) children at any one location.

- The Chief Operating Officer or designee can increase the number of trained adult caregivers, OCOK staff members (caseworkers or higher), or both at a specific location based upon these factors:
 - Gender of all children and youth at a specific location.
 - Age of all children and youth at a specific location.
 - Acuity of the needs of all children and youth at a specific location.
 - Physical location of all children and youth at a specific location.
- The OCOK staff member (caseworker or higher) is the person responsible for administering and locking up medication according to DFPS Policy 11300 Medication.
- The OCOK staff member (caseworker or higher) will ensure other trained adult caregivers who supervise children or youth without placement have received information about the child, including child sexual history, and their supervision needs.
- OCOK temporary staff, staff in other ACH programs, or contracted staff may supervise children and youth without additional approval. These staff members count as other trained adult caregivers, but not as OCOK staff.
- The Chief Operating Officer must approve the use of verified interns or volunteers for interacting or engaging with children or youth. Verified interns or volunteers do not count in the ratio of children and youth to trained adult caregivers.
- Each trained adult caregiver assigned to supervise the child or youth will remain awake and be ready to meet the needs of the child or youth at all times.
- All trained adult caregivers assigned to supervise children, or youth will make sure areas are free from potential hazards.
- A Manager-level staff will decide rooming arrangements.
- OCOK will assess the need for an off-duty Law Enforcement Officer based on the youth's needs and the safety of all parties.

Education for a Child or Youth without Placement

OCOK will ensure that when a child or youth is without placement and is staying in an alternate location, the primary caseworker enrolls the child or youth in school no later than the second school day of the temporary alternative placement.

OCOK will make every effort to allow the child or youth to remain in the school he or she was attending before the placement disruption. If the child or youth cannot attend the same school, the caseworker will make every effort to allow him or her to remain in the same school district. The caseworker should contact the regional education specialist for assistance in this circumstance.

Entertainment and Recreational Activities for a Child or Youth without Placement

OCOK will ensure the child or youth has sufficient recreational activities. This may include, but is not limited to television, board games, and outdoor recreational time. Staff will remember that the inability to find placement is not a result of the child or youth's actions and the child or youth may not receive consequences for this. Outings will be at the discretion of the staff on shift and supervisor.

Additional Support and Services for a Child or Youth without Placement

OCOK will ensure that any additional supports and services that may be required to meet the child or youth's needs are available to the child or youth. Such services may include, but are not limited to, the following:

- Nursing services if the child or youth has medical needs that require routine medical expertise.
- Regional nurse and Well-being Specialist consultation.
- STAR Health Service Management for medical or behavioral health care needs. Contact the STAR Health Manager (1-800-218-7453).
- Contact the OCOK Transitions Support Program Manager assigned for assistance with clothing, therapy, etc. for any child or youth without placement.

6.28 Texas Child-Centered Care (T3C)			
Domain	Care Management, OCOK Behavior Support and Management		
Effective	January 1, 2025	Revision Dates	7-1-2025
Documents	Texas Child-Centered Care System Blueprint		
Reference	OCOK Service Modalities and Interventions		

Purpose:

Texas Child-Centered Care, or T3C, represents a complete transformation of the foster care system. It is the result of a multi-year effort directed by the Texas Legislature, supported by DFPS in collaboration with the Texas Health and Human Services Commission (HHSC), and guided by countless residential childcare providers and other child welfare stakeholders.

T3C consists of a universal child assessment tool and placement process, twenty-four clearly defined Service Packages and three Add-On Services.

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

OCOK will ensure OCOK Network Providers (that have been Active Interim and Active Credentialed) follow the most current DFPS T3C System Blueprint requirements. This document is located on the TDFPS website; Providers are responsible for accessing and following the most current T3C System Blueprint.

Texas Child-Centered Care System Blueprint

The Blueprint is a guide for residential stakeholders to gain an understanding of the framework and parameters inherent in each of the twenty-four Service Packages and three Add-On Services.

The *Texas Child-Centered Care System Blueprint* is a product of the Texas Department of Family and Protective Services (DFPS) and will be updated quarterly (January, April, July, October) to include revisions (if necessary) and provide detailed information related to transition and implementation of the T3C System. Included with each revision, will be a Change Log that will detail any changes made in the document.

Under T3C children, youth, and young adults are assessed, matched, and placed with a Child Placing Agency/foster family home, or a General Residential Operation that specializes in providing a specific type of service, known as a “Service Package.” There are nine distinct Service Packages offered in Foster Family Homes, nine distinct Service Packages offered in General Residential Operation Tier I facilities, and six distinct Service Packages offered in General Residential Operation Tier II facilities.

The CANS Assessment 3.0

An enhanced 3.0 Assessment (customized based on the current CANS Assessment 2.0) will be conducted at different stages of a child's case and will be used to help inform which one of the twenty-four T3C Service Packages is recommended to meet the child's custom needs.

Under the T3C System, children ages 3 and up will receive a CANS Assessment 3.0 upon the occurrence of any of the following events:

- Within 30 days of removal, or for children turning 3 years old, within 30 days after their third birthday,
- At least annually,
- At the time of a placement change,
- Every 90 days if they are receiving therapeutic services, or
- Upon request of the child's Single Source Continuum Contractor (SSCC) Caseworker, to ensure appropriate Service Package selection and placement match.

While the CANS Assessment 3.0 recommended Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC staff working to secure placement based on the individual child's needs and best interest will be the basis for the selection of the actual Service Package and placement type.

OCOK will be responsible for completing all CANS Assessments for children in T3C System for Active Interim and Active Credentialed Providers.

Section 7

Financial Administration

- 7.01 Financial Administration**
- 7.02 Payment to Network Providers**
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- 7.04 Requirements for Foster Care Provider Payments**
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7.01 Financial Administration			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1-16-2020	Revision Dates	01-26-2018, 7-1-2025
Documents	SSCC Provider Services Agreement and Addendums		
Reference	OCOK Board of Directors Audit Oversight, Financial Procedures Manual and Grants Financial Management Manual for ACH Child and Family Services, CareMatch, COA FIN 2		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

Our Community Our Kids (OCOK) will follow the process outlined in Article 5 of the SSCC 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.

Payment Terms

- Article 5 of the SSCC 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, CareMatch.
- All Network Providers will be paid electronically by direct deposit. Your bank account will show that the deposit is from Our Community Our Kids or OCOK. 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.

7.02 Payment to Network Providers			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1-16-2020	Revision Dates	1-26-2018, 12-23-2019, 08-22-2022, 05-01-2023, 7-1-2025
Documents	Fee Schedules, SSCC Provider Services Agreement and Addendums, Service Provider Invoice, Payment Report, NACHA file		
Reference	OCOK Board of Directors Audit Oversight, IMPACT, CareMatch, Abila, COA NET 2.03 a-c, NET 11.01 (d)		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

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

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

Once the final Payment Reports from CareMatch have been reviewed and approved by the Chief Financial Officer, the Director of Accounting will create the NACHA files in CareMatch. All Providers will be paid electronically by direct deposit. The NACHA files and payment detail reports are sent to the ACH Finance Department in order to initiate the payments to the Providers’ bank accounts by electronic funds transfer (EFT)/direct deposit. OCOK is required by the SSCC Provider Services Agreement to pay all Subcontractor Providers no later than the 25th day of each month. However, OCOK makes every effort to make the payments as soon as possible after the end of the month.

Once the payments to the Providers have been completed, the CareMatch system will generate a payment upload file. The Director of Accounting will send the payment upload file to the ACH Finance Department in order to upload the payments to the accounting system, Abila.

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

7.03 Payment Reports for Network Providers			
Domain	Financial Administration, OCOK Financial Management		
Effective	January 26, 2018 DFPS Confirmed 1-16-2020	Revision Dates	12-23-2019, 08-22-2022, 05-01-2023, 7-1-2025
Documents	Payment Report		
Reference	OCOK Board of Directors Audit Oversight, CareMatch, CoBRIS, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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 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 login IDs to the CoBRIS system for downloading the Payment Reports.

To request CoBRIS login IDs, the Provider must contact the OCOK Director of Accounting at finance@oc-ok.org.

7.04 Requirements for Foster Care Provider Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	January 26, 2018 DFPS Confirmed 1-16-2020	Revision Dates	12-23-2019, 08-22-2022, 7-1-2025
Documents	SSCC Provider Services Agreement - Exhibit/Appendix A and Addendums		
Reference	OCOK Board of Directors Audit Oversight, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

- A. Providers will receive payment for each day a youth is in pre-authorized placement.
- B. OCOK will pay the Provider for the calendar day of placement, but not for the calendar day of discharge.
- C. OCOK will pay the Provider for up to 14 days of foster care in the following circumstances:
 - (1) Psychiatric hospitalization (Acute Care)
 - (2) Medical facility hospitalization
 - (3) Runaway
 - (4) Unauthorized placement
 - (5) Temporary placement/visit in own home
 - (6) Locked facility, jail, juvenile detention center
 - (7) Short-term substance abuse placement
- D. 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.
 - (a) The maximum duration of continued payments to the Provider during a child's absence, beyond the 14 days noted in section C, is subject to the limitations set forth in this section.
 - (1) If a child is temporarily absent from an emergency shelter or emergency care provider, OCOK may continue to pay the provider for not more than five additional days during the child's absence.
 - (2) If a child is temporarily absent from non-emergency foster care, OCOK may continue to pay the provider, if the payment is approved as follows:

(i) The assigned OCOK Permanency Supervisor and OCOK Permanency Director must approve payment for an absence of not more than the first 14 days.

(ii) The OCOK Chief Operating Officer must approve payment for an absence between 15 and 30 days.

(iii) The CPS Regional Director and CPS Director of Placement must approve payment for an absence between 31 and 90 days.

(iv) In unusual circumstances, payments may continue for an absence of longer than 90 days with prior written approval by the CPS Assistant Commissioner or designee.

(v) A foster care provider with whom a child was placed prior to beginning a trial independence period, as defined in Texas Family Code, §263.601, is not entitled to a continuation of foster care payments during the trial independence period.

(b) Payments to the Provider for foster care during a child's absence will only be made if each of the following conditions are met:

(1) The Provider plans to return the child to the same placement at the end of the absence

(2) The Provider agrees to reserve space for the child's return for as long as payments are made in the child's absence

(3) OCOK is not making foster care payments on behalf of this same child to any other provider during the child's absence.

E. In order for the Provider to be eligible to receive foster care payments for children absent from the foster care facility, excluding children who have run away from placement, the Provider must be actively engaged in:

(a) Giving emotional support to the child (via active participation in the child's treatment while hospitalized);

(b) Meeting the child's concrete needs (providing clothing, etc.);

(c) Having frequent face-to-face contact with the child on a regular basis (being physically present with the child at the hospital as required by some medical facilities, etc.);

(d) Facilitating family visits, as appropriate; and

(e) Communicating with the medical facility care team regarding the child's progress and discharge plan.

F. 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.

G. OCOK will not pay the Provider for days of foster care when Children and/or Youth reside in a non-IV-E eligible paid placement, including but not limited to:

- (1) Nursing home placement
- (2) Intermediate care facilities for persons with mental retardation (ICFMR)
- (3) State Supported Living Centers (SSLC)
- (4) Placed with a non-licensed relative caregiver
- (5) Pre-consummated adoptive placement
- (6) Texas Youth Commission facility
- (7) Texas State Hospitals
- (8) Home and Community-based Services
- (9) Psychiatric hospitals once acute care ends

7.05 Requirements for Adoption Provider Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 9-2022, 7-1-2025
Documents	SSCC Provider Services Agreement, DFPS Adoptive Placement Agreement, Adoption Decree, Adoption Order, CPS Service Authorization Form 2054		
Reference	OCOK Board of Directors Audit Oversight, box.com, CareMatch, Adoption Document Packet, COA AS 12.04, AS 12.05, AS 12.06, NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

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

OCOK has set adoption rates that are consistent with DFPS approved adoption rates. These rates do not change arbitrarily. OCOK’s reimbursement from the state is standard and set at the time of the contract renewals. Though, the rates are set, the Provider should itemize and disclose in writing information for each of the following separate categories of fees and estimated expenses for purposes of audits/reviews:

- a. home study, including any fees for updates;
- b. placement or other program fee(s);
- c. fees charged by other individuals or entities in the United States;
- d. fees and expenses for the care of the child;
- e. document and translation expenses;
- f. required donations or contributions;
- g. post-placement and post-adoption services;
- h. other third-party fees; and
- i. travel and accommodation.

Adoption Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with a date of adoptive placement within the period of the Begin Date and the Termination Date and have 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); and
4. 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 Adoption Document Packet must be sent to the OCOK Finance staff by any of the following:

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

Once received, the OCOK Finance staff will review the Adoption Document Packet to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the adoption services event(s) in the CareMatch system, which will cause an invoice for the Provider to be created in CareMatch. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly payment report. Any overpaid funds made to OCOK by DFPS will be returned to them within 60 days, and OCOK will ensure upon learning of any Providers being overpaid that they too repay all funds within 60 days.

7.06 Requirements for Extended Foster Care Provider Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 7-1-2025
Documents	SIL Provider Services Agreement, SSCC Provider Services Agreement, Fee Schedule and Rate Addendums, Extended Foster Care Agreement		
Reference	OCOK Board of Directors Audit Oversight, 40 TAC §700.316, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

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

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

7.07 Requirements for Preparation for Adult Living (PAL) Provider Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 05-01-2023, 7-1-2025
Documents	PAL Provider Services Agreement, Payment Report		
Reference	OCOK Board of Directors Audit Oversight, box.com, CareMatch, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

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

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

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

Once received, the OCOK Finance staff will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the PAL services invoice(s) in the CareMatch system. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly Payment Report.

7.08 Requirements for Psychiatric Hospitalization Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022, 7-1-2025
Documents	Form W-9, OCOK Direct Deposit Authorization Form, Payment Report		
Reference	OCOK Board of Directors Audit Oversight, Explanation of Benefits Statement – Cenpatico/Superior Health, box.com, CareMatch, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

Our Community Our Kids (OCOK) will pay out-of-network psychiatric hospitalization providers (Psych Hospitals) for days of service provided for OCOK clients in accordance with the guidelines specified in this section.

OCOK will not pay Psychiatric Hospitals for the following days of care. Superior Health is required to pay the cost of these days for foster care clients.

- Inpatient acute days
- 15 (post-acute) placement days

OCOK will pay Psychiatric Hospitals for any days that an OCOK client remains in their facility beyond the 15 placement days paid by Superior Health if the following is submitted to the OCOK Chief Financial Officer.

- 1) Invoice showing the following information
 - a. Name and address of facility providing treatment
 - b. Name and address of entity that will be receiving payment
 - c. Name of the foster care youth and their PID number
 - d. Total number of days the youth was in your care
 - i. Specify the acute and placement days that were paid by Cenpatico/Superior Health
 - ii. Specify the days beyond the paid placement days for which you are requesting payment from Our Community Our Kids
 - e. Daily rate cannot exceed \$650
 - f. Total amount of requested payment
- 2) The Explanation of Benefits Statement from Superior Health showing payment of their portion of the foster care youth's days at the facility.
- 3) Completed and signed Form W-9.
- 4) Completed and signed OCOK Direct Deposit Authorization Form.

The invoice and documentation can be sent by any of the following.

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

Once received, the OCOK Chief Financial Officer will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification of the information with OCOK Care Management staff, the OCOK Finance staff will manually enter the invoice information into the CareMatch system. The invoice will be paid in the next monthly payment. A Payment Report will be created and sent to the Psych Hospital.

This information is communicated to the Out-of-Network Psychiatric Hospitalization Provider when they contact OCOK for payment.

7.09 Requirements for Purchased Family Services Provider Payments			
Domain	Financial Administration, OCOK Financial Management		
Effective	March 01, 2020 DFPS Confirmed 1/16/2020	Revision Dates	08-22-2022, 7-1-2025
Documents	Family Services SSCC Provider Services Agreement and Fee Schedules, OCOK Direct Deposit Authorization Form, Form W9, Payment Report		
Reference	OCOK Board of Directors Audit Oversight, CareMatch, box.com, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

Our Community Our Kids (OCOK) will pay the Network Providers (Provider) for Purchased Family Services that have signed the Family Services SSCC Provider Services Agreement. The fees for these services are included in the Family Services Provider Services Agreement Fee Schedule(s). Questions that arise should be sent to the OCOK Finance Department at finance@oc-ok.org or call 817.502.1323.

Purchased Family Services Categories and Service Codes

- Drug Testing
 - 79A - Drug Testing - Urine Analysis (with subcodes for specific tests)
 - 79B - Drug Testing - Oral Fluids
 - 79C - Drug Testing - Hair Testing (with subcodes for specific tests)
 - 79D - Drug Testing - Confirm All Tests
- Substance Abuse – Assessment, Counseling, Therapy (with subcodes for location)
 - 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 (with subcodes for location & provider type)
 - 86C - Counseling/Therapy - Individual
 - 86E - Counseling/Therapy - Group
 - 86F - Counseling/Therapy – Family
 - 86K - Domestic Violence Assessment Report
 - 86L - Battering Intervention Prevention
 - 86U - Psycho-Social Assessment
 - 81H - Diagnostic Consultation
- Parent & Caregiver Training
 - 87C - Parenting & Co-Parenting Training
 - 87H - Homemaker Services & Training
 - 87I - Intercept Family Services
 - 87N - Fatherhood/Motherhood Training
 - 87P - Anger Management

- 87T - TBRI Parent Coaching
- Psychological/Psychiatric – Evaluation and Assessment
 - 86A - Psychological/Development Evaluation/Test
 - 86B - Psychiatric Evaluation
- Permanency Planning Meetings
 - 81M - Family Group Conference (FGC)
 - 81P - Permanency Conference (PC)
- 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
- Home Assessments
 - 68A - Relative Home Assessment
 - 81D - ICPC Relative Home Assessment
 - 81F - ICPC Initial Assessment for Relative Caregiver
- Supervised Visitation
 - 92L - Supervised Visitation (with subcodes for location)
 - 87B - Hospital Sitting Service

Payment Terms

- 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 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.
- 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 Our Community Our Kids or OCOK. An OCOK 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

In order for Providers to be paid for Purchased Family Services, they must meet the requirements stated in the Family Services SSCC Provider Services Agreement.

Providers will be required to send an invoice and any required documentation to the OCOK Finance Department for Family Services. The invoice and document packet must be received by OCOK within 60 days from the date of service.

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, permanency planning meetings and supervised visitation, a sign in log.

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

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

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

Once received, the OCOK Finance staff will review the invoice and documentation to ensure all documents have been received and have been properly completed. Upon verification, the OCOK Finance staff will enter the Purchased Family Services Invoice(s) in the CareMatch system. The invoice(s) will be paid in the next monthly payment and will be included in the Provider's monthly Payment Report.

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.

7.10 Payment Dispute Resolution Process			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022, 7-1-2025
Documents	SSCC Provider Services Agreement, Provider Payment Discrepancy Report		
Reference	OCOK Board of Directors Audit Oversight, Dispute Resolution Process, SSCC Master Contract, COA NET 2.03, NET 2.04 (e), NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

The Network Provider (Provider) will reconcile the payment from Our Community Our Kids (OCOK) to the Provider’s records. If any discrepancies are noted, the Provider will initiate the following dispute resolution process within 30 days of receiving payment. The Dispute Resolution Process is stated in Section 5 of the SSCC Provider Services Agreement.

The parties will confer, in person, by telephone conference or by email, to resolve disputes over payment for services through the following process. In order to initiate this process, either party must provide the other party with written notice of its dispute about a service and/or payment issue. The provider can request a Provider Payment Discrepancy Report form in order to submit payment discrepancies to the OCOK Finance Department. 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 - With 10 days of receipt of a written notice initiating the Dispute Resolution Process, OCOK and Provider, through representatives of their services and financial staff, will confer and attempt to reconcile any disputed payments for which OCOK –based upon a good faith review of any documents submitted by the Provider and OCOK’s own documentation or records – does not believe it is responsible for paying. The parties shall complete the staff conferencing process described in this section within 30 days of the receipt of the written notice initiating the Dispute Resolution Process. If the dispute is not resolved within this time period, the process will continue to Chief Financial Officer (CFO) Conferencing.

CFO Conferencing - For services still in dispute following the staff conferencing reconciliation process, OCOK’s Chief Financial Officer and the Provider’s Chief Financial Officer, or their designees, shall confer to resolve, settle, or compromise the dispute. The parties shall complete the CFO Conferencing process described in this section within 30 days of the completion of the Staff Conferencing process described above.

Payment after Resolving Disputes - If OCOK after conferring as provided herein with the Provider about the disputed payment concludes it is responsible for paying for a service or some part of it, OCOK shall make its payment to the Provider by the 15th day of the calendar month following the month in which OCOK concluded it was liable for payment.

In the event the Provider owes OCOK for any services provided herein or pursuant to any other agreement between the parties, and such balance has been due for in excess of 60 days from invoicing by OCOK to the Provider, OCOK may deduct the balance amount due to OCOK from any amount owed to the Provider pursuant to the Agreement.

Compliance with the SSCC Master Contract - OCOK shall take all action reasonable and necessary to comply with the requirements of the SSCC Master Contract and ensure payment for the services thereunder.

In the event that the Provider or its independent auditor discovers that an overpayment has been made by OCOK, the Provider shall repay said overpayment immediately to OCOK without prior notification or request from OCOK. In the event that OCOK first discovers an overpayment has been made to the Provider, OCOK shall notify the Provider by letter of such a finding and request repayment forthwith. OCOK may unilaterally deduct overpayments made to the Provider from monies owed to the Provider.

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.

7.11 Network Provider Monitoring – Minimum Pass Through Rate Compliance			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022, 7-1-2025
Documents	SSCC Provider Services Agreement and Rate Addendum, OCOK Minimum Pass Through Rate Monitoring Tool		
Reference	OCOK Board of Directors Audit Oversight, SSCC Master Contract, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

The DFPS CBC Fiscal Contract Administration Manager and the OCOK Chief Financial Officer will each select a random sample of foster care placements for the DFPS fiscal year being reviewed. Once the sample of placements has been selected, each Provider is contacted by OCOK with the list of randomly selected foster homes. For the selected month(s), OCOK requests that the Providers send the calculation of the foster parents' payment and also proof that the foster parents received the payment.

Once the Providers have complied with the request, OCOK will use the OCOK Minimum Pass-Through Rate Monitoring Tool to evaluate each foster parent's payment, and to verify that all Child Placing Agency Providers have complied with the minimum pass-through rate requirement. If OCOK determines 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 Network Quality Improvement Committee in order to pursue a remedy with the Provider.

7.12 Network Provider Monitoring – Financial Viability			
Domain	Financial Administration, OCOK Financial Management		
Effective	July 01, 2014 DFPS Confirmed 1/16/2020	Revision Dates	01-26-2018, 08-22-2022, 5-2023, 7-1-2025
Documents	SSCC Provider Services Agreement – Seventh Addendum		
Reference	OCOK Board of Directors Audit Oversight, COA NET 2.03, NET 11.01		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

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

OCOK will utilize standard financial measures to monitor financial viability of the Network Providers when it is deemed appropriate to do so. The monitoring will be performed by the OCOK Chief Financial Officer, and the results of this monitoring will be submitted to the OCOK Network Quality Improvement Committee.

7.13 OCOK Non-Client Services Purchasing Procedure			
Domain	Financial Administration, OCOK Financial Management		
Effective	February 01, 2020 DFPS Confirmed 1/16/2020	Revision Dates	7-1-2025
Documents			
Reference	OCOK Board of Directors Audit Oversight, ACH Child and Family Services Grants Financial Management Manual, COA FIN 2		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

Our Community Our Kids (OCOK) will follow and comply with the purchasing procedures established in the ACH Child and Family Services Grants Financial Management Manual.

For all staff purchasing of the following items, requests from staff will be sent to the Administrative Services team via the OCOK purchasing email address

- Office supplies
- Facility maintenance repairs
- Travel arrangements (Hotel, rental car, airline tickets, etc.)

For all staff purchasing of IT equipment, requests from staff will be sent to the ACH support team via the support team email address.

7.14 Utilization Management – Family Services			
Domain	Financial Administration, OCOK Financial Management		
Effective	9-1-2022	Revision Dates	11-01-2023, 7-1-2025
Documents	Service Authorization Review Tool, FSNA, FPOS, Service Request		
Reference	OCOK Board of Directors Audit Oversight, CareMatch, COA NET 2.02, NET 2.04, NET 4.01, NET 4.02, 4.03, NET 5.05, NET 7, NET 7.01, NET 7.02, NET 7.03, NET 7.04, NET 7.05, NET 7.06, NET 7.07, NET 7.08, NET 7.09, TAC §700.701, TAC §700.703		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

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

Services Available

The following service array is available for families in order to protect their children from abuse and neglect, help the family reduce the risk of abuse and neglect, and make it possible for the children to return home and live there safely. When a child has returned home, these services are also available for families in order to protect the child in the parent’s home, reduce the risk of abuse and neglect, and enable the family to function effectively without Child Protective Services (CPS) or OCOK assistance in the future. These services are provided by the OCOK Network of Family Services Providers.

- Drug Testing
 - 79A - Drug Testing - Urine Analysis (with subcodes for specific tests)
 - 79B - Drug Testing - Oral Fluids
 - 79C - Drug Testing - Hair Testing (with subcodes for specific tests)
 - 79D - Drug Testing - Confirm All Tests
- Substance Abuse – Assessment, Counseling, Therapy (with subcodes for location)
 - 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 (with subcodes for location & provider type)
 - 86C - Counseling/Therapy - Individual
 - 86E - Counseling/Therapy - Group
 - 86F - Counseling/Therapy – Family
 - 86K - Domestic Violence Assessment Report
 - 86L - Battering Intervention Prevention
 - 86U - Psycho-Social Assessment
 - 81H - Diagnostic Consultation
- Parent & Caregiver Training

- 87C - Parenting & Co-Parenting Training
- 87H - Homemaker Services & Training
- 87I - Intercept Family Services
- 87N - Fatherhood/Motherhood Training
- 87P - Anger Management
- 87T - TBRI Parent Coaching
- Psychological/Psychiatric – Evaluation and Assessment
 - 86A - Psychological/Development Evaluation/Test
 - 86B - Psychiatric Evaluation
- Permanency Planning Meetings
 - 81M - Family Group Conference (FGC)
 - 81P - Permanency Conference (PC)
- 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
- Home Assessments
 - 68A - Relative Home Assessment
 - 81D - ICPC Relative Home Assessment
 - 81F - ICPC Initial Assessment for Relative Caregiver
- Supervised Visitation
 - 92L - Supervised Visitation (with subcodes for location)
 - 87B - Hospital Sitting Service

Eligibility for Services

After a child is referred to OCOK for substitute care, services to the child’s family and/or relative caregiver begin as soon as possible. These services address parental behaviors that caused safety threats and ultimately the removal of the child or children from the home. When the state is the managing conservator and parental rights have not been terminated, OCOK continues to make sure services are available to the family, when appropriate, regardless of the permanency goal.

Authorizing Personnel

The OCOK Permanency Specialists and OCOK Permanency Supervisors have the experience and training needed to authorize and review the services provided to families as required by the Texas Department of Family and Protective Services (TDFPS). The Permanency Specialists and Supervisors are required to ensure that the family service planning is continuous, comprehensive and integrated.

Service Authorization

Based on the Family Strengths and Needs Assessment (FSNA) and the Family Plan of Service (FPOS), the Permanency Specialist assigned to the case will determine the services that are needed for the family and will identify the service providers that will serve the family. If multiple Service Provider options are available, the family can inform the permanency specialist of their preference. If the family desires to transfer to a different Service Provider, they can request that with the Permanency Specialist, if other

options are available. The Permanency Specialist will authorize the services by creating and issuing a service request in the CareMatch system. When the service request is completed, it is sent to the Permanency Supervisor for approval in the system. Once approved, the CareMatch system will automatically send a referral to the Service Providers via an encrypted email with the approved service request and supporting documentation. The Service Request states why the services are needed and the goals needing to be achieved. The referral letter has the contact information of the Permanency Specialist so that the Provider can request any additional information in order to begin services, perform an initial screening or request a correction to the initial service authorization. The Service Request is identified by a unique purchase of service (POS) number and includes the authorized time period and number of authorized units of service for the identified types of services, which is determined by the Family Plan of Service. For concrete services, any service request over \$1,500 requires the approval of the Chief Financial Officer.

Reauthorization of Services

Once the initial authorized service request has expired, the Permanency specialist and/or the Service Provider can request that the services be reauthorized if the service is still needed or the goal of the Family Plan of Service has not yet been met. If both the Permanency Specialist and the Service Provider agree to the reauthorization, the Permanency Specialist will reauthorize the services by creating and issuing a new Service Request in the CareMatch system. When the new Service Request is completed, it is sent to the Permanency Supervisor for approval in the system. Once approved, the CareMatch system will automatically send a referral to the Service Provider via an encrypted email with the approved reauthorized Service Request and supporting documentation.

Service Authorization Denial and Appeal Process

If a Service Provider denies a service authorization/client referral, the Permanency Specialist will need to select a different Service Provider in the Network and send the Service Request as described in the service authorization section of this procedure. If the Permanency Specialist has denied a Service Provider's request to change an authorized service request or to reauthorize services, the Permanency Specialist must inform the Service Provider of the reason for the denial and the criteria for making that decision. The Permanency Specialist must also inform the Service Provider that they may appeal the decision to the Permanency Supervisor. The Permanency Supervisor must review the appeal and communicate the decision within 48 hours of receiving the appeal.

Service Provision & Progress

Upon receiving the referral, the Service Provider will contact the family to schedule the services. The Service Provider will work with the Permanency Specialist to remove any barriers or address any challenges to the family completing the authorized services. The Service Provider will submit all progress notes, assessments, testing results and any other service reports to the Permanency Specialist for review monthly. The Service Provider will be paid for services performed in accordance with the billing and payment procedures stated in Section 7 of the OCOK Network Management Operations Manual.

Complaints & Dispute Resolution

The Service Provider can send any complaints about payment adjustments due to lack of authorization to the Permanency Specialist and the Permanency Supervisor. If a mutually agreeable resolution cannot be reached, a complaint may be brought to the OCOK Finance Department at finance@oc-ok.org. All other payment disputes will be resolved as stated in Section 7 of the OCOK Network Management Operations Manual.

Service Authorization Review

On a monthly basis, the Child Safety Review Specialists will complete a 10% sample of all open sub-care stages as part of the routine case reads. During these reviews, a Tool is utilized and all service requests approved and issued to Service Providers for Family Services in the case are reviewed. Standard Service Requests for drug testing and home assessments of possible relative caregivers are excluded from the review. Service Authorization Reviews are embedded within the broader case review process and are designed to provide both structured and qualitative feedback. The review includes, but is not limited to, the following focus areas:

- Appropriateness of authorization decisions
- Whether referrals were properly issued and aligned with case needs
- Alignment of services with the family's needs and service plan goals
- Intake and discharge data, including length of service, number of encounters per request, and number of re-admissions, when applicable

Process Review

For ongoing review, any OCOK department staff may identify a gap or potential improvement in the service provision and/or authorization process. This must be communicated in writing to the Chief Financial Officer.

Billing & Administrative Reviews

The Quality Improvement and Contracts department staff will perform quarterly reviews of the Service Provider case records. At least 10% of the Service Provider case records will be reviewed annually. Each quarter, a random month is selected, and the Service Provider is requested to provide documentation to support the services that were billed that month. A monitoring report is given to the Service Provider. Any noted discrepancies are identified and also submitted to the OCOK Finance department for resolution. The Quality Improvement and Contracts department staff will also perform an annual administrative review of the Service Providers. They will review certificates of insurance, required criminal background checks, licensures and trainings to ensure compliance with the Family Services SSCC Provider Services Agreement.

Tracking and Monitoring of Paid Services

The Chief Financial Officer submits a monthly report to the OCOK Executive Leadership showing all units of service and amounts paid by service category for each month to compare to the remaining balance of funding allocated to family services.

7.15 Administrative Services Agreement			
Domain	Financial Administration, OCOK Financial Management		
Effective	7-1-2025	Revision Dates	
Documents	Administrative Services Agreement		
Reference	OCOK Board of Directors Audit Oversight		

Policy:

The Board of Directors will monitor the effective fiscal management of Our Community Our Kids (OCOK).

Procedure:

ACH Child and Family Services (ACH) is the sole member of the Our Community Our Kids (OCOK) Corporation. The ACH CEO, Board Chairperson, and Board Finance Committee Chairperson will be the Board of Directors for Our Community Our Kids. As part of this relationship, OCOK will have an Administrative Services Agreement with ACH to provide the following services and procedures.

1. HR Support Services, which will support a healthy, productive and legally compliant organization.
 - (i) Recruitment and hiring
 - (ii) Benefit management
 - (iii) Leadership development
 - (iv) Performance Management
 - (v) Compliance with Federal, State and Licensing and Contractual standards

2. Accounting Services which will manage, track and maximize the financial resources of the organization in accordance with Generally Accepted Accounting Principles.
 - (i) Accounts Payable
 - (ii) Accounts Receivable
 - (iii) Payroll
 - (iv) Financial Reporting
 - (v) Audit and Tax Services

3. Banking/Insurance Services which will promote organizational stability through maximizing banking relationships and transference of risk.
 - (i) Line of Credit
 - (ii) Credit Cards.
 - (iii) General Liability and Professional Liability

4. Operational Support Services which will provide physical plant infrastructure support.
 - (i) Facilities Management
 - (ii) Systems of Care Support

5. Management Information Systems Services which will enhance business practices through analytics, network security and infrastructure management.
 - (i) Data Analytics
 - (ii) Network Infrastructure and Support

6. Community Engagement Services which will strengthen the connections between the organization and the community we serve,
 - (i) Marketing
 - (ii) Public Relations
 - (iii) Crisis Communications
 - (iv) Fund Development

The terms and conditions for the provision of these services will be contained in the written and executed Administrative Services Agreement.

Section 8

Human Resources Management

8.01 Staff Qualifications

8.02 Criminal Background Investigation and Screening

8.03 Employee and Network Provider Training

8.04 Access to DFPS System

8.01 Staff Qualifications			
Domain	Human Resources Management, OCOK Human Resources Management		
Effective	January 01, 2014	Revision Dates	12-4-2015, 6-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Discrimination Prohibition, RCCR Minimum Standards, DFPS Policy, OCOK Job Descriptions, OCOK Performance Review		

Policy:

Our Community Our Kids (OCOK) is an equal opportunity employer. OCOK maintains a policy of nondiscrimination with respect to all employees, volunteers, interns and applicants for employment, placement or internship. All employment, placement or internship decisions will be made without regard to race, color, religion, national origin, gender, gender identity or expression, sexual orientation, pregnancy, age, disability, veteran status, or any status protected by applicable law. Decisions are based solely on the individual’s qualifications, merit, and performance, subject to the business requirements of OCOK. Reasonable accommodations will be made in accordance with applicable law.

Procedure:

1. OCOK will ensure that all job descriptions and policies are written and stay in compliance with RCCR Minimum Standards and/or State’s requirements.
2. OCOK has a process for providing every full-time and part-time employee, and volunteer (interns) a written performance review at regular intervals that involve the employee or volunteer and the supervisor.
3. OCOK Network Providers, as part of submitting their Agency Policy and Procedure Manual; are required to have their Personnel Policies reviewed by OCOK as part of the Administrative Review.
4. OCOK Network Providers are responsible to ensure that all personnel and caregivers/foster families training requirements are continually in compliance and kept up to date according to RCCR Minimum Standards, Professional Level Licensure, State’s requirements, TDFPS Policy, and OCOK training and contract requirements.

8.02 Criminal Background Investigation and Screening			
Domain	Human Resources Management, OCOK Human Resources Management		
Effective	January 01, 2014	Revision Dates	6-2022, 6-2023, 7-1-2025
Documents	Form 2970c, Form 2971c		
Reference	OCOK Background Investigation and Screening, OCOK Employee Handbook, DFPS Licensing Background Check Rules, 42 U.S.C. §671(a)(20), Texas Law - Chapter 42 of the Human Resources Code §42.056 of (as amended by S.B. 427, 83 Legislature), Title 40 of the Texas Administrative Code §745.615 and 745.625		

Policy:

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

Procedure:

1. State’s criminal background check is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
2. Child abuse and neglect registry check is conducted, results are obtained and reviewed prior to employment or child contact and resubmitted as per required schedule after employment/contract.
3. Fingerprinting-based criminal history check against the Federal Bureau of Investigation is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
4. Sex offender registry check is conducted, results are obtained and reviewed prior to employment or client contact and resubmitted as per required schedule after employment/contract.
5. Tuberculosis (TB) screening testing is completed, and results are obtained prior to client contact. Residential Child Care Regulation Minimum Standard must be followed to meet this requirement.
6. Drug testing is completed prior to employment/contract/internship and after accidents. Random drug testing occurs as needed for current employees.
7. Credit investigations may be completed on applicants for and employees in certain cash handling positions and other fiduciary positions as deemed appropriate.

OCOK will submit the following for criminal background checks for all potential employees/volunteers/subcontractors/caregivers/foster/adoptive parents associated with this agency; Form 2970c and 2971c will be utilized to capture the necessary information before a criminal background check is completed.

OCOK Network Providers must follow the same procedure as outline above for all of their potential employees/volunteers/subcontractors/caregivers/foster/adoptive parents associated with their

operation. Out of state Network Providers must follow their state's guidelines for criminal background checks.

There are four types of criminal background checks that OCOK and Texas Network Providers follow:

1. A name-based criminal history check: The Department of Public Safety (DPS) conducts a comparative search between a person's name and the DPS database of crimes committed in the State of Texas;
2. A fingerprint-based criminal history check: DPS and the Federal Bureau of Investigation (FBI) conduct comparative searches between a person's fingerprints and the DPS database of crimes committed in the State of Texas and the FBI database of crimes committed anywhere in the United States, respectively;
3. A DFPS central registry check: DFPS conducts a comparative search between a person's name and the DFPS central registry, which is a DFPS database of people who have been found by DFPS's divisions of Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child; and
4. An out-of-state central registry check: a comparative search between a person's name and another state's database of persons who have been found to have abused or neglected a child.

OCOK and its Network Providers must follow requirements under federal law at 42 U.S.C. §671(a)(20) and Texas law at Chapter 42 of the Human Resources Code §42.056 of (as amended by S.B. 427, 83 Legislature) and Title 40 of the Texas Administrative Code §745.615 and 745.625. This includes FBI fingerprint checks for:

1. The director, owner, and operator of the operation
2. Current and prospective employees of the operation
3. Each person at least 14 years of age in the home who:
 1. is counted in child-to-caregiver ratios in accordance with the relevant minimum standards;
 2. will reside in a prospective adoptive home if the adoption is through a child-placing agency;
 3. has unsupervised access to children in care at the operation; or
 4. resides in the operation
4. Each person 14 years of age or older, other than a client in care, who will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care; and
5. Each substitute employee, unless you confirm that the organization providing the substitute employee has completed a background check for the person through DFPS within the last 24 months. As provided in Texas Administrative Code §745.625, ACH will submit a request for a person's background check every 24 months. Per DFPS's rules effective March 1, 2014, a recurring background check will be performed no later than two years from the date of the last submission for a background check.

The following schedule will be followed by OCOK and its Network Providers:

Persons Requiring an FBI Fingerprint Check

When a Fingerprint Check is Due

Prospective foster or adoptive parent

Prior to the foster or adoptive home's verification or approval

Applicant for an Administrator's license

Prior to licensure

Prospective employee

Prior to employment

Person is 14 years or older who resides in a prospective foster or adoptive home or a residential operation in applicant status

Prior to the foster or adoptive home's verification or approval or before the person may be in contact with children at a residential facility

If a person is eligible for a risk evaluation due to a finding in the Central Registry all required documentation will be submitted to the DFPS Centralized Background Check Unit in order to determine if appropriate to be present in the operation.

OCOK and its Network Providers will follow all current requirements outlined in the DFPS Licensing Background Check Rules and Texas Administrative Code. Out of state Network Providers will follow their state's guidelines for criminal background checks.

8.03 Employee and Network Provider Training			
Domain	Human Resources Management, OCOK Training and Supervision		
Effective	January 01, 2014	Revision Dates	9-2014, 12-4-2015, 1-2018, 6-2018, 12-2019, 6-2022, 9-2022, 7-1-2025
Documents			
Reference	OCOK Training and Development, RCCR Minimum Standards, COA AS 3.06, AS 6.01, AS 7.01, AS 7.02, AS 7.03, AS 7.04, AS 7.05, FKC 19.01, FKC 19.02, FKC 19.03, FKC 19.04, FKC 19.05, FKC 19.06, NET 11.01 (a) (b) (c) (d) (e) (f) (g), NET 11.02 (a) (b) (c), TS 1, TS 1.01 (b) (d), TS 1.02		

Purpose:

OCOK supports and promotes its employees and Providers’ competence by providing its employee regular supervision and offering training on relevant service delivery topics.

Policy:

Our Community Our Kids (OCOK) ensures and advocates for the on-going training and development of Network Providers and its personnel, volunteers, subcontractors, and caregivers/foster/adopt parents in a timely manner in order to preserve client’s safety.

Procedure:

I. Workforce Development and Training

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

- A. To ensure that all employees and Providers understand the scope and function of Community-Based Care by providing the appropriate training and guidance to maintain compliance with statutory and regulatory rules, and to provide quality services to families and children affected by the Texas foster care system.
- B. To implement a training and development program that enhances the knowledge, skills, and abilities of personnel and Providers to prepare them in assuming their responsibilities.
- C. In addition, the training strategies will ensure that all caseworkers, supervisors, caregivers, and other direct care staff providing services through OCOK complete training to support attainment of safety, permanency and well-being for the children in their care.

II. Goals of Workforce and Caregiver Training

- A. To ensure service providers have the tools, knowledge and resources including evidence-based practices as appropriate to provide them with the opportunity to perform their jobs so they can provide caring assistance to children in the Texas foster care system under OCOK.
- B. OCOK supports personnel development and training through a structured program that uses a variety of educational methods:
 - 1. OCOK’s Training Department is responsible for all OCOK personnel training needs: planning, scheduling, delivery, and tracking of required training.

2. OCOK personnel is trained to fulfill their job responsibilities by completing all required OCOK training and those assigned by their immediate supervisor.
- C. OCOK will ensure that all training opportunities within the system of care lead towards accomplishing our mission and meeting outcomes. Network Providers are responsible for meeting timeframes according to training requirements (orientation/pre-service (within 90-days of hire), annual) for personnel and caregivers/foster parents. Training opportunities for OCOK personnel and Network Providers will be available through multiple resources:
1. Training facilitated by OCOK
 2. Training provided by subject matter experts within the Network and other community resources
 3. OCOK will share with its employees and Network any resources in reference to Disproportionality and Knowing Who You Are trainings
- D. OCOK employees complete the following required trainings, minimum but not limited to, and if required for their job duties. Orientation training, during pre-service within 90-days of hire, which includes an overview of the relevant and applicable DFPS and federal rules, and OCOK system of care.

Agency's Orientation - Mission and philosophy – pre-service
Personnel/Employee Manual – pre-service
Policies and Procedures – pre-service
RCCR Minimum Standards - pre-service
Organizational Chart – pre-service
Mandatory Reporting Community Response for Youth and Families – pre-service and annually thereafter
Preventing and Recognizing Youth Sexual Abuse – pre-service and annually thereafter
Client's Rights – pre-service
Child Sexual Aggression – pre-service
Confidentiality and HIPAA – pre-service and annually thereafter
Cybersecurity – within 30 calendar days of date of hire and annually thereafter
Disaster and Emergency Response Preparedness Plan – pre-service and annually thereafter
Cultural Competency/Diversity – pre-service and annually thereafter
Emergency Behavior Intervention - pre-service and annually thereafter
Psychotropic Medication Management – pre-service and annually thereafter
CPR Infant/Adult - pre-service, renewed as per certification requirement
First Aid – pre-service, renewed as per certification requirement
Bloodborne Pathogens - pre-service and annually thereafter
DFPS Medical Consenter - pre-service and annually thereafter
Trauma-Informed Care - pre-service and annually thereafter
Human Trafficking – pre-service and annually thereafter
Normalcy – pre-service and annually thereafter
SIDS, Shaken Baby Syndrome, Brain Development – pre-service
Water Safety – pre-service and annually thereafter
Transportation – pre-service
Runaway Prevention – pre-service
Suicide Awareness and Prevention – pre-service

The following items are also included in addition to professional ethics and civil rights compliance:

- ✓ Protocols for Community-Based Care
- ✓ Job specific requirements, protocols for each job function
- ✓ Continuing education requirements for each job function and/or licensure
- ✓ Implementation guidelines and expectations for OCOK personnel
- ✓ At all times OCOK will follow any DFPS dispositions in reference to additional training, those outlined in the OCOK Operations Manual, and those communicated via electronic mail

III. Strategies for Residential Network Providers

- A. OCOK provides orientation and training to its personnel who provides services to Network clients.
- B. Network Providers must ensure its direct service personnel receive orientation and training, prior to serving Network clients, on the systems of care model (SSCC/Community-Based Care); that may include training to support attainment of safety, permanency and well-being for children in their care. The training will include information on:
 - a. the Network's mission, philosophy, goals, and services;
 - b. Network operations and functioning;
 - c. Network policies and procedures including access procedures;
 - d. Network billing practices;
 - e. utilization management criteria;
 - f. the Network's conflict of interest policies and ethical expectations;
 - g. the Provider's role in the Network's PQI process; and
 - h. any other issues of importance determined by OCOK.
- C. Network Providers must ensure the SSCC/OCOK model is included in its personnel orientation and trainings.
- D. Network Providers must ensure all personnel, caregivers/foster parents and respite providers receive training in accordance with RCC Minimum Standards or state's requirements, OCOK contract requirements, and DFPS Policy.
- E. Training opportunities will be posted on the OCOK website www.oc-ok.org and/or emailed to Network Providers.

IV. Staffing Development and Training

- A. OCOK will ensure compliance with minimum staffing requirements, as applicable, according to RCC Minimum Standards for Child Placing Agencies, Emergency Shelters and General Residential Operations serving children requiring both childcare and treatment services.
- B. OCOK will ensure that all training opportunities, within the system of care, lead toward accomplishing OCOK's Mission and Performance Outcomes.
- C. OCOK will provide an ongoing training program that includes:
 - 1. Refresher training on Network policies, practices, and procedures;
 - 2. Evidenced-based practices, as appropriate to the array of Network services; and
 - 3. Other issues of importance to the Network.
- D. Training opportunities for personnel and Providers will be available through three (3) primary resources:
 - 1. Training provided through OCOK;
 - 2. Training provided by subject matter experts within the Network and other community resources (i.e., Cenpatico, Superior, TCU, Mental Health Connection, DFPS); and
 - 3. Training provided by DFPS in Disproportionality and Knowing Who You Are curriculums.
- E. All Provider's direct delivery personnel and caregivers/foster parents, providing services through OCOK, must have completed Trauma-Informed Care training and Emergency Behavior Intervention training during pre-service and annually thereafter.

- F. Medical Consenter Training - Anyone assigned as a Medical Consenter must receive, and complete Medical Consenter training offered by DFPS prior to DFPS designation as a Medical Consenter.
- G. Cultural Competence Training - OCOK is committed to ensuring staff and caregivers understand the impact of race, culture, and ethnic identity and how they impact services to children and families.
- Service effectiveness is tied to creating teams with the language capacity, community knowledge, and connection to resources that will sustain skill building efforts.
 - In addition to assuring language access services, OCOK and its Network Providers need a working knowledge of cultural considerations, as well as community and family norms in order to provide culturally relevant services.
 - In order to ensure that services are provided in a culturally sensitive and competent manner, OCOK will require all personnel and Network Providers (personnel and caregivers/foster parents) attend and participate in Cultural Competency/Diversity training during pre-service and annually thereafter.
 - Training will be provided in culturally responsive communication and interviewing skills such as “Knowing Who You Are” and/or other similar curricula.
 - OCOK would like to emphasize awareness, knowledge of how discriminatory practices impact service delivery and how it translates into practice.
 - Through competent, effective supervision and Quality Assurance review, OCOK will ensure that training concepts and ideas are practically applied in service provision and reflected in documentation.
- H. OCOK will schedule on going trainings/meetings to ensure OCOK personnel and Network Providers are aware of OCOK Policies and Procedures.
- I. Providers will ensure that its staff who complete home studies (including Foster and/or Adoption Home Studies, Kinship Home Assessments and ICPC Home Studies) will be provided with initial and ongoing training/supervision on the used and defined/approved tools and/or RCC Minimum Standards for home studies to reinforce the consistent application of the process.
- J. OCOK will notify its personnel and Network Providers via internal system, electronic mail and/or OCOK website (www.oc-ok.org) of any changes to OCOK Policies and Procedures.
- K. OCOK will inform Providers of any training opportunities via its website (www.oc-ok.org) or electronic mail notification.

V. Caregiver/Foster Parent Training

Providers must ensure that prior to verification/licensure and placement that their caregivers/foster parents receive all appropriate training and preparation needed to strengthen their capacity to care for the children that will be entrusted to their care. They must meet all Residential Child Care Regulation (RCCR) Minimum Standards or state’s requirements, as well as any additional OCOK contract training requirements.

Pre-service Training

Caregivers/Foster Parents must receive pre-service training on rights and responsibilities that addresses:

- a. the Provider’s mission, logic model or equivalent framework, and service array;
- b. the rights of children in care;
- c. what caregivers should expect when they take in a child;
- d. the competencies needed for effective resource parenting, and how those competencies are integral to the Provider’s logic model or equivalent framework;
- e. specific duties of foster parents, including administrative responsibilities;

- f. available supports and services;
- g. how to report and the requirements for reporting suspected abuse and neglect;
- h. any fees or reimbursement for services, including compensation for damages caused by children placed in the home, as applicable;
- i. notice of and participation in any review or hearing regarding the child;
- j. procedures when allegations are made, and ways to prevent false allegations;
- k. complaint procedures; and
- l. circumstances that will result in the revocation of the foster parent's license.

Trauma-Informed Care Training Requirements

Providers will ensure that caregivers/foster parents receive pre-service training that addresses:

- a. strategies for providing support appropriate to children's ages and developmental levels;
- b. promoting positive behavior and healing through coaching, nurturing, and positive discipline techniques;
- c. recognizing and responding to behaviors that jeopardize health and well-being, including de-escalation techniques and alternatives to restraints;
- d. signs and symptoms of trauma, including triggers for challenging behaviors;
- e. providing protection and promoting psychological safety to mediate the effects of trauma, maltreatment, separation, loss, and exploitation; and
- f. preventing and responding to missing children, including understanding factors that may contribute to the decision to run away, reporting protocols, and how to support children upon their return.
- g. DFPS training on Recognizing and Reporting Child Sexual Abuse and Child Sexual Aggression

Additional Pre-service and Ongoing Training Requirements

Providers will ensure that foster parents receive pre-service and/or ongoing training and support to demonstrate competency in:

- a. supporting and facilitating children's emotional, physical well-being, safety and permanency;
- b. meeting children's developmental needs across life domains, including how to address any developmental or cognitive delays;
- c. caring for a child of a different race, ethnicity, culture, religion, sexual orientation, or gender identity;
- d. supporting children's social identity development;
- e. supporting and facilitating family relationships, friendships, cultural ties, and community connections;
- f. collaborating with parents, relatives, legal parties and service providers; and
- g. managing the caregiver role, stress and self-care, and the impact on the family.
- h. first aid and age-appropriate CPR at least every two years, including a hands-on, in-person CPR skills assessment conducted by a certified CPR instructor;
- i. medication administration, including retraining at least every two years;
- j. protocols for responding to emergencies and/or Serious Incidents including accidents, serious illnesses, fires, and natural and human-caused disasters; and medical or rehabilitation interventions and operation of medical equipment required for a child's care, as needed.

The Provider should evaluate the effectiveness of its pre-service and ongoing trainings to evaluate for areas for improvement and plans to address. OCOK encourages Providers to utilize Praesidium and other resources for training opportunities that may benefit their caregivers/foster parents.

The Provider must ensure that all caregivers/foster parents agree to and sign a statement indicating that for children placed in their care they agree to:

- a. report suspected abuse and neglect;
- b. employ only positive discipline techniques;
- c. refrain from using physical and degrading punishment; and
- d. ensure that others (i.e., respite providers, frequent visitors their own children, the school, etc.) refrain from using physical and degrading punishment.

Each caregiver/foster parent must meet the required annual training hours in order to provide child-care services and treatment services for emotional disorders. Caregivers/Foster Parents must follow the most recent annual requirement as per the state's RCCR Minimum Standards.

VI. Residential Network Providers personnel and all caregiver(s)/foster parent(s) must complete the following required trainings, at minimum but not limited to:

- ✓ Agency's Orientation - Mission and philosophy – pre-service
- ✓ Agency's Policies and Procedures – pre-service
- ✓ RCCR Minimum Standards or state's requirements - pre-service
- ✓ Mandatory Reporting Community Response for Youth and Families – pre-service and annually thereafter
- ✓ Preventing and Recognizing Youth Sexual Abuse – pre-service and annually thereafter
- ✓ Confidentiality and HIPAA – pre-service and annually thereafter
- ✓ Cybersecurity – within 30 calendar days of date of hire for personnel, during pre-service for caregiver/foster parent (1 hr.)
- ✓ Disaster and Emergency Response Preparedness Plan – pre-service and annually thereafter
- ✓ Cultural Competency/Diversity – pre-service (3 hrs.) and annually thereafter (3 hrs.)
- ✓ Emergency Behavior Intervention - pre-service (8 hrs. CPA, 16 hrs. GRO/RTC) and annually thereafter (hours determined by Provider)
- ✓ Psychotropic Medication Management – pre-service and annually thereafter
- ✓ CPR Infant/Adult – pre-service and renewed as per certification requirement
- ✓ First Aid – pre-service and renewed as per certification requirement
- ✓ DFPS Medical Consenter - pre-service and annually thereafter, if applicable
- ✓ Trauma-Informed Care - pre-service (8 hrs.) and annually thereafter (2 hrs.)
- ✓ Human Trafficking – pre-service (CPA 2 hrs.) and annually thereafter (CPA 2 hrs.), Providers serving Human Trafficking victims might be subject to additional training and must be completed according to that requirement
- ✓ Normalcy – pre-service (2 hrs.) and annually thereafter (2 hrs.)
- ✓ SIDS, Shaken Baby Syndrome, Brain Development – pre-service, if verified/licensed to care for children younger than 2 years; for personnel if agency serves this population
- ✓ Texas Health Steps – no later than 90 days after being verified/licensed
- ✓ Runaway Prevention – pre-service, if agency serves children 10+ years
- ✓ Suicide Awareness and Prevention – pre-service

The following items should also be included as pre-service trainings for Network Providers personnel and caregivers/foster parents in addition to transportation safety, professional ethics, civil rights compliance, and infection control:

- ✓ Protocols for Community-Based Care
- ✓ Job specific requirements, protocols for each job function
- ✓ Continuing education requirements for each job function and/or licensure

- ✓ Implementation guidelines and expectations for personnel

At all times Residential Network Providers will follow any DFPS dispositions in reference to additional training, to include but not limited to those outlined in the OCOK Network Management Operations Manual & OCOK Case Management Operations Manual, and those communicated via electronic mail.

OCOK will notify Network Providers, via electronic email, of any new (added) training requirements; those will need to be incorporated to the Provider's training protocols upon notification in order to meet OCOK requirements.

Residential Network Providers must, at all times, follow the training requirements as per the state's Residential Child Care Regulation (RCCR) Minimum Standards. Residential Network Providers are responsible for being up to date with RCCR training requirements.

VII. Adoptive Parent Training

OCOK ensures Providers utilize approved training methods and curricula that are consistent and address all areas of RCC Minimum Standards or state's requirements, DFPS requirements and the OCOK Contract, in order to ensure adoptive parents are adequately prepared for placement.

OCOK will ensure that Providers train their families and that prospective adoptive parents receive training and demonstrate competence in:

- a. the adoption process and significant provisions of laws and regulations as it relates to adoptions;
- b. the availability of and application process for subsidies or other financial benefits;
- c. options for openness in adoption;
- d. the importance of legally finalizing the adoption and for obtaining and maintaining documentation of citizenship for children adopted internationally;
- e. long term impacts of adoption on the child and the family; and
- f. the availability and importance of post-adoption supports and services.

OCOK ensures that Providers have adoptive parents participate in an orientation prior to becoming licensed that includes an overview of the lifelong impact of adoption as well as the process for completing an adoption; common needs and characteristics of children awaiting adoptive families; the importance of race, ethnicity, religion, tribal affiliation, language, and other factors in adoption; the options for maintaining connections that benefit the child or sibling group as well as the availability of supports, clinical services and subsidies following adoption.

Providers must train prospective adoptive parents, and they must demonstrate competencies in common experiences and needs of waiting and adopted children, including:

- the general characteristics and needs of waiting children;
- the frequency and impact of physical, psychological, and sexual abuse, neglect, and child trafficking (adoptive parents must complete the DFPS Recognizing and Reporting Child Sexual Abuse and Aggression training prior to taking any placements);
- the impact of institutionalization and living in out-of-home care;
- the impact of malnutrition, maternal substance abuse, and any other common factors that impact on health and development; and
- attachment and bonding.
- coping with separation, loss, and grief and supporting healthy attachments and relationships;
- navigating changing roles and relationships;
- supporting the child's identity development;

- raising a child of a different race, ethnicity, culture, or religion and strategies for maintaining connections with the child's culture, community, tribe, and/or country;
- responding effectively and safely to children's behavior and unknown or unexpected issues, and adapting parenting strategies and discipline techniques to fit the child's needs;
- parenting a child with a history of trauma;
- recognizing signs of unknown or undisclosed abuse, effective strategies to support safe disclosure, and reporting abuse allegations to appropriate authorities;
- strategies for maintaining safety when there is a history of sexual abuse, trafficking, self-harming behavior, or other unsafe behavior; and
- overcoming barriers to seeking or obtaining help and support.

Additionally, OCOK will ensure that Providers either train or provide additional supports to prospective adoptive parents on:

- a. needed customized education, counseling, or support specific to their unique needs or experiences which may impact on their readiness and suitability for placement; and
- b. reassessment when needed to ensure they remain ready and suitable to move forward with an adoption.

8.04 Access to DFPS System			
Domain	Human Resources Management, OCOK Human Resource Management		
Effective	March 01, 2020	Revision Dates	7-1-2025
Documents			
Reference	OCOK Background Investigation and Screening, DFPS Licensing Background Check Rules, IMPACT, CBC Contract, COA HR 3		

Purpose:

To ensure access to systems where confidential information is maintained in order for employees to perform essential work tasks. Employee’s criminal background check will be submitted as required through the Centralized Background Check Unit in order to determine if appropriate to have system’s access.

Policy:

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

Procedure:

OCOK will submit the employee’s information to DFPS for approval purposes. The employee will be notified once an account needs to be set up in the DFPS system(s).

Once the OCOK employee gains access he/she is responsible for logging into the authorized DFPS system(s) every 30 days in order to maintain access.

OCOK employees have the ability to set up an alert in their Outlook calendar to remind them that this task must be accomplished regularly. In addition, if employees do not log in timely and lose access to IMPACT, they will be required to notify a designated OCOK contact for tracking purposes. The employee will follow the established process that is currently used in Stage 1 to regain access to the system if they continue to have the need to access IMPACT to adequately complete their work duties.

On a monthly basis OCOK is notified of non-compliance instances; the employee and their Supervisor and/or Director will be notified if their information is in the list of monthly non-compliance instances in order to immediately rectify and/or to evaluate need for access. Each Department Director will receive a report on a 6-month basis. They will review the list for employees who have lost access due to not logging in timely to determine if the employee continues to have a business need for access to IMPACT, and/or to determine next course of action with the employee due to non-compliance.

OCOK must be in compliance with this requirement as it is a CBC Contract requirement that must be met by all employees authorized to utilize DFPS system(s).

Section 9

Community Engagement

- 9.01 OCOK Leadership Advisory Panel (OCO K LAP)**
- 9.02 National Expert Panel (NEP)**
- 9.03 Provider Advisory Group**
- 9.04 Stakeholder Engagement Forums/Collaborative Care Coalition**

9.01 OCOK Leadership Advisory Panel (OCOK LAP)			
Domain	Community Engagement, OCOK Organizational Integrity		
Effective	August 01, 2014	Revision Dates	1-2018, 2-2022, 7-1-2025
Documents			
Reference	OCOK Governing Body Oversight Responsibilities, ACH/OCOK-SSCC Program Proposal, COA NET 2.01 (a-b)		

Purpose:

To provide strong local advocacy for the Community-Based Care (CBC) effort and to help navigate system boundaries for services.

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

- 1) Extend invitation to 8-12 local leaders from government, business, philanthropy, and non-profit organizations throughout the seven-county region to obtain their unique contribution and different goals and learn what each leader might bring to the common endeavors to continue the SSCC business goals, but also to be reconciled with the local leader’s ethical and mission-driven interests.
- 2) OCOK LAP will meet 3-4 times per year to inform and update about the progress and issues related to CBC implementation.
- 3) OCOK LAP will provide advice and feedback to guide the direction of Community-Based Care.
- 4) OCOK LAP is willing and prepared, with staff support, to share facts and outcomes in support of CBC with other decision-makers in light of criticism or negative events.
- 5) Know the specific contract outcomes targeted for our community.

9.02 National Expert Panel (NEP)			
Domain	Community Engagement, OCOK Organizational Integrity		
Effective	June 01, 2014	Revision Dates	1-2018, 2-2022, 7-1-2025
Documents			
Reference	OCOK Governing Body Oversight Responsibilities, ACH/OCOK-SSCC Program Proposal		

Purpose:

To form a National Panel of Experts in Foster Care and Adoption issues who can help advise the SSCC toward developing a strong Network of Providers delivering high quality, innovative care.

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

- 1) Extend invitation to 5-8 National Leaders of organizations currently operating successfully in a privatized or performance-based system.
- 2) NEP will meet two (2) times per year to inform and update about the progress and issues related to Community-Based Care (CBC) implementation.
- 3) NEP will provide advice and feedback to guide the direction of Community-Based Care's effort.
- 4) NEP will present important topics for the Network.

9.03 Provider Advisory Group			
Domain	Community Engagement, OCOK Organizational Integrity		
Effective	June 01, 2014	Revision Dates	1-2018, 2-2022, 6-2022, 7-1-2025
Documents			
Reference	OCOK Governing Body Oversight Responsibilities, ACH/OCOK-SSCC Program Proposal, COA NET 2.05, NET 3		

Purpose:

The purposes for establishing a Provider Advisory Group are to develop working partnerships between Providers and OCOK and among organizations; to allow a broader range of ideas and input on larger decisions affecting the work of the SSCC; to plan for needed services and for each Stage of Implementation; and to increase involvement in community engagement activities.

Providers will be engaged in order for them to actively participate in the successful implementation of the contract and achievement of contract outcomes.

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

1. During the planning, start up, implementation, and throughout all phases of service provision, Our Community Our Kids (OCOK) will facilitate group and individual meetings with Providers. The purpose of these meetings includes the solicitation of feedback, monitor the SSCC plan/model, and to facilitate interactions between Providers and OCOK.
2. Membership of the Provider Advisory Group will have one representative from each organization's leadership / management team that has decision making authority. The Provider Advisory Group will include representatives of relevant community groups, consumers, service providers, advocates, and other with an interest in the success of the Network achieving its mission and purpose.
3. The Provider Advisory Group will hold monthly meetings in the first year of operation and then determine meeting frequency of meetings thereafter. The Provider Advisory Group will serve in an advisory capacity only and does not assume governing body or management responsibilities.
4. Much of the work as an Advisory Group will be accomplished in committees and task forces.
5. Our Community Our Kids envisions needing committees that align with major functions of the SSCC, for Care Management, Permanency, Quality and Contracts, and Recruitment and Community Engagement (which could also include foster and adoptive family joint recruitment activities).

6. Provider relations issues will probably be addressed one on one, or in the broader Provider Advisory Group.
7. A smaller Provider Advisory Group of 5-7 CEOs of Provider organizations will meet between meetings, and as necessary, to serve as a steering committee of the Council.
8. Regular Provider Advisory Group meetings will facilitate input and feedback regarding the development of the implementation of the Community-Based Care system. The Provider Advisory Group will provide information and feedback about services, outcomes, the perception of the Network within the community, and other information that would help the Network better serve its defined population and the community.

9.04 Stakeholder Engagement Forums/Collaborative Care Coalition			
Domain	Community Engagement, OCOK Organizational Integrity		
Effective	August 01, 2014	Revision Dates	1-2018, 2-2022, 4-2024, 7-1-2025
Documents			
Reference	OCOK Governing Body Oversight Responsibilities, ACH/OCOK-SSCC Program Proposal, COA NET 2, NET 3.01 (h)		

Purpose:

The Community-Based Care (CBC) initiative provides a unique opportunity for Our Community Our Kids to engage a Network of community-based partners throughout Region 3W to expand community awareness, involvement, and support of children in the child welfare system. Our Community Our Kids believes that the more people know about the needs of our kids, the greater opportunity it is for us to achieve success for the lives of our children.

OCOK will inform and engage key stakeholders about the purpose, plans, and people involved in Community-Based Care, how roles and responsibilities will change, and what steps they might take to support these efforts.

OCOK will support foster and adoptive family recruitment efforts to support the numbers of children in care, and to expand community services and supports for those who provide that care.

OCOK will ensure that children, youth, and families involved in the child welfare system, including older youth / young adults transitioning from care, understand what they can expect from their service provider and from Our Community Our Kids, and to know how to get answers to their questions.

Policy:

The Board of Directors will be organized in a structure that promotes the successful fulfillment of Our Community Our Kids (OCOK) Mission and the successful delivery of the requirements of the Single Source Continuum Contract (SSCC).

Procedure:

1. Identify, inform, and engage key internal and external stakeholders in Region 3W annually in order to review the full range of services within the SSCC scope and the SSCC’s capacity to meet its responsibilities and goals.
2. Provide opportunities for involvement and support by organizations, associations, and individuals that have not historically been involved in the child welfare system, increasing available resources for local placements, funding, and wraparound services.
3. The perception of the network within the community is discussed and assessed through looking at services and outcomes so that the network can better serve the defined population.
4. Establish a broad-based communications plan to enhance the efforts of Community-Based Care.
5. OCOK organizes Network Providers, community partners, and other stakeholder participants into an integrated delivery system.
6. Stakeholders and strategies for working with the stakeholders include, but are not limited to the following:

- A) Children and youth in foster care, as well as alumni;
 - B) OCOK will work the geographical/demographic makeup of the SSCC services including location, proximity to public transportation, and the demographic makeup of service recipients in order to access specialty service providers including culturally appropriate service providers and offer flexible hours that meets the needs of service recipients that include birth families and relatives, foster parents and kinship caregivers, Permanency Specialists, CPA or RTC case managers , PAL or SIL counselors, STAR Health Providers, CASA workers or GALs;
 - C) Age-appropriate emails and letters to announce upcoming changes that might affect the child/youth (esp. in anticipation of Implementation and for Stage II when families are more involved in services with the child). Additionally, the website and social media will be updated regularly with information that may impact youth;
 - D) Satisfaction surveys, encourage feedback regarding services;
 - E) Engagement in court hearings;
 - F) Support Preparation for Adult Living activities including but not limited to aging out seminar, graduation event and other activities where they can provide feedback about their time in care and aging out; and
 - G) Families of children in foster care, including non-custodial parents and relatives.
7. Will take a collaborative, responsive, supportive role for all family communications.
 8. Encourage feedback through submission of satisfaction services.
 9. Make known the grievance process.
 10. Communicate health related concerns, events.
 11. Communicate education related activities and events.

Section 10

Communication

10.01 Technology Policy

10.02 Shared Information and Communication

10.01 Technology Policy			
Domain	Communication , OCOK Risk Prevention and Management		
Effective	August 01, 2014	Revision Dates	1-13-2020, 6-2022, 7-1-2025
Documents			
Reference	OCOK Technology		

Policy:

Our Community Our Kids (OCOK) Technology Policy governs the use of computers, phones, tablets, software, printers, networks, and other systems to ensure compliance with law, regulatory requirements, and best practice standards. All employees, designated volunteer and interns are trained on appropriate use of technology resources during orientation, and dedicated support staff provide ongoing training and support as needed.

Procedure:

ACH Child and Family Services (ACH) manages Information Technology (IT) for OCOK. OCOK follows the following ACH’s Procedures:

1. Purchase, transfer, loss, and disposal of hardware assets
 - a. Requests for purchase or installation of new equipment are submitted by department heads to the support desk two weeks in advance of when the equipment is needed.
 - b. Prior to disposal of assets, all data will be removed according to Department of Defense standards, including overwriting, degaussing and/or physical destruction.
 - c. Loss of an asset must be immediately reported to a supervisor, the Director of Technology, and to the agency’s privacy officer. Lost devices will be remote wiped to protect confidential data.
 - d. Requests for transfer of assets between cost centers or employees are submitted to the support desk to ensure accurate asset tracking and to assess deployment readiness.

2. Hardware management
 - a. Any IT hardware asset that has value to the agency, requires ongoing maintenance and support, or creates potential risk (financial loss, data loss, or exposure) is assigned an asset tag.
 - b. Each asset tag features a unique identifier associated with the asset.
 - c. The unique identifier is tied to a record in a central inventory database. The record contains information about the specific device, including its serial number, model number, license information, and physical location, as well as any staff and cost centers associated with the asset.
 - d. The inventory is reviewed periodically for accuracy under the direction of the Director of Technology or the Chief Information Officer.

3. Software management
 - a. Only approved, appropriately licensed software may be installed or executed on agency devices. The IT support team maintains a list of approved software. Approved software

is software which has been determined to be compatible with other deployed systems, poses minimal risk, and is aligned with ACH's technology strategy.

- b. Periodic assessment of compliance with license agreements will be conducted under the direction of the Director of Technology or the Chief Information Officer.
 - c. An accurate inventory of software assets including license information, product information, the business functions of the software, the users of the software, associated cost centers, and costs associated with the license will be maintained.
 - d. No less frequently than annually, the Director of Technology or designee shall conduct an audit of software license distribution to verify that all software used by the agency is appropriately licensed and approved.
4. Maintenance, replacement, and protection of assets
- a. Assets will be replaced on a regular cycle according to each asset's functional lifespan.
 - b. Activity on workstations is logged and monitored for suspicious activity.
 - c. All hardware assets are equipped with endpoint protection, including up-to-date virus and malware protection.
 - d. Equipment is up to date with current security patches and appropriate vulnerability fixes. Routine security checks will be conducted under the direction of the Director of Technology or the Chief Information Officer.
 - e. Printers are secure, requiring an access code to print.
 - f. All staff are trained on their responsibilities for safeguarding assets. Responsibilities include keeping assets under their direct physical control whenever possible or physically securing the assets (by means of a lock).
 - g. ACH takes reasonable steps to protect and safeguard systems and equipment from damage due to power fluctuations, water damage, dust, extreme temperature change and other environmental factors, as well as against threats from malicious software and intrusions.
 - h. ACH's networks and systems are monitored 24 hours a day, 7 days a week. The IT support team is alerted when problems are detected, and they work outside regular work hours to restore critical systems.
5. Personal devices
- a. Personal devices must meet hardware and software standards designated by the IT department before company data can be stored on the device.
 - b. Personal devices that store or have access to company data must be secured with a locking screen, passcode requirement and encryption.
 - c. Upon employee termination, company data will be wiped from the device.
 - d. Use of personal devices is not allowed in a secure data facility. (Devices must be powered off.)
6. Management of employee changes
- a. When there is a change related to employment such as a new hire, termination, promotion or transfer, the individual's supervisor is responsible for notifying the support desk by completing and submitting a checklist at least two weeks prior to the planned change, when possible.
 - b. The support desk maintains the checklist(s) related to employment changes and ensures the checklist(s) remain up to date with current business needs and reflect a comprehensive list of information needed to effectively communicate and coordinate across departments as it relates to the employment change. Examples of items on the

checklist include furniture required, physical location, equipment needed, phone extension, software needed, network access permissions, user accounts, etc.

- c. Upon termination, employees are required to return all devices, assets, keycards, keys, and badges assigned to them. Access to email and other accounts is promptly suspended by the IT support team.
 - d. At time of transfer or other job change, employees relinquish any previously held assets or access rights unless they are required in the new role.
7. Change process for software systems
- a. The ACH IT team administers certain software tools, such as Netsmart's MyEvolv software, an electronic health record system.
 - b. Users may request changes to the software with the approval of a director-level staff or chief. Changes include requests related to forms, reports, workflows, menus, accessibility, or other system elements. Where possible and where congruent with strategy, the IT support team will accommodate requests, operating under the philosophy of continuous quality improvement with the goal to gain business efficiencies through effective use of technology.

10.02 Shared Information and Communication			
Domain	Communication, OCOK Human Resources Management		
Effective	July 01, 2014	Revision Dates	01-2018, 12-2019, 8-2022, 10-2022, 3-2024, 4-2024, 7-1-2025
Documents			
Reference	OCOK Employee Participating in Legal Proceedings, 3W CBC Joint Operations Manual, COA NET 5.01		

Purpose:

To provide standard methods of communication in order to reduce human error and create an environment of efficient and timely responses between DFPS, OCOK, clients and the Network Providers.

Policy:

Our Community Our Kids (OCOK) employees and subcontractors are responsible to provide information to legal entities to support well-informed decisions for children and youth in care of OCOK. OCOK employees and subcontractors will appear and testify in judicial proceedings, depositions, administrative hearings, and other legal proceedings when requested by TDFPS or by OCOK Administration. The responsibility for participation will continue even after employment or contact termination with OCOK ends in cases where youth served by the previous OCOK employee or subcontractor require testimony or other involvement.

Procedure:

OCOK will communicate and disseminate Single Source Continuum Contract (SSCC) and Amendments changes to its staff via email and/or during unit/department staff meetings.

OCOK will communicate and disseminate SSCC/OCOK Policy and Procedures changes to its staff via PowerDMS system and Paylocity. OCOK staff is informed, during Orientation, that the OCOK Operations and Case Management Manuals can be found on the OCOK website www.oc-ok.org.

OCOK will communicate and disseminate Human Resources and Training related topics via email and/or intranet system.

Network Providers will be notified via email when there is a change to an existing policy and procedure, when there is a new policy and procedure, and when there is a revised Manual available for their review on the OCOK website www.oc-ok.org. This communication will serve as formal notification when there is a change to an existing policy and procedure, when there is a new policy and procedure, and when there is a revised Manual available for their review on the OCOK website www.oc-ok.org.

At all times it is the Network Provider's responsibility to perform services and ensure they are operating within the most current version of policies and procedures.

During the contracting process, Network Providers are informed that the OCOK Operations and Case Management Manuals can be found on the OCOK website www.oc-ok.org.

The OCOK DFPS CBC Contract Administration Manager will be notified via email when there is a change to an existing policy and procedure, when there is a new policy and procedure, and when there is a revised Manual for review and acceptance as needed.

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.

Technical Contact and Support

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.

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.

OCOK administers Provider accounts for several data systems, including the Texas Provider Gateway and eCANS, when applicable. 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.

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.

Required Data

Providers are required to submit timely data to OCOK, including but not limited to the following:

- All appropriate records relating to the services required by the Provider Services Agreement, the SSCC Contract, or applicable law, rule or regulation.
- 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 the Operations Manual.
- Client data such as assessments, demographics, health information, medications, serious incidents, service plans, 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.
- Other data pertinent to outcome metrics, Provider contract performance, or quality of care.

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>), or as required.

Required data elements and documents must be entered into OCOK's web-based software systems (Texas Provider Gateway (TPG)), including but not limited to:

Document	Document Category	Document Type
Service/Treatment Plans	Service Plans	Service Plan
Program and Treatment Director Justification Letter (completed with Service Plan) for continued T3C Package(s)	Service Plans	Service Plan
Case Manager Notes	Health	Other Health Notes
Therapy Notes	Health	Therapy Notes
Psychiatry Notes	Health	Psychiatrist Notes
Medical Records	Health	Other Health Notes
Serious Incident Reports – Reportable and Non-Reportable	Submitted via TPG within 24-hr. of incident occurrence, as applicable	
School Records	Education	Education Documents
Assessments	Foster Care	Other Foster Care Documents
Any other relevant records that accurately reflect the child's care and treatment	Foster Care	Other Foster Care Documents

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.

Communication with Network Providers

OCOK has established the following email boxes so that regardless of staff changes at OCOK for any reason, the contact information will always remain the same and accurate information is provided in order to support well-informed decisions and quality of care. Additionally, multiple OCOK staff can have access to the same e-mail box to ensure communication is monitored and responded to in a timely manner. This methodology will also prevent information/communication from getting lost in staff's email boxes. This information can also be found on the OCOK website www.oc-ok.org

3in30	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
Data – Certification Form 2279b	CertificationForm2279b@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
Kinship	ocok_kinship@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
Professional Home-Based Foster Care	phbc@oc-ok.org
Psychiatric Hospitalization Notification	psychhospitalization@oc-ok.org

Section 11

Purchased Client Services

11.00 Family Services

11.00 Family Services			
Domain	Purchased Client Services, OCOK Behavior Support and Management		
Effective	June 01, 2014	Revision Dates	1-2018, 2-2022, 6-2022, 7-1-2025
Documents	Family Services Provider Services Agreement, Fee for Service Addendums		
Reference	OCOK Service Modalities and Interventions		

Purpose:

In Stage II of the Community-Based Care (CBC) contract, 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 Fee for Service Addendums.

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.

Policy:

Our Community Our Kids (OCOK) offers a continuum of care with service modalities and interventions that are individualized to each client based on the service plan or program service. OCOK will promote a safe and therapeutic environment to keep employees, caregivers and service recipients safe. OCOK will utilize interventions that promote respect, healing and positive behavior. Employees, caregivers and subcontractors will only utilize approved interventions, and restrictive behavior interventions will only be used when less restrictive measures have proven ineffective.

Procedure:

OCOK will ensure the Family Services Providers have guidance on specific issues, expectations and protocols not covered in the Family Services Provider Services Agreement or Fee for Service Addendums.

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 two weeks 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.

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.

Written 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.

Assessment Due Date

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 16 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 participation in group counseling or other means, OCOK may authorize individual counseling.

Communication with OCOK

Substance Abuse Treatment Expectations

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, length of session, 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 and permanency specialist's concerns 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.

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. Services to children only fall under Family Counseling/Therapy.

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, length of session, 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 and permanency specialist's concerns 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.*

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.

PSYCHOLOGICAL EVALUATION/ASSESSMENT

Psychological Testing

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).

Psychological 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.

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 specify
- 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.

Documentation

Within three (3) business days a report will be provided to OCOK of the notes taken during the Permanency Planning Meeting.

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.

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 with all required documents needed to process payment;
- 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. 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.

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.

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.

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.

Missed, Delayed, or Cancelled Appointment

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. If the Provider is scheduled to provide supervised visitation services on an OCOK approved holiday, the services are to be rescheduled for an earlier or later date.

- *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. The documented observations must be sent to the Permanency Specialist within 5 business days.

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.

HOSPITAL SITTING

Hospital sitters are requested by OCOK Permanency Supervisors; DFPS may also request hospital sitters. Hospital sitters are to be utilized when the hospital has requested a sitter. All others must be approved by an OCOK Permanency Supervisor.

Requests will be submitted to the OCOK Intake department:

- ✓ OCOK Intake staff will provide the required questionnaire needed for the request.
- ✓ Once the questionnaire is filled out it will be forwarded to the Chief Operations Officer's Administrative Assistant. The questionnaire will be used to fill out the spreadsheet sent to the Provider with child's related information and available shifts.
- ✓ Hospital Sitting Providers will have the opportunity to fill as many hours as possible from the schedule. The schedule is then forwarded to the OCOK Transitions Support Program Manager to fill any vacant hours.
- ✓ DFPS and OCOK staff may fill shifts while the Provider finalizes the schedule.
- ✓ Providers receive a two (2) hour window to select shifts before sending to the next Provider.

Provider's Responsibilities

- ✓ Providers work in 4-hour shifts with a maximum of 12 hours per day.
- ✓ Providers are required to arrive to the hospital with an identification badge from their Agency and check-in at the hospital's security desk.
- ✓ Providers are to interact with the children as much as possible. Providers are allowed to take the children on walks and to the garden if authorized by the nurse/medical professional.
- ✓ Cell phone usage should be kept to a minimum. No sleeping during any shift including overnight.
- ✓ Providers are not required to change G-Button tubes or change diapers; a nurse should be notified when this is needed.

Authorization

A POS is provided for the hours worked. A spreadsheet is kept with all the hours worked. Providers will also track their employees' hours if they choose.

POS will be approved by the OCOK Unit Supervisor.

Family Services Contract Management

Monitoring Billing Review

- 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 the fiscal year in order to monitor/verify that services billed and paid were provided and evidence is in the client's record.
- The Chief Financial Officer or designee will randomly select a month in a quarter to be used for monitoring purposes.
- OCOK's fiscal year: September 01 to August 31.