



Provider Manual

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I. Introduction

Foster Care Redesign - 2014

The redesign of the Texas foster care system – initially called “Foster Care Redesign” – is a bold system transformation that redefines the relationship between public and private agencies and offers an opportunity for local ownership and local decisions made by communities to achieve outcomes of safety, permanency, and well-being for children and families.

From inception of the model, Redesign has been guided by the values and principles that services should be family driven, youth guided, community based, culturally competent, individualized, provided in the least restrictive environment, and coordinated among child serving agencies.

The stated goals of Foster Care Redesign were to:

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

Single Source Continuum Contract (SSCC)

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

Community Based Care - 2017

In 2017, the Texas Legislature directed DFPS to expand this model to include both foster care and relative or "kinship" placements and to transfer primary responsibility for case management from DFPS to the SSCC. The expanded model is called “Community Based Care.”

Community Based Care is a new way of providing foster care and case management services. It is a community-based approach to meeting the individual and unique needs of children, youth, and families. Within a geographic service area, a single contractor (the SSCC) is responsible for finding placements for children in state care, whether in foster homes or other living arrangements, and for providing them with a full continuum of services

Community Based Care is implemented in each region in stages. Stage 1 includes responsibility for placement of all children in DFPS paid care. Stage 2 includes serving children in kinship placements as well as all case management services to children and families. Under Community Based Care, the role of the community in meeting the unique challenges of serving the catchment’s foster children is

expanded to include:

- 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.

As Community Based Care takes shape statewide, the focus of DFPS will shift to ensuring quality oversight of foster care services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care to permanency.

Texas Family Care Network will assume responsibility for all Case Management functions related to Stage 2 of Community Based Care on April 1, 2024.

Community Based Care is intended to allow the community and the SSCC 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.

Community Based Care in Region 5: Texas Family Care Network

On March 15, 2023, DFPS awarded a Community-Based Care contract in Deep East (Region 5) to Texas Family Care Network, a division of Pressley Ridge. Texas Family Care Network serves as the Single Source Continuum Contractor (SSCC) for the DFPS Region 5.

Pressley Ridge has 190-year organizational history of serving children and families across the country. Pressley Ridge is accredited by the Council on Accreditation and has been a leader in implementing innovative, evidence-based programs that promote the well-being of children and families.

We are a quality child welfare provider that empowers families, youth, and individuals with hope, healing, and happiness. Through our trauma-sensitive approach and family engagement model, Pressley Ridge's goal is to create lifelong connections that result in a successful, happy life. Specifically, we can offer the State and Region an organization with the following strengths:

- Our experience and longevity operating a diverse continuum of services in quality manner for at risk youth and their families
- Our data-driven, research-based, and results-oriented culture
- Our reputation as a thought leader and innovator in child welfare
- Our history of developing and providing cutting-edge training to our staff and practitioners in over 30 states
- The depth of our administrative capacity and strong financial management capabilities
- Our history as a cross system partner and collaborator

- A deep understanding of the needs of the community

Network Providers

A collaborative provider network has existed in Region 5 for many years. The collaboration among the area's providers has been unique in the state of Texas. Texas Family Care Network will create a continuum of care that continues to develop interagency community partnerships and supports locally driven services resulting in an ideal system of care. TFCN's philosophy is grounded in community engagement, cross-system partnerships, and continuous quality improvement in the integration of evidence-based practices. We will continue to develop a robust local continuum of care that:

- Allows children to remain in the least restrictive and home-like environment and provides child-centered services that meet unique needs of every child and family
- Develops a system of care that results in fewer placement moves and reduces their time in foster care
- Increases the capacity to serve children with the right services at the right time
- Increases the number of children who will remain in their home community and school of origin
- Supports a collaborative network of providers
- Utilizes best practices and evidence-based strategies and programs to address the needs of youth and families
- Focuses on being a data-driven organization that emphasizes quality
- Ensures practices and decisions are grounded in cultural competency to reduce disproportionality
- Uses technology and innovation to support the achievement of positive child and youth outcomes through real-time, accessible, and shared data

The network providers are the core to enhance and facilitate Texas Family Care Network's efforts to redesign the foster care system by developing a system of care that is transparent, collaborative, and, most importantly, accountable to performance expectations and outcomes.

Texas Family Care Network recognizes that the individual needs of each child can vary widely. We seek to always provide children with the placement and services they need in their home communities in order to maintain their family and community connections and move more quickly to permanency. To support established DFPS service objectives, Texas Family Care Network works together with service providers to evaluate current service offerings and expand capacity as needed. We continue to support and develop the strong provider network that has existed in Region 5 for several years to deliver a full array of services creating an integrated full continuum of care. TFCN's Quality Assurance and Contracts (QA&C) Department oversees the contracting process with providers. Network providers will be screened, contracted, and monitored to ensure there is sufficient capacity to provide high-quality, safe care and produce positive outcomes for the region. To determine eligible Network Providers, TFCN's QA & C team facilitates an onboarding process

comprised of an application, screening, and contracting phase. To initiate the application phase, providers apply online via the TFCN website:

(<https://www.pressleyridge.org/texasfamilycarenetwork/>) and submit required documentation including but not limited to: agency information, agency policies (including 24-Hour Awake Supervision policy and Child Sexual Abuse Caregiver Notification policy), floor plan, financial reports, insurance documents, legal documents, monitoring documentation, and accreditation documentation, if applicable. During the screening phase, complete applications and documents are screened by the Q&C Specialist to validate that TFCN's and DFPS' requirements of Network Providers are met, residential facility walk-throughs are conducted, and vendor checks are performed. During the contracting phase, the Subcontractor Agreement and Consent form are signed, and once executed, the agreement, consent form, and additional required documents are submitted to DFPS for acceptance.

The success of the SSCC contract in Region 5 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 Network Provider Services Agreement and the Provider Manual. Additionally, providers must comply with all applicable DFPS Minimum Standards for 24-hour Residential Child-Care operations and with state and federal laws and regulations. These documents, laws and regulations serve as companion documents for the performance of services through the SSCC and are a roadmap for providers as Community Based Care is implemented.

This Provider Manual will give providers' staff a more in-depth look at the expectation and protocols for service provision for paid foster care placements and purchased services affected by Community Based Care in Region 5.

Texas Family Care Network Organizational Structure

The Texas Family Care Network Leadership Team is led by a Vice President under the leadership of the CEO of Pressley Ridge. Vice Presidents have responsibility for all Placement, Permanency, Permanency Support and Quality Assurance functions. These individuals serve as the core SSCC administrative team committed to meeting every aspect of Texas Family Care Network's mission while acting in the best interest of children served. The CEO of Pressley Ridge works in partnership with the Vice President to provide leadership and direction in the areas of community engagement, provider network development, and advocacy with DFPS State Office and legislative leadership.

Provider Group

Texas Family Care Network actively engages the network providers in participation of a successful implementation of the contract and achievement of contract outcomes. The Provider Network will meet on a regular basis to conduct open discussions across the network, with the goal of; a) designing a system that is fair and equitable to providers and b) creating a common understanding and

expectation of quality performance for serving children in Region 5. The Texas Family Care Network Provider Network creates workgroups to address identified service areas and service delivery. These workgroups consist of providers, Texas Family Care Network staff, DFPS, and community stakeholders. Each of the workgroups reports regularly to the larger Provider Network on the development of strategies and plans to address identified needs. The Provider Network will use workgroups to focus on specific needs to change the system and improve outcomes for children.

Client's Rights

Providers will:

- Ensure all children have been given a written copy of the DFPS Rights of Children and Youth in Foster Care at the time of placement and at the time of any placement change to a new foster home;
- Support the rights listed in the DFPS Rights of Children and Youth in Foster Care;
- Not deny or restrict, through action or policy, any of the rights listed in the DFPS Rights of Children and Youth in Foster Care;
- Provide services to children who are deaf or hard of hearing that ensure effective communication;
- Make reasonable efforts to ensure services provided to children and families are offered in the individual's primary language; and
- Deliver services in a manner that is relevant to the culture of children and families served.

Conflict Resolution Process

Case Specific Conflict Resolution: There may be times when Texas Family Care Network and a Network Provider may not agree on a case decision affecting a child. This may include placement decisions and may involve either Texas Family Care Network placement or permanency staff.

Texas Family Care Network staff and the Provider staff and both the Texas Family Care Network Supervisor and the Provider Supervisor will work together to resolve case specific issues informally. This will be accomplished through an objective, solution-driven discussion, or meeting. If a mutually agreeable solution is not achieved in three (3) business days, either Supervisor can notify the other Supervisor that they plan to involve their chain of command. The disputed issue will be elevated to the Texas Family Care Network Department Director as needed and the next level within the Provider agency for resolution. If the dispute is not satisfactorily resolved, it will be elevated in writing to the Vice President of Texas Family Care Network. As a part of the review, the philosophy and goals of Community Based Care will be reviewed and used as a guideline for the ultimate resolution. The Network Provider must ensure continuity of services, as defined by the Texas Family Care Network 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.

Non-Case Specific Conflict Resolution: Examples of non-case-specific issues that a Provider may dispute include but are not limited to the following:

- a. Decisions not to contract with Providers;
- b. Referral practices;
- c. Level of care determinations (Refer to Section 6 Utilization Management-Level of Care); and
- d. Payment (Refer to Section 14 Payment Dispute Resolution Process).

The Network Provider must ensure continuity of services, as defined by the SSCC Contract and the Network Provider Manual, to the child affected while seeking to resolve non-case specific disputes.

Supporting documentation will be sent by email to the Texas Family Care Network Vice President with the subject line of “Dispute Resolution.” The issue will be resolved at this level and a final decision will be distributed back to the requesting staff by email with supporting points for the decision.

Complaints and Concerns

Texas Family Care Network’s Director of Human Resources facilitates responses to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can register a complaint or concern directly with Texas Family Care Network by submitting the complaint on the Texas Family Care Network website. The Director of Human Resources will document and present the complaint/concern to the appropriate supervisor and/or the Vice President of Community-Based Care, and track that it is addressed in a timely manner.

A quarterly summary report of complaints and concerns will be generated and sent to the Texas Family Care Network Vice President, the Senior Director of Quality Assurance and Contracts, and leadership personnel.

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 their duties in the best interest of Texas Family Care Network, our mission, or 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 Conflict-of-Interest Policy and Procedures.

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

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

2. Performance Measures

Texas Family Care Network views the Community Based Care Initiative as an opportunity to radically improve outcomes for Region 5 children and their families as we engage in partnerships to build a community-based system of care.

Network Providers will work in partnership with Texas Family Care Network to improve outcomes for Children as it relates to the Federal Child and Family Service Review (CFSR) and DFPS State outcomes as outlined below:

Children are Safe in their Placements

The safety of children, youth and families is a primary consideration of Texas Family Care Network. To support these efforts, Texas Family Care Network will utilize risk assessment tools, identify strength and outcome trends in the network, perform quarterly performance measure reviews and conduct annual on-site monitoring reviews and an annual program review to further evaluate safety in the various placement settings within the continuum of care.

Children have Stability in Their Placements

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, Texas Family Care Network 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 Texas Family Care Network will track all placement changes and will review a child's response to services and assist in authorizing services to support stability.

Texas Family Care Network understands the importance of ongoing support to prevent placement disruption. In most cases, Texas Family Care Network 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 actions to prevent placement disruption may include Therapeutic Case Management services to the child within the foster home setting, caseworker interventions, identification of services within the community, which may benefit the child, and training opportunities for the foster family.

When a child is having behavior or emotional 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 should notify the Texas Family Care Network Care Coordinator and PCM of the potential placement disruption. The Care Coordinator will ensure a staffing is scheduled with all parties to discuss options to support and maintain the placement. Texas Family Care Network Community Engagement staff may assist in identifying any additional resources and support within each community or create plans to develop resources not currently available.

Children are Placed in their Home Communities

Texas Family Care Network 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. Texas Family Care Network will work with other members of the Network Provider to expand local placement options in all communities.

Texas Family Care Network 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 the primary factors to consider in placement. In addition, Texas Family Care Network will work with the Providers to develop a geographically and ethnically diverse group of foster homes using DFPS data to focus on the counties most in need of additional placement resources.

Children are Appropriately Served in the Least Restrictive Environment

Texas Family Care Network and our Network Provider understand children are best served in least restrictive placements. Utilizing CareMatch (a matching and placement module of CoBRIS), Texas Family Care Network uses child/youth assessment information from DFPS 2087 to identify the most specific factors for a placement match, and seeks to make the first placement the best placement for every child and youth. In addition, Texas Family Care Network 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. Texas Family Care Network has numerous proposed strategies to ensure provision of required service in the home community:

- As appropriate, Texas Family Care Network will encourage providers to become Medicaid eligible service providers to provide localized direct care offerings to clients.
- Texas Family Care Network will participate in the recruitment of new or expanded service providers.
- Texas Family Care Network will work with the local communities including the local Mental Health authorities to increase collaboration and ensure availability of additional services to children and youth.
- Texas Family Care Network will work with the community to identify new and unique services that may be available to support specific needs of children and youth.

Connections to Family and Others Important to the Child are Maintained

Texas Family Care Network 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.

Texas Family Care Network will ensure that service planning actively engages families, relatives, CASA (Court Appointed Special Advocate) 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. Texas Family Care Network understands the importance of strong and meaningful connections for our children and youth and works to support and nurture essential and supportive relationships. Texas Family Care Network is committed to ensuring children maintain and grow the crucial natural supports that will help them long after permanency is achieved. Texas Family Care Network'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; (6) Creation of a Family Tree for each child/youth in care to identify those relationships which may be supportive or could become a permanent placement for the child/youth.

Children are Placed with Siblings

Texas Family Care Network 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, Texas Family Care Network case managers and officers of the court.

Whenever siblings are placed in separate foster homes, Texas Family Care Network will attempt to place the siblings near each other 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 is maintained as per court orders or policy requirements.

When siblings cannot be placed together, the case manager must ensure that they are placed with caregivers who are committed to helping them stay in regular contact unless it is documented or court-ordered that it is not in the best interest of one or more of the children.

In addition, Texas Family Care Network and the Provider will work to maintain connections for youth in care to include external family, friends, and other important connections in the youth's life.

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, Texas Family Care Network and the Provider will request variances to allow greater capacity in a home so children can be placed with siblings.

Texas Family Care Network 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.

Children are Placed with Kin

When children are placed with kin, they have a greater likelihood of experiencing improved mental health, child behavior and increased foster care placement stability. Providers will identify potential kinship caregivers for children and provide support to kinship parents to address the child's behavioral and emotional needs.

Ensure Youth are Fully Prepared to Transition to Adulthood

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

Youth in all foster homes and residential facilities participate in activities in the community.

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

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

At every opportunity Texas Family Care Network and the Provider engages children and youth to participate in the decisions affecting their lives. The empowerment of children and youth to work collaboratively with Texas Family Care Network 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 for the plan. All programs subscribe to the strength-focused principle that clients are 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, staffing's 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.

Texas Family Care Network will ensure Providers receive the most up-to-date Performance Measures as those are received from DFPS.

3. Recruitment and Region 5 Capacity

Enhancing Service Capacity

Texas Family Care Network will work in partnership with Network Providers to address gaps in services and placement capacity within Region 5. Texas Family Care Network will support joint recruitment activities within the Network based on placement needs identified in the Foster Care Needs Assessment Report completed by DFPS as well as analysis of current data systems. This recruitment will be aimed at developing a complete array of placement services needed within the catchment area. The Network workgroups will identify gaps in placement resources and will develop and plan strategies to engage each community to develop additional resources. The Network workgroups will address other service areas of need and present additional plans to engage communities to create, develop and provide the needed services.

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. This standard applies, even when one organization is planning to close its operation or is placed on placement hold by Child Caregiver Regulations (CCR) and wishes to release its homes to other agencies. In these situations, the organization may request that Texas Family Care Network 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 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 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 Texas Family Care Network if families are solicited directly or indirectly *in an unethical manner* to make a transfer to another Provider.

The Quality Assurance & Contracts team will review all Provider's recruitment plans and patterns during annual reviews.

Texas Family Care Network has 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 and Licensed Social Workers. Texas Family Care Network wants to emphasize and encourage the development of new foster family resources for children in our catchment area, and to continue to develop trust and cooperation between and among Providers within the Provider Network that currently exists.

Interagency Home Transfer Procedure

- I. When a foster home has been approved for transfer by the receiving Provider agency, the agency will notify the Texas Family Care Network Care Management Department by email no later than 5 days prior to the intended transfer date. If more than one family is transferring, 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. Once the home/s have officially transferred and been entered into CLASS the receiving agency will notify the Texas Family Care Network Care Management Department who will then check IMPACT and CLASS to verify that each home has transferred. Upon verification of the official transfer, the Texas Family Care Network Intake and Placement Specialist will notify the provider agency that the transfer is considered official and will provide an effective date for placement paperwork for children currently in the home.
 3. By 5 pm the next day, the assigned Intake and Placement Specialist will then provide all necessary placement paperwork and a confirmation email to the Texas Family Care Network Case Manager and document placement change for the child(ren).

4. Assessing, Conducting and Managing Placements

Continuous 24 - Hour Awake Supervision

Pursuant to the July 8, 2019, opinion by the federal Fifth Circuit Court of Appeals in the M.D. et al. v. Abbott litigation, Texas Family Care Network cannot place any children or youth in DFPS conservatorship in residential childcare placements with more than 6 children, inclusive of foster, biological, and adoptive children, that lack continuous 24-hour awake-night supervision. Texas Family Care Network must ensure that any placement provided by itself or its subcontractors that serves seven or more children in its facility must provide Continuous 24 - Hour Awake Supervision. Supervision must include staff being within close proximity to the children and include the ability to respond during crisis and to redirect and de-escalate situations. Floor plans must denote where staff are positioned/stationed in proximity to the children's bedrooms. Texas Family Care Network QA & C staff will use the 24-Hour Supervision Review Form to review the provider's policy to ensure their policy and floor plan meet all requirements for content prior to submission to DFPS. The direct residential service provider must notify DFPS when this condition is not met within 24 hours of the occurrence.

Definition

For the purpose of this section, "Continuous 24 – Hour Awake Supervision" means caregivers are awake to supervise children continuously, 24 hours a day; the term children includes all children and youth under the age of 18.

Requirement

All providers serving more than six 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 DFPS and Texas Family Care Network when this condition is not met.

Reporting to DFPS:

The Provider will use the 24-hour Awake Check portal for self-reporting to DFPS:

[DFPS - Purchased Client Services - Residential Contracts - Awake Check Portal \(texas.gov\)](#)

Reporting to Texas Family Care Network:

The Provider will send an e-mail to Texas Family Care Network (txfcnnotification@txfcn.org) within 24 hours.

Child Sexual Abuse Caregiver Notification

Network Providers are required to have policies related to DFPS's Attachment A - Child Sexual History Report that address required signatures for initial and subsequent certification by caregivers, DFPS return protocols, and signature requirements for additional caregivers, respite or short-term care providers. At the time of placement, when the Attachment A is updated, and before being a caregiver responsible for a child in care, each child's placement administrator must inform all caregivers if a child has a history of sexual aggression or sexual victimization as provided for in the Attachment A. The case manager for the foster home will ensure that any temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc.) is provided the information noted in the Attachment A. The case manager will have the caregivers in temporary placements sign the certification form and Attachment A to acknowledge their receipt of this information. Attachment A-Child Sexual History Reports are maintained by the Network Provider in the child's record. Certification of caregiver notification, Form K-908-2279, is maintained in the child's record. Documentation must be provided to DFPS and TFCN upon request. Texas Family Care Network QA & C staff will use the Caregiver Notification Policy Requirements Checklist to review the provider's policy to ensure their policy meets all requirements for content prior to submission to DFPS.

Assessing and Ensuring Appropriate Placement

Texas Family Care Network 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, Texas Family Care Network and Network Providers will utilize a wraparound approach of organizational responsiveness and oversight with increased intervals of supervision to ensure placements remain appropriate and are stabilized.

Texas Family Care Network's Intake and Placement Department is responsible for accepting,

assigning, managing, and tracking incoming referrals from the Department of Family and Protective Services (DFPS). The Director of Intake and Placement oversees the Intake and Placement Specialists located in the Deep East region. The Intake and Placement Department will accept referrals from DFPS for residential child-care 24 hours per day, 7 days per week, 365 days per year.

For emergency placements, Texas Family Care Network Placement staff will match the child with the most appropriate and least restrictive placement based on the information provided by either DFPS or the Case Manager at the point of referral and information entered into CoBRIS. This assessment will include information related to the child's sexual history. For non-emergency placements, all information about the child's needs will be gathered to assist with assessment of the most appropriate placement utilizing CareMatch. This will include information from the child's record including information from the birth family, DFPS or Texas Family Care Network Case Managers, IMPACT system, previous providers and caregivers, professionals providing services, historical records, current assessments, court records, any updated information about the child's sexual history and other resources. Once known information is reviewed, the Intake and Placement Specialist will evaluate the least restrictive placement type needed and review with the supervisor. The Placement Specialist 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 removal address. The Placement 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 allow for frequent contact. If their needs differ greatly and require different types of specialized services, maintaining sibling connections will be prioritized as placement decisions are considered. All attempts will be made to involve children, when appropriate, in the placement decision.

Texas Family Care Network's matching system, CareMatch, will rank potential placements for a child. This system considers the characteristics and performance history of potential homes, geographic distance and school district boundaries, and the characteristics of the child obtained from the initial assessment and referral information. Texas Family Care Network placement staff will use this information to guide the decision about the most appropriate placement. For emergency placements, the placement must be identified within four (4) hours. Texas Family Care Network 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 a determination that the individual is no longer eligible for the SSCC services. For this reason, Providers will be asked to work closely with Texas Family Care Network in identifying an appropriate placement and in recruiting and developing additional resources in all of Region 5.

Texas Family Care Network will continually review the appropriateness of the child's placement and make efforts to work with the Provider to preserve the current placement in the least restrictive setting that helps move toward the child's Permanency Plan. Our joint goal will be to

minimize placement disruptions of children in care. 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. However, when Texas Family Care Network 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 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. Any waivers must be approved by DFPS State office.

Types of Placements

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

- **Emergency Placement:**

An emergency placement is appropriate when DFPS makes a referral to Texas Family Care Network for a child or youth who is in immediate need of paid foster care placement and services and is not currently served by Texas Family Care Network. This process, therefore, will be used for all emergency and non-emergency removals, as well as any child requiring immediate paid foster care placement and services.

The Texas Family Care Network Intake and Placement Specialist will identify an appropriate placement through the CareMatch matching system. Both the family and the Provider will be contacted to confirm acceptance of the placement. Texas Family Care Network will notify and obtain any approvals required by DFPS of the appropriate placement recommendation and identify a potential medical consenter. The child will be placed as soon as possible following receipt of DFPS referral.

For initial emergency placements when placement is recommended within 4 hours, DFPS will transport the child to the placement and will bring the Placement documents to include Placement Authorization 2085, Designation of Medical Consenter and Designation of Educational Decision Maker, Child's Rights (2530), Attachment A and Placement Summary Form 2279: https://www.dfps.texas.gov/site_map/forms.asp

The Provider is expected to be at the placement and will serve as the Texas Family Care Network designee to sign placement documents and ensure all information is shared with the caregiver at the time of placement and obtaining signature of the Caregiver on all documents as required. This will include Attachment A which designates the child's history of sexual victimization or aggression. The Provider is responsible for submitting signed copies of all placement documents to Texas Family Care Network the next business day after placement.

For initial emergency placements that occur after 4 hours all placement documents noted above will be sent electronically to the Provider by the Intake Placement Specialist prior to the placement, as well as the one right after. The Provider is expected to be present at the time of placement and will serve as the Texas Family Care Network designee to sign placement documents and ensure all information is shared with the caregiver at the time of placement and obtaining signature of the Caregiver on all documents as required. This will include Attachment A which designates the child's history of sexual victimization or aggression. Texas Family Care Network will document the placement in IMPACT within 12 hours of placement occurring, but only after confirming that placement has occurred. The Provider will be responsible for submitting signed copies of all placement documents to Texas Family Care Network within the next business day following placement.

Texas Family Care Network will provide the Provider's case manager with any updated information received such as the Common Application or the Alternative Application for Placement of Children in Residential Care, the Removal Affidavit as soon as received to assist with the daily care of the child. This might take up to 30-45 days from the date of emergency placement.

□ **Non-Emergency Placement:**

A non-emergency placement is appropriate when either DFPS or the Texas Family Care Network Case Manager makes a referral for a child or youth already in conservatorship who is moving to a paid foster care placement in Texas Family Care Network's Provider Network (one example is a child who needs to move from a fictive kin placement to paid foster care).

For new referrals to Texas Family Care Network classified as non-emergency, the Texas Family Care Network Intake and Placement Specialist will identify the potential placement option(s) for the child, again through the CareMatch system, and will work with the Case Manager to 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 Texas Family Care Network Intake and Placement Specialist will contact the caregiver from which the child will be moved to gather relevant information.

Texas Family Care Network will send the Placement Authorization, 2087, and Attachment A which designates the child's history of sexual victimization or aggression electronically to the Provider prior to the placement.

For initial non-emergency placements, Texas Family Care Network staff will transport the child to the placement and will bring the Placement documents to include Placement Authorization 2085, Designation of Medical Consenter and Designation of Educational

Decision Maker, Child's Rights (2530), Attachment A and Placement Summary Form 2279:
https://www.dfps.texas.gov/site_map/forms.asp

The provider will serve as the Texas Family Care Network designee to sign placement documents and ensure all information is shared with the caregiver at the time of placement and obtaining signature of the Caregiver on all documents as required. The provider will be responsible for submitting signed copies of all placement documents to Texas Family Care Network the next business day following placement.

□ **Placement Change:**

Placement changes will take place with children/youth that are placed in a paid foster care setting within the Texas Family Care Network and require a new foster care placement within the Texas Family Care Network, a kinship placement, adoptive placement, or return home. A placement change can be either an emergency move such as a disruption stemming from a safety concern or a non-emergency move such as a move to place siblings together or place a child closer to home.

In the case of a request from Case Management for a placement change, Texas Family Care Network will conduct a joint staffing to discuss barriers and strategies to prevent placement changes whenever possible and appropriate. Texas Family Care Network and the Provider will offer placement stabilization services to attempt to avoid 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. The current placement will be expected to complete the placement change in the Texas Provider Gateway.

Providers may not make their own placement changes without prior approval from Texas Family Care Network. 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 Care Coordination to set up a staffing.

Request should be made to txfcnplacement@txfcn.org

When the need for a placement change is identified by the provider, they may offer suggestions of other homes within their agency they feel will be a good placement option. However, they may not take any actions related to placement, including pre-placement visits or introduction of the child to the prospective placement with Texas Family Care Network authorization without Texas Family Care Network permission.

In all placement change situations, the Texas Family Care Network Intake and Placement Specialist will contact a Provider's foster family first if identified as a potential best match placement option

for the child (when such contact is approved by the Provider). The Intake and Placement Specialist will call the Provider if the foster family is open to acceptance of the placement.

The Provider will need to ensure that the Texas Family Care Network Intake and Placement 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.

When a Provider has not given permission to have their foster families called first, once a family has been identified as a potential best match placement, the Intake and Placement Specialist will call the Provider who must respond back with the family's acceptance or non-acceptance of the placement and any concerns the agency has about the potential placement within the following timeframes:

- For emergency placements, **within 15 minutes** of notification of placement need.
- For non-emergency placements, **within one hour** of notification of placement need.

Placement will not be made into any home without Provider's prior approval. In emergency situations, Texas Family Care Network may be contacting several agencies at one time due to the timeframes involved in making placements so an initial contact from Texas Family Care Network does not guarantee that placement will be made with your family. Texas Family Care Network's Intake and Placement Specialist will work together with the Provider case manager, the family and DFPS to determine placement date/time and transportation arrangements. The Provider case manager/designee and caregiver must be present to receive the child at time of placement. The Texas Family Care Network PCM may also be in attendance.

When a placement date and time has been finalized, Texas Family Care Network will provide Placement Authorization, updated 2087, and Attachment A which designates the child's history of sexual victimization and aggression. The provider will be responsible for ensuring all required parties sign documents and submitting signed copies of all placement documents to Texas Family Care Network the next business day following placement.

□ **Respite**

When a Provider is placing a Texas Family Care Network child into respite, notice must be given to Texas Family Care Network prior to the respite care occurring. The Provider must also inform the child of the plan for respite child-cares services, including the intended time of stay.

Foster Home Profiles

Texas Family Care Network will require our Network Providers to verify daily their foster home information and availability and to update the Texas Provider Gateway 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 5 will allow the Texas Family Care Network to make decisions, which reflect the best interests of the child. By utilizing real time placement information and CareMatch, Texas Family Care Network will identify the most appropriate placement early in the process so the best match can be made. All information in Gateway should accurately reflect provider preferences, inactive homes, and current placements.

Providers should ensure that all homes are accurately indicated as Active or Inactive in Gateway. Marking a family inactive in Gateway is not necessarily indicative of any licensing action - it is only an indication that the family is not open for additional placements at this time. **Inactive providers will not show up in CareMatch searches for placement.** Families may be marked inactive even if they have current placements.

Providers should not set a family’s preferences to zero for any home when they are full/at preferred capacity, as CareMatch eliminates families who have no available capacity from placement searches.

Examples of situations appropriate for marking a family as inactive:

- Licensed Kinship home that will not be taking anyone except the children they have
- Family is going on a long vacation
- CPA has some concerns about the home or does not believe additional placements are appropriate
- Family is behind on training
- Family needs a break from additional placements, with or without children currently in the home
- Open investigation
- Family just adopted a child

Texas Family Care Network understands the importance of continuity of procedure and service provision across the continuum of care. The standard home profile used for matching purposes in CareMatch will be utilized for all homes where a Texas Family Care Network 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.). Texas Family Care Network requires this information to be entered in the Texas Provider Gateway for each foster and adoptive home in the network.

Failure to update the Texas Provider Gateway 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.

Discharge

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

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

All Providers will be required to create a "Disruption Mitigation Process" to review and evaluate alternatives to potential disruptions. All crisis situations will be promptly responded to 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.

When requesting a placement change the Provider case manager will complete the Residential Child- Care Disruption/Discharge Form and will forward it to email box:
txfcnplacement@txfcn.org

Texas Family Care Network will track 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. 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 Texas Family Care Network when a child is discharged to any positive permanent placement by using the same form.

Texas Family Care Network may remove a child whenever Texas Family Care Network determines it is in the best interest of the child due to allegations of neglect and abuse in the current placement.

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

If a 30-day notice is given by either the foster family or the Provider, then 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.

- Provider Case manager helps the caregivers prepare and/or update the life book for the child.
- Provider Case manager talks with the child about transitions and identifies the needs of the child during the transition.
- Provider Case manager maintains regular contact with the child's therapist to support the therapeutic needs of the child.
- Provider 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.

To ensure the child's new caregiver has information needed to meet the child's needs and support wellbeing, the discharging Provider will update the child's information in the Gateway within 5 days of providing discharge notice. The Provider will also ensure that the child's Educational portfolio is updated and available to go with the child to the new placement. The Provider will also ensure that medication and prescription refills are completed and go with the child to the new placement. The Provider will ensure that Texas Family Care Network has the most recent Single Case Plan for the child to be updated by the subsequent placement.

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

The discussion will consider what additional training, resources and supports the foster home needs in order to strengthen the system and most importantly consider the type of placement that works best in their home as well as their overall ability to foster and or/adopt.

5. Services to Children

Delivery of a Timely Array of Services

Texas Family Care Network and the Provider will make the following commitments to ensure effective service delivery:

- I. 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 behaviors remain safe. Restrictions to visits should be discussed with and approved by the Case Manager.

2. 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 the visits.**
3. Texas Family Care Network and the Provider understand that prompt communication is essential to maintain appropriate service delivery across the continuum of care. Both Texas Family Care Network and the Provider will commit to being timely in communication as a component of this performance-based contract.

Pre-Placement Staffing

A Pre-Placement Staffing will 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 Texas Family Care Network'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 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 staffing's.

In addition, children over the age of 10 will be invited and are 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 their wishes 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 Microsoft Teams; or
- verbalizing them to a designated person, such as the Provider case manager, Texas Family Care Network Case Manager, current caregiver, or CASA volunteer, to speak on their behalf 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 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 understand the importance of having a voice in planning for their future.

Texas Family Care Network and the Provider case manager will share, and exchange copies of all external documentation gathered thus far related to the child or youth's needs, including but not limited to birth certificates, social security cards, medical/dental reports or records, school records,

assessments, evaluations, and so on.

Diligent Search for Relatives/Fictive Kin

Texas Family Care Network will utilize information obtained through diligent search for relatives and fictive kin to expand placement opportunities. Texas Family Care Network staff will coordinate with providers to develop strong community support through schools, extra-curricular activities, childcare, churches, and other identified groups for the child. Providers should notify Texas Family Care Network of 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 Texas Family Care Network 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 & siblings
- Identification of additional family resources and support to the child
- Supporting pre-placement visits with adoptive families
- Actively participating in the Permanency Conferences
- Supporting recruitment events and efforts
- Assisting children and youth in adoption preparation and 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 Texas Family Care Network for children who have habilitative or primary medical needs, with the assistance of the Texas Family Care Network, the Case Manager will coordinate a telephone staffing with the chosen caregivers, the Provider case manager, medical staff (if applicable), DFPS Well-Being Specialist, Texas Family Care Network Director of Case Management, Intake & Placement and/or Family Engagement & Permanency, 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 Intellectual Disabilities/Related Conditions (ICF/IID-RC).

The current Provider case manager and caregiver(s) should work collaboratively with Texas Family Care Network to assess the child or youth's specific needs and attempt to exhaust all least restrictive placement options before recommending the child or youth's placement in one of these institutions. The Provider case manager and caregiver(s) will have essential 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.

Placing a Child/Youth with a Verified Kinship Caregiver

Kinship Families will be given information on all TFCN in network Child Placing agencies who license families and have an option to pursue becoming licensed/verified through any Provider they may choose within TFCN's providers.

Kinship Home Verification Notification Process

- When the Provider has completed the verification process with a family, they will notify the Texas Family Care Network Care Coordinator and Case Manager that the family has been submitted to CLASS as an approved foster or adoptive home.
- When Texas Family Care Network verifies that the family is active in CLASS, a plan will be coordinated with the Case Manager and the Provider for the official start date of the child's placement.
- Official placement will not occur until approved by Texas Family Care Network
- Texas Family Care Network will enter the placement into IMPACT and placement process protocol will be followed.
- The Provider will work with the family and Texas Family Care Network to assist the family as needed through the Permanency Care Assistance process.

Development of Single Case Plan

Child and youth service planning is a collaborative and inclusive process between Texas Family

Care Network, 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. Service planning with children and youth will occur with all children placed within the Texas Family Care Network.

Child service plans will be developed through service plan meetings. Child service plans must be developed with children/youth in accordance with Texas Family Code timeframes and applicable licensing standards. Primary and concurrent permanency goals for the child(ren) will be reviewed at each service plan meeting. The Single Case Plan model will be followed for Service planning in Region 5. Whenever possible, sibling groups will have combined service plan meetings, which may require additional time allotted for the meeting.

Service Planning Meeting Process

The Initial Child Service Plan meeting will be held by the 21st day after removal. The meeting to develop both the Family Plan and the Child Plan will be coordinated and facilitated by Texas Family Care Network Case Manager. Texas Family Care Network will be responsible for coordination of this meeting to include required 14-day notice to all required parties including the biological family.

Service planning meeting participants will include, at a minimum:

- the child or youth's parents and the parents' attorney, who must be invited when the parents have been invited,
- child(ren) or youth,
- family members,
- current Kinship Caregivers and Foster Parents,
- Provider case manager,
- Texas Family Care Network Case Manager and/or supervisor,
- legal representatives (i.e., CASA, ad litem, etc.),
- other relevant professionals,
- other persons identified in the case who can contribute to service planning with the child.

During the Service Plan meeting, the Provider Case Manager will complete the Single Case Plan for the child except for the sections designated to be completed by Texas Family Care Network staff.

The Provider will ensure that the Single Case Plan incorporates, at minimum, and is consistent with:

- Permanency Planning and Permanency Goals identified by Texas Family Care Network;
- Child's need (i.e., Educational, Cultural, Religious, Language, Recreational, Normalcy, etc.);
- CANS Assessment of the child's strengths and needs;
- Any (short term and long-term behavioral goals) established by the Child's team;
- 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;
- Components of the CPS (Child Protective Services) Transition Plan for youth 16 to 22 years

- of age to include results of the Ansell-Casey Life Skills Assessment when applicable; and
- The Early Childhood Education (ECI) Individual Family Service Plan (IFSP) if applicable.

The Provider will ensure that the Texas Family Care Network Case Manager is provided a copy of the completed and signed Plan within 5 days of the Service Plan meeting.

The following schedule and responsibilities will be followed for review of the Child Service Plan

- For children receiving Child Care Services, the first review will be completed at the 5th month Permanency Conference coordinated and facilitated by Texas Family Care Network. Texas Family Care Network will ensure 14-day notice to all required parties.
- Following the first review, all subsequent reviews will be completed every 180 days for children receiving Child Care Services and will be coordinated and facilitated by the Provider. This will include 14-day notice to all required parties. The venue for the meeting should take individual circumstances of the biological family and foster parents into consideration. In person attendance by all is encouraged but phone participation may be the most appropriate option in some instances.
- For children receiving Treatment Services, the Provider will coordinate and facilitate a 90-day review of the plan in order to meet Licensing standards.
- The Provider Case Manager will also participate in the 5th month review coordinated and facilitated by Texas Family Care Network staff.
- All future reviews for children receiving Treatment services will be coordinated and facilitated every 90 days by the Provider Case Manager in order to meet Minimum Standards. This will include 14-day notice to all required parties.
- The Provider case manager will ensure that all service planning meetings will be hosted in a venue that allows for maximum participation either in-person or through conference call. The venue for the meeting should take individual circumstances of the biological family and foster parents into consideration. In person attendance by all is encouraged but phone participation may be the most appropriate option in some instances.

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.

The following documents are to be submitted to the Texas Family Care Network Case Manager upon completion/receipt:

- All Single Case Plans and Reviews
- All Medical, Dental, Vision Exams and medical services

- o Includes 3-day exam and initial 30-day Texas Health Steps
- All psychiatric visits/evaluations as well as changes in prescribed medications
- Most recent Psychological evaluation

Child and Family Assessments

Texas Family Care Network will hold itself and Network Providers responsible for completing assessments using an inclusive model of care that is family and child centered, strength-based, solution focused, and culturally respectful. As indicated by research, children and families' active participation in every aspect of the treatment planning process is central to placement stability and permanency. Texas Family Care Network values individual uniqueness and firmly believes families know what they need better than anyone. Rather than relying solely on case history, Texas Family Care Network recognizes children and families are the experts on their lives, and this will be communicated throughout the assessment process. Texas Family Care Network will draw from children and families' account of their own histories to develop a culturally competent understanding of needs and strengths. Assessments will drive service plan development and inform the appropriateness of placement and permanency goals.

The CANS Assessment will be completed for all children ages three (3) and over prior to development of the Initial Single Case Plan and annually thereafter. CANS Assessments will be conducted by a professional with CANS Certification. Children receiving Treatment services (in CPA/GRO/or RTC placement) require a CANS Assessment every 90 days in conjunction with review of the Single Case Plan. The provider Case Manager will be responsible for ensuring that this assessment is completed.

The Provider will refer the child at initial placement to a Superior Health CANS provider within 3 days of placement in order to ensure the first assessment can be completed in a timely manner. An annual CANS assessment is required to be completed by a Superior Health provider.

All assessments that have been completed for a child including CANS, Psychosocial, Psychological and/or Psychiatric will be considered before any placement change are recommended/approved.

Trauma-Informed Care

Trauma-informed care is the cornerstone for appropriate placement matches, placement stability, and the healing of children. Trauma sensitive care calls on staff and caregivers to be teachers and healers rather than viewing children as having problematic behavior. That said, the CANS 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 will not only document the child and family's strengths but 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. Texas Family Care Network is committed to providing trauma-informed care training/principles to the provider network.

Child and Family-Centered

Texas Family Care Network and Network Providers will be responsible 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. Texas Family Care Network 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

Texas Family Care Network 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, Texas Family Care Network will view children from within life domains that make up their social ecology.

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

Foster Daycare Services

Determination of foster family eligibility:

- Foster Care daycare is available for children in a Foster home when:
 - The child does not turn 6 by September 1
 - Is at the basic level of Care in the DFPS system
 - All caregivers are employed outside of the home and work at least 40 hours per week.
 - Being a volunteer, student, or providing foster care or kinship care services is not considered employment.
 - Caregivers must verify that they have sought all free community resources prior to requesting assistance.
 - For summer care, the child must be 12 years or younger or have a developmental delay or physical disability.

The CPA case manager will submit the following documents and information to Texas Family Care Network Care Coordination:

1. Name of daycare
2. Caregivers have confirmed the chosen daycare has a spot available, completed a walkthrough of the daycare, and filled out enrollment paperwork.
3. 1809:
4. Last 3 paystubs for each caregiver in home.
 - a. Paystub must list number of hours worked weekly. If it doesn't, caregiver can submit letter/email from employer attesting 40+ hours.
5. If caregiver is self-employed, CPA submits 1806 self-employment form in lieu of paystubs if caregiver is self-employed.
 - a. Must submit one 1806 for each of the preceding 3 months.
 - b. Must also provide tax ID number or EINS from IRS showing employer identification number or business license verifying self-employment status
6. If caregiver works for an ISD, must indicate what their role is and which ISD they work for.
 - a. Must verify whether they work 40 hours during the summer.
 - b. Authorization ends the last day of school.
 - c. A new request must be sent for summer daycare (eligible under age 14).
 - d. Once teacher returns back to school, must resubmit request.

Paystubs and supporting documentation should be sent as a separate attachment from 1809 to Care Coordination. Once all correct documentation and information is received, Texas Family Care Network Care Coordinator will process daycare requests within the same business day of all needed information being received. This will include completing the 2054 in IMPACT and forwarding the 1809 to Regional Daycare Specialist. Daycare authorizations cannot be backdated. DFPS Regional Daycare Specialist determines authorization date. Daycare utilized prior to this authorization date will not be paid for. Daycare renewals should be requested two weeks before current authorization expires. A renewal will require the same information as a new request. Foster Child Day Care ends if the caregiver signs an adoptive placement agreement.

The Provider case manager will email the documents to txfcnreferral@txfcn.org email box with the subject line Day Care Request- Child's Name. Texas Family Care Network will monitor the box daily for these referrals and verify required documents. Texas Family Care Network will enter requests into IMPACT and forward all documents to DFPS on the same day they are received. Texas Family Care Network will not be reviewing for eligibility but will simply forward the information on to DFPS.

Within 10 days of Receipt, the Regional Daycare Coordinator for DFPS will process the daycare request.

Medical/Dental/Vision and Behavioral Healthcare Services

Network Providers must access all medical, dental, vision, and behavioral healthcare services for

children in substitute care referred to Network Providers by the SSCC through STAR Health Network Provider.

The Providers must access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services, unless the court orders DFPS/Texas Family Care Network 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. Texas Family Care Network Care Coordinator will assist the Provider in locating services as needed. In the event that community resources are not available for Behavioral Health Services and/or Medicaid does not cover the services, the Provider shall be financially responsible for providing Behavioral Health Services.

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

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

When a child is placed Texas Family Care Network will require the DFPS Medical/Dental/Vision Examination Form (2403) to be used by the Provider. The doctor must complete the form at a child's medical, dental, or vision appointment. The form is filled out jointly by the person taking the child/youth to the appointment (usually the caregiver) and doctor/dentist. Within 72 hours after the child's appointment, the Provider will send the completed Examination Form (2403) to the Texas Family Care Network Case Manager.

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

No later than the second (2nd) business day after a child's caregiver receives a STAR Health Denial letter, the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the Texas Family Care Network Case Manager.

Network Providers will maintain records of all health care services in accordance with SSCC policies and Residential Child-Care Licensing (RCCL) requirements. *Network Providers must ensure a 3-day Medical Exam is completed for each child within 3 business days of placement as per 3/30 requirements. This will be followed by a 30-day Texas Health Steps Examination.* Network Providers must follow the Texas Health Steps schedule for subsequent medical/dental/vision appointments.

For any child that is placed who is under the age of three (3) and is suspected of having a disability

or developmental delay, the Provider case manager will need to refer the child to ECI within three (3) days of placement and document it in the child's record.

Psychiatric Hospitalization

Providers are to notify the Texas Family Care Network Case Manager immediately of any psychiatric hospitalization. They are to then send email notification to Texas Family Care Network at txfcnnotification@txfcn.org and cc the Texas Family Care Network Case Manager, 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 completed and sent to txfcnnotification@txfcn.org within 24 hours.

Texas Family Care Network encourages providers to see psychiatric hospitalization as a last resort and to utilize outpatient and diversion bed programs such as Turning Point, whenever possible and prior to inpatient psychiatric hospitalization, but do understand that sometimes psychiatric hospitalization is necessary. Texas Family Care Network encourages providers to not see psychiatric hospitalizations as an end to placement but rather in these instances encourage providers to reach out to Texas Family Care Network 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 Texas Family Care Network with a discharge notice as soon as possible so that planning can be made timely. A discharge notice does not substitute as a Serious Incident Report or a notification of hospitalization.

Psychotropic Medication Appointments

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

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

In the event that a Texas Family Care Network Case Manager is designated as the medical

consenter for a child, the Provider case manager must ensure that the Texas Family Care Network staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.

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

Consenting to Psychotropic Medication

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

- notify Texas Family Care Network Case Manager in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- complete and sign the Psychotropic Medication Treatment Consent (Form 4526) with the healthcare provider; and
- provide a copy of the form to Texas Family Care Network within three (3) business days. Form 4526 is not required for changes in dosage or for refills of the same medication.
- The Provider must document that the child has been provided appropriate psychological therapies, behavior strategies, and other non-pharmacological interventions

Academic Success of Children/Youth in Care

Providers will ensure children are enrolled in and attend an accredited Texas Public School within three (3) days of placement, unless an exception has been granted in writing by the child's Texas Family Care Network Case Manager (e.g., for private schooling, homeschooling, or temporary school absence due to physical or mental condition). Educational stability will be a critical factor when identifying foster care placements.

Providers also will ensure that preschool age children will be provided access to appropriate early childhood education programs. Children between three (3) and five (5) years of age will attend a pre- kindergarten program offered through the local public- school district or an early childhood education program offered through Head Start unless an exception has been granted from the child's Texas Family Care Network Case Manager.

Within five (5) calendar days of the child's enrollment, verification of the child's School Enrollment will be provided by the Provider to the Texas Family Care Network Case Manager, and documentation of such notification will be recorded in the child's record.

In compliance with the Texas Education Code §29.012, the Provider will notify the local ECI

program in which the school is located for all children three (3) years of age or younger and ensure a referral is made if the Case Manager or PCP (Primary Care Physician) have determined a referral is necessary.

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

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

For children receiving special education or Section 504 services, additional documentation will be maintained (e.g., ARD meetings, results of FIE, IEP updated annually, current IFSP, documentation of services provided under Section 504, and Individual Transition Plan or Summary of Performance (9th – 12th grade). Provider case managers will coordinate with Texas Family Care Network to ensure

copies of needed documents are submitted to the child's school within 30 days of enrollment (if a change in school occurs). The Education Portfolio will be updated quarterly and discussed during monthly reviews with the caregiver.

Including biological parents and foster caregivers 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 parents 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.

If a child must withdraw from a Public school due to a change in placement, the Provider must notify the school within three (3) days of the discharge.

Transportation

As is outlined in the Provider Services Agreement, it is the responsibility of Providers to ensure transportation to all visits as well as all medical/dental, counseling, educational etc. appointments. If a foster parent is unable to transport, it is the responsibility of the agency to arrange for alternative transportation. Texas Family Care Network will only provide transportation on a case-by-case basis and only after due diligence has been done on the part of the Provider. If a Provider is unable and/or unwilling to ensure transportation will occur, the Provider must contact the Case Manager to explain the circumstances and gain approval for Texas Family Care Network to transport. If a home is unwilling or refuses to transport and the agency does not have a backup transportation plan in place, Texas Family Care Network may place that home on hold or restrict the types of placements the home is able to take.

Runaway Prevention

Runaway prevention planning is a collaborative and inclusive process between Texas Family Care Network staff, the youth, Attorney Ad Litem, Guardian Ad Litem, other supportive people in the child's life, and the caregiver.

Runaway prevention is a continuous and ongoing process when there is concern that a youth will elope from placement or is on runaway status. Runaway prevention plans are developed through joint meetings with all parties, utilizing form K-902-2882. This plan will be developed if:

- the child has a history of running away, with the most recent episode being within the past six months,
- the child is a victim of human trafficking, and/or
- the child has recently verbalized a desire to run away.

For youth in licensed care:

- the provider will initiate a staffing with all potential participants
- Permanency will ensure that all participants are invited to the meeting,
- The provider will complete form K-902-2882 Runaway Prevention Plan and ensure all participants, including the youth, have signed,
- The completed prevention plan will be evaluated will be addressed in the high-risk behavior section of the CPOS and evaluated at least monthly, and
- The completed and signed plan will be sent to the Missing Children (txfcnnotification@txfcn.org) and Special Investigator (sirequestregion05@dfps.texas.gov) mailboxes.

6. Utilization Management - Level of Care

For each new and subsequent placement of a child, Texas Family Care Network Intake and Placement staff will use Youth For Tomorrow along with the information provided by DFPS in the common application, removal affidavit, and any other available documentation for emergency placement or additional information provided by the Case Manager for subsequent placements. Texas Family Care

Network uses DFPS levels of care:

https://www.dfps.texas.gov/Child_Protection/Foster_Care/Service_Levels.asp

Texas Family Care Network will make every effort to place children into the least restrictive, most family-like setting. Shelters are utilized only when a least restrictive placement is not immediately available

The Placement Authorization sent by Texas Family Care Network represents our agreement regarding the placement arrangements and rate of pay. If a provider believes any of this information is not what was agreed upon prior to placement, they must respond to the sender immediately for clarification. Within thirty (30) days of a new placement, the Provider can request an updated review should they feel that the level is incorrect. Requests should be made to txfcnquality@txfcn.org

Once the Texas Family Care Network Case Manager submits a request for a scheduled or non-scheduled review of a service level, YFT makes a determination and assigns the service level within 10 working days.

Utilization Review Process

Utilization management activities will assess how the child and family are experiencing care and whether goals articulated in the Service Plan are being met and/or revised as necessary, ensuring that the child and families are receiving the right services and supports, in the right amount, at the right time and for the right duration and intensity.

Texas Family Care Network will strive to serve children in the least restrictive setting while ensuring their needs are met. Quality Assurance & Contracts staff will use CareMatch data to track children in order to identify the services that are being provided to meet that child's need.

7. Court Requirements

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

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

Texas Family Care Network understands it is important not only for staff to understand all court orders/requirements, but also for foster families to have a clear understanding of the judicial process. Foster parents are encouraged to attend court hearings and provide youth with the opportunity to attend court hearings related to his/her individual case. 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 Texas Family***

Care Network Case Manager and the court and documented in the child's/youth's record.

Court orders related to the child will be reviewed and documented in the following: 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.

Court Hearings

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

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

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

If the date and time of a court hearing is announced during court, this will be considered as formal notice to Texas Family Care Network and the Provider. Therefore, whoever is present (the Provider case manager, the caregiver or Texas Family Care Network staff) must notify the other parties by the next business day.

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

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

Court Reports

Texas Family Care Network holds ultimate responsibility and ownership of all information

contained in court reports to be submitted to the court. However, the Provider will be expected to ensure that the Texas Family Care Network Case Manager has the most recent and up to date information on the child, their needs, and services that are being provided in preparation for the court report.

8. Transitional Living Services

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

Texas Family Care Network understands youth must be prepared for adulthood. Texas Family Care Network 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. Texas Family Care Network will utilize a multidisciplinary approach involving the youth, the family, Network Providers, and natural supports including biological families, churches, and community partnerships.

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

Transition Plan Development

The transition plan is enhanced over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world. The Texas Family Care Network Case Manager, Independent Living Specialist, and the Provider will work together to initiate the discussion and development of the youth's transition plan.

During a service planning meeting (90-day review) when a youth turns 14, the Texas Family Care Network Case Manager will:

- Introduce the Transition Plan (Form 2500) and Circles of Support (COS) process to the youth.

The Provider Case Manager will ensure that the Transition Plan is discussed at all subsequent service planning meetings.

Circles of Support (COS)

Circles of Support (COS) will be coordinated and facilitated according to current DFPS policy after a youth turns 16. Texas Family Care Network Case Managers and the Provider case manager will work jointly to engage youth, family and other caring adults in the COS or subsequent service planning meetings.

Texas Family Care Network and the Provider will work with the youth, the caregivers, and other

significant individuals to identify caring adults and other lifelong connections that can be sustained once the youth transition to adulthood.

The Provider case manager must participate in the COS or subsequent service planning meeting and will also ensure the youth attends.

When the youth declines a COS, the Provider will schedule a subsequent service planning meeting instead. The Provider case manager will discuss the elements of the transition plan (Form 2500) with the youth and record discussion of the Service plan document (i.e., goals, strengths, fears, etc.).

The Provider's 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 COS.

Preparation for Adult Living (PAL)

Texas Family Care Network will ensure the development and delivery of PAL Life Skills Training utilizing the curriculum topics established by DFPS. As part of the delivery of PAL services, the Ansell-Casey Life Skills Assessment (ACLSA) is completed for every youth at age 14. The Provider case manager will work with the Texas Family Care Network Independent Living Specialist to ensure youth and caregiver complete the Ansell-Casey Life Skills Assessments (ACLSA) and its interpretation is shared and discussed with the youth and caregiver. The ACLSA will identify the youth's strengths, needs, and goals, which must be documented in the youth's service plan.

Texas Family Care Network will refer youth for PAL Life Skills training no later than the youth's 16th birthday; the Provider must ensure youth attend PAL services. The Provider case manager must work with the caregiver and PAL staff to ensure that youth are made available and have transportation to participate in PAL services including the following:

- the completion of PAL training,
- the provision of identified services to youth to assist with their transition to adulthood, and
- assistance with applying for and securing services to aid in their transition to adulthood.

The Provider case manager will document youth's progress and status of PAL Life Skills Training as well as experiential life skills learning in the child's service plan. The Provider is responsible for transportation of the youth to all life skills and experiential training/activities.

Providers must ensure for all children/youth that caregivers:

- A. Teach Basic Living and Social Skills.
- B. Maximize opportunities for learning with Experiential Life Skills Activities.
- C. Provide access to Experiential Life Skills Activities provided by community resources;
- D. Promote the ability to appropriately care for themselves and function in the community.
- E. Assist youth ages 14 or older who have a source of income to establish a savings plan and, if available, a savings account to manage independently; and

- F. Assist youth ages 18 up to 22 years of age who have a source of income to obtain a savings or checking account with a Financial Institution (in accordance with Texas Finance Code §201.101).
- G. Assist youth ages 16 and over to obtain a Driver's License or state ID.
 - a. Ensure the following are made available to facilitate driver's license fee waiver/residency requirements:
 - i. A DFPS Foster Youth Driver License Fee Waiver Letter
 - ii. A Texas Department of Public Safety Texas Residency Affidavit which is completed and signed by the child
 - iii. Inform children who have applied for a DL of the need to notify DPS (Department of Public Safety) of change of address within 30 days of a change in placement.

Supervised Independent Living (SIL)

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

At the youth's 17th birthday, the Case Manager in coordination with the Texas Family Care Network Independent Living Specialist will provide information regarding SIL to the young adult. Texas Family Care Network may coordinate a meeting with the Provider case manager and the young adult to provide information to the youth about their SIL options.

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

Extended Care and Return to Extended Care

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

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

form to the Texas Family Care Network Case Manager.

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

If a caregiver or Provider becomes aware of a youth who is interested and eligible for Return to Extended Care the same process will be followed.

National Youth in Transition Database (NYTD)

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

Once notified, the Provider case manager will assist Texas Family Care Network in obtaining NYTD surveys from identified youth.

Aftercare and Follow Up

Texas Family Care Network and the Network Provider value the importance of seeing our youth not just age out of the foster care system, but age into a new community full of opportunities and life as a young adult.

Before the youth discharges from foster care, an aftercare plan will be developed by the Provider case manager along with the Texas Family Care Network Case Manager focusing on the youth’s preferences and independent living needs. The after-care plan will include a termination of service evaluation and assessment of “unmet” needs. Together, the Texas Family Care Network facilitated support system and youth will devise goals and objectives meeting the “unmet” needs to monitor an on-going structure for a smooth discharge and transition into adulthood.

9. Adoption

Texas Family Care Network Adoption Specialists will take primary lead on all adoption recruitment and matching activities for referred children in DFPS conservatorship in the Region 5 Community Based Care catchment area. Texas Family Care Network Case Managers will be responsible for all legal and court activities including:

- termination of parental rights
- all court hearings
- giving or withholding consent to adoption and waiving service to adoption hearings
- authorization for and authorization of post-adoption subsidies and services

Recruitment

Texas Family Care Network will be fully responsible for all general and child-specific recruitment activities for adoption-motivated homes for children from and referred to Region 5. This will include various recruitment tools such as Heart Gallery, Wednesday's Child, TARE, maintaining child profiles, handling any general or child specific inquiries that may be received by CPS.

Texas Family Care Network Adoption Specialist staff will have primary responsibility for adoption activities and will manage and track all child specific inquiries.

Home Selection and Staffing

The Texas Family Care Network Adoption Specialist will coordinate and host a selection staffing with Texas Family Care Network staff, CASA, ad litem, guardian ad litem, Provider Case Manager, and current foster parents (as appropriate). Texas Family Care Network will present recommended home studies to participants prior to the staffing for review. A decision regarding selection of a family will be made during the staffing.

Once an adoptive home is approved, the Texas Family Care Network Adoption Specialist will provide all appropriate redacted information to the prospective family (i.e., psychological evaluation, service plans, HSEGH (Health Social Education and Genetic History), etc.)

When the prospective family agrees to proceed with the adoption process, Texas Family Care Network will:

- complete redaction within 15 business days; and
- When an adoptive home recommendation is denied, Texas Family Care Network will continue the recruitment of adoptive homes to find a match for the child.

Presentation Staffing

After the prospective family has reviewed the child's case file, the Texas Family Care Network Adoption Specialist will ensure a Presentation Staffing is held with the prospective family, current family, CASA, ad litem, guardian ad litem, Provider case manager and Texas Family Care Network Case Manager. A Presentation Staffing is an opportunity for the prospective family to ask questions, for the current family to discuss the child's daily care, and for the attendees to collectively develop an appropriate transition plan. The transition plan will include adoption preparation activities, pre-placement visits, and a discussion of services to be in place prior to the placement. The prospective family must wait 24 hours after the presentation staffing to provide their decision on moving forward with placement. The Provider must notify Texas Family Care Network Adoption Specialist by close of business the following business day.

Placement of the Child

When placement of the child with the adoptive family is determined, the Texas Family Care Network Adoption Specialist will work together with the Provider and the adoptive family to facilitate the physical placement of the child/youth in the home.

Adoption Services

To ensure placement stability, Texas Family Care Network 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 Texas Family Care Network Case Manager. Texas Family Care Network must have an adoption contract in place with an agency before an adoptive placement can be made.

Texas Family Care Network Case Managers 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.

10. Training

Texas Family Care Network understands staff development is core to organizational advancement. Our internal and contract training programs provide employees in all disciplines with opportunities to develop essential knowledge and skills. Texas Family Care Network utilizes an annual training plan to guide professional development across the organization and works to implement best practices and address competency training as appropriate. Texas Family Care Network will define and develop new training roles and strategies to service the Region 5 area to meet requirements, legal and regulatory statutes, and enhance the continuum. Texas Family Care Network seeks to aggressively integrate best practices and new evidence-based practices within our continuum of care.

Texas Family Care Network's training program provides opportunities to engage in development of essential skills to serve effectively in the Region 5 service area. Programs encourage cultural competency, innovative program development, and evidence-based service delivery, and improve effectiveness working with individuals and families with diverse backgrounds and needs. New challenges identified in the catchment area will be addressed in training exercises and staff will be equipped with appropriate skills to service. All federal, state, and local requirements will be met, along with adherence to DFPS minimum standards and contract requirements.

Texas Family Care Network expects that each Network Provider will ensure that their staff and caregivers/foster parents have the minimum required trainings for state licensing requirements and national accreditation (if applicable), to perform all duties as expected in the Provider Services Agreement, the Operations Manual, as well as this Provider Manual. Provider's personnel must acknowledge being informed of the most current agency's Disaster and Emergency Response Preparedness Plan (DERPP) on an annual basis. Foster Parents must receive information in reference to the Texas Health Steps. In addition, Texas Family Care Network will be monitoring and supporting each agency in their participation of additional non-mandatory trainings that are provided at no cost to their agency and are supportive of the philosophy and mission of Community Based Care.

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

II. Risk Management and Reporting

Within 24-hours of knowledge of critical incidents (as defined by Provider Services Agreement), licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations and violations that occur within Network Provider's business, the Network Provider must report serious incidents in the Texas Provider Gateway and e-mail TFCN (txfcnnotification@txfcn.org). To report abuse, neglect, or exploitation of children, the elderly, or people with disabilities call 1-800-252-5400 or report online at www.txabusehotline.org. 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 required to carry general liability, professional liability, and automobile liability insurance and Texas Family Care Network must be named as a certificate holder. The QA&C staff will review provider Insurance Certificates to ensure providers have the required amounts in each area of coverage.

Data Collection and Reporting

Network Providers shall be responsible for:

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

Disaster and Emergency Response Preparedness Plan (DERPP)

Network Provider shall submit to Texas Family Care Network a Disaster and Emergency Response Preparedness Plan (DERPP) within 30 days of the execution of the Provider Services Agreement. The Plan shall include provisions for pre-disaster records protection, alternative accommodations for Children/Youth in substitute care, supplies, and a recovery plan in the event of an actual emergency. Disaster and Emergency Response Preparedness Plans shall be completed in accordance with the Network Provider Manual and the Master Contract. Provider's staff and caregivers must be trained annually in order to be informed of any updates to the Provider's DERPP. In the event of an emergency, Texas Family Care Network may exercise oversight authority over the Network Provider in order to assure implementation of the agreed emergency relief provisions.

All youth placed in the care of Texas Family Care Network Providers, either within or outside of the catchment area, will have location specific plans for ensuring their children's safety. These plans will

include appropriate and effective:

- training of employees, volunteers, and contractors;
- preparation (e.g., emergency supply and information kits);
- communication with Texas Family Care Network Case Managers, licensing representatives and other legal entities;
- As a provision of the Disaster and Emergency Response Preparedness coordination with community resources for specialized assistance (e.g., for evacuation and trauma informed counseling);
- assistance to meet disaster related healthcare needs.

I2. Quality Improvement and Contract Management

Texas Family Care Network will maintain a high level of stakeholder and customer satisfaction through continuous assurance and improvements in service delivery and outcome reporting. This will be accomplished by developing, documenting, and maintaining a comprehensive quality management program guided by best practices.

Processes for Achieving Quality Services:

Texas Family Care Network will gather data from all levels of the service delivery system via record reviews, total quality improvement surveys, Information Technology systems, and reports. The data is analyzed, summarized, reported, and used to drive Texas Family Care Network's ongoing data-informed decision-making processes. This information is shared with staff, providers and with community stakeholders. Their input and suggestions are gathered and used to further fuel this continuous process.

Summary of QI (Quality Improvement) Methodology:

Texas Family Care Network QA & C staff will be tasked with the ongoing compliance monitoring of Texas Family Care Network as well as the provider network subcontracted for service provision. Quality is monitored and enhanced through a PDSA process. This process includes 4 steps: *Plan, Do, Study, Act*.

1. **Plan:** TFCN engages network providers who have knowledge of the opportunity for improvement and identify roles and responsibilities. An aim statement is developed and causes and alternatives are identified.
2. **Do:** TFCN assists network providers in implementing the action plan and collecting data as they go to help evaluate the plan.
3. **Study:** Using the aim statement and the data gathered, the plan will be reviewed to

determine if improvement was made.

4. Act: If the plan resulted in success, the improvement is standardized and used regularly. If the team believes a different approach would be more successful, a new or revised plan will be developed and carried out.

Quarterly Network Provider Reviews: The QA & C team will perform quarterly desk reviews to measure provider compliance with internal agency procedures, COA Network Accreditation standards for TFCN, state and federal regulatory requirements, targeted performance measures, and clinical documentation.

Review results will be shared with agency leadership and during provider meetings. Reviews will examine and look for trends and barriers to service delivery and will incorporate feedback for outcome improvement.

Annual On-Site Monitoring Review Process

One joint monitoring tool will be utilized by all SSCCs for the annual provider monitoring site visits/audits. Reviews will measure compliance with internal agency procedures, accreditation standards, state and federal regulatory requirements, and targeted performance measures.

Financial monitoring will be completed by each SSCC Finance Department. Programmatic monitoring and quality is completed by each SSCC Quality Improvement/Assurance Department as necessary.

If a contracted provider is located within an SSCC region, SSCC will conduct the annual monitoring site visit and complete the joint monitoring tool, unless otherwise requested by a Provider. Review results including the monitoring report will be completed by the assigned SSCC. Documents will be shared with each SSCC that has a contract and used for the required annual provider monitoring site visit/audit documentation required. If a Quality Improvement Plan (QIP) is required by any of the contracted SSCCs the assigned SSCC who conducted the annual monitoring site visit will complete that process and monitor. Any additional information outside of the joint monitoring tool, monitoring report and QIP that a SSCC may need or require will be obtained by that SSCC.

If a provider is outside of all SSCC regions but has a contract with multiple SSCCs to provide services one SSCC will be assigned to complete the annual provider monitoring site visit. The SSCC assigned will be determined based on proximity, number of placements, etc. through a joint discussion between the SSCC providers. Assigning the responsible SSCC to complete the annual provider monitoring visit will be done through monthly joint SSCC meetings. The list of all contracted SSCC providers will be reviewed on an ongoing basis for determination of assignment and updated as needed. Sharing of results and information will also occur on this call and on an ongoing basis as needed.

A minimum of 10% of each SSCC's region files will be reviewed during the audit. For those providers that serve less than five children from each SSCC a 100% audit will be completed.

Any concerns noted during the annual on-site monitoring review process including an identified need for a Quality Improvement Plan (QIP) will be discussed, approved, and utilized by each SSCC that has a contract with the said provider.

Annual On-Site Monitoring Review Process

Assigned SSCC Quality Improvement Staff will:

1. Work with any SSCCs that have a contract with provider to determine date of monitoring visit and determine files to review.
2. Schedule the monitoring visit with the Provider and send a letter requesting required information prior to the monitoring visit. Information on which files will be monitored will be included in this letter. The Monitoring Review Notice may be sent 30 days in advance of the on- site visit.
3. Schedule entrance and exit interviews.
4. Be the point of contact for the Provider during the monitoring activities.
5. Consolidate and prepare the final monitoring report to issue to the Provider with any necessary Quality Improvement Plans.
6. Review, accept, and monitor any Quality Improvement Plans (QIP) as needed.

On-site Activities

1. Quality & Compliance Specialists will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview.
2. Q & C Specialists may be reviewing a variety of records, including but not limited to 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 facility may be requested.
5. Q& C 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 SSCC file once the monitoring is concluded.
6. Q & C 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. Q & C Specialists will require a private space to review records.

When the on-site review is completed, Q& C Specialists 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.

Monitoring Report and Follow-up

1. Q& C Specialists will document findings (Observations) noted during the monitoring review.
2. Within 30 business days of the exit interview, the assigned Q& C Specialists will compile a final monitoring report and will submit it to the Provider along with a request for any necessary Quality Improvement Plans (QIP). The Senior Director of Quality Assurance & Contracts or the Supervisor of Quality of Assurance & Contracts 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 Senior Director of Quality Assurance & Contracts.
 - b. The Senior Director of Quality Assurance & Contracts will review the necessary information and the Provider's response.
 - c. Assigned SSCC will send a written response within ten (10) business days of receipt of the Provider's response with a final decision.
3. QIPs (Quality Improvement Plans) will be due from the Provider within 30 days of receipt of the monitoring report. This timeframe can be extended based on the instance that the Provider and SSCC are discussing an Observation in question. The assigned SSCC retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. The assigned SSCC may determine that a QIP 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.

The Senior Director of Quality Assurance & Contracts will make this determination and the assigned SSCC will notify the Provider in writing that the QIP is not needed.
5. If QIPs are approved, the assigned SSCC will notify the Provider.
6. If QIPs corrections and updates are needed the Provider will be notified and a revised QIP will be requested.
7. Once the QIP is approved, the assigned SSCC will follow-up (during the next monitoring review) to ensure progress is made in the specific area.

8. If more than three (3) QIPs are needed during a monitoring review in the areas of Health and Safety a subsequent monitoring review will be completed within 4-6 months of the last monitoring review.

Facility Environmental Surveys:

The same process for joint monitoring of CPA providers will occur annually with all residential programs providing services to SSCC clients.

Texas Family Care Network has developed additional QI activities to assess compliance and quality surrounding output, outcome, and satisfaction expectations. These include but are not limited to:

Sharing Audit Results: Providing information to stakeholders will generate a sense of input and connection to Texas Family Care Network and assists the agency in achieving outcomes and goals those stakeholders affect. Audit results and program updates are planned to be provided to placement providers, referral sources, mental health providers, school personnel, juvenile court staff, community groups, state regulatory entities and other stakeholders as requested. These activities allow Texas Family Care Network to collaborate with stakeholders for program improvement and development.

Facility Environmental Surveys: The QA & C staff will perform scheduled and random walk-throughs of any residential program providing services to Texas Family Care Network clients. These walk-throughs will evaluate the facility for security, safety, training of staff, restraint or seclusion policies/processes, and treatment services. At the completion of any walk-through, QI staff will complete an exit process with facility staff to communicate any concerns and create action plans to address any deficiencies.

Client and Stakeholder Satisfaction Surveys: Satisfaction surveys will allow for anonymous feedback from biological families, foster families, children (over the age of 10) and stakeholders who have participated in services from Texas Family Care Network. Questions will focus on areas of service delivery, communication, the ability to meet the needs of the client and overall satisfaction. Data from the surveys are compiled and tracked by our QA & C staff. Results will be reported in both statistical and narrative form. Reports will be sent to leadership staff to review on a quarterly basis. Results of the client and stakeholder satisfaction surveys will be used to assist the agency in assessing performance outcomes and to determine if there is a need for program improvements.

Consumer Concern Line: An established phone line and email address dedicated solely to consumers and stakeholders will be utilized to address concerns or complaints from external parties. The concern line will have the Director of Human Resources, dedicated to assuring the agency's responsiveness to consumers and stakeholders. The Director of Human Resources will gather information and input from the consumer or stakeholder and place this information along

with questions in a questionnaire. The Director of Human Resources will forward this questionnaire to the appropriate staff to respond to the questions and provide additional information necessary to resolve the issue. The Director of Human Resources will also ensure follow up occurs from within Texas Family Care Network to the consumer or stakeholder in a timely manner to preserve consumer/ stakeholder satisfaction. The Director of Human Resources will send a monthly report to the leadership staff. The report will include the number and types of complaints, origin of the complaint and the program or staff it involves including the number of complaints resolved and the timeliness of each response.

Training: QA & C staff in conjunction with Texas Family Care Network will assess training needs based on reporting trends related to audits, program reviews, and trends in client population/need. Training will be sought and/or developed in conjunction with Region 5 service providers to address areas of weakness identified either in staff skill set or in resource provision. Training will be mandated as necessary to ensure the best outcomes for Texas Family Care Network clients.

Advisory Councils: Advisory councils will continue to assist Texas Family Care Network to ensure consumer involvement and feedback is gathered while measuring performance, quality, and effectiveness of services. The consumer's satisfaction will be a key measure of Texas Family Care Network's success. Advisory Council meetings will be held no more frequently than monthly and no less frequently than quarterly. Any issues and examples discussed by Advisory Councils are discussed with supervisors and staff in unit meetings as well as in Texas Family Care Network's leadership team and executive team meetings.

Outcomes Reporting: One of the most important tasks for QA & C staff is to trend and track performance targets related to Texas Family Care Network outcomes. Texas Family Care Network will utilize the Quality Assurance & Contracts department to determine areas of strength and areas to improve on in all aspects of services and to meet all reporting and data requirements. Reporting will include an overview of measures such as (but not limited to) critical incidents, proximity, sibling placement, length of stay, disruptions/placement stability, completion of service plans, and contacts/visitation with family. Texas Family Care Network also has the technology and capability to create new reports when a need should arise. As the SSCC, we will compare all outcomes to State-level expectations and improvement plans to ensure improvement strategies and targets are met.

Additional activities may be implemented, or activities above modified in order to address specific needs and enhance service provision.

Capacity to Collect Data

Texas Family Care Network will utilize all State required systems as well as the Gateway database, and the CoBRIS system to collect and validate client information. Using these data systems, Texas Family Care Network will generate reports that are used to manage and track performance across the System of Care.

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

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

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

Quality Improvement & Integration into the Service Delivery System

Texas Family Care Network is committed to promoting a Continuous Quality Improvement (CQI) environment throughout Region 5 and recognizes the need to incorporate CQI into day-to-day activities, sustaining management/leadership involvement, increasing participation by stakeholders, continuation of the record review process and data reporting, and analytical reviews reflecting overall trends with focus on outcome achievement to impact the overall effectiveness and quality of service delivery. Texas Family Care Network will implement and utilize our established Quality Improvement system for tracking and evaluating the effectiveness of service delivery under this Contract and adherence to Agency approved and required elements of the SSCC contract.

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

Oversight and Monitoring of Subcontract Providers

Network Providers will be held accountable through performance-based agreements, which detail the scope, requirements, and parameters of the subcontract. Additionally, because Texas Family Care Network will encourage Network Providers to be COA (Council on Accreditation) accredited and support them in their efforts to achieve this milestone, each subcontractor will be required to develop and implement internal quality management processes and participate in Texas Family Care Network monitoring processes. Through the CQI process, Texas Family Care Network 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.

Accountability to Performance and Outcome Requirements

Texas Family Care Network holds Network Providers accountable to administrative and service performance standards. Contractual measures are established to drive the Provider Services Agreement.

Communication with Network Providers

Texas Family Care Network will implement an ongoing strategy for communicating and addressing system performance. As a result, we will be able to identify problems quickly and develop family- and child-specific strategies to solve issues as they arise. Reports will be reviewed individually with providers, but also aggregately reviewed at Provider Council meetings and shared with DFPS as needed or required.

Deficiencies identified can be collaboratively addressed in a network setting to learn from successful providers how to better meet needs and performance targets. Risk management is discussed monthly during network data calls. Risk management meetings with specific providers will occur in response to risk trends noted through data collection. The QA & C staff will work closely with the Senior Director of Community Engagement and network provider leadership to ensure that all parties are aware of serious incidents and are prepared to work together to mitigate future risk.

A risk management report will be provided to Network Provider Leadership at intervals negotiated with the Department. The risk management report will include a list of serious events within the network, recent policy violations and corrective action plans. The report will also include a narrative on trends in safety and risk issues in foster homes and Residential Treatment Centers.

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

13. Information Technology

Technical Contact

Each Provider must specify a technical contact, a person familiar with program operations and relevant technology systems used within the organization. The technical contact's responsibilities include the following:

- serve as liaison between the Provider and Texas Family Care Network technical staff;
- request the creation and deactivation of user accounts for Texas Family Care Network 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 Texas Family Care Network's software systems; and
- report technical problems related to Texas Family Care Network software systems.

Required Data

Providers are required to submit timely data including the following:

- client data such as assessments, demographics, health information, medications, critical incidents, plans of care, and documents pertinent to client cases;

- resource home information such as address, contact information, licensing information, members of household, and preferences relating to the types of children to be placed;
- daily bed vacancies; and
- other data pertinent to outcome metrics, Provider contract performance, or quality of care.

Methods of Data Submission

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

The Texas Provider Gateway (www.TexasProviderGateway.com) allows Providers to share information with each of the SSCs from one location. In the first phase of the application, Providers will be asked to share:

- Resource Home information (members, location, contact information, preferences, daily bed vacancies, etc.)
- Placement End information (date child leaves the resource home, reason for placement end)
- PMET data
- Serious Incidents

Providers will have the option of (1) maintaining the data directly in the Gateway OR (2) sending the information electronically from their own system to the Gateway. For those wanting more details as to how they might be able to make their system talk directly to the Gateway, technical assistance can be provided upon request.

Support

During business hours, Texas Family Care Network provides support by e-mail at txfcnhelpdesk@txfcn.org to assist providers with technical issues related to Texas Family Care Network software.

CANS Certification

Provider's staff or CANS administrators must complete the online CANS training at <https://www.schoox.com/academy> and pass a test demonstrating competency in order to be certified to administer the CANS Assessment tool. To maintain the CANS certification, Provider's staff and/or CANS administrators must retrain and retest annually. It is the Provider's responsibility to ensure that the CANS administrators maintain certification. Providers are to submit CANS certificate to Texas Family Care Network in order to be set up in the Texas ECANS system.

Requesting Logins to Texas Family Care Network Systems

Providers needing access to the Gateway for the first time need to choose an administrator for the agency and send the following to txfcnhelpdesk@txfcn.org :

- The full name of the individual
- The individual's email address
- Phone number
- Provider name

Once the agency has a Gateway administrator, that person will be able to create additional logins for the agency. Note that the Provider is responsible for ensuring that each authorized user is appropriately trained on the protection of confidential information per contract requirements. The Provider's Gateway administrator is responsible for deactivating logins to the Gateway when an employee is terminated or transferred.

Confidentiality and Secure Communication

When Network Providers and Texas Family Care Network communicate in either direction by email or by fax, and those messages contain confidential information, appropriate precautions must be taken to protect the confidential information. Confidential information refers to protected health information, identifying information, personal information, proprietary information, or other information reasonably deemed confidential.

DFPS and Texas Family Care Network require the use of an email encryption system to transmit emails containing confidential information, whether the confidential information is contained within the email message, its headers, or any file attachments to the message.

DFPS and Texas Family Care Network require physical security around fax machines to prevent unauthorized access to confidential information. Texas Family Care Network encourages the use of secure digital faxing services which deliver faxes to a secure email account.

I4. Finance and Billing Procedures

Texas Family Care Network will follow the process outlined in the Network Provider Services Agreement and any addendums to the agreement for payments and payment disputes. Questions that arise should be sent to the Texas Family Care Network Finance Department at txfcnfinance@txfcn.org.

Initial Payment for Foster Care Services

New placements – Network Providers (“Providers”) will be paid by Texas Family Care Network for all new placements that have been referred by Texas Family Care Network.

Legacy transfers – Network Providers will be paid by Texas Family Care Network for Region 5 legacy kids beginning on the date the legacy kids are transferred into the Texas Family Care Network.

Payment Terms

Payments to Network Providers will be paid for pre-authorized placements 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 December foster care services by no later than January 25th. However, Texas Family Care Network 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.).

Texas Family Care Network does not require or need Providers to prepare and send a bill or invoice for foster care services. Payments will be based on placement data from the SSCC client data management system. SSCC may withhold payment for disputed services and begin the disputed service reconciliation process described in the Network Provider Agreement.

All Providers will be paid electronically by direct deposit. A Direct Deposit Authorization Form and a Form W-9 will be sent to all Network Providers to complete and return once the Provider application and contract process has been completed.

Foster Care Service Payments

Texas Family Care Network will pay Network Providers ("Provider") for foster care services at the rates available through DFPS and outlined in Exhibit A in the Network Provider Agreement: [DFPS - Rates for 24-hour Residential Child-Care Reimbursements \(texas.gov\)](#)

- Network Providers will receive payment for each day a youth is in pre-authorized placement.
- Network Providers will receive payment for the calendar day of placement, but not for the calendar day that a child leaves care.
- Texas Family Care Network will not provide payment for any placements for which there is not a current placement agreement.
- Texas Family Care Network may pay the provider for up to 14 days of foster care in the following circumstances:
 - (1) Psychiatric hospitalization
 - (2) Medical facility hospitalization
 - (3) Runaway
 - (4) Unauthorized placement
 - (5) Temporary placement/visit in own home
 - (6) Locked facility, jail, juvenile detention center
 - (7) Short-term substance abuse placement

Under the above-referenced circumstances, Texas Family Care Network will pay the Network Provider for days of foster care on behalf of a child no longer in that Network Provider's care, to reserve space for the child's return to the same placement within specified timeline.

- Payments to the provider for foster care during a child's absence will only be made if each of the following conditions are met:
 - The Provider plans to return the child to the same placement at the end of the absence.
 - The Provider agrees to reserve space for the child's return for as long as payments are made in the child's absence; and
 - The Provider remains actively engaged and physically present in the child's treatment, needs, and discharge plan.

- Texas Family Care Network will not pay the Provider for days of foster care when Children and/or Youth reside in the following non-DFPS paid placements:
 - Nursing home placement
 - Intermediate care facilities for persons with mental retardation (ICFMR)
 - State Supported Living Centers (SSLC)
 - Placed with a non-licensed relative caregiver.
 - Pre-consummated adoptive placement
 - Texas Youth Commission facility
 - Texas State Hospitals

Adoption Service Payments

Texas Family Care Network will pay the Network Providers ("Provider") for Adoption Services. The fees for these services are included in the Network Provider Services Agreement in Exhibit A.

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

Adoption Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with a date of adoptive placement within the period of the Begin Date and the Termination Date), and
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).
2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child.
3. Copy of the file stamped petition for adoption (stamp must be clearly visible on first page).

4. Copy of the signed and **notarized** court report for the adoption proceedings (DFPS requires the court report to be notarized in order to release the funds for the adoption services. Court Reports that are not notarized will not be accepted.); and
5. Copy of the adoption decree signed by the judge.
 - a. The decree must have the judge's signature.
 - b. Decrees with the stamp "Original signed by Judge" on the signature line will not be accepted.
6. 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 Texas Family Care Network by email txfcnreferral@txfcn.org.

The invoice and document packet can be sent to the Texas Family Care Network Finance staff by any of the following:

1. Encrypted Email.
2. Regular mail to the Texas Family Care Network administration office

Once received, Texas Family Care Network Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, Texas Family Care Network Finance staff will enter the adoption service event(s), which will cause an invoice for the Provider to be created. The invoice will be paid in the next monthly payment and will be included in the Provider's monthly payment report.

Extended Foster Care Service Payments

Texas Family Care Network will pay the Network Providers ("Provider") for Extended Foster Care Services. Extended Foster Care Services that are provided in a licensed CPA or GRO (General Residential Operation) placement are paid at normal Foster Care daily rates, which are shown on the fee schedule included in the Network Provider Services Agreement. There is a separate daily rate fee schedule for Extended Foster Care Services that is provided in a Supervised Independent Living program.

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.
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. The youth or young adult 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 (Texas Administration Code) §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.

Payment Reports for Providers

Upon sending the monthly payment to the Network Providers (“Providers”) Texas Family Care Network Finance Staff will create a Provider Statement for each Provider showing the details of the Provider’s direct deposit payment. The payment report will show the Provider agency name, children’s names, children’s PID, levels of care, dates of care and the services that were provided.

Payment Dispute Resolution Process

The Network Provider (“Provider”) will reconcile the payment from Texas Family Care Network to the Network Provider’s records. If any discrepancies are noted, the Network Provider will initiate the following dispute resolution process within 45 days of receiving payment. The Dispute Resolution Process is in the Provider Services Agreement.

- The parties will confer, in person or by telephone/email, to resolve disputes over payment for services through the following process. 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 Texas Family Care Network Finance Staff. The discrepancy report can be submitted by encrypted email to Texas Family Care Network Finance department txfcnfinance@txfcn.org

Staff Conferencing. Within ten (10) days of receipt of a written notice initiating the dispute resolution process, Texas Family Care Network and Network Provider, through representatives of their services and financial staff, will confer and attempt to reconcile any disputed payments for which Texas Family Care Network– based upon a good faith review of any documents submitted by the Provider and Texas Family Care Network’s own documentation or records – does not believe it is responsible for paying. The parties shall complete the staff conferencing process described in this section within thirty (30) days of the receipt of the written notice initiating the dispute resolution process. If the dispute is not resolved within this time period, the process will continue to CFO

Conferencing.

- **CFO Conferencing.** For services still in dispute following the staff conferencing reconciliation process, Texas Family Care Network's Chief Financial Officer and the Network Provider's Chief Financial Officer, or their designees, shall confer to resolve, settle, or compromise the dispute. The parties shall complete the CFO Conferencing process described in this section within thirty (30) days of the completion of the Staff Conferencing process described above.
- **Payment after Resolving Disputes.** If Texas Family Care Network after conferring as provided herein with the Network Provider about the disputed payment concludes it is responsible for paying for a service or some part of it, Texas Family Care Network shall make its payment to the Provider in the next monthly payment following the month in which Texas Family Care Network concluded it was liable for payment.
- In the event the Provider owes Texas Family Care Network for any services provided herein or pursuant to any other agreement between the parties, and such balance has been due for in excess of sixty (60) days from invoicing by Texas Family Care Network to the Provider, Texas Family Care Network may deduct the balance amount due to Texas Family Care Network from any amount owed to the Provider pursuant to the Network Provider Services Agreement.

Compliance with Master Contract

Texas Family Care Network shall take all action reasonable and necessary to comply with the requirements of the Master Contract and ensure payment for the Services thereunder.

Return of Funds

In the event that the Network Provider ("Provider") or its independent auditor discovers that an overpayment has been made by Texas Family Care Network, the Provider shall repay said overpayment immediately to Texas Family Care Network without prior notification or request from Texas Family Care Network. In the event that Texas Family Care Network discovers an overpayment has been made to the Provider, Texas Family Care Network shall notify the Provider by letter of such a finding and request repayment forthwith. Texas Family Care Network may unilaterally deduct overpayments made to Provider from monies owed to Provider.

Monitoring Minimum Pass-Through Rate Compliance

Texas Family Care Network monitors its Child-Placing Agency Providers ("Providers") for compliance with the minimum pass-through rate. This monitoring will occur annually. A sample of the placements to be reviewed will be provided to the Network Provider.

Monitoring Financial Viability

Texas Family Care Network may monitor the financial viability of the Providers when it deems appropriate to do so. According to the Texas Family Care Network Provider Services Agreement, Providers must send their unaudited financial statements to Texas Family Care Network 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 Texas Family Care Network within 180 days after the Network Provider’s fiscal year end.

Texas Family Care Network will utilize standard financial measures to monitor financial viability of the Providers when it deems appropriate to do so. The results of this monitoring will be reviewed by TFCN management.

15. Manual Revision and Communication

This Provider Manual will be revised from time to time, as needed. When it is revised Providers will be notified and the latest version will be posted on the Texas Family Care Network website www.txfcn.org. *It is the responsibility of Network Providers to ensure they are operating within the most current version of the Texas Family Care Network Provider Manual.*

Texas Family Care Network Contact Information

Finance Department	txfcnfinance@txfcn.org
Grievances, Psychiatric Hospitalizations, Runaway/Missing Children & Incident Reporting	txfcnnotification@txfcn.org
Information Technology, Texas Provider Gateway, CareMatch	txfcnhelpdesk@txfcn.org
Referral and Placements	txfcnplacement@txfcn.org
Court Reports and Information, Foster-Adopt, Kinship Inquiries, Adoption Services, Daycare	txfcnreferral@txfcn.org
Quality Assurance & Contracts	txfcnquality@txfcn.org