



Provider Manual

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1. 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.

2INGage assumed responsibility for all Case Management functions related to Stage 2 of Community Based Care on June 1, 2020.

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 2: 2INGage

On May 29, 2018, DFPS awarded a contract for Community Based Care contract to 2INGage, a program partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc. 2INGage serves as the Single Source Continuum Contractor (SSCC) for the DFPS Region 2.

TFI Family Services, Inc. (TFI) serves as the parent company to Texas Family Initiative. TFI has national experience providing foster care, adoption, case management, placement, and family preservation services as well as agency oversight to ensure accountability and quality services within a provider network. Texas Family Initiative has experience in Texas community-based care in Region 3b.

New Horizons has strong community relationships with DFPS and community leaders, has been involved in the development of the Community Based Care model in Texas, and has experience in providing an array of quality services in Region 2.

This partnership has more than 95 years combined child welfare experience, and is committed to the following core principles:

- Inform and empower community agencies to see themselves as part of the community and therefore take responsibility along with the community for those children.
- Inspire a more positive, performance driven system for families and children.
- Engage the community to understand that the children entering the foster care system from their community are their children.

Network Providers

A collaborative provider network has existed in Region 2 for many years. The collaboration among the area's providers has been unique in the state of Texas. It began more than 20 years ago and was strengthened during the first SSCC Contract in Region 2 with Providence Services Corporation in 2013-2014. As the SSCC, 2INGage continues to support this established provider network in Region 2. The network is the core to enhance and facilitate 2INGage'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.

2INGage 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, 2INGage 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 2 for several years to deliver a full array of services creating an integrated full continuum of care.

The success of the SSCC contract in Region 2 is directly related to the performance and collaborative relationship with this network of providers, who diligently work to meet the outcomes and performance standards relating to the services contained in the Provider Services Agreement, the Master SSCC Contract and the Provider Manual. 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 2.

2INGage Organizational Structure

2INGage is a program of Texas Family Initiative LLC in partnership with New Horizons to provide community-based care in Region 2. The 2INGage Leadership Team is led by a Senior Vice President under the leadership of the CEO of Texas Family Initiative LLC. 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 2INGage's mission while acting in the best interest of children served. The CEO of New Horizons works in partnership with the Senior 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

2INGage is actively engaging the network providers in participation of a successful implementation of the contract and achievement of contract outcomes. The Provider Network meets monthly 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 2. The 2INGage Provider Network created workgroups to address identified service areas and service delivery. These workgroups consist of providers, 2INGage staff, DFPS, and community stakeholders. Each of the workgroups reports monthly to the larger Provider Network on the development of strategies and plans to address identified needs. The Provider Network will continue to 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 2INGage and a Network Provider may not agree on a case decision affecting a child. This may include placement decisions and may involve either 2INGage placement or permanency staff.

2INGage staff and the Provider staff and both the 2INGage 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 2INGage Department Director and Vice President 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 Senior Vice President of 2INGage. 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 2INGage 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 2INGage Senior 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

2INGage employs a Consumer Affairs Specialist to facilitate responses to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can register a complaint or concern directly with 2INGage by sending an email to concernline@tffamily.org. The Consumer Affairs Specialist will document and present the complaint/concern to the appropriate supervisor 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 2INGage Senior Vice President, the Vice President of Performance Improvement and Risk Management, 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 his or her duties in the best interest of TFI, 2INGage, 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 2INGage 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 2INGage immediately. Once 2INGage is made aware of the conflict, it will be reported to the 2INGage Senior 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 2INGage Senior Vice President or designee.

2. Performance Measures

2INGage views the Community Based Care Initiative as an opportunity to radically improve outcomes for Region 2 children and their families as we engage in partnerships to build a community-based system of care.

Network Providers will work in partnership with 2INGage 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 2INGage. To support these efforts, 2INGage 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 are Placed in their Home Communities

2INGage 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.

2INGage will work with other members of the Network Provider to expand local placement options in all communities.

2INGage 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, 2INGage 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 that Supports Minimal Moves for the Child

2INGage and our Network Provider understand children are best served in least restrictive placements. Utilizing an innovative algorithm-based placement tool (ECAP (Every Child A Priority)) as the network administrator, 2INGage seeks to make the first placement the best placement for every child and youth. In addition, 2INGage 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. 2INGage has numerous proposed strategies to ensure provision of required service in the home community:

- As appropriate, 2INGage will encourage providers to become Medicaid eligible service providers to provide localized direct care offerings to clients.
- 2INGage will participate in the recruitment of new or expanded service providers in collaboration with Cenpatico Behavioral Health in underserved communities.
- 2INGage 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.
- 2INGage 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

2INGage 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.

2INGage 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. 2INGage understands the importance of strong and meaningful connections for our children and youth and works to support and nurture essential and supportive relationships. 2INGage is committed to ensuring children maintain and grow the crucial natural supports that will help them long after permanency is achieved. 2INGage'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

2INGage 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, 2INGage Permanency caseworkers and officers of the court.

Whenever siblings are placed in separate foster homes, 2INGage will attempt to place the siblings in close proximity to facilitate more sibling contact. We also work to maintain connections when siblings are not placed together by utilizing the same therapist and to set up respite between the families. The Provider case manager must ensure that sibling contact is maintained as per court orders or policy requirements.

When siblings cannot be placed together, the permanency 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, 2INGage 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, 2INGage and the Provider will request variances to allow greater capacity in a home so children can be placed with siblings.

2INGage also takes a proactive stance when there is an opportunity to move siblings together if they are initially separated at placement. If an opening arises in the home of one of the siblings that can accommodate another sibling, we will inform the Provider case manager of the child there may be an opportunity to place siblings together. The Provider should discuss this with the caregiver and ensure they understand the benefits of placing the siblings together.

Services Respect the Child's Culture

Delivering services to all children, youth and their families in a culturally competent manner is a primary objective of 2INGage. Providers must ensure that their staff complete training on cultural competency to include specific insight and skills for working with the LGBT community.

Further, 2INGage and Provider staff are required to participate in annual updates in specialty areas of cultural diversity. Foster parents are required to participate in similar trainings.

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

Ensure Youth are Fully Prepared to Transition to Adulthood

To be fully prepared for successful adulthood, 2INgage and the Providers will provide children and youth with opportunities, experiences, and activities similar to those experienced by their non-foster care peers. We will work to give all youth in care, opportunities to enjoy the experiences, and activities available to their peers (youth not in the foster care system).

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

Children and Youth are Provided Opportunities to Participate in Decisions that Impact their Lives At every opportunity 2INgage 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 2INgage 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.

2INgage will ensure Providers receive the most up-to-date Performance Measures as those are received from DFPS.

3. Recruitment and Region 2 Capacity

Enhancing Service Capacity

2INgage will work in partnership with Network Providers to address gaps in services and placement capacity within Region 2. 2INgage 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 2INGage 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 2INGage if families are solicited directly or indirectly *in an unethical manner* to make a transfer to another Provider.

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

2INGage 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. 2INGage 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

1. When a foster home has been approved for transfer by the receiving Provider agency, the agency will notify the 2INGage 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 2INGage Care Management Department who will then check IMPACT and CLASS to verify that each home has transferred. Upon verification of the official transfer, the 2INGage 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 2INGage Permanency 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, 2INGage 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. 2INGage 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. 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 2INGage when this condition is not met in the format provided by DFPS. This report must be submitted within 24 hours of the occurrence to the following e-mail addresses:

To DFPS at DFPSRESIDENT@dfps.state.tx.us

To 2INGage at CMD@2INGage.org

2INGage 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, 2INGage 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.

2INGage'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 Texoma and Big Country areas. 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.

Assessing and Ensuring Appropriate Placement

For emergency placements, 2INGage Placement staff will match the child with the most appropriate and least restrictive placement based on the information provided by either DFPS or the Permanency Case Manager at the point of referral and information entered into ECAP. 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 ECAP. This will include information from the child's record including information from the birth family, DFPS or 2INGage Permanency 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 home of origin. 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.

2INGage's matching system, ECAP, 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. 2INGage 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. 2INGage 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 2INGage in identifying an appropriate placement and in recruiting and developing additional resources in all of Region 02.

2INGage 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 2INGage 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 2INgage for a child or youth who is in immediate need of paid foster care placement and services and is not currently served by 2INgage. 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 2INgage Intake and Placement Specialist will identify an appropriate placement through the ECAP matching system. Both the family and the Provider will be contacted to confirm acceptance of the placement. 2INgage will notify and obtain any approvals required by DFPS of the appropriate placement recommendation and identify a potential medical consentor. 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 2085b, 2085e, Child's Rights (2530), Region 02 Placement Documentation (1509), Attachment A and Placement Summary Form 2279. The Provider is expected to be at the placement and will serve as the 2INgage 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 2INgage 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 2INgage 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. 2INgage 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 2INgage within the next business day following placement.

2INgage 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 2INgage Permanency Case Manager makes a referral for a child or youth already in conservatorship who is moving to a paid foster care placement in 2INgage'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 2INGage classified as non-emergency, the 2INGage Intake and Placement Specialist will identify the potential placement option(s) for the child, again through the ECAP system, and will work with the Permanency 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 2INGage Intake and Placement Specialist will contact the caregiver from which the child will be moved to gather relevant information.

2INGage will send the Placement Authorization, ECAP assessment, 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, 2INGage staff will transport the child to the placement and will bring the Placement documents to include Placement Authorization, 2085b, 2085e, Child's Rights (2530), Region 02 Placement Documentation (1509), Attachment A and Region 02 Placement Change. The provider will serve as the 2INGage 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 2INGage 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 2INGage Network and require a new foster care placement within the 2INGage 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 Permanency Case Management for a placement change, 2INGage will conduct a joint staffing to discuss barriers and strategies to prevent placement changes whenever possible and appropriate. 2INGage and the Provider will offer placement stabilization services to attempt to avoid disruption. If these strategies are not effective or warranted, the ECAP 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 2INGage Region 02 Placement Change document providing information regarding the child needed to share with the new placement.

Providers may not make their own placement changes without prior approval from 2INGage. 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 cmd@2ingage.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 2INGage authorization without 2INGage permission.

In all placement change situations, the 2INGage 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 2INGage 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, 2INGage may be contacting several agencies at one time due to the timeframes involved in making placements so an initial contact from 2INGage does not guarantee that placement will be made with your family. 2INGage'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 2INGage PCM may also be in attendance.

When a placement date and time has been finalized, 2INGage will provide Placement Authorization, updated 2087, current ECAP assessment Attachment A which designates the child's history of sexual victimization and aggression, Region 02 Placement Change form, and all other placement documents. This will include Attachment A which designates the child's history of sexual victimization and aggression as well as the Region 02 Placement Change form. The provider will be responsible for ensuring all required parties sign documents and submitting signed copies of all placement documents to 2INGage the next business day following placement.

Foster Home Profiles

2INGage will require our Network Providers to verify daily their foster home information and availability and to update 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 2 will allow the 2INGage to make decisions, which reflect the best interests of the child. By utilizing real time placement information and ECAP, 2INGage 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 on ECAP 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 ECAP 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

2INGage understands the importance of continuity of procedure and service provision across the continuum of care. The standard home profile used for matching purposes in ECAP will be utilized for all homes where a 2INGage 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.). 2INGage requires this information to be entered in ECAP for each foster and adoptive home in the network.

Failure to update ECAP may result in families not being selected for placement. Providers that do not update their homes and bed availability according to the above listed guidelines are subject to placement holds and/or restrictions.

Placement Stability

We jointly believe that every child is entitled to placement stability. We understand placement disruptions negatively impact the child's emotional, behavioral, and physical health as well as their ability to develop and maintain healthy relationships. Through policy and in practice, 2INGage 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. 2INGage will track all placement changes and will review a child's response to services and assist in authorizing services to support stability.

2INGage understands the importance of ongoing support to prevent placement disruption. In most cases, 2INGage 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 2INGage 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. 2INGage Community Engagement staff may assist in identifying any additional resources and support within each community or create plans to develop resources not currently available.

Discharge

2INGage considers a discharge successful when it is planned, to a less restrictive setting, or when reunification with the family occurs. 2INGage 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 the Care Coordination and Utilization Review Department email box at cmd@2INGage.org. 2INGage 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 2INGage when a child is discharged to any positive permanent placement by using the same form.

2INGage may remove a child whenever 2INGage determines it is in the best interest of the child due to allegations of neglect and abuse in the current placement.

Timeframes for discharge are detailed on the 2INGage Residential Child-Care Disruption/ Discharge Notice Form. All discharges will be effective beginning the date received by 2INGage.

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 ensure the caregiver completes Region 02 Placement Change Information 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 2INGage 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. 2INGage 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

2INGage and the Provider will make the following commitments to ensure effective service delivery:

1. As outlined in the Provider Services Agreement, it is the Provider's responsibility to ensure the "first visits" after a child is removed from parental custody take place and will ensure that they occur within five (5) calendar days, **including transportation to the visit(s)**. Prompt visitation between children and their parents early in the case is critical to ensuring more timely permanency occurs. The Provider will respect the right of both children and their parents to have visitation as long as behaviors remain safe. Restrictions to visits should be discussed with and approved by the Permanency 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. 2INGage and the Provider understand that prompt communication is essential to maintain appropriate service delivery across the continuum of care. Both 2INGage 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 2INGage'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 Skype; or
- verbalizing them to a designated person, such as the Provider case manager, 2INGage Permanency 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 Permanency 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.

2INGage 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

2INGage will utilize information obtained through diligent search for relatives and fictive kin to expand placement opportunities. 2INGage 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 2INGage 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 2INGage 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 2INgage for children who have habilitative or primary medical needs, with the assistance of the 2INgage Care Coordinator, the Permanency Case Manager will coordinate a telephone staffing with the chosen caregivers, the Provider case manager, medical staff (if applicable), DFPS Well-Being Specialist, 2INgage Permanency Supervisor and Director, Regional DFPS Nurse and STAR Health staff to:

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

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

Placing Children in an Institutional Setting

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

The current Provider case manager and caregiver(s) should work collaboratively with 2INgage 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 Child Placing agencies who license families and have an option to pursue becoming licensed/verified through any Provider they may choose. Texas Family Initiative will license any families who do not select an agency for Foster Care or Adoption.

Kinship Home Verification Notification Process

- When the Provider has completed the verification process with a family, they will notify the 2INgage Care Coordinator and Permanency Case Manager that the family has been submitted to CLASS as an approved foster or adoptive home.
- When 2INgage verifies that the family is active in CLASS, a plan will be coordinated with the Permanency Case Manager and the Provider for the official start date of the child's placement.
- Official placement will not occur until approved by 2INgage
- 2INgage will enter the placement into IMPACT and placement process protocol will be followed.
- The Provider will work with the family and 2INgage 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 2INgage, 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 2INgage 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 02. 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 2INgage Permanency Support staff. 2INgage 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,
- 2INgage Permanency 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 2INgage Permanency staff. The Provider will

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

- Permanency Planning and Permanency Goals identified by 2INgage;
- 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 2INgage Permanency 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 2INgage. 2INgage 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 2INgage Permanency Conference 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 2INgage Permanency Case Manager upon completion/receipt:

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

2INGage 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. 2INGage values individual uniqueness and firmly believes families know what they need better than anyone. Rather than relying solely on case history, 2INGage recognizes children and families are the experts on their lives, and this will be communicated throughout the assessment process. 2INGage 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. 2INGage is committed to providing Trust Based Relational Intervention (TBRI) training/principles to the provider network. TBRI is a therapeutic model that trains caregivers to provide effective support and treatment for at risk children.

Child and Family-Centered

2INGage 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. 2INgage 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

2INgage 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, 2INgage 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 2INgage 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, 2INGage 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 cmd@2INGage.org email box with the subject line Day Care Request- Child's Name. 2INGage will monitor the box daily for these referrals and verify required documents. 2INGage will enter requests into IMPACT and forward all documents to DFPS on the same day they are received. 2INGage 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/2INGage 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. 2INGage 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 2INgage 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 2INgage Permanency 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 2INgage Permanency 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 2INgage Permanency Case Manager immediately of any psychiatric hospitalization. They are to then send email notification to 2INgage at cmd@2INgage.org and cc the 2INgage Permanency 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 the cmd@2INgage.org within 24 hours.

2INgage 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. 2INGage encourages providers to not see psychiatric hospitalizations as an end to placement but rather in these instances encourage providers to reach out to 2INGage 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 2INGage 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 2INGage Permanency Case Manager is designated as the medical consentor for a child, the Provider case manager must ensure that the 2INGage staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.

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

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 2INGage Permanency 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 2INGage 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 2INGage Permanency 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 2INgage Permanency 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 2INgage 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 Permanency Case Manager or PCP (Primary Care Physician) have determined a referral is necessary.

2INgage 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 2INgage 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.* 2INgage 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 Permanency Case Manager to explain the circumstances and gain approval for 2INgage to transport. *If a home is unwilling or refuses to transport and the agency does not have a backup transportation plan in place, 2INgage may place that home on hold or restrict the types of placements the home is able to take.*

6. Utilization Management - Level of Care

For each new and subsequent placement of a child, 2INgage Intake and Placement staff will assign an Authorized Placement Score based on the ECAP matching assessment 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 Permanency Case Manager for subsequent placements. The score will be Tier 1, 2, 3, or 4.

2INgage 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 2INgage 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 a rescore by ECAP should they feel that the score is incorrect. Request should be made to cmd@2ingage.org Rescores will be completed within 7 days of requested.

The Authorized Placement score will remain the same for the child during the placement. Any exceptions approved to the rate based on the ECAP score will be time limited and will be reviewed periodically by 2INgage

If a child is having difficulties and the foster home is moving toward disruption, the provider agency may request Disruption Mitigation Plan. 2INgage will facilitate a staffing with the provider agency and foster parents to identify additional services for the development of a plan to stabilize the placement. An ECAP reassessment may be part of the plan. 2INgage can approve payment for additional services if needed through an exception process

Utilization Review Process

2INgage will strive to serve children in the least restrictive setting while ensuring their needs are met. Utilization Review staff will track children in Residential settings in order to identify the services that are being provided to meet that child's need and identify a target date for the child's move into a less restrictive setting. UR staff will coordinate with Residential Providers to identify the target date and develop a plan for what the child will need in a less restrictive setting when the child is able to transition.

Tier Reconsideration Process

The Tier Reconsideration Process was established to ensure that tier ratings are accurately evaluated based on comprehensive information. Requests for reconsideration should be made only when it is believed that pertinent information was omitted from the original assessment, which could influence the tier rating outcome. It is important to note that reconsideration requests should not be submitted solely due to disagreement with the assigned tier ratings. Requests that fail to present new information will not be considered.

Reconsideration Process Steps:

1. **Submission of New Information:** The reconsideration process begins with the submission of new or additional information that was not considered during the initial assessment. This information should be submitted by the provider via cmd@2ingage.org. All requests for Tier Reconsideration must be submitted within thirty (30) calendar days of the original Tier Rating decision.
2. **Initial Review:** Upon receiving the new information, the team will conduct an initial review to assess its relevance and completeness. If the information is deemed insufficient, the submitter will be requested to provide additional details within a specified time frame. Failure to respond within the stipulated time limit will result in the denial of the Tier Reconsideration request.
3. **Reassessment:** The Tier Reconsideration Team will rerun the assessment with the new details to determine if the tier rating should change. This ensures that all relevant information is considered in the tier rating decision.
4. **Decision and Communication:** After the reassessment has been completed and the Tier rating determined, the decision will be communicated to the submitter, along with a detailed explanation of the rationale behind the decision.
5. **Documentation:** All steps of the reconsideration process, including the submission, review, reassessment, and final decision, will be documented to ensure transparency and accountability.

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.

2INGage 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 2INGage Permanency 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 must 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. **Please see Region 2 Jurisdictional Differences in appendix.**

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 2INGage 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 2INGage and the Provider. Therefore, whoever is present (the Provider case manager, the caregiver or 2INGage staff) must notify the other parties by the next business day.

If an emergency court hearing is scheduled, then the Provider and 2INGage will determine the attendee list as soon as possible.

The Provider case manager will also notify 2INGage 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

2INGage 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 2INGage Permanency 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

2INGage and the Network Provider will work together to prepare older youth in DFPS conservatorship who are transitioning from substitute care to adulthood.

2INGage understands youth must be prepared for adulthood. 2INGage 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. 2INGage 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 2INgage Permanency 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 2INgage Permanency 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. 2INgage Independent Living Staff, Permanency 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.

2INgage 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)

2INgage 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 2INgage 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.

2INgage will refer youth for PAL Like 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 Permanency Case Manager in coordination with the 2INgage Independent Living Specialist will provide information regarding SIL to the young adult. 2INgage 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

2INGage 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 2INGage Permanency 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)

2INGage 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). 2INGage 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 2INGage in obtaining NYTD surveys from identified youth.

Aftercare and Follow Up

2INGage 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 2INGage Permanency 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 2INGage 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

2INGage Adoption Specialists will take primary lead on all adoption recruitment and matching activities for referred children in DFPS conservatorship in the Region 2 Community Based Care catchment area. 2INGage Permanency 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

2INGage will be fully responsible for all general and child-specific recruitment activities for adoption-motivated homes for children from and referred to Region 2. 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.

2INGage Adoption Specialist staff will have primary responsibility for adoption activities and will manage and track all child specific inquiries.

Home Selection and Staffing

The 2INGage Adoption Specialist will coordinate and host a selection staffing with 2INGage Permanency staff, CASA, ad litem, guardian ad litem, Provider Case Manager, and current foster parents (as appropriate). 2INGage 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 2INGage 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, 2INGage will:

- complete redaction within 15 business days; and

When an adoptive home recommendation is denied, 2INGage 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 2INGage 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 2INGage Permanency 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 2INGage 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 2INgage 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, 2INgage 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 2INgage Permanency Case Manager. 2INgage must have an adoption contract in place with an agency before an adoptive placement can be made.

2INgage Permanency 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

2INgage 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. 2INgage utilizes an annual training plan to guide professional development across the organization and works to implement best practices and address competency training as appropriate. 2INgage will define and develop new training roles and strategies to service the Region 2 area to meet requirements, legal and regulatory statutes, and enhance the continuum. 2INgage seeks to aggressively integrate best practices and new evidence-based practices within our continuum of care.

2INgage's training program provides opportunities to engage in development of essential skills to serve effectively in the Region 2 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.

2INgage 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, 2INgage 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.

2INgage offers a variety of different training subjects throughout the year. Training opportunities will be posted on an ongoing basis on the 2INgage website.

11. 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 to 2INgage at cmd@2INgage.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.

Data Collection and Reporting

Network Providers shall be responsible for:

- forwarding to 2INgage 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, and
- completing a 2INgage Monthly Case Status Report and providing it to 2INgage by the 10th of the month.

Disaster and Emergency Response Preparedness Plan (DERPP)

Network Provider shall submit to 2INgage 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, 2INgage 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 2INgage 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 2INgage Permanency 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.

12. Quality Improvement and Contract Management

2INGage 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:

2INGage 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 2INGage'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:

2INGage QI staff will be tasked with the ongoing compliance monitoring of 2INGage as well as the provider network subcontracted for service provision. Quality is monitored and enhanced through a "DO-RITE" process. This process includes 6 steps: *Define, Observe, Record, Intervene, Test, and Evaluate*.

1. Define: Outcomes and performance targets will be clearly defined for 2INGage and all network providers. This will ensure all providers and 2INGage are measuring outcomes uniformly.
2. Observe: QI staff will observe the performance of 2INGage and network providers through various activities including audits, interviews with staff, walk-throughs, reporting data and review of concern/complaints,
3. Record: QI staff will record the information observed and obtained through these reviews in a format that clearly outlines the deficiencies.
4. Intervene: QI staff will collaboratively develop interventions with 2INGage direct service staff as well as network providers in order to improve the particular area of weakness and bring the measure into compliance with identified outcomes.
5. Test: QI staff will follow up with agency staff and network providers to ensure the implementation of program improvement plans designed to enhance service provision and bring any deficient performance measures into compliance.
6. Evaluate: QI staff will evaluate the success of those plans and modify the intervention as needed in order to obtain compliance with performance measures.

Quarterly Network Provider Reviews: The Quality Improvement team will perform quarterly desk reviews to measure provider compliance with internal agency procedures, accreditation standards, 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 Improvement Specialists will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview.
2. Quality Improvement 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. Quality Improvement 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. Quality Improvement Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Quality Improvement Specialists will require a private space to review records.

When the on-site review is completed, Quality Improvement 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. Quality Improvement Specialists will document findings (Observations) noted during the monitoring review.
2. Within 30 business days of the exit interview, the assigned Quality Improvement 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 Director of Quality Improvement approves this monitoring report.
 - a. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement.
 - b. The Director of Quality Improvement 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 Director of Quality Improvement 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.

2INGage 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 2INGage 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 2INGage to collaborate with stakeholders for program improvement and development.

Facility Environmental Surveys: The QI staff will perform scheduled and random walk-throughs of any residential program providing services to 2INGage 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 2INGage. 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 agency Consumer Affairs Specialist. 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 a neutral entity, the agency's Consumer Affairs Specialist, dedicated to assuring the agency's responsiveness to consumers and stakeholders. The Consumer Affairs Specialist will gather information and input from the consumer or stakeholder and place this information along with questions in a questionnaire. The Consumer Affairs Specialist will forward this questionnaire to the appropriate staff to respond to the questions and provide additional information necessary to resolve the issue. The Consumer Affairs Specialist will also ensure follow up occurs from within 2INGage to the consumer or stakeholder in a timely manner to preserve consumer/ stakeholder satisfaction. The Consumer Affairs Specialist 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: QI staff in conjunction with 2INGage 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 2 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 2INGage clients.

Advisory Councils: Our partner, New Horizons, has led the way in Region 2 creating and utilizing advisory councils consisting of staff, community partners, stakeholders, foster parents, clients and concerned community members throughout our programs. These advisory councils will continue to assist 2INGage 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 2INGage'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 2INGage's leadership team and executive team meetings.

Outcomes Reporting: One of the most important tasks for QI staff is to trend and track performance targets related to 2INGage outcomes. 2INGage will utilize the Data Entry, Quality Improvement, and Software Departments 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. 2INGage 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

2INGage will utilize all State required systems as well as the Gateway database, our internal WebFACES database and the ECAP system to collect and validate client information. Using these data systems, 2INGage 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, 2INGage 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

2INGage is committed to promoting a Continuous Quality Improvement (CQI) environment throughout Region 2 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. 2INGage will implement and utilize our established Quality Assurance and 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 2INGage 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 2INgage 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 2INgage monitoring processes. Through the CQI process, 2INgage 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

2INgage holds Network Providers accountable to administrative and service performance standards. Contractual measures are established to drive the Provider Services Agreement, which in turn could reduce the frequency of onsite monitoring.

Communication with Network Providers

2INgage 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 QI staff will work closely with the Community Engagement Director 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 simple. Providers must meet clear levels of contractual performance or immediately execute plans to meet performance expectations. If any member of the system of care does not meet DFPS expectations 2INgage 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 2INGage technical staff;
- request the creation and deactivation of user accounts for 2INGage 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 2INGage’s software systems; and
- report technical problems related to 2INGage 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 SSCCs 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

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

2INGage provides periodic webinars and on-site training for Providers. Recorded webinars, manuals, and other useful information are posted on the 2INGage website (www.2INGage.org).

During business hours, 2INGage provides live phone support at 620.208.1828 or by email at helpdesk@2INGage.org to assist Providers with technical issues related to 2INGage 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 2INgage in order to be set up in the Texas ECANS system.

Requesting Logins to 2INgage Systems

Providers needing access to the Gateway for the first time need to choose an administrator for the agency and send the following to TPG@2INgage.org:

- The full name of the individual
- The individual's email address

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.

Securing Email and Fax Communication

Prior to transmitting confidential information by email, Providers are responsible for ensuring that their email system utilizes Transport Layer Security (TLS) to provide an encrypted channel of communication between email servers. TLS is an attractive alternative to third-party email encryption systems, because encryption occurs automatically in the background without requiring the receiving party to log into a third-party system to access the email. If a Provider is not certain whether their email system uses TLS, they should check with their IT (Information Technology) professionals or contact TPG@2INgage.org for assistance. 2INgage will accept emails through third-party encryption services but has a strong preference for using TLS instead.

Providers are also responsible for ensuring privacy of communications received by Fax. DFPS and 2INgage require physical security around fax machines to prevent unauthorized access to confidential information. 2INgage encourages the use of secure digital faxing services, which deliver faxes to a secure email account.

14. Finance and Billing Procedures

2INgage will follow the process outlined in Article 5 of the Provider Services Agreement and any addendums to the agreement for payments and payment disputes. Questions that arise should be sent to the 2INgage Finance Department at finance@2INgage.org or call 620-343-6111.

Initial Payment for Foster Care Services

New placements – Network Providers (“Providers”) will be paid by 2INgage for all new placements that have been referred by 2INgage after December 1, 2018.

Legacy transfers – Providers will be paid by 2INgage for Region 2 legacy kids beginning on the date the legacy kids are transferred into the 2INgage Network.

Payment Terms

Article 5 of the Provider Services Agreement states that 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, 2INGage 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.).

2INGage 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 Article 5 Section 1.4.

All Providers will be paid electronically by direct deposit. Your bank account will show that the deposit is from Texas Family Initiative LLC. 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

2INGage will pay the Network Providers ("Provider") for foster care services at the fee-for-service rates shown in Exhibit A of the Provider Services Agreement (or applicable addendums for rate changes) and according to the limitations in this section.

- Providers will receive payment for each day a youth is in pre-authorized placement, with the exception that no payment will be made for the day that a child leaves care.
- 2INGage will pay the provider for up to 14 days of foster care in the following circumstances:
 - (1) Psychiatric hospitalization
 - (2) Medical facility hospitalization
 - (3) Runaway
 - (4) Unauthorized placement
 - (5) Temporary placement/visit in own home
 - (6) Locked facility, jail, juvenile detention center
 - (7) Short-term substance abuse placement
- Upon notification of the above-referenced circumstances, the 2INGage coordinator will discuss with the provider their willingness to hold the bed. The child's previous patterns of runaway or psychiatric placement will be considered as appropriate. 2INGage Senior Management will give final approval to all requests for held beds and the provider will be notified of the number of days 2INGage will pay in order to reserve space for the child's anticipated return within 14 days or less.
- 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.
- 2INgage 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 (Intermediate Care Facilities for persons with Mental Retardation))
 - 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

2INgage will pay the Network Providers (“Provider”) for “Adoption Placement” and “Adoption Post-Placement” services. The fees for these services are included in the Provider Services Agreement.

Providers will be required to send an invoice and adoption document packet to the 2INgage Finance Staff for Adoption Placement Services, if applicable, and Adoption Post-Placement Services. The invoice and document packet must be received by 2INgage within 30 days from the date of service. For adoption placement services, the date of service is the date of the adoptive placement as shown on the DFPS Adoptive Placement Agreement. For Adoption Post-Placement Services, the date of service is the date the adoption decree or final adoption order is signed by the judge.

Adoption Placement Document Packet – Checklist of Required Documents

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

Adoption Post-Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with dates inclusive of the day following the adoptive placement to the date of consummation as Begin Date and the Termination Date. Must also have the correct 88G service code.). Form 2054 should be made out to SSCC 2INgage R2 (adoption), not the Provider;
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 2INgage by email adoption@2INgage.org.

The invoice and document packet can be sent to the 2INgage Finance staff by any of the following:

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

Once received, the 2INgage Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, the 2INgage Finance staff will enter the adoption services 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

2INgage 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 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. The fees for these services are included in the Supervised Independent Living Provider Services Agreement.

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

1. The Extended Foster Care agreement signed by the youth must be on file.
2. The provider must be able to provide documentation on a periodic basis demonstrating that the youth is:
 - a. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
 - b. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the Youth or young adult has received a high school diploma or GED certificate. (40 TAC (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"), the 2INgage 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.

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

To set up a Provider's file on www.box.com, the Director of Finance or Accounting Manager has the ability to create the file when the Provider's first payment has been created by the SSCC client data management system. When the Provider Agreement is signed, the Director of Finance or Accounting Manager will provide the Provider with a contact form that will designate their point of contact for their 2INGage contract and request the name and contact information for a billing/payment contact person. Once received, the staff will be given access to their organization's file on www.box.com with viewer/uploader status. The staff will be able to download and upload documents when needed. At any time, a Provider can contact the Director of Finance or Accounting Manager to change the staff that have access to their file on www.box.com. For any questions about accessing or downloading information from www.box.com, please contact finance@2INGage.org.

Payment Dispute Resolution Process

The Network Provider ("Provider") will reconcile the payment from 2INGage to the Provider's records. If any discrepancies are noted, the Provider will initiate the following dispute resolution process within 30 days of receiving payment:

- The 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 2INGage Finance Staff. The discrepancy report can be submitted by encrypted email, fax, and regular mail and can also be uploaded to their file on www.box.com. Please contact the 2INGage Finance department with any questions at finance@2INGage.org.
- Staff Conferencing. Within ten (10) days of receipt of a written notice initiating the dispute resolution process, 2INGage and the Provider, through representatives of their services and financial staff, will confer and attempt to reconcile any disputed payments for which 2INGage—based upon a good faith review of any documents submitted by the Provider and 2INGage'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, 2INGage'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 2INGage 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, 2INGage shall make its payment to the Provider in the next monthly payment following the month in which 2INGage concluded it was liable for payment.

- In the event the Provider owes 2INGage 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 2INGage to the Provider, 2INGage may deduct the balance amount due to 2INGage from any amount owed to the Provider pursuant to the Provider Services Agreement.

Compliance with Master Contract. 2INGage 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 2INGage, the Provider shall repay said overpayment immediately to 2INGage without prior notification or request from 2INGage. In the event that 2INGage first discovers an overpayment has been made to the Provider, 2INGage shall notify the Provider by letter of such a finding and request repayment forthwith. 2INGage may unilaterally deduct overpayments made to Provider from monies owed to Provider.

Monitoring Minimum Pass-Through Rate Compliance

2INGage monitors its Child-Placing Agency Providers (“Providers”) for compliance with the minimum pass-through rate, which is required by the SSCC Master Contract and any addendums to the agreement for payments and payment disputes. The Minimum Pass-Through Rate to the foster parents is shown in the most recent Rate Addendum to the Provider Service Agreement. This annual monitoring is performed by the 2INGage Director of Finance.

Each year, one month is randomly selected for monitoring. A Provider payment report by Provider and by client is created in the SSCC client data management system for the selected month. Ten percent (10%) of each Provider’s placements or 2 placements, whichever is greater, are randomly selected for the pass-through payment monitoring. Once the sample of placements has been created, each Provider is contacted with the list of randomly selected foster homes. For the selected month, we request that the Providers send us the calculation of the foster parents’ payment and proof that the foster parents received the payment.

Once the Providers have complied with our request, we use the Minimum Pass-Through Rate Monitoring Tool to evaluate each foster parent’s payment, and to verify that all Providers have complied with the minimum pass-through rate requirement. If we determine that a foster parent has been paid incorrectly, the issue is presented to the billing contact of the Provider and proof of a corrected payment to the foster parent is requested and required. If a Provider fails to comply with the request for the foster parent payment information and/or fails to comply with the Minimum Pass- Through Rate requirement, it is reported to the 2INGage Chief Operating Officer in order to pursue a remedy with the Provider.

Monitoring Financial Viability

2INGage may monitor the financial viability of the Providers when it deems appropriate to do so.

According to the 2INGage Provider Services Agreement, Providers must send their unaudited financial statements to 2INGage 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 2INGage within 9 months after the Provider’s fiscal year end.

2INGage will utilize standard financial measures to monitor financial viability of the Providers when it deems appropriate to do so. The monitoring will be performed by the 2INGage Director of Finance, and the results of this monitoring will be submitted to the 2INGage Chief Operating Officer and Chief Financial Officer.

15. Manual Revision and Communication

This Provider Manual will be revised from time to time, as needed. When it is revised Providers will be notified and the latest version will be posted on the 2INGage website www.2INGage.org. *It is the responsibility of Network Providers to ensure they are operating within the most current version of the 2INGage Provider Manual.*

2INGage Contact Information

Finance Department	finance@2INGage.org
Foster Adopt and Kinship Inquiries	adoption@2INGage.org
Grievance	concernline@tfifamily.org
Information Technology	TPG@2INGage.org
Referral and Placements	cmd@2INGage.org
Incident Reporting	cmd@2INGage.org
Court Reports and Information	court@2INGage.org
Adoption Services	adoption@2INGage.org
Daycare	cmd@2INGage.org
Psychiatric Hospitalizations	cmd@2INGage.org