



Provider Manual

Revised 1.2026

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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.

In 2017, the Texas Legislature directed DFPS to expand the model to include both foster care and relative or "kinship" placements and to transfer primary responsibility for case management from DFPS to the Single Source Continuum Contract.

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 is implemented in each region in stages. Stage I includes responsibility for placement of all children in DFPS paid care. Stage II 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.

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.

2INgage assumed responsibility for all Case Management functions related to Stage II of Community Based Care on June 1, 2020. 2INgage entered Stage III of the contract on March 1, 2024, which includes responsibility of fiscal incentives and remedies related to performance outcomes, including permanency measures.

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.
- INgage 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

The 2INgage Leadership Team is led by a Senior Vice President and Chief Program Officer 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 aims to meet 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.

Conflict Resolution Process

Case Specific Conflict Resolution: There may be times when 2INgage and a Network Provider do not agree on a case decision affecting a child. This may include placement decisions and may involve either 2INgage placement or case management staff.

2INgage and Provider staff, including supervisory staff, 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 2INgage 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. Tier rating determinations (Refer to Section 5 Utilization Management-Tier Rating); 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 2INgage

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@tfifamily.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.

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.

Client’s Rights

Network 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, at the time of any placement change to a new foster home, and at every review of the Child Plan of Service.
- The CPS Rights of Children and Youth in Foster Care, also known as the Bill of Rights (TFC §263.008), is an important document that outlines the rights children and youth have when they are placed in foster care. It is required by federal law, Texas law, and CPS Handbook policy [6420 Rights of Children and Youth in Foster Care](#).

- Every time it is reviewed with the child or youth, it must be signed by the child or youth, the caseworker, and the caregiver.
- 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;
- 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.

2. Performance Measures

2INGage recognizes the significance of the Community Based Care Initiative in its mission to bring about significant improvements in the lives of Region 2 children and their families. By actively collaborating with various partners, we aim to establish a robust community-based system of care.

Within this initiative, Network Providers will join forces with 2INGage to enhance outcomes for children, aligning with the Federal Child and Family Service Review (CFSR) and DFPS State objectives outlined below:

Goal	#	Performance Measure
Safety in Paid Foster Care	1	Children/youth placed in paid foster care are safe from abuse and neglect.
Paid Placement Stability	2	Children/youth have stability in their paid foster care placements. Non-paid placements are not included in this measure.
Home Setting	3	Children/youth are placed in a home setting placements.
Maintaining Connections (Proximity, Siblings)	4	Children/youth are placed within 50 miles of their home communities.
	5	Children/youth are placed with their siblings in paid foster care.
Preparation for Adulthood (ID / Driver's License, PAL at 18 years old)	6	Youth age 16 and older obtain a driver's license or Texas identification card.
	7	Youth turning 18 complete Preparation for Adult Living (PAL) training.
Timely Exits to Permanency*	8a	Children exit to permanency within 12 months of entering DFPS conservatorship.
	8b	Children exit to permanency within 18 months of entering conservatorship.
	8c	Children exit to permanency within 2 years of entering conservatorship.
	8d	Children exit to permanency within 3 years of entering conservatorship.
Timely Exits to Reunification	9a	Children exit to reunification within 12 months of entering conservatorship.
	9b	Children exit to reunification within 18 months of entering conservatorship.

Goal	#	Performance Measure
	9c	Children exit to reunification within 2 years of entering conservatorship.
	9d	Children exit to reunification within 3 years of entering conservatorship.
Placement with Kin	10	Children/youth are placed with kin on the 60 th day after removal.*
CPS Reinvolvement*	11	Children who exit to permanency and have a new CPS intervention with 12 months from exit.

Performance Measure #1: Children/youth placed in paid foster care are safe from abuse and neglect.

Indicator: The percentage of children/youth who do not experience a validated incidence of abuse, neglect, or exploitation in paid foster care

Data Source	IMPACT
Target	100%
Numerator	The number of unique children/youth age 0-17 in the denominator minus the number of children/youth who were identified as a Designated Victim in a DFPS RCCI investigation for which a disposition of Reason to Believe was made during the performance period. Stage I and Stage II includes dispositions by Residential Childcare Investigations.
Denominator	The unique number of children/youth age 0-17 served during the performance period. Only children/youth under age 18 are counted since adult victims are not investigated by CPI.
Performance Period	Performance is tracked quarterly and assessed annually. The annual performance will reflect the total unique number of children/youth age 0-17 in DFPS conservatorship from the catchment area.

Performance Measure #2: Children/youth have stability in their paid foster care placements.

Indicator: Paid foster care placements per child/youth.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The total number of SSCC contracted placements for children/youth age 0–17 at the start of the performance period plus the number of SSCC contracted placements opened for all children/youth age 0–17 during the performance period. Placements that opened and closed on the same day are not counted. Hospital stays are not counted as a placement. Multiple sequential placements opened in the same home will not be counted as separate placements. Verified relative/kinship foster home placements are counted. Unverified kinship homes and other non-contracted placements are not counted.
Denominator	The unique number of children/youth age 0–17 who were in a SSCC contracted placement during the performance period.
Performance Period	Performance is tracked quarterly and assessed annually. Each quarterly measurement reflects the cumulative year to date count.

Performance Measure #3: Children/youth are placed in home setting placements.

Indicator: The percentage of days that are in a home setting placement.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The total number of days in the denominator that children/youth spent in a home setting. In Stage I, a home setting is a verified kinship/relative or non-relative foster home. In Stage II, a home setting is a verified or unverified kinship/relative home, own home, adoptive home, or non-relative foster home).
Denominator	The total number of paid foster care days (Stage I) or conservatorship days (Stage II) for children/youth age 0–17 served under the contract during the performance period.
Performance Period	Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine the annual performance.

Performance Measure #4: Children/youth are placed within 50 miles of their home communities.

Indicator: The percentage of children/youth in paid foster care placements within 50 miles of their home.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The number of children/youth in the denominator who were placed within 50 miles of their home (removal address) using the shortest distance between two points by way of a geodesic line.
Denominator	The number of children/youth from the catchment in a SSCC contracted placement on the last day of each quarter.
Performance Period	Performance is tracked quarterly and assessed annually. The point in time measure is assessed on the last day of the quarter. Annual fiscal year performance reflects performance on August 31.

Performance Measure #5: Children/youth are placed with their siblings in paid foster care.

Indicator: The percentage of Sibling Groups placed together in paid foster care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The number of Sibling Groups in the denominator where all siblings were in the same SSCC contracted placement (Stage I) or any contracted placement (Stage II).
Denominator	The number of Sibling Groups from the catchment with 2 or more children in SSCC contracted placements (Stage I) or any contracted placement on the last day of the performance period. A Sibling Group is defined as all children with the same case number. Only siblings age 0-17 are counted.
Performance Period	Performance is tracked quarterly and assessed annually. The point in time measure is assessed on the last day of the quarter. Annual fiscal year performance reflects performance on August 31.

Performance Measure #6: Youth age 16 and older have a driver's license or state identification card.

Indicator: The percentage of youth age 16 or older who have a driver's license or state identification card.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The number of youth in the denominator who have been issued a driver's license or state identification card.
Denominator	The unique number of youth age 16 or older served during the performance period.
Performance Period	Performance is tracked quarterly and assessed annually. Each quarterly measurement reflects the cumulative year to date count.

Performance Measure #7: Youth complete Preparation for Adult Living (PAL) training.

Indicator: The percentage of youth who turned 18 and have completed required PAL Life Skills Training.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The number of youth in the denominator who completed required PAL Life Skills Training before their 18 th birthday.
Denominator	The unique number of youth who turned age 18 during the performance period while in a paid placement (Stage I) or who exit conservatorship at 18 (Stage II).
Performance Period	Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine the annual performance.

Performance Measure #8a: Time to Permanency within 12 Months.

Indicator: Children exit to permanency within 12 months of entering care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to permanency within 12 months of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach one full year after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2023).

Performance Measure #8b: Time to Permanency within 18 months.

Indicator: Children exit to permanency within 18 months of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to permanency within 18 months of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance	Performance is tracked as the entry cohorts reach full 2 years after the last possible day

Period	of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 3/1/2024).
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Performance Measure #8c: Time to Permanency within 2 years.

Indicator: Children exit to permanency within 2 years of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to permanency within two years of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach full 2 years after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2024).

Performance Measure #8d: Time to Permanency within 3 years.

Indicator: Children exit to permanency within 3 years of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to permanency within three years of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach full 3 years after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2025).

Performance Measure #9a: Time to Reunification within 12 Months.

Indicator: Children exit to reunification within 12 months of entering care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to reunification within 12 months of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach one full year after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2023).

Performance Measure #9b: Time to Reunification within 18 months.

Indicator: Children exit to reunification within 18 months of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline

Numerator	Of the children in the denominator, the number of children who exited to reunification within 18 months of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach full 2 years after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 3/1/2024).

Performance Measure #9c: Time to Reunification within 2 years.

Indicator: Children exit to reunification within 2 years of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to reunification within two years of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach full 2 years after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2024).

Performance Measure #9d: Time to Reunification within 3 years.

Indicator: Children exit to reunification within 3 years of entering substitute care.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	Of the children in the denominator, the number of children who exited to reunification within three years of entering care.
Denominator	Children aged 0-17 who entered Substitute Care in the performance period.
Performance Period	Performance is tracked as the entry cohorts reach full 3 years after the last possible day of removal in the fiscal year (i.e., outcomes for children removed in FY22 will not be reported until 8/31/2025).

Performance Measure #10: Children/youth are placed with kin on the 60th day after removal.

Indicator: The percentage of children placed with kin on the 60th day after removal.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The numerator will be the number of children from the denominator who have a placement in a Kinship home (Verified/Unverified) on the 60th day after removal.
Denominator	The number of children in the SSCC Stage II CVS population whose 60th day after removal occurs during the performance period.
Performance Period	Performance is tracked quarterly and assessed annually. The point in time measure is assessed on the last day of the quarter. Annual fiscal year performance reflects performance on August 31.

Performance Measure #11: New CPS Intervention within 12 Months from Permanency Exit.

Indicator: Children who exit to permanency and have a new CPS intervention with 12 months from exit.

Data Source	IMPACT
Target	Meet or exceed baseline
Numerator	The number of children from the denominator who were confirmed victims in a subsequent child abuse/neglect investigation, removed from the home, or in a subsequent stage opened to family preservation within 12 months of exit to permanency, defined as Reunification, Permanent Managing Conservatorship to Relative, or Adoption
Denominator	The number of children (age 0 - 17) who exited substitute care (DFPS' legal responsibility and placed outside of their home of origin) to permanency during the year prior to the performance period.
Performance Period	Performance is tracked quarterly and assessed annually. The quarterly measurements will be cumulative to determine the annual performance.

By incorporating these principles and objectives into our partnership, 2INGAGE aims to create a comprehensive and inclusive community-based care system that prioritizes the well-being and successful futures of the children and families we serve.

Foster Care Litigation

2INGage will monitor Network Providers to ensure compliance with Foster Care Litigation including but not limited to those listed below:

- ROA7/A8: Continuous 24-hour wake supervision
- RO4: Sexual Abuse and Child Sexual Aggression Training (CSA) completion
- RO20: Contract monitoring findings, complaints contract violations required quarterly; Notification of child abuse/neglect deficiencies
- RO22: Reporting of serious incidents
- RO25/27/31: Caregiver Certification on Notification of Sexual Aggression/Victimization History (Form 2279 and Attachment A)

In addition, 2INGage will ensure DFPS is aware of any noncompliance with remedial orders outlined in the Foster Care Litigation requirements. 2INGage will track trends and patterns from each network provider to provide additional support in needed areas to ensure the safety and wellbeing of children in care.

3. Recruitment and Region 2 Capacity

Enhancing Service Capacity

The objective of 2INGage is to enhance service capacity in Region 2 by working in collaboration with Network Providers. This initiative aims to address gaps in services and placement capacity within the region. To achieve this, 2INGage will support joint recruitment activities with the Network and utilize internal data systems identifying the area and needs for future capacity growth. The recruitment efforts will be geared towards developing a comprehensive range of placement services required within the catchment area.

Overall, 2INGage aims to strengthen service capacity in Region 2 by collaborating with Network Providers, addressing placement gaps, and engaging communities to expand and improve the range of services available.

Interagency Home Transfer Procedure

The interagency home transfer procedure ensures a smooth transition for foster homes and children under their care. Here is a step-by-step breakdown of the process:

Prior Notice: 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:

- Name of the home/foster parents transferring
- Name/s of the child/ren in the home transferring
- The specific placement forms necessary for each child
- Intended transfer placement date

Verification of Transfer: 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.

Placement Paperwork: 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).

By following these steps, the interagency home transfer procedure aims to facilitate the seamless transfer of foster homes and ensure the continuity of care for children involved.

Ethical Family Transfer Process

During the contract term with the SSCC, and for up to one (1) year after the contract ends, no verified family of the Network Provider should 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 ethical standard applies even when one organization plans to close its operation or is placed on placement hold by Child Care Regulations (CCR) and wishes to transfer its homes to other agencies. In such situations, the organization may request that 2INgage provide a list of Network Providers with contact information to the affected foster parents, allowing them to make their own decisions about transferring verification.

If a verified family contacts another agency seeking information about a potential transfer or submits an application to change verification, the contacted agency should inform the family about the Ethical Family Transfer Process and direct them to discuss their concerns with the agency that conducted their verification. Additionally, the contacted agency must inform the original verifying Provider within five business days of the family's contact to request a transfer.

The agency contacted should refrain from further contact with the family for at least 30 days or until they receive a release and closing summary from the previous verifying Provider, whichever occurs sooner. This timeframe allows the original Provider enough time to meet with the family and address any outstanding issues that may exist.

If the family still desires to transfer after the initial contact, the originating Provider must transfer the verification information to the Provider chosen by the family within 10 business days of the request being made. This transfer should include a transfer summary/release form signed by an administrator of the agency, and it must be completed no later than 10 days after receiving notification.

Foster families and Providers are encouraged to contact 2INGage if they experience any unethical solicitations, either directly or indirectly, to transfer to another Provider.

The Quality Improvement team will review the recruitment plans and patterns of all Providers during annual reviews.

2INGage reserves the right to take appropriate actions, such as withdrawing an agency's Provider Services Agreement and notifying relevant licensing boards, in cases where unethical practices by Child Placing Agency Administrators and Licensed Social Workers become evident. 2INGage places importance on fostering the development of new resources for foster families within our catchment area and aims to promote trust and cooperation among existing Providers within the Provider Network.

4. Assessing, Conducting and Managing Placements

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 (IPD) 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 oversee the Intake and Placement Supervisors who supervise the Intake and Placement Specialists. The Intake and Placement Department will accept referrals from DFPS for residential child-care 24 hours per day, 7 days a 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.

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.

For all Foster home placements, 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 then call the Provider for approval 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 approval of the Provider. 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.

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.

Issues Related to a Child/Youth's History of Sexual Victimization and Sexual Aggression

DFPS/2INGAGE s required by federal court order Remedial Order 28 (of the [Modified Final Order of the United States District Court in the Corpus Christi Division of the Southern District of Texas](#)) to provide **all caregivers** who care for children/youth in the conservatorship of DFPS with information regarding a child/youth's history of sexual victimization and sexual aggression. At initial and subsequent placements of a child/youth in DFPS conservatorship in any setting, staff must review the information contained in the [placement summary form](#) (or a DFPS- approved equivalent) and the Child Sexual History Report Attachment A, obtain signatures, and provide a copy of the documents in accordance with the guidance in this chart.

Type of Setting	Who must review and sign the 2279 or 2279b and Attachment A	Additional Guidance
Unverified Kinship Home	All adults in the home who have unsupervised access to the child.	If anyone is not present at the time that the information is presented, DFPS has three (3) business days to review the information and obtain signatures of the missing individuals. This may be done electronically.
Foster Home	All foster parents	If all foster parents are not present at placement, DFPS/2INGAGE has three (3) business days to review the information and obtain signatures of the missing individuals. This may be done electronically.
General Residential Operation (includes Emergency Shelters and any licensed facility that is not a foster family home)	Administrator Intake staff Case Manager	Depending on the size of the operations, some of these roles may be held by the same individual. In those instances, notate that on the form.
		If anyone who is required to review and sign the documents is not present, DFPS/2INGAGE has three (3) business days to review the information and obtain signatures of the missing individuals. This can be done electronically.
Other Facilities. This includes Juvenile Detention Settings, Psychiatric Hospitals, State Supported Living Center, and Medical Hospitals	Individual responsible for admissions	Caseworkers must review the information with the staff who is admitting the child and make efforts to have them sign the documents. If they refuse to sign, document who the information was provided to, their title, date, and indicate their refusal to sign. If the caregiver admits the child, staff must review the information and obtain signatures upon notification of the admission.

Note: There are limited signature lines on Attachment A, additional signatures can be captured anywhere

on the document along with their printed name, title, and date. For further guidance on caregiver notification of sexual abuse history, review the appropriate policy:

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. (Can permanency review these form numbers?) The Provider is expected to be at the placement. 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.

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For initial emergency placements that occur after 4 hours all placement documents noted above will be sent brought to placement by the 2INgage Permanency Case Manager. The permanency case manager handles placement paperwork, not IPD). The Provider is expected to be present at the time of placement. 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.

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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 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 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 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 Form 2279.

□ ***Placement Change:***

Placement changes will take place with children/youth that are placed in a paid foster care setting within the 2INgage Network 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. Form 2279 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 Intake and Placement to set up a staffing. This 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 without 2INgage permission.

□ ***Respite***

When a Provider is placing a 2INgage child into respite, notice must be given to 2INgage prior to the respite care occurring. The Provider must also inform the child of the plan for respite child-care services, including the intended time of stay.

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 will 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, and all other placement documents. 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 and be verified daily.

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 and does not want another placement immediately

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 IPD team via cmd@2ingage.org and PCM of the potential placement disruption. The 2INgage 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

Planned Discharge:

2INgage considers a discharge successful when it is planned and is to a less restrictive setting or directed to the Child's Permanency plan. This may include reunification or when the child moves to a permanent placement such as an adoptive or Relative home.

Unplanned Discharge:

By contractual agreement, the Providers will be expected to deliver support services to minimize placement disruptions. This includes contact (with the child and caregiver) within one (1) business day of any placement as well as on-going capacity to provide crisis support 24/7/365.

2INgage and its Network Providers will be responsible for implementing many interventions to prevent unplanned disruptions or discharges. 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.

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 discharges. If the child is a danger to him or herself or others and cannot be helped through additional supervision and support provided in a child specific stabilization plan in their current placement, the Provider will submit an Emergency Discharge notice requesting a new placement in compliance with their Provider Services Agreement.

When requesting a Discharge, the Provider case manager will complete the Residential Child- Care Disruption/Discharge Form and submit through the Texas Gateway. 2INgage will track reasons for discharge and as such the provider will 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.

When requesting a placement change the Provider case manager will complete a discharge notice in TPG. 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 completing a discharge notice in TPG.

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 in TPG. m. All discharges will be considered effective beginning the date they are received by 2INgage in TPG and have been reviewed and accepted to meet discharge criteria.

For all discharge notices that are not considered positive, the provider must include detailed documentation of the attempts made to prevent the placement disruption. Providers are expected to demonstrate due diligence and show that all available supports and resources have been fully exhausted before requesting a discharge. This includes, but is not limited to:

- Providing increased support services to foster parents
- Developing and implementing crisis response plans, safety plans, or behavior intervention strategies tailored to the child's needs.
- Offering respite care to prevent caregiver burnout and allow time for stabilization.
- Engaging in child-specific staffing with 2INgage, caregivers, therapists, CASA, attorney ad-litem, and other team members to identify innovative supports and implement placement preservation strategies
- Coordinating with the child's therapist or behavioral health providers to adjust or intensify treatment.
- Collaborating with school personnel or educational advocates to address issues contributing to instability (e.g., IEP updates, behavioral supports).
- Facilitating family engagement or increased visitation, when appropriate, to support the child's emotional needs.
- Accessing and documenting the use of STAR Health programs, including YES Waiver supports, psychiatric consultation, or telehealth services.
- Exploring creative placement supports, such as adding additional caregivers in the home, adjusting sleeping arrangements, or increasing supervision ratios.
- Providing transportation assistance or coordinating wraparound services to reduce placement strain.

Discharge should be treated as a last resort, and providers must clearly show that all reasonable and creative efforts were made to preserve the placement. Documentation must reflect a comprehensive and collaborative approach to stabilization, with a focus on the child's best interest and long-term well-being.

Below are the types of discharges a provider may submit, along with the circumstances under which each applies.

Positive Discharge

Used when the child is discharged due to a positive permanency outcome

- Child has been discharged to the care of a parent, relative or kinship placement.
- Child has transitioned to adoptive placement and foster placement has officially ended.

30-Day Discharge Notice (non-emergency)

Used when continued placement is no longer appropriate.

- It is no longer in the child's best interest to remain at the facility or in the home.
- The provider cannot meet the needs of the child.

14-Day Discharge Notice (non-emergency)

- A psychiatrist, licensed psychologist, physician, licensed clinical social worker, or licensed professional counselor provides documentation showing that the child consistently exhibits behavior that cannot be managed within the provider's licensed programmatic services.
 - Provider must attach documentation to this notice.
- The child has run away from the placement and current whereabouts are unknown. A 14-day disruption notice can be submitted once the child has been missing for 24-hours.
 - If child is located during the 14-day period, the provider must indicate if they would consider taking youth back as placement.

Twenty-Four Hour Discharge Notice

This type of notice is limited to the following specific situations and must be submitted within 24-hours from the start time of the qualifying event or incident:

- A child or youth is arrested **and** is booked in jail or a juvenile detention facility and remains in detention for 24-hours. The provider is not willing to allow the child to return to the operation following release from jail or juvenile detention.
- A child or youth placed in a foster home is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage. The provider is not willing to allow the child to return to the placement after stabilization.
- A child or youth placed in a GRO Emergency Shelter or a GRO that does not provide treatment services is admitted to a psychiatric hospital because the child poses a danger to self or others, or exhibits volatile, self-injurious, or inappropriate behaviors that the caregiver is not equipped to manage. The provider is not willing to allow the child to return to the placement after stabilization.

Guidelines to follow after a discharge notice is given:

If a notice is given by 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 Form 2279 within 3 days of

providing discharge notice. If 24-hour discharge notice was given, the discharge notice will be uploaded into the Gateway and the Form 2279 emailed to the PCM. 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.

Placing a Child/Youth with a Verified Kinship Caregiver

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.

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 Intake and Placement 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.

Placing Children Who Have Habilitative or Primary Medical Needs

When a placement is located for children who have habilitative or primary medical needs, 2INGage will coordinate with the DFPS Well-Being Specialist and STAR Health. A staffing will be held to include the caregivers, the Provider case manager, medical staff (if applicable), DFPS Well-Being Specialist, STAR Health, Regional DFPS nurse, and 2INGage 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 being placed, 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

Prior to recommending placement in an institutional setting such as those listed below, 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. The Provider case manager and caregiver(s) will have essential information about the child or youth to assist in this assessment. This may include the addition of resources to the current placement in order to continue in the least restrictive 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).

If a placement to this type of facility is determined to be the best plan to meet the child's needs, the Provider case manager should ensure that the child or youth is informed and prepared for this transition.

5. Utilization Management – Tier Rating

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 Reassessments will be completed within 7 days of request.

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 the exceptional care process outlined below.

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 48 business hours. Failure to respond within the stipulated time limit will result in the denial of the Tier Reconsideration request.
3. **Reassessment:** Once the information is deemed relevant and complete, the IPS will complete an ECAP tier 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 IPS will be communicated to the submitter, along with a detailed explanation of the rationale behind the decision no later than 7 business days from the original and complete request.
5. **Documentation:** The IPS will update internal systems to reflect the tier rating and corresponding rate effective the date the tier reassessment was completed.

Exceptional Care

Exceptional Care is designated for children whose needs cannot be adequately met within the 2INgage rate structure. Determinations for Exceptional Care are made on an individual basis and are intended to be temporary. As a youth stabilizes and necessary services are implemented, the level of support should typically decrease.

Eligibility for an Exceptional Care (EC) Rate requires that the child meets one of the following criteria:

1. A Court Order mandates placement or payment outside the 2INgage rate structure;
2. The child exhibits extraordinary service needs that significantly exceed the capabilities of traditional residential childcare settings; or

3. 2INGage has conducted an exhaustive search, and placement is unattainable without a child-specific contract exceeding the 2INGage rate framework.

Prior to finalizing any exceptional care agreements, the 2INGage Intake and Placement Department (IPD) reviews all relevant documentation and consults with the child's permanency worker, as applicable, to confirm that the prescribed exceptional care services address the identified needs. Subsequently, IPD engages with the provider and/or caregiver to review the agreement and assess their ability to deliver the required services under the exceptional care arrangement. Agreement may proceed only if the provider and/or caregiver affirms their commitment and capacity to fulfill all outlined obligations.

Upon consensus between 2INGage and the provider, IPD submits the finalized agreement along with supporting documentation to the designated 2INGage SSCC exceptional care approver. The approver will evaluate the materials and communicate approval or denial within three (3) business days. No exceptional care funds may be disbursed until approval is granted.

Compliance monitoring by both 2INGage Permanency and IPD ensures adherence to the terms of the exceptional care agreement. The permanency team will review requirements with the caregiver during monthly home visits and provides feedback, as necessary.

Exceptional Care agreements are time-limited, with specific durations documented within the agreement. All agreements must undergo review by 2INGage prior to expiration to determine continued need and assess renewal eligibility. Any renewal requires repetition of the exceptional care process; automatic renewals are not permitted.

Providers must submit documentation verifying delivery of agreed-upon services for the child. Acceptable forms of documentation include receipts, weekly caregiver notes, therapy records, caregiver schedules, serious incident reports, staff schedules, and other required related documentation. Submission is due two (2) weeks before the agreement's expiration date. Childcare operations bear responsibility for tracking exceptional care expiration dates.

EC funding is not designed to supplement or replace resources already included in the base tier rate, nor should exceptional care be used for services or activities that fall within the scope of normalcy.

Normalcy activities refer to age-appropriate experiences that promote healthy development, social integration, and a sense of normal life for children and youth in care. These activities, which include recreational outings, participation in extracurricular programs, and other community-based engagements, are considered a fundamental part of foster care and are covered under the base tier rate. As such, EC funds may not be used to cover the cost of these activities, regardless of frequency or perceived benefit.

Furthermore, EC funding may not be used for any services that are reimbursable through Medicaid or other publicly funded programs. This includes, but is not limited to, behavioral health services such as individual, group, or family therapy, psychological or psychiatric evaluations, medication management, and occupational, speech, or physical therapy. Providers are contractually obligated to pursue and exhaust all available resources prior to requesting EC. Requests for services or supports that are already covered under existing programs will not be approved.

Many exceptional care agreements mandate specific supervision protocols for children with significant needs. For arrangements involving caregivers in addition to foster parents, DFPS policy prohibits care funded by exceptional care from being provided by household members or by Medicaid/Superior Health funded medical

professionals. Furthermore, in cases where multiple children in a foster home require one-on-one supervision under exceptional care, a separate caregiver must be assigned to each child; sharing of caregivers is not permitted if one-on-one supervision of multiple children occurs at the same time. All additional caregivers must have approved Background Checks from the Texas Health and Human Services Child Care Regulation Division.

In instances where an exceptional care request requires approval from the Department of Family and Protective Services (DFPS), the request will be submitted to DFPS on or before the effective date of the proposed agreement. No exceptional care arrangement shall be considered final until formal approval has been received from DFPS. Furthermore, financial disbursements related to exceptional care services may not be initiated or processed until such approval is confirmed and documented.

Noncompliance with exceptional care agreement terms may result in reduction of the child's rate to the child's Tier level. Additionally, operations may face contract violations, receive warnings, or be rendered ineligible for future exceptional care agreements due to repeated noncompliance.

2INGage reserves the right to audit EC compliance at any time to ensure that services outlined in the Exceptional Care agreement are being delivered as approved, and that all supporting documentation is accurate, complete, and readily available upon request.

Please note that exceptional care may not be used for any youth eighteen (18) years of age or older.

6. Services to Children

Delivery of a Timely Array of Services

2INGage and the Provider understand that prompt communication is essential to supporting effective service delivery across the continuum of care. Both 2INGage and the Provider will commit to prompt and positive communication as a component of this performance-based contract.

All services for children adhere to the following principles:

1. Trauma-Informed Care

Trauma-informed care is the cornerstone to ensure appropriate placement matches, placement stability, and the healing of children. Trauma-informed care calls on staff and caregivers to be teachers and healers rather than viewing children as having problematic behavior. 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.

2. 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.

3. 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 and families 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 family support, 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.

4. 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.”

2INgage and the Provider case manager will share, and exchange copies of all external documentation 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, and evaluations on an ongoing basis.

The following documents are to be submitted to 2INgage through the Texas Gateway 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

Visitation

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 timely permanency occurs.

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**. Restrictions to visits should be discussed with and approved by the Permanency Case Manager.

Pre-Placement Staffing

A pre-placement Staffing will occur for non-emergency moves and placement changes to ensure that all parties 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 staffings.

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 Provider case manager will:

- Ascertain the reason for declining;
- Ensure the youth fully understand the purpose of the staffing; and
- Ensure the youth understands the importance of having a voice in planning for their future.

Development of Single Case Plan

Child and youth service planning is a collaborative and inclusive process between DFPS, 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 Region03E. 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 30th day after removal. The meeting to develop both the Family Plan and the Child Plan will be coordinated and facilitated by 2INGage staff.

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,
- 2INGage Case Manager/Supervisor,
- Provider case manager,
- 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. The Provider will ensure that the Single Case Plan incorporates, at minimum, and is consistent with:

- Permanency Planning and Permanency Goals;
- 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 Provider will submit the signed Plan within 5 days of the Service Plan meeting. The Plan is to be **submitted to 2INGage** through the Gateway. 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 DFPS.
- 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 consider individual circumstances of the biological family and foster parents. In-person attendance is encouraged, but phone participation may be the most appropriate option.

- For children receiving Treatment Services, the Provider will coordinate and facilitate a 90-day review of the plan to meet Licensing standards.
- All future reviews for children receiving Treatment services will be coordinated and facilitated every 90 days by the Provider Case Manager 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 consider individual circumstances of the biological family and foster parents. In-person attendance is encouraged, but phone participation may be the most appropriate option.

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 updates 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 tier rating.

Medical/Dental/Vision and Behavioral Healthcare Services

Network Providers must access all medical, dental, vision, and behavioral healthcare services for children in substitute care through STAR Health. The only exception would be a court order to provide services for the child from a non-network provider. 2INgage will assist the Provider in locating services as needed. If 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 services.

Network Providers must ensure a 3-day Medical screening is completed for each child within 3 business days of initial placement into paid care as per 3/30 requirements.

Within one (1) business day of the screening, the Caregiver or Residential Provider must provide notice of the completed screening to 2INgage through the Texas Gateway.

This will be followed by a 30-day Texas Health Steps Examination.

Network Providers must follow the Texas Health Steps schedule for subsequent.

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.

2INgage requires 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 Form 2403 to 2INgage through the Texas Gateway.

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.

Network Providers will maintain records of all health care services in accordance with SSCC policies and Residential Child-Care Licensing (RCCL) requirements.

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 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) need a CANS Assessment every 90 days along 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 to ensure the first assessment is completed as required. An annual CANS assessment must be completed by a Superior Health provider.

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 3E. 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 30th day after removal. The meeting to develop both the Family Plan and the Child Plan will be coordinated and facilitated by 2INgage staff.

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,
- DFPS Case Manager and Supervisor,
- Provider case manager,
- 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 DFPS. The Provider will ensure that the Single Case Plan incorporates, at minimum, and is consistent with:

- Permanency Planning and Permanency Goals;
- 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 Provider will submit the signed Plan within 5 days of the Service Plan meeting. The Plan is to be **sent to 2INgage** through the Gateway. 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 DFPS.
- 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 consider individual circumstances of the biological family and foster parents. In-person attendance is encouraged, but phone participation may be the most appropriate option.
- For children receiving Treatment Services, the Provider will coordinate and facilitate a 90-day review of the plan to meet Licensing standards.
- All future reviews for children receiving Treatment services will be coordinated and facilitated

every 90 days by the Provider Case Manager 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 consider individual circumstances of the biological family and foster parents. In-person attendance is encouraged, but phone participation may be the most appropriate option.

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 updates 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 tier rating.

Medical/Dental/Vision and Behavioral Healthcare Services

Network Providers must access all medical, dental, vision, and behavioral healthcare services for children in substitute care through STAR Health. The only exception would be a court order to provide services for the child from a non-network provider. 2INgage will assist the Provider in locating services as needed. If 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 services.

Network Providers must ensure a 3-day Medical screening is completed for each child within 3 business days of initial placement into paid care as per 3/30 requirements.

Within one (1) business day of the screening, the Caregiver or Residential Provider must provide notice of the completed screening to 2INgage through the Texas Gateway.

This will be followed by a 30-day Texas Health Steps Examination.

Network Providers must follow the Texas Health Steps schedule for subsequent.

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.

2INgage requires 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 Form 2403 to 2INgage through the Texas Gateway.

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.

Network Providers will maintain records of all health care services in accordance with SSCC policies and Residential Child-Care Licensing (RCCL) requirements.

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 attend in person any appointments or office visits 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.

If DFPS or an 2INGage staff is designated as the medical consenter for a child, the Provider case manager must ensure that the DFPS or 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 consenter representing the agency has the most up to date DFPS training and documentation in their record to function in this capacity.

Consenting to Psychotropic Medication

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

- Notify the 2INGage 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.

Psychiatric Hospitalization

Providers are to notify 2INGage immediately of any psychiatric hospitalization. They are to then send email notification to 2INGage at cmd@2ingage.org, 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 submitted through the Texas Gateway within 24 hours.

2INgage encourages providers to see psychiatric hospitalization as a last resort and to utilize outpatient and diversion bed programs whenever possible and prior to inpatient psychiatric hospitalization. 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.

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 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 DFPS or 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 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 DFPS, 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 Developmental Disabilities 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 to ensure 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.

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.

In the event of a placement change, the Provider must notify the school within three (3) days.

Transportation

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 to ensure transportation will occur, the Provider must contact 2INGage 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.

Daycare Services

Determination of youth eligibility:

All youth eligible for daycare must be in DFPS managing conservatorship, not be receiving adoption assistance and cannot turn 6 by September 1 or be younger than 18 years if the child has a development delay or physical disability

Foster Care daycare is available for children in a Foster home when:

- All caregivers are employed outside of the home and work at least 32 hours per week.

Kinship daycare is available for children in a relative or fictive kinship home when they meet one of the following:

- All caregivers are employed at least 20 hours per week or
- Over the age of 65 or
- Have a documented disability.

The Provider case manager will submit the following documents and information to 2INGage Care Coordination at cmd@2Ingage.org.

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. DFPS Form 1809 Foster/Relative/Other Designated Caregiver Daycare Verification
 4. Last 3 paystubs for each caregiver in home.
 - a. Paystub must list number of hours worked weekly. If it doesn't, caregivers can submit letter/email from employer attesting 32 hours.
 5. If the caregiver is self-employed, the Provider must submit DFPS form 1806 in lieu of paystubs.
 6. Must submit one 1806 for each of the preceding 3 months.
 7. Must also provide tax ID number or EINS from IRS showing employer identification number or business license verifying self-employment status
 8. If caregiver works for an ISD, must indicate what their role is and which ISD they work for.
 - a. Must verify whether they work 32 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 the teacher returns to school, resubmit the request.

Once all correct documentation and information is received, the 2INgage Care Coordinator will review daycare requests within 24 hours and process within 48 hours of receiving the completed packet. This will include completing the 2054 in IMPACT and sending the 1809 to DFPS Regional Daycare Specialist.

Daycare authorizations cannot be backdated. DFPS Regional Daycare Specialist determines the authorization date. Daycare utilized prior to this authorization date will not be paid for or reimbursed.

Daycare renewals should be requested no later than two weeks before the 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 must email the documents to cmd@2ingage.org 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. 2INgage will not review eligibility but will forward the information to DFPS.

Upon receipt, the Regional Daycare Coordinator for DFPS will process the daycare request.

Runaway Prevention

Runaway prevention planning is a collaborative and inclusive process between the 2INgage, the youth, Attorney Ad Litem, Guardian Ad Litem, other supportive people in the child's life, and the caregiver.

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

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

For youth in licensed care:

- The provider will initiate a staffing with all potential participants
- 2INgage will ensure that all participants are invited to the meeting,
- The provider will complete form K-902-2882 Runaway Prevention Plan and ensure all participants, including the youth, have signed,
- The completed prevention plan will be evaluated will be addressed in the high-risk behavior section of the Child Plan of Service and evaluated at least monthly, and
- The completed and signed plan will be sent to the Missing Children (cmd@2ingage.org and Special Investigator (sirequestregion03@dfps.texas.gov) mailboxes.

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.

Court orders related to the child will be reviewed and documented in the following: Individual Service Plans, Monthly Contact Notes, Permanency Planning Documentation. There will be continued monitoring of court requirements and 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.

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.

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. Services to Youth (Ages 14 and above)

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

Development of the youth's transition plan begins at age 14 and 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, 2INgage 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 after a youth turns 14, the Transition Plan and Circles of Support process will be introduced to the youth. The Transition Plan is included as a sub-section of the Child's Plan of Service. 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.

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.

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.). If the prospective family agrees to proceed with the adoption process, 2INgage will complete redaction within 15 business days.

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 expects that each Network Provider will ensure that their staff and caregivers/foster parents have the minimum required trainings for state licensing requirements, T3C service packages (if applicable), 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.

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, Information Systems Disaster Recovery plans, alternative accommodations for Children/Youth in substitute care, supplies, a recovery plan in the event of an actual emergency and alternative points of contacts. 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.

2INgage will utilize all State data systems as well as the Gateway database, our internal Web FACES database and the ECAP system to collect and validate client information. 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.

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.

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 Summary of QI (Quality Improvement) Methodology:

Quality is monitored and enhanced through a "DO-RITE" process. This process includes 6 steps:

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.
9. 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.

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 (TPG) (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)
- Serious Incidents
- All documents and forms

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 bharding@teammns.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. 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. All providers must meet cybersecurity requirements outlined in DFPS' Data and System Security document which can be found at https://www.dfps.texas.gov/Doing_Business/documents/Contractor_Data_and_System_Security_Requirements.pdf

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 Information Technology (IT) phone support at 620.208.1828 or by email at helpdesk@2INGage.org to assist Providers with technical issues related to 2INGage software.

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.

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 intellectual disabilities.
 - State Supported Living Centers (SSLC)
 - Placed with a non-licensed relative caregiver
 - Pre-consummated adoptive placement
 - Texas Youth Commission facility
 - Texas State Hospitals

- **If a child with a current Exceptional Care agreement is hospitalized, incarcerated, placed into respite due to an investigation, elopes, or is otherwise no longer present at the operation but not discharged, 2INGage will revert payment for that child to their assessed Tier Rate for the duration of their absence. This payment will be subject to the limitations described above.**

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 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.
5. 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

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 PID, tier rating, 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 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 in writing or through written communication 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
Provider Relations/Concerns	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