OFFICE OF COMMUNITY-BASED CARE TRANSITION
STATEMENT OF WORK
FOR
REGIONS (3E, 4, 5, 9)
SINGLE SOURCE CONTINUUM CONTRACTOR
RFA # HHS0011832

ARTICLE I: DEFINITIONS

As used in this Agreement, the following terms and conditions have the meanings assigned below:

Adoptive Placement: Begins when a child is placed with an adoptive family and includes post-placement supervision and assistance in completing the adoption consummation process. Ends when the adoption is consummated and the case is closed.

Alternative caregiver: A person who is not the foster parent of the child and who provides temporary care for the child for more than 12 hours but less than 60 days**.**

At Risk Youth (Trafficked): Youth in DFPS conservatorship who have indicators of trafficking according to the CSE-IT or worker suspicion are AT Risk of being trafficked. These youth are not currently missing and are not on current runaway status but do exhibit behaviors that exposed them to the dangers of being trafficked and are likely to be experiencing trafficking.

Authorized Service Level (ASL): A Basic, Moderate, Specialized, or Intense service level determined by the third party Contractor or, a Basic service level determined by the DFPS caseworker and supervisor in the legacy system.

Awaiting Adoption: A child who is legally free for adoption; the child's Permanency Goal is Adoption; and the child is not in an Adoptive Placement or own home placement.

Billing Service Level (BSL): Determined by the third party Contractor or DFPS; establishes the reimbursement rate to a child care facility in the legacy system.

Blended Foster Care Rate: Foster care rate paid to the SSCC for each day of service provided to a child or youth in paid foster care, equal to the weighted average rate paid across all placement types.

Care Coordination Teams (CCT) - A CCT is made up of professional organizations in a local community who provide services or who investigate and prosecute trafficking cases. A CCT provides child youth victims of sex trafficking with a continuum of care. In most communities across Texas, Children's Advocacy Centers lead the CCT development process and serve as the local Care Coordinator.

Caregiver: A caregiver is a person, including an employee, foster parent, contract service provider, or volunteer, whose day to day responsibilities include direct care, supervision, guidance, and protection of a child/youth in care. This includes employees and contract staff who provide 24-hour awake night supervision. Generally, and in furtherance of a child/youth having as normal of a life experience as possible while in substitute care, "caregiver" does not include individuals who are not routinely responsible for direct care, supervision, guidance, and protection of a child/youth in care, such as school personnel, mentors, tutors and chaperones. Instead, determining what information to provide an adult involved with a child/youth's normalcy activity (e.g., extra-curricular activity, part-time job, church activities, school field trip, visit to friend's house) must be considered on a case-by-

case basis, keeping in mind the confidential nature of the information and the need to balance the child/youth's privacy concerns. Depending on the history, age of the child/youth, and situation in which the child/youth may be when engaging in a normalcy activity, the involved adult may not need to know of the child/youth's history, for example a tutor periodically at the child/youth's placement or an adult chaperone on a school field trip.

Case Information: Case information is all abuse and neglect records, including records relating to reports, investigations, legal actions, and the provision of services to adults, children and families.

Case Management: In accordance with *Texas Family Code §264.151*, the provision of case management services to a child for whom the department has been appointed Temporary Managing Conservator or Permanent Managing Conservator or to the child's family, a young adult in extended foster care, a relative or kinship caregiver, or a child who has been placed in the Designated Community Area through Interstate Compact on the Placement of Children, and includes, but is not limited to:

1. Caseworker visits with the child, family and caregivers;
2. Convening and conducting permanency planning meetings;
3. Development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care;
4. Coordination and monitoring of services required by the child & the child's family;
5. Assumption of court-related duties regarding the child; and
6. Any other function or service that the department determines necessary to allow a SSCC to assume responsibility for case management.

Case Management Conflict of Interest: Any situation where an individual's official duties with the SSCC to move children and youth from substitute care to permanency under this contract could be reasonably perceived as conflicting with the SSCC financial interests to an extent where it could impair the individual's judgement when trying to determine the proper course of action.

Caseworker: A DFPS or SSCC employee who provides case management services to children and youth in Substitute Care under the conservatorship of the State.

Caseworker Turnover: Regular full- and part-time SSCC caseworkers who voluntarily and involuntarily separate from the SSCC agency during the fiscal year.

Casey Life Skills Assessment: An assessment of a youth's independent living skills designed to be completed by both the youth and the caregiver. The youth and caregiver results are combined into a report which provides an indication of the skill level and readiness of the youth to live independently and creates the opportunity for the caregiver and youth to talk about the youth's strengths and challenges.

Child-Care Services: Services that meet a child or youth's basic need for shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.

Child(ren)/Youth: An eligible person(s) who is referred by DFPS to the SSCC for services under this Contract from birth through the end of the month in which the individual turns 22 years of age.

Child and Adolescent Needs and Strengths Assessment (CANS): A comprehensive and developmentally appropriate child welfare assessment required by *Texas Family Code §266.012*. It is a multi-purpose tool that links the assessment and service planning process with the goal of improving permanency, safety, and improved quality of life.

Child Full Time Equivalent (Child FTE): The number of days of care provided divided by the number of days in the fiscal year.

Child Placing Agency: A person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a child-care facility, agency foster home, agency group home, or adoptive home.

Children/Youth in DFPS Legal Responsibility: All children for whom a court has appointed DFPS legal responsibility through temporary or permanent managing conservatorship or other court ordered legal basis. DFPS legal responsibility terminates upon court order or when a youth turns 18, whichever comes first.

Commercial Sexual Exploitation-Identification Tool (CSE-IT): A validated screening tool to aid in accurately detecting sexual exploitation.

Community Based Care (CBC): As required by the *Texas Family Code §264.153*, a community-based model where DFPS purchases (through a staged implementation) substitute care, case management and family reunification services from a Single Source Continuum Contractor (SSCC) to meet the individual and unique needs of children, youth and families in Texas. Substitute care includes both foster care and relative / kinship placements. The SSCC is responsible for ensuring individual children achieve safe and timely permanency.

Confidential Information: Personally Identifiable Information (PII), Protected Health Information (PHI), Case Information, Criminal History Record Information (CHRI), or Sensitive Personal Information.

Contract: A promise or a set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty. It is an agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law. The term also encompasses the written document that describes the terms of the agreement. For state contracting purposes, it generally describes the terms of a purchase of goods or services from a vendor or service provider.

Contracting Conflict of Interest: when an employee, acting in the employee's official capacity with their employer, participates in or makes a decision that impacts upon or could reasonably be perceived as having a substantial impact upon the employee's own personal or financial interests or those of certain other persons such as the employee's spouse, minor child, general partner, or an organization in which the employee serves as an officer,

director, trustee, general partner or employee, or a person with whom the employee is negotiating for or has an arrangement concerning prospective employment.

Contractor: A person, including an organization, who is awarded a Contract pursuant to RFP #530-13-0070FCR.

Consortium: A group of providers who propose to jointly develop and implement a Single Source Continuum Contract proposal with different providers responsible for different parts of the proposal and resulting network. DFPS will only Contract with one of the providers of a Consortium who will be directly responsible to DFPS for all services and performance outcomes under the SSCC Contract. DFPS will also Contract with a separate business entity formed by Consortiums that all members have an ownership interest in.

Criminal History Record Information (CHRI): CHRI is arrest-based data and any derivative information from that record, such as descriptive data, FBI number, conviction status, sentencing data, incarceration, and probation and parole information.

Deliverable: A unit or increment of work required by the Contract, including such items as services, reports, or documents.

Designated Community Area (DCA): A geographic area (also known as catchment area) for providing child protective services that is identified as part of community-based care. The designated area in which the SSCC will provide all services described in this Contract. The SSCC will be responsible for ensuring services described in this Contract for all eligible children and their families who are from the agreed to geographic area.

Designated Victim: A child determined as such by an investigation resulting in a disposition of Reason to Believe (RTB).

Disparity: The inequitable or different treatment or services provided to one group as compared to another group. It is how one is treated or the types, quality, and quantity of services made available.

Disproportionality: The over representation of a particular race or cultural group in a program or system.

eCANS: The eCANS portal is an online system that will be able to house CANS assessment results, deliver a suite of reports containing aggregate data, and provide system functionality that ties Texas Health and Human Services (HHSC) and DFPS efforts together.

Education and Training Voucher (ETV) Program: A federally-funded (Chafee) and state-administered program. Under this program, youth and young adults ages 16 to 23 years old may be eligible for up to $5,000.00 financial assistance per year to help them reach their post-secondary educational goals.

Education Portfolio: The updated and maintained separate education binder that contains important school documents and is designed to follow school-age children and youth to each placement. This allows for the review of the most current educational records and

documentation by school officials, residential child-care Contractors, foster parents, family caregivers, children and youth.

Emergency Behavior Intervention (EBI): An intervention used in an emergency situation, including personal restraint, mechanical restraint, emergency medication, or seclusion.

Exceptional Foster Care Rate: Based on a pro forma approach which involves using historical state costs of delivering similar services, where appropriate data are available, and estimating the basic types and costs of products and services necessary to deliver services meeting federal and state requirements.

Experiential Life Skills Activities: Activities which engage children and youth in learning new skills, attitudes, and ways of thinking through hands-on learning opportunities *Experiential Life Skills Activities* is tailored to the child or youth's skills and abilities and may include training in practical activities that include grocery shopping, meal preparation and cooking, using public transportation, performing basic household tasks, balancing a checkbook, and managing personal finances.

Extended Foster Care: A program for young adults ages 18 to 22 years old that are eligible, and have signed an agreement to participate in this program. A young adult who turns 18 years of age while in the conservatorship of DFPS who is continuing to receive Extended Foster Care services is eligible for services through the end of the month in which the young adult reaches the age limit referenced in below in 1-6. There must be sufficient documentation provided on a periodic basis as required by the terms of the young adult's Extended Foster Care Agreement to demonstrate that the Youth or young adult is:

1. 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;
2. 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.
3. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
4. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
5. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday; or
6. 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.

Face-to-Face Contact: An in-person, (at least) monthly meeting or visit that is well-planned and focused on issues pertinent to case planning and service delivery to ensure the

safety, permanency, and well-being of the child/youth and do not require video conferencing or similar technology. Frequency of face-to-face visits are based on the needs of child(ren) or circumstances of case situation. Quality of visits with child(ren), include alone time with (each) child for at least part of every visit, with a majority of visits being at the child's placement/residence.

Family: Parents or other relatives (including fictive kin) of children in DFPS conservatorship who are referred by DFPS to the SSCC for services.

Fictive Kin: An individual who has a longstanding and significant relationship with a child in DFPS conservatorship, or with the child's family and provides, or is anticipated to provide, care to the child.

Financial Literacy Education Program: Education, training and experiential support that includes:

1. Obtaining and interpreting a credit score;
2. Protecting, repairing, and improving a credit score;
3. Avoiding predatory lending practices;
4. Saving money and accomplishing financial goals through prudent financial management practices;
5. Using basic banking and accounting skills, including balancing a checkbook;
6. Using debit and credit cards responsibly;
7. Understanding a paycheck and items withheld from a paycheck; and
8. Protecting financial, credit, and identifying information in personal and professional relationships.

Form 2054: DFPS Form which initiates invoicing process and contains, at a minimum the following information:

1. Name of the Contractor and Contract number;
2. Service Code;
3. Names of client or Family members who are to receive services;
4. Types services requested;
5. Number of units for each service requested; and
6. Time limit for the service.

Foster Care: A placement paid by DFPS or other public facility. Placements include foster homes, foster group homes, and General Residential Operations including basic child care facilities, those offering multiple services, residential treatment centers, shelters, treatment family foster care, and Supervised Independent Living (SIL). This is a subset of children in Substitute Care.

Foster Care Case Rate: For purposes of the Contract, this references the average length of stay for children and youth in paid foster care in the Designated Community Area.**Foster Family Home:** An independent licensed operation or a home under the regulation of a child-placing agency that is the primary residence of the foster parents and provides residential child care for six or fewer children up to the age of 22 years.

Full Continuum of Care: An array of least restrictive, most-family like placement services that meet the residential and treatment service needs of all children and youth in the care of a Contractor.

General Residential Operation: A child-care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children's homes, residential treatment centers, and emergency shelters.

Graduated Case Load: Policy that caseload's managed by a caseworker start at a minimum threshold and correspondingly increase with greater tenure and experience.

High Risk Youth (Trafficked): Youth in DFPS Conservatorship who are in missing or runaway status are considered to be at High Risk for human trafficking. These youth are at high risk of being trafficked because they are exposed to perpetrators when they are missing or have run away.

Human Trafficking Advocate Agency (HTAA) – An entity that provides Child Sex Trafficking Advocates who are specifically trained to offer a variety of services to victims of sex trafficking. Advocates may provide support in crisis intervention, ongoing case management, and healthy, supportive long-term relationships for survivors. HTAA includes Commercially Sexually Exploited Youth (CSEY) Advocate Agencies**.**

IMPACT: Information Management Protecting Adults and Children in Texas, a computer application used by DFPS staff for case management and serves as the State Automated Child Welfare Information System (SACWIS)

Initial Coordination Meeting (ICM): Convened by DFPS and held within 7 days of referral to the SSCC for placement and/or services to a child or youth (Stages I-III) and/or family (Stages II-III). Purpose of the ICM is to review child or youth/families history and identify service needs to be included in the child or youth and/or family plan(s) of service.

Intermittent Alternate Care: A planned alternative 24-hour care provided for a child or youth by a licensed Child-Placing Agency or Independent Foster Home as part of the agency or home's regulated child care and that lasts more than 72 consecutive hours.

Kinship Care: Relatives or other people known as "fictive kin" who have a significant relationship with the child or the child's family, such as a godparent or family friend, and provide residential care for a child.

Kinship Payment: A part of the Relative or Other Designated Caregiver Program, a monthly payment per child of up to half of the daily basic foster care reimbursement rate paid directly to eligible kinship caregivers at or below 300% of the federal poverty level. The kinship payment is based on legislative appropriation. Other eligibility criteria and rules apply. See *Texas Family Code §264.755*.

Kinship Placement: Placement of a child for whom the Department has been appointed Temporary Managing Conservator, Joint Temporary Managing Conservator or Permanent Managing Conservator with a kinship caregiver, including relatives or fictive kin. A kinship

caregiver may also be verified as a foster parent to provide residential care in accordance with child care licensing and through a licensed Child Placing Agency regulations.

Least Restrictive Placement: Most family-like setting (e.g. parent or legal family of origin, non-custodial parent, kinship care, foster family home, adoptive home or cottage-style general residential operation (GRO)) based on the child's or youth's individual needs.

Legacy System: Foster care system where DFPS delivers placement, case management and purchased client services to children, youth and family members and utilizes the service level system as the method in which to pay for residential services for children and youth in DFPS conservatorship or who voluntarily agree to remain in care.

Legal Conservator: Also known as the managing conservator, is an entity responsible (either temporarily or permanently) for a child or youth as the result of a district court order pursuant to the *Texas Family Code §153.001*.

Level(s) of Need: Array of services (including both licensed child care and treatment services) required by an individual Child who resides in Substitute Care, and are designed to support the achievement of safety, permanency and well-being.

Material Subcontractor: Any subcontractor who performs all or a portion of program component services (direct services) procured by DFPS in this solicitation. Subcontractors who perform indirect services which incidentally support program component services are not material subcontractors.

Minimum Standards: HHSC standards to protect the health, safety, and well-being of children and youth. HHSC provides publications that contain the Minimum Standards and guidelines for compliance for each type of operation.

National Youth in Transition Database: The data collection system developed by the *Administration for Children and Families (ACF)* to track the independent living services provided to children and youth and to develop outcomes that measure the States' performance in preparing children and youth for their transition from foster care to independent living. More information is available at: http://www.dfps.state.tx.us/txyouth/NYTD/default.asp

No eject/no reject: Contract requirement that a Contractor may not refuse to accept a properly referred client for services under this Contract nor may a Contractor cease to serve, or request DFPS remove an eligible child, youth, or family from its referred client list.

Outcome: A measure that reflects or reveals change or impact.

Performance-Based Contract: A Contract that ties payment, financial incentives and remedies to performance.

Performance Management Evaluation Tool (**PMET):** data self-reported by the SSCC and used to determine the performance of the Contractor.

Permanency Care Assistance (PCA): The Permanency Care Assistance program gives financial support to eligible kinship caregivers who want to provide a permanent home to eligible children who can't be reunited with their parents.

Permanency Goal: The Department's permanency goals are subcategories of the four goals identified by the *Texas Family Code §263.3026*. The categories are as follows:

1. Family Reunification;
2. Adoption by a relative or suitable individual (Relative Adoption or Unrelated Adoption);
3. Permanent Managing Conservatorship to a relative or suitable individual (Relative Conservatorship or Unrelated Conservatorship);
4. Another planned permanent living arrangement (Foster Family - DFPS Conservatorship, Other Family DFPS Conservatorship, Independent Living or Community Care).

Permanency Planning: The identification of services for a child or youth (and usually to the child or youth's family), the specification of the steps to be taken and the time frames for taking those steps so as to achieve the following goals:

1. A safe and permanent living situation for the child or youth;
2. A committed Family for the child or youth;
3. An enduring and nurturing family relationship that can meet the child or youth's needs;
4. A sense of security for the child or youth; and
5. A legal status for the child or youth that protects the rights of the child or youth.

For more information please see: Texas Family Code §264.152 and *40 TAC §700.1201*

Permanent Managing Conservatorship (PMC): When a court orders DFPS PMC of a child, it can be either with a child's parental rights terminated or parental rights intact. The rights and duties of DFPS are generally the same as with TMC.

Personally Identifiable Information (PII): Any information that can be used alone or in conjunction with any other personal information to identify a specific individual. PII includes any information that can be used to search for or identify individuals, or can be used to access their records. Examples include name, SSN, DOB, Social Security benefit data, and state or government issued driver's license number.

Placement Change: Any change in placement location except for temporary breaks in service as further defined in the Contract.

Possessory Conservator: A court-ordered appointment that specifies the right to possess and have access to a child or youth in accordance with the *Texas Family Code* and restrictions of the court order.

Pre-Placement Visit: Occurs before placement and allows the child or youth to visit with potential caregivers in an effort to determine if the child or youth feels that the placement is a good fit and allows time to process the change.

Preparation for Adult Living (PAL): The Preparation for Adult Living (PAL) program prepares youth for adult life when they leave foster care. The program provides services, benefits, resources, and supports to help youth become healthy, productive adults. The program makes efforts to connect youth to community resources they will need in their transition to a successful adulthood.
Services and benefits may include:

1. Casey Life Skills Assessment to assess strengths and needs in life skills;
2. Life Skills training in core areas including but not limited to, financial literacy, insurance and civic management;
3. Job readiness and life decisions/responsibility;
4. Educational/vocational services;
5. Coordination of the Transitional Living Allowance (TLA) up to $1000 (distributed in increments up to $500 per month for children and youth who participate in PAL Life Skills training, to help children and youth with initial start-up costs in adult living);
6. Coordination of After Care Room and Board (ACRB) assistance, based on need, up to $500 per month for rent, utility deposits, food, etc. (not to exceed $3000 of accumulated payments per child or youth);
7. Case management to help children and youth with self-sufficiency planning and resource coordination;
8. Teen conferences;
9. Leadership development activities; and
10. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

Primary case worker – a caseworker who is assigned as primary and has responsibility for case management activities. There can only be one primary caseworker per case.

Protected Health Information (PHI): individually identifiable health information that is transmitted or maintained in any form or medium. Individually identifiable health information is data, including demographics, that relates to:

1. The individual's past, present, or future physical or mental health or condition;
2. The provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and
3. Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

As a general rule, health information linked with any one of the following direct or indirect identifiers of the individual, relatives, employers, or household members is considered protected health information:

1. Name
2. Street address, city, county, precinct, zip code, and equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual and all ages over 89
4. Telephone number
5. Fax number
6. Electronic mail address
7. Social Security number
8. Medical record numbers
9. Health plan ID numbers;

10. Account numbers
11. Certificate and license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web addresses (URLs)
15. Internet IP addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

Purchased Client Services: Services designed to remedy abuse, neglect and exploitation of DFPS clients. For purposes of this Contract, these services are purchased by the SSCC (through an allocation of funds) and offered to children and youth in the Department's conservatorship or in Extended Foster Care and their families to support the achievement safety, permanency and well-being.

Readiness: The activities the SSCC must perform in order to demonstrate that it is sufficiently prepared to receive its first referral from DFPS for the applicable stage of implementation.

Reason To Believe: A finding that abuse or neglect occurred based on a preponderance of the evidence. This means when all evidence is weighed, it is more likely than not that abuse or neglect occurred.

Referral: Process by which DFPS notifies the SSCC of need to initiate placement and/or others services to eligible children, youth and/or families.

Regular Job: Paid or unpaid work, excluding chores, that occurs weekly.

Residential Child Care: The care, custody, supervision, assessment, training, education, or treatment of a child or youth for 24 hours a day that occurs in a place other than the child or youth's own home.

Return to Care: A program designed for youth and young adults 18 to 22 years old that are eligible and sign an agreement to participate in this program. Eligible participants must have been in DFPS conservatorship at the time they turned 18 years old (or were on run away status at the time they turned 18 years old and their conservatorship case had not been dismissed), and want to return to foster care, and:

1. Attend high-school or a program leading toward a high school diploma and have not reached their 22nd birthday;
2. Are enrolled at or within 30 days of placement in a course of instruction to prepare for the GED and have not reached their 21st birthday;
3. Attend and, within two years, complete a certified vocational or technical program and have not reached their 21st birthday; or
4. Return on a break from college or a technical or vocational program for at least one month, but no more than 4 months and have not reached their 21st birthday. *Texas Family Code §264.101* and *40 TAC §700.316*

The return to care program does not include youth and young adults over 18 years old who are overnight visitors or living in the homes of foster parents, and the foster parents are not receiving a foster care payment for the care of these youth and young adults. *Texas Family Code §264.101*; *40 TAC §745.601* and *40 TAC §745.615.*

Reunification: Identification of a child's own home as the safe and permanent living situation towards which services are directed. Reunification means that (1) DFPS has removed the child from the home and (2) DFPS has determined that the child's parent(s) are willing and, after completing services, able to provide the child with a safe living environment. Reunification occurs when the child has returned to the home.

School of Origin: The same school the child was attending at the time of removal or any subsequent placement change, unless it is not in the child's best interests to remain in that school.

Secondary Caseworker: a caseworker who has a secondary assignment of a case and does not have primary responsibilities of the case but is assisting with case activities (e.g. courtesy contacts with a family or child out of the primary caseworker's area). In IMPACT, there is a limit of four secondary caseworkers per case.

Sensitive Personal Information: Sensitive personal information means an individual's first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted:

1. Social Security number
2. Driver's license number or government-issued identification number
3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account

Sensitive Personal Information also includes data revealed directly or indirectly relating to:

1. Natural persons concerning their racial or ethnic origin;
2. Political opinion;
3. Trade union membership;
4. Religious or philosophical beliefs;
5. Physical and mental health including state of health, illness, handicaps, pathological defects or medical treatments;
6. Sexual orientation or activity;
7. Criminal records, including convictions, decisions of penalties and fines, or other information collected in judicial or administrative proceeding to ascertain an offense or regarding an alleged or suspected commission of an offense;
8. Biometric or genetic data;
9. Social welfare needs or benefits or other social welfare assistance received.

Sensitive information does not include publicly available information that is lawfully made available to the public from the federal, state, or local government.

Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or youth. This includes, but is not limited to, suicide attempts, injuries requiring medical treatment including psychiatric hospitalizations,

runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

Service Plan: The Contractor's developed plan that addresses the services that will be provided to a child or youth to meet the child, youth and/or family member's specific needs while served by the Contractor.

Sexually Aggressive Behavior: Sexually aggressive behavior occurs when a child takes advantage of another person who is less powerful through seduction, coercion, and/or force.

- Less powerful: Differences in developmental level, physical stature, cognitive ability, and/or social skills.
- Seduction: The use of charm, manipulation, promises, gifts, and flattery to induce a person to engage in sexual behavior.
- Coercion: The exploitation of authority or the use of bribes, threats, threats of force, and/or intimidation to gain cooperation or compliance.
- Force: Threat or use of physical or emotional harm towards a person, and/or someone and/or something a person cares about.

Sexual orientation or gender identity are not indicators of sexual behavior problems or sexually aggressive behavior.

Sexual Behavior Problem: A sexual behavior problem is when a child exhibits sexual activities or actions that are outside the range of those which are developmentally appropriate. This behavior may indicate that the child should be referred for services, but does not rise to the level of sexually aggressive behavior that would require checking the sexually aggressive behavior box in the IMPACT system. Sexual orientation or gender identity are not indicators of sexual behavior problems or sexually aggressive behavior.

Sex Trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

i. Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under §20A.02(a)(7) or (8), Penal Code, or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of these sections. - Texas Family Code §261.001(1)(L)

ii. Compelling or encouraging the child in a manner to engage in sexual conduct that constitutes an offense of trafficking of persons under §20A.02(a)(7) or (8), Penal Code, prostitution under §43.02(b), Penal Code, or compelling prostitution under §43.05(a)(2) Penal Code. - Texas Family Code §261.001(1)(G)

Sibling Group: Any CPS case with two or more children in substitute (foster and relative/kinship) care.

Siblings: Children, youth, and young adults who have one or more parents in common either biologically, through adoption, or through the marriage of their parents. For purposes of the performance measure, this is counted as any child in the same CPS case with another child.

Single Source Continuum Contract/Contractor (SSCC): Entity with whom DFPS enters into a Contract for the provision of the full continuum of substitute care, case management, and reunification services in a Designated Community Area, as required in this Contract.

Standard Terms and Conditions: The terms and conditions applicable to any Contract resulting from this RFP 530-13-0070FCR that govern the response and any resulting Contract.

STAR Health: Statewide managed care program that provides comprehensive health care to children and youth in foster care and relative care, including medical, behavioral health, dental and vision care.

Start-Up Period: A 6-month period prior to Stage I and Stage II implementation during which the Contractor will perform necessary Readiness activities and build its system of service prior to the first Client referral from DFPS.

Sub-Acute Care Program: Sub-Acute In-Patient Treatment Programs provide a continuum of Residential Child-Care Services to address the needs of children for whom there is no appropriate 24-hour residential child-care treatment program, and who demonstrate a need for stabilization and treatment. Children and adolescents are often placed in acute psychiatric hospitals or other psychiatric inpatient settings to stabilize psychiatric symptoms. Acute psychiatric settings are designed to serve patients for a very limited timeframe. Due to the nature of some mental illness and/or serious emotional disorders, certain youth require an extended time to stabilize. A sub-acute care program provides a discharge to a less restrictive setting or an alternative to an acute psychiatric placement, to ensure stabilization results. This extended treatment program is ideal in stabilizing this population of youth as well as preparing them for the level of expectations in a facility and/or community based residential child-care setting.

Subrecipient: An entity that expends awards received from a pass-through entity to carry out a project program. As defined by 45 CFR 75, a subrecipient relationship exists when funding from a pass-through entity is provided to perform a portion of the scope of work or objectives of the pass-through entity's award agreement with the federal awarding agency. Throughout this Contract, the SSCC is referred to as a provider, Contractor, grantee, and subrecipient. Regardless of the term used, beginning in Stage II, DFPS classifies SSCC agreements as subrecipient relationships.

Substitute Care: All children who are living in a DFPS out of home placement (kinship or paid foster care). It does not include children living in a return and monitor placement. Unless noted otherwise, it does include youth over 18 who are in Extended Foster Care but are not in DFPS custody.

Supervised Independent Living (SIL): A type of voluntary Extended Foster Care placement where young adults can live on their own, while still getting caseworker and support services to help them become independent and self-sufficient. The SIL program allows young adults to live independently under a supervised living arrangement provided by a contracted provider. A young adult in SIL is not supervised 24-hours a day by an adult and has increased responsibilities.
Through SIL a young adult has increased responsibilities, such as:

- Managing their own finances,
- Buying groceries or personal items, and
- Working with a landlord.

SIL also helps transition young adults to independent living by teaching them to:

- Achieve identified education and employment goals,
- Access community resources,
- Engage in needed life skills training, and
- Establish important relationships.

Temporary Managing Conservatorship (TMC): When a court grants DFPS TMC of a child, DFPS can exercise specific rights including but not limited to the right to have physical possession of the child along with specific responsibilities, including but not limited to the duty of care, control and protection of a child, the right to designate the primary residence of the child and the right to make decisions concerning the child's health-care and education.

Texas Adoption Resource Exchange (TARE): TARE website is a recruitment tool for prospective adoption homes for DFPS. The purpose of TARE is to expedite permanency for available waiting children by increasing the number of prospective adoptive home resources.

Transitional Living Services: The Transitional Living Services program provides transition planning, services, and benefits to both older youth in foster care and those who have aged out. Transitional Living Services are available to youth age 14 to 23. The Transitional Living Services program includes:

- Preparation for Adult Living (PAL)
- Health care coverage for youth and young adults that age out of Foster Care (FFCC)
- STAR Health Program
- Transition center information
- Education and Training Voucher (ETV) program
- College tuition and fee waivers for youth who were in DFPS conservatorship, adopted youth, and youth in the Permanency Care Assistance program
- Extended Foster Care program
- Supervised Independent Living program
- Trial Independence and Young Adults Returning to Care
- Preparation for long-term care and support in adulthood for youth with disabilities

See the Transitional Living Services Resource Guide for more information.

Trafficking or Human Trafficking: The transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport.

i. It is a crime for any person to knowingly engage, or attempt to engage, in human trafficking with the intent or knowledge that the trafficked person will be subjected to force labor or services; or to benefit financially by receiving anything of value from participation in a venture that has subjected a person to forced labor or services.
ii. Children can be victims of human trafficking regardless of their citizenship, residency, or alien or immigrant status.

Trauma Informed Care: An approach to understanding the biological, developmental, relational and social effects of trauma and violence on children, youth and families which integrates the understanding of the impact of trauma into the provision of services and supports through a child-centered, strength-based perspective to care.

Treatment Services: A specialized type of child-care services designed to treat and/or support children or youth with Emotional Disorders, Intellectual and Developmental Disabilities, Pervasive Developmental Disorder, and Primary Medical Needs as described in *Texas Family Code §264.411* and *40 TAC §700.2341.*

Turnover: The activities that the SSCC is required to perform prior to or upon termination of the Contract, in situations where the SSCC will transition data and documentation to DFPS or a subsequent Contractor.

Verified Kinship Care: A kinship caregiver who has become verified as a foster parent to provide residential care in accordance with childcare licensing regulations.

Voluntary Extended Foster Care Agreement (Form 2540): The Department's form which documents the young adult's agreement to voluntarily remain in foster care and outlines the categories of activity which qualify to remain in foster care.

Voluntary Return to Foster Care Agreement (Form 2560): The Department's form which documents the young adult's agreement to voluntarily return to foster care and outlines the categories of activity which qualify to return to foster care.

ARTICLE II: SCOPE OF WORK

Section 2.01 Introduction Community Based Care Model.

In February 2018, the United States Congress passed the *Family First Prevention Services Act (FFPSA)*. This law restructures child welfare funding, particularly Title IV-E and Title IV-B of the Social Security Act that pays for services for children in foster care and other services for families. The Texas Department of Family and Protective Services (DFPS or the Department) is taking a deliberate approach to analyzing the effects of this law and is focused on ensuring continuity in the areas of child safety, quality of care, and services for children in their own homes whenever possible. Depending on the direction of state leadership and the Texas legislature, implementation of FFPSA may directly impact the services outlined in this Contract.

In the 87th Legislative Session, the Texas Legislature established the Office of Community Based Care Transition (OCBCT). In accordance with Texas Family Code 264.172, OCBCT is an independent state agency administratively attached to DFPS that will manage SSCC contracts on behalf of the Department. Any reference to DFPS or the Department in this Contract will also refer to OCBCT. DFPS reserves the right to alter or make any changes to the Contract, including payment, administration, program, and direct services, in whatever manner necessary to achieve the goals and objectives of Community Based Care and the best interests of children.

Section 2.02 Project Scope/Need for Service.

DFPS/OCBCT has identified the need to provide community based care services in a designated community that includes services to all children and youth in its legal conservatorship and their families as well as young adults in extended foster care that supports safety, permanency, and well-being. DFPS views a service delivery model that fully engages communities in serving children, youth, and families provided through a performance-based Single Source Continuum Contract (SSCC) as the approach that can most effectively meet this need in a manner that achieves better outcomes for children and youth in its legal conservatorship. As set forth in the Contract and associated state and federal requirements, the SSCC must ensure the full continuum of substitute care (foster and kinship care), purchased client services, and case management services for children and youth in DFPS legal conservatorship, including reunification services from the Designated Community Area who DFPS refers to the SSCC, those placed in the Designated Community Area through Interstate Compact on the Placement of Children (ICPC), and through inter-regional agreements. As also set forth in the Contract and state and federal requirements, the SSCC must ensure the delivery of purchased client services, with necessary service coordination, to the families or any other individual or entity that is significant to the achievement of safety, permanency, and well-being of children in conservatorship. The SSCC must use a service delivery model that at a minimum:

1. Ensures the effective and efficient delivery of a full array of services to improve outcomes for children and their families;
2. Develops and maintains residential capacity to meet the placement needs of the children served under the continuum of care;

3. Serves children in the least restrictive, most appropriate setting and minimizes moves in care;
4. Ensures continuity of care provided to children and their families;
5. Ensures the provision of timely and appropriate services to children and their families;
6. Ensures services that engage communities in meeting the diverse and individual needs of referred children, youth and families in each particular community within the Designated Community Area;
7. Promotes reunification of children with the biological parents of the children;
8. Promotes placement of children with kinship caregivers; and
9. Meets the statutory duties of DFPS in connection with the delivery of substitute care (foster and kinship care) services in the Designated Community Area.

Section 2.03 Staged Implementation.

Implementation of the SSCC will occur in three stages in the Designated Community Area. A six month start up period will precede Stage I and Stage II but not Stage III. Progression from Stage I to Stage II will depend upon the SSCC's demonstrated Readiness and must begin no later than 12 months after Stage I. Stage II Start-Up Period will commence upon the receipt of all necessary Legislative approvals and begin 6 months thereafter. Progression from Stage II to Stage III will occur 18 months from the date DFPS makes the first referral for case management services to the SSCC as a part of implementation Stage II. All three stages are included as a part of the procurement. The provisions of the Contract applicable to a particular Stage will not apply until the SSCC has progressed to such applicable Stage.

Section 2.04 Stage I Placement Services and Services to Children/Youth.

Stage I begins the day the first referral for paid foster care and/or purchased client services for a child/youth is made to the SSCC following the Start-Up Period. For all children entering paid foster care and referred by DFPS, the SSCC must provide the full continuum of paid foster care in a manner that eliminates (to the degree possible and based on the child's individual needs) the necessity for change of placement as service needs evolve to ensure stability and reduce the number of moves a child or youth must make while in care and that provides necessary, individualized services within the child's own community and placement. Additionally, DFPS will refer children from the Designated Community Area placed in paid foster care to the SSCC in the event that they require a change of placement. As described in Article III of this Contract, DFPS will reimburse the SSCC using a single blended foster care rate for each child served through this Contract (excluding youth who are residing in a Supervised Independent Living (SIL) program and children/youth who the Department has approved for the Exceptional Foster Care Rate for each day of service.) The SSCC must provide Preparation for Adult Living (PAL) Life Skills training, Purchased Adoption Services, and coordination of Foster Care Day Care during Stage I for children and youth who are served by the SSCC and meet appropriate criteria for these services.

Section 2.05 Stage II Case Management.

Stage II begins the day the first referral for case management services occurs following the Stage II Start-Up Period and DFPS Stage II certification of readiness. In addition to the requirements outlined in Stage I, the SSCC must also provide case management services to all referred children and youth in DFPS conservatorship from the Designated Community Area and their families. The SSCC will receive funding to provide:

(1) case management services for children and youth, relative and kinship caregivers, and families; and

(2) family reunification support services provided after a child receiving services from the Contractor is returned to the child's family.

The SSCC must also provide services for family members and other individuals that support the achievement of safety, permanency, and well-being for children in DFPS conservatorship.

Section 2.06 (Stage III All Services with Incentives/Remedies).

The SSCC must provide the services outlined in Stages I and II. In addition, DFPS will begin to hold the SSCC financially accountable through the use of incentives and remedies as described in Article III of this Contract for the timely achievement of permanency for served children. This section does not waive the Department's right to seek any and all available remedies, including financial remedies, for breach of Contract in Stages I - III including failure to meet established performance measures.

Section 2.07 Designated Community area.

Contractor must demonstrate a clear understanding of service demand, available resources, and service gaps within the Designated Community Area and develop specific strategies for meeting the unique needs of the stakeholders and communities within the Designated Community Area:
https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/default.asp

Section 2.08 SSCC Model Assumptions.

(A) The SSCC may deliver all services outlined in Stages I-III as a single entity or through the formation of a network or consortium of providers, which may include itself. DFPS will only Contract with one entity as the SSCC. The SSCC must establish and maintain any network or consortium of services in the identified Designated Community Area through subcontracts, community resources, and service agreements.

(B) The SSCC cannot subcontract out any case management duties described in this Contract. All case management requirements must be performed by casework employees of the SSCC.

(C) All SSCC and DFPS decisions will be made based on the best interests of the individual child.

(D) IMPACT, CLASS, and TARE

1. The Data Access and Standards Governance Council develops protocols for the electronic transfer of data from SSCC to the Department to allow the Contractors to perform case management functions.

2. The SSCC must participate in the DFPS Data Access and Standards Governance Council.
3. The SSCC will have access to IMPACT, the state's information management system, which serves as the Statewide Automated Child Welfare Information System (SACWIS). The SSCC must perform all access and data entry requirements related to IMPACT may not be delegated by the SSCC to a subcontractor.
4. The SSCC's access and documentation requirements in IMPACT will be different in each stage of implementation and will be based on the roles and responsibilities and requirements outlined in this Contract.
5. DFPS will make a pre-defined and scheduled data export available for use in the approved SSCC information system.
6. The SSCC will have limited access to CLASS, the state's licensing database system, and the Texas Adoption Resource Exchange (TARE). DFPS will only grant access to CLASS and/or TARE to the direct employees authorized by the SSCC. The SSCC will only request authorization for CLASS and/or TARE access for those of its employees who have demonstrated a business justification to review or retrieve such information.
7. The SSCC must update the IMPACT system based on the documentation requirements in each stage of implementation. DFPS will provide the SSCC with one training session regarding use of IMPACT, after which the SSCC will maintain responsibility for training its staff on using IMPACT. DFPS will provide the SSCC with documentation of any changes to IMPACT so that the SSCC can appropriately train its staff. If DFPS makes fundamental, major changes to IMPACT, DFPS will provide the SSCC with one training session regarding the changes, after which the SSCC will maintain responsibility for training its staff.
8. The SSCC must demonstrate that its IT system can accommodate data imports into IMPACT (Stage II) and exports from IMPACT.
9. The SSCC must have policies and procedures related to the protection of DFPS confidential information and a Data Back-up and Disaster Recovery plan.
10. In Stage II, IMPACT will have limited ability to accept uploaded data from another system specific to family service invoicing process. As such, full interoperability between IMPACT and private systems will not be available. Therefore, in Stage II, the SSCC will have to directly and manually enter data into the IMPACT system.
11. DFPS provides support to external users who report problems and issues related to IMPACT and other DFPS casework applications. Staff monitor tickets created through the Help Desk and various application associated mailboxes. Tickets are prioritized and assigned for review and resolution based on specified criteria. It is estimated that within three days, DFPS staff respond with a resolution, status of ticket resolution, or a request for further information. Several steps and possible assistance from other DFPS areas may be required to process a ticket, which could impact timeframes for ticket resolution.
12. As part of IMPACT training, SSCC staff will undergo the same training protocol as CPS on handling criminal history, Criminal Justice Information Security (CJIS). The SSCC employees must take this training. The SSCC must adopt policies and procedures to minimize risk of data breaches in the final

Operations Manual. DFPS will work with SSCC to determine a training schedule.

(E) DFPS is ultimately responsible for the proper operation of the foster care system.

Section 2.09 Eligible Population.

In Stages I - III, the SSCC must ensure the full continuum of paid foster care and services for children, youth, and young adults referred by DFPS. In Stages II - III, the SSCC must ensure the full continuum of substitute care (paid foster care and kinship care), case management, family reunification, and purchased client services for the children, youth, young adults, family members, and caregivers referred by DFPS.

Section 2.10 Client Characteristics.

The SSCC must be prepared to serve individuals with characteristics including, but not limited to, the following:

(A) Children in DFPS' legal conservatorship and in kinship care, paid foster care, or children who have been reunified with parents whose county of conservatorship is within the Designated Community Area and their families (including individuals that require services that have been determined essential to the achievement of safety, permanency, and well-being for the individual child and for whom resources have been allocated, including parents and relatives that reside outside of the Designated Community Area). Some families may continue to require the SSCC services (funded through purchase client services) once the child has exited substitute care (see above).

(B) Children from the designated community who have been removed from their homes but for whom an ex parte hearing has not yet been held.

(C) Children for whom DFPS has joint managing or possessory conservatorship with family or any other individual or entity and require substitute care or other services that support the achievement of safety, permanency, and well-being.

(D) Children of youth who are in DFPS conservatorship or in extended foster care and the youth (parent) and child are placed together in substitute care.

(E) Young Adults who are eligible for substitute care through an Extended or Return to Care Foster Care Agreement.

(F) Young adults who are eligible for substitute care and require Supervised Independent Living (SIL) services; this population includes all young adults who are in need of this service within the Designated Community Area.

(G) Youth and young adults who are eligible for the Education and Training Voucher (ETV) Program; this population includes all young adults who are in need of this service within the Designated Community Area.

(H) Children and youth who are no longer in DFPS conservatorship and require Post-Adoption services.

(I) Parents, relatives, and other significant adults that DFPS, the court and/or the youth in care have determined have a long standing or significant relationship with the child or youth and who are important to the resolution of the case.

(J) Children and youth who are legally from another part of the state, but are placed in the Designated Community Area and in need of courtesy supervision.

(K) Person(s) to whom a court has ordered DFPS to provide services that support safety, permanency, or well-being of the Child referred within the context of an

open conservatorship case, including parents who reside outside the Designated Community Area.

(L) Children and youth referred through Interstate Compact on the Placement of Children (ICPC), including but not limited to: courtesy supervision of out-of-state children placed in the Designated Community Area; completion of home screenings, home studies, adoption studies, kinship home assessments, etc.; coordination and communication with Texas Interstate Compact Office; and required documentation.

(M) Child, Youth, and Young Adult characteristics may include, but are not limited to:

1. Active exhibition of psychotic behavior
    - ADD/ADHD
    - Autism
    - Anxiety Disorder
    - Assaultive behaviors or homicidal
    - At-Risk Youth (Trafficking)
    - Behavioral problems
    - Chronic Health Conditions
    - Criminal Background
    - Danger to Self or others
    - Depression
    - Developmental Disorders
    - Diabetes
    - DSM-IV Axis I & II Diagnosis
    - Eating Disorder
    - Emotional Disorders
    - Enuresis/Encopresis
    - Fire Setting
    - Gender Identity/Sexual Orientation
    - High Risk Youth (Trafficking)
    - Impulse Control Disorder
    - Low to Moderate Risk of harming self or others
    - Maladaptive Behaviors
    - Medically Fragile
    - Intellectual Developmental Disability
    - Oppositional Defiant
    - Pervasive Developmental Disorder
    - Pregnant
    - Primary Medical Needs
    - PTSD/Complex PTSD
    - Runaway Behavior
    - Self-Abuse
    - Sexual Aggression or Behavior Problems
    - Substance Abuse/Use
    - Substance Abuse or dependence with the need for medical detoxification
    - History of Attempted Suicide
    - Suicidal Gestures
    - Suicidal Ideation

- Other Special Needs, (e.g., dietary, language, etc.)
- Additionally, children may:
  1. Be victims of commercial sexual exploitation.
  2. Have experienced physical, sexual and/or emotional abuse, neglect and/or other severe trauma.
  3. Have a history of multiple placement disruptions.
  4. Have limited English-language proficiency.
  5. Have been or currently are involved in the criminal justice system and are currently on probation and/or parole.
  6. Have been or are currently involved in gang activity/ affiliation.

(N) Family characteristics may include, but are not limited to:

1. Chronic unresolved conflicts between parental figures
2. Frequent unresolved conflicts between parental figures and Children
3. History of Attempted Suicide
4. Suicidal Gestures
5. Suicidal Ideation
6. Chronic economic distress
7. Frequent changes in residence
8. History of substance abuse or current dependence
9. Untreated and/or diagnosed mental illness
10. Victims of commercial sexual exploitation
11. Poor parenting skills
12. Criminal Background
13. Involuntary participant
14. Limited English-language proficiency
15. Domestic violence/family violence
16. Limited cognitive functioning

Section 2.11 Organizational Qualifications

(A) An SSCC must possess a child placing agency license to place children as required by Texas law prior to accepting its first referral in Stage I. HHSC will have regulatory authority over this CPA license.

(B) An SSCC must be:

1. A non-profit entity with an organizational mission focused on child welfare with a majority of the entity's board members residing in this state or
2. A local governmental entity.

(C) An SSCC must demonstrate experience in providing services to children and families in the Designated Community Area.

Section 2.12 Staffing Qualifications.

Notice: Texas Penal Code §32.52 prohibits the use of fraudulent or substandard degrees. Contractor must include a process
to verify the education and degree requirements of all employees in its human resources policy. Education and degree information represent material facts upon which DFPS relies when entering into a Contract. DFPS reserves the right to exercise all available remedies if Contractor submits fraudulent or substandard education information, including termination of any Contract and other appropriate civil and criminal legal action.

(A) The SSCC must ensure compliance with minimum staffing requirements in applicable Minimum Standards for Child Placing Agencies serving children requiring both child care and treatment services.

(B) The SSCC must ensure that residential child care and other providers responsible for providing services are appropriately licensed in the State of Texas to perform the type of service being provided.

(C) The SSCC must ensure that direct delivery staff have the necessary knowledge, skills and experience and training to deliver required case management and family reunification support services to children, youth, kinship caregivers and families.

(D) The SSCC must ensure sufficient staff capacity to deliver:
(1) intake, placement and coordination of services to children, youth and young adults in the Designated Community Area;
(2) case management services (in Stage II) to children, youth, kinship caregivers and families in the Designated Community Area; and
(3) family reunification support services (in Stage II) to a child who is receiving services from the Contractor is returned to the child's family

(E) The SSCC must give employment preference to an employee of DFPS whose position is impacted by the implementation of community based care and who is considered to be an employee in good standing.

(F) The SSCC cannot hire or place in a position within the SSCC, a staff member that would either directly or indirectly create a contracting conflict of interest with a relative employed by DFPS or the SSCC.

(G) Hiring former DFPS/OCBCT staff not impacted by the implementation of CBC will require a review for potential conflict of interest by the Department.

Section 2.13 Workforce Training.

(A) All verified caregivers providing services to SSCC Clients must have completed **Trauma Informed Care (TIC)** training appropriate to their role. Caregivers must have TIC training that prepares the verified caregiver to understand the impact of trauma exposure on a child or youth and provides strategies to effectively care for the child or youth in a manner that promotes healing from the trauma. This training must be completed prior to any verified caregiver being alone with the child. In addition, the SSCC must ensure all verified caregivers complete an annual refresher of TIC training. This training must be at least two-hours in duration.

1. All SSCC non-clinical providers serving SSCC Clients must have completed TIC training appropriate to their role. Non-clinical providers must have TIC training that prepares them to understand the impact of trauma exposure on a child or youth and provides strategies to effectively care for the child or youth in a manner that promotes healing from the trauma. This training must be completed prior to any non-clinical provider being alone with the child. In addition, the SSCC must ensure all verified caregivers complete an annual refresher of TIC training. This training must be at least two-hours in duration.
2. Clinical providers must have received training in trauma treatment appropriate to their clinical licensure or certification. If providing Targeted Case Management and/or Rehab Services, clinical providers must be credentialed to deliver the services.

3. The SSCC can use the approved DFPS TIC online training to meet the training requirements of this Section; however, DFPS encourages the SSCC to use its own curriculum/model to build upon the training their non-direct delivery staff and caregivers have already received. The National Child Traumatic Stress Network (NCTSN) has developed training materials for all stakeholders who serve foster children and their parents/caregivers.
4. All direct delivery staff and caregivers providing services through the SSCC must have completed Trauma-Informed Care training.
5. All direct delivery staff and caregivers must be trained to recognize and report sexual abuse, including child-on-child sexual abuse. Training must be completed prior to providing services and on an annual basis thereafter, direct delivery staff and caregivers must take the DFPS caregiver training on sexual abuse. Specific instructions will be provided to the SSCC.
6. The SSCC will ensure that each direct delivery staff or caregiver maintains a copy of the certificate of completion in their file.

(B) Anyone recommended by the SSCC as a medical consenter must receive and complete **Medical Consent** training offered by DFPS prior to DFPS designation as a Medical Consenter. The on-line training may be accessed by visiting: DFPS Medical Consent Training.

(C) All SSCC employees must complete Human Trafficking training "created by the human trafficking prevention task force under Section Section 402.035(d)(6), Government Code". The SSCC must use the approved DFPS Human Trafficking training to meet the training requirements of this Section, located at the Attorney General of Texas website:

DFPS Human Trafficking Training

For additional resource information on Human Trafficking, visit the DFPS Public website:

DFPS Human Trafficking Resource Information

(D) All SSCCs in Stage II, must complete the DFPS CBD training componets and framework (duration) prior to providing case management function. The SSCC may add additional training components that are specific to the SSCC's particular model.

Section 2.14

Major Deliverable # 1 - Achievement of Service Objectives/Quality Indicators.

The SSCC must perform the development, operation, oversight, and provision of the full continuum of substitute care, case management and purchased client services in a manner that provides services in the least restrictive, most family-like setting appropriate for the child or youth, which reduces the number of moves a child or youth must make while in care, and engages communities to assist children and youth in achieving safety, permanency, and well-being, specifically, the service objectives inherent in the following quality indicators:

(A) Children are safe in their placements.
(B) Children are placed in their home communities.

(C) Children are appropriately served in the least restrictive environment that supports minimal moves for the child.
(D) Connections to family and others important to the child are maintained.
(E) Children are placed with siblings.
(F) Children remain in their school of origin.
(G) Services respect the child's culture.
(H) To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers.
(I) Children and youth are provided opportunities to participate in decisions that impact their lives.
(J) Reunification of children with the biological parents of the children.
(K) Promotion of the placement of children with relative or kinship caregivers.

Section 2.15

Major Deliverable #2:
Development and Management of a Continuum of Care and Service Delivery Model

The SSCC must develop and manage a continuum of care and service delivery model designed to facilitate achievement of the service objectives and quality indicators using the staged implementation model. The SSCC must implement a community-based model that fully engages stakeholders in achieving desired outcomes and, at a minimum, ensures, (1) the effective and efficient delivery of a full array of services provided in the least restrictive, most appropriate placement setting that minimizes moves in care to improve outcomes for children, youth and their families; (2) continuity of care provided to children, youth and their families; and (3) the provision of timely and appropriate services to children, youth and their families in their home communities. The SSCC model must address the diverse and individual needs of the particular local communities within the Designated Community Area.

(A) Start-Up Period

The SSCC will have a Start-Up period prior to the start of Stages I and II:

1. **Stage I:** The effective date of the SSCC contract with the Department and end no later than the first day of the seventh month from the contract effective date, or sooner with demonstrated readiness. During the Start-Up Period, the SSCC must actively engage communities in building the infrastructure and competencies necessary to provide the full continuum of paid foster care and purchased client services required in Stage I of implementation and demonstrate readiness to implement the approved plans. The SSCC must employ and maintain sufficient staff during Start-Up to implement the selected service model and conduct necessary Community Engagement activities and ensure readiness
2. **Stage II:** The effective date of the SSCC contract amendment with the Department and end no later than the first day of the seventh month from the contract amendment effective date, or sooner with demonstrated readiness.
    a. During the Start-Up Period, the SSCC must actively engage communities in building the infrastructure and competencies necessary to provide the full continuum of substitute care, case management and purchased client

services required in Stage II of implementation and demonstrate readiness to implement the approved plans.
b.The SSCC must employ and maintain sufficient staff during Start-Up to implement the selected service model and conduct necessary Community Engagement activities and ensure readiness.
c. Stage II Readiness must include plans to implement reasonable caseloads for all caseworkers as well as graduated caseloads for newly hired staff. The SSCC should comply with the DFPS Generally Applicable Internal Caseload Standards which implement a guideline of 14-17 children per conservatorship worker. This is not a "caseload cap" or an "enforced caseload range". A new CVS caseworker will be assigned no more than 6 children in the first month of becoming case assignable and no more than 12 children in the second month after they are deemed case assignable. In the third month after being determined eligible for case assignments, the caseworker may receive a full caseload. The SSCC must use its approved graduated caseload plan to inform its hiring goals as well as ensure that SSCC caseworker supervisors use the SSCC's graduated caseload plan in handling caseload distribution. In instances where an SSCC caseworker will have a daily case load over the 14-17 range, the SSCC must use and complete the Exception form DFPS uses to document the reason.

3. Please see Article IV for more information regarding Readiness and transition requirements.

(B) Administrative Management

The SSCC's administrative management of the continuum of care and service delivery system must, at a minimum, include the following:

1. An integrated continuum of service providers to ensure the effective management and coordination for availability of an array of quality services necessary to meet the diverse and unique needs of children and youth in least restrictive settings and effectively reduce the number of moves for children and youth in substitute care and families of those children who require services to support safety, permanency, and well-being.
2. Based on the stage of implementation the necessary organizational structure, staff, capacity, policies, and procedures to manage, oversee, coordinate and deliver:
    a. A continuum of services to arrange, conduct, and coordinate the child/youth's placement within the continuum of care.
    b. Case management services for all children, youth and families who are referred to the SSCC by DFPS.
    c. A timely array of services, support, and oversight to kinship caregivers and families.
    d. Family reunification support services and oversight to be provided after a child receiving services from the Contractor is returned to the child's family.
    e. Quality Assurance and Utilization Management (QA and UM) practices which continuously monitor operations and services in order to ensure quality services, progress towards service plan goals, and compliance

with all Contract terms, performance expectations, outcomes, and outputs.

f. The SSCC must be able to demonstrate the validity of the Utilization Management Process to DFPS as an accurate reflection of the level of care provided to children and youth referred under the Contract. DFPS or a designated third party will review the SSCC Utilization Management process and results at regular intervals to ensure that the SSCC is complying with its approved policy and process.

g. The capacity to develop and maintain qualified staff that have the skills, education, experience, and training for the services they provide.

h. A system for tracking and reporting Serious Incidents as well as other safety, permanency, and well-being outcomes and mechanisms.

i. A system that alerts the SSCC of situations or issues that require immediate response, including issues which are likely to pose a threat to child safety.

j. Designated Community Area specific disaster recovery and business continuity practices which ensure rapid, effective response and re-establishment of system operations and service delivery in the event of unplanned system outages or catastrophic occurrences. This must include response to situations in all areas of the state or nation where the SSCC has children, youth or young adults placed.

k. Create a single process for the training and use of alternative caregivers for all child-placing agencies in the Designated Community Area to facilitate reciprocity of licenses for alternative caregivers between agencies, including respite and overnight care providers.

l. A financial system that ensures timely payment, appropriate utilization, and on-going management of financial resources so that needed services are provided within the allocated funds.

m. Capacity to collect, manage, and report data on client services, network service providers, subcontractors, hospitalizations, foster homes, outcomes, and outputs.

(C) SSCC Management Plan

At least 30 days prior to entering a new Stage of implementation, the SSCC is required to submit an updated version of the SSCC Management Plan for DFPS approval. The SSCC Management Plan must clearly identify all tasks and activities associated with each deliverable, dates of completion, and key staff responsible for, at a minimum, the following key elements:

1. The schedule, processes, and procedures for transition by agency of the children and youth from the Designated Community Area who are already being served by the providers in the SSCC network in the legacy system to the SSCC model. DFPS anticipates all children in legacy paid foster care will fully transition to the SSCC within 12-18 months of contract effective date.
2. The schedule, processes and procedures for transition of legacy cases and DFPS foster homes from DFPS to the SSCC. Include plan for communicating with providers, foster parents, judiciary and the community. DFPS anticipates a full transition of legacy paid foster

care placements between systems within 12-18 months of contract effective date.

3. The schedule, processes and procedures of the transition of the verification of kinship homes to the SSCC.
4. The schedule, processes, procedure and timeline for the implementation of community-based care in the Designated Community Area, including a timeline for implementing:
   a. intake and placement services for children, youth, and young adults from the Designated Community Area;
   b. case management services for children, youth, young adults, families, and relative and kinship caregivers receiving services in the Designated Community Area; and
   c. family reunification support services to be provided after a child receiving services from the Contractor is returned to the child's family.
5. Ongoing development of services network/continuum, including plan for assessing need, recruiting, communicating with and training network providers.
6. Quality management plan that documents the necessary information required to effectively manage service quality from project planning to delivery. The plan must define a service's quality policies, procedures, criteria, areas of application, roles, responsibilities and authorities.
7. Workforce development and training, which must include a plan for ensuring that all caseworkers, supervisors, caregivers and other direct care staff providing services through the SSCC complete training to support attainment of safety, permanency and well-being for the children in their care. Trauma-Informed Care, Child Sexual Aggression/Abuse, and Human Trafficking training (as previously specified) as well as training on Cultural Competency are required. The plan may propose phasing in this training.
8. A Disaster Recovery and business continuity plan that is specific to the Designated Community Area as well as plans for ensuring the safety and well-being of all children, youth, and young adults that are placed in other parts of Texas and other parts of the country should a disaster occur including and a data back up and recovery plan.
9. Policy and procedures to support all aspects of service delivery, finance and administration of the SSCC model;
10. Policy and procedures to protect confidential information and data security.
11. Plan for how the SSCC will address situations in which a child referred to the SSCC is placed in the same home as a child in the DFPS Legacy system or vice versa.
12. Case Management Conflicts of Interest. Policy and procedures detailing how the SSCC will identify, manage, track, and resolve potential case management conflicts of interest throughout the life of the contract

13. Contracting Conflicts of Interest. Policy and procedures detailing how the SSCC will identify, manage, and track potential contracting conflicts of interest throughout the life of the contract. After identifying a potential contracting conflict of interest, the SSCC must notify DFPS with a memorandum describing the potential conflict in addition to methods of mitigation. DFPS reserves the right to make a final determination regarding any potential conflict, up to and including prohibiting SSCC staff involved in a contracting conflict of interest from working on this contract.
14. The SSCC must require Continuous 24 – Hour Awake Supervision in all placements housing more than 6 children, inclusive of all foster, biological, and adoptive children. The SSCC must participate in DFPS oversight and enforcement activities to ensure provider compliance with the continuous 24-hour awake supervision requirement. DFPS will not approve any subcontracted provider of the SSCC until DFPS has approved the provider's continuous 24-hour awake supervision policies and procedures submitted to DFPS. DFPS and the SSCC must review the provider's continuous 24-hour awake supervision policies and procedures and assess them for adequacy and compliance with the continuous 24-hour awake supervision requirements based on the ages, needs, living arrangements, physical environment, facility layout, and levels of service required for the children and youth at the provider's facility.
15. Plan for implementing graduated caseloads for caseworkers in Stage II.

(D) SSCC Community Engagement Plan (CEP).

1. The SSCC must develop and implement a Community Engagement Plan for each stage of implementation that demonstrates that the SSCC understands the role of the distinct communities and population hubs within the Designated Community Area in meeting the unique and diverse needs of children, youth, young adults, and families.
2. The SSCC must submit a Community Engagement Plan that has been developed with community stakeholders within forty-five (45) days of the Stage II amendment to this Contract. The plan must include strategies, activities, and timelines for engaging the community initially; during the start-up period, during initial implementation, and on an ongoing basis. The Plan must include strategies for developing and supporting a local advisory committee that reflects the community and include a timeline and resources necessary to successfully implement the plan.
3. The SSCC Community Engagement Plan must include targeted strategies for ongoing engagement of each of the following entities in the identified population hub and/or distinct community within the Designated Community Area:
    a. Children and youth in foster care, as well as alumni
    b. Families of children in foster care, including non-custodial parents
    c. Relative or kinship caregivers
    d. Alumni families who have received DFPS services in the past
    e. Members of the judiciary

f. Attorneys representing parents, children and DFPS
g. Court-appointed special advocates
h. Child advocacy centers
i. Child Welfare Boards, if applicable
j. Foster Parents
k. Residential Child Care Providers (including but not limited to other child placing agencies and general residential operations that provide: emergency care services, child-care services, treatment services, transitional living services and residential treatment services)
l. Purchased Client Service Providers
m. Local Community Service Providers
n. Universities
o. Faith-based organizations
p. Other county and/or community stakeholders

(E) DFPS and SSCC Joint Operations Manual

During the Stage II Start-Up period, the SSCC and DFPS/OCBCT will collaborate to develop joint operational processes for implementation of the SSCC's model and to establish Designated community-specific joint protocols, including but not limited to, methods and frequency of communication, jurisdictional expectations, and clarification of DFPS and the SSCC roles and responsibilities. The SSCC must ensure that staff participating in the joint protocol sessions have a thorough understanding of community based care, the SSCC model and Contract, and the communities served. The operations manual update must be completed at least (45) days prior to the SSCC accepting its first referral from DFPS in Stage II.

1. The SSCC will work in collaboration with DFPS and stakeholders within the Designated Community Area to develop and maintain exemplary relationships that support achievement of improved permanency outcomes for children, youth, and families.
2. DFPS will work in collaboration with the SSCC to identify, develop, and expand needed services and resources within the Designated Community Area in order to achieve the common goal of providing quality services to children and families.
3. The SSCC will work in collaboration with DFPS to establish the roles and responsibilities of working with victims of human trafficking and organizations that work with them, including DFPS, law enforcement, Care Coordination Teams (CCT), Human Trafficking Advocate Agencies (HTAA), community organizations, and contracted community-based care providers. In Texas Counties where DFPS has established an MOU with an HTAA and other similar stakeholders for the purposes of prevention and response to Human Trafficking and Child Exploitation, the SSCC will adopt the same responsibilities, functions, and duties under the MOU as CPS. This Section does not prohibit the SSCC from working with MOU stakeholders to modify MOU language subject to the agreement of all parties, as long as the general purpose and goals of the MOU that existed with DFPS is accomplished.

(F) SSCC Provider Manual

The SSCC Provider Manual will serve as the guiding document for SSCC employees and its network providers and outline the roles, responsibilities, and processes to

implement Community-Based Care and the achievement of safety, permanency, and well-being of children in the SSCC continuum of care. The SSCC will provide copies of the SSCC Provider Manual to DFPS and each of its subcontractors who will provide services to DFPS referred clients. The SSCC will regularly update the SSCC Provider Manual as necessary. Each update must be provided to DFPS. DFPS reserves the right to disapprove of any changes.

Section 2.16 Continuum of Substitute Care and Purchased Client Services (Stages I-III).

The SSCC must build and maintain the infrastructure necessary to support the full continuum of substitute care, case management, and purchased client services for all children and youth originating from the Designated Community Area, those placed in the Designated Community Area through Interstate Compact on the Placement of Children (ICPC) and through inter-regional agreements and their families who are referred to the SSCC by DFPS. The infrastructure must be sufficient to ensure services are safely provided in the child's or youth's home community, in the least restrictive, most family-like setting appropriate for the child or youth, and must reduce the number of moves children and youth make while in care while working towards positive permanency for the child.

(A) **Joint SSCC and Legacy Placements (Stage I).** Since it will take time to transition from the DFPS Legacy System to the SSCC System, situations might arise in which a child referred to the SSCC might be placed in the same home as a child in the DFPS legacy system or vice versa. In such situations, the SSCC will work with DFPS in order to appropriately manage such placements and ensure the best outcome for all children.

(B) **Coordinated Purchased Client Service Delivery (Stages II-III).** The SSCC must maintain the capacity to coordinate and deliver a timely array of services to families or individuals that DFPS determines eligible and refers to the SSCC according to agreed upon service plans and within purchased client services funding. Families of children who enter substitute care and who are referred by DFPS to the SSCC are eligible for services. Families may continue to remain eligible for the SSCC service coordination and delivery after their child has returned home so long as DFPS is still the legal conservator. The SSCC must also demonstrate its compliance with performance measures and outcomes.

(C) **Case Management Services (Stages II-III).** In addition to Stage I responsibilities, the SSCC must build and maintain the infrastructure and staff capacity necessary to implement graduated caseloads for newly hired staff and to deliver case management services for all children who are referred to the SSCC by DFPS. During Stage II readiness, the SSCC will develop a Case Management Manual/internal handbook that provides detail on how the SSCC will accomplish the following:

1. Conducting a minimum, of monthly face-to-face visits with the child, family and caregivers;
2. Convening and conducting service planning and permanency planning meetings;
3. Development and revision of child and family service and visitation plans, including permanency plans and goals for a child or young adult in care;

4. Ensuring parent-child visitation; occurs twice per month to address case planning and service needs;
5. Ensuring sibling visitation of at least one visit per week for siblings not placed together;
6. Coordination and monitoring of services required by the child and the child's family;
7. Assumption of court-related duties regarding the child, including but not limited to:
    a. Providing any required notifications or consultations;
    b. Preparing court reports;
    c. Attending judicial and permanency hearings, trials, and mediations;
    d. Complying with applicable court orders; and
    e. Ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines;
8. Conducting family finding and engagement activities, including conducting back ground checks and searches for relatives, non-custodial parents and other persons significant to the child's safety, permanency and well-being;
9. Coordination and monitoring of reunification support services to a child or youth and family after the child is returned to the child's family**;** including face to face contact with the child and family a minimum of once a month to ensure stability, safety, well-being;
10. Coordination and provision of all Transitional Living Benefits including, but not limited to, the Education Training Voucher to eligible youth and young adults;
11. Coordination of post-adoption services including potential referral of eligible families to DFPS contracted post adoption services to all children and youth located in the Designated Community Area who have been legally adopted, regardless of where the adoption was consummated;
12. The SSCC must build and maintain sufficient staff capacity to deliver direct case management services to kinship caregivers and families, including but not limited to:
    a. Completion of required kinship home assessments and/or home studies verification or adoption purposes;
    b. Regular contact with the caregiver;
    c. Coordination and delivery of a timely array of services to caregivers;
    d. Identification of local resources to meet the child's and caregiver's needs;
    e. Provision of training, individually or in groups, to help the kinship caregiver meet the child's needs;
    f. Provision of resources or referrals to resources to ensure placement stability; for example, providing or referring the family to financial assistance, child care, counseling, remedial educational programs, and academic enrichment programs;
    g. Assessment of kinship families, continually, to determine their strengths and needs;
    h. Service and permanency planning for the child;
    i. Necessary tracking and reporting of kinship placements to be used to verify and pay kinship providers (when applicable).

j. Provision of support for the kinship caregiver family in reaching the child's goals; and
k. Development and implementation of a risk evaluation and approval process to be used in determining appropriateness of kinship placements.

13. The SSCC will engage the Texas Interstate Compact Office (TICO) as the point of contact for ICPC. The TICO will provide the same services to the SSCC as they provide to CPS staff. At a minimum, the SSCC will:
    a. Review all ICPC referrals from his or her Designated Community Area for accuracy and completeness.
    b. Ensure all ICPC referrals are processed expeditiously to meet federal guidelines related to the Safe and Timely Act (*Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239*); and
    c. Provide technical assistance to SSCC caseworkers regarding general ICPC inquiries.
    d. Follow all CPS ICPC policies and procedures as outlined in *CPS Handbook Policy 9000*, including but not limited to:
        i. Reviewing and submitting ICPC packets to the TICO,
        ii. Completing ICPC request for placement packets,
        iii. Completing home screening within 60 calendar days per federal law *42 U.S.C. §671(a)(26),*
        iv. Completing kinship assessments, and/or home studies, and
        v. Monitoring and documenting home visits.
    e. If the SSCC has placed a child/youth out of state and the placement ends, then the SSCC will be responsible for accompanying the child back to Texas and financially responsible for transportation costs. The SSCC will continue to maintain case management and placement responsibilities for the child and will need to secure new placement.
    f. The SSCC will provide courtesy supervision to any child from out of state who is placed in the Designated Community Area through ICPC, including completion and submission of all necessary documentation.
14. Any other function or service that the department determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

Section 2.17 Foster Care Placement Capacity.

During Stage I, DFPS will only refer children in paid foster care from the Designated Community Area and young adults in SIL programs within the Designated Community Area to the SSCC. During Stage II, DFPS will refer all children in DFPS conservatorship from the designated community, regardless of placement type, to the SSCC. The SSCC must have the ability to build and manage available foster care capacity in the Designated Community Area in order to increase the likelihood that children are placed in their home communities. Therefore, as part of readiness activities for Stage I, DFPS and the SSCC will agree to:

1. Provide placement capacity data to the SSCC on a quarterly basis;

2. Utilize the process by which a child, legally from an area outside of the Designated Community Area, may be placed into a placement facility within the SSCC Designated Community Area.

Section 2.18 Major Deliverable #3 – Compliance with General Requirements of the SSCC.

(A) Accountability. The SSCC is ultimately responsible for all Contract requirements, including outcomes, regardless of whether the Contract requirement is performed directly by the SSCC or indirectly by the SSCC through an agent, employee, volunteer, or subcontractor.

1. The Contractor is responsible for implementing and maintaining a quality assurance process to ensure the product satisfies the requirements of the Contract.
2. The Contractor is responsible for responding to feedback from the department relative to services provided under Contract and incorporating that feedback to ensure continuous improvement as indicated in performance measures.
3. The Contractor is responsible for monitoring and evaluating services, policies, and processes and applying actions necessary for improvement if the results require change.
4. Contractor must manage referrals to ensure timeframes and quality expectations are met.
5. The Contractor must cooperate with the department in monitoring and evaluating services provided under this Contract. Contractor must make Client records and service delivery documentation available upon request by DFPS.
6. Contractor must establish a system to monitor the performance of its direct service network providers to ensure the highest quality services and compliance with this Contract.
7. Contractor must establish a system to verify performance data of its direct service network providers to ensure accurate data is reported and in compliance with this contract.

(B) Legal/Regulatory. The SSCC will:

1. Comply with all court orders and jurisdictional requirements;
2. Comply with all court orders regarding the provision of substitute care, case management services , purchased client services and/or reunification services for children, youth, and families served through the SSCC, relevant to the stage being implemented;
3. Follow all State (including both Texas Family Code and Title 40, Part 19 of the Texas Administrative Code) and federal laws to include compliance with the terms and regulations (of all Performance Improvement Plans as a result of a Federal or State Audit) as well as Child Care Minimum Standards for 24-Hour Residential Care Operations and Child-Placing Agencies, and DFPS Records Management Policy:

   a. Americans with Disabilities Act (ADA)

   b. Child Abuse Prevention and Treatment Act (CAPTA)

c. **Child and Family Service Review (CFSR).** The SSCC must work with DFPS to improve outcomes for Children based on the Federal CFSR requirements.

d. **Child Welfare Services, Title IV-B, Subpart 1 of the Social Security Act**

e. **HHSC Child Care Minimum Standards**

f. **DFPS Records Management Policy**

g. **Family Educational Rights and Privacy Act (FERPA)**

h. **Health Insurance Portability and Accountability Act**

i. **Indian Child Welfare Act (ICWA)**

j. **Individuals with Disabilities Education Act (IDEA)**

k. **McKinney-Vento Homeless Assistance Act**

l. **Multiethnic Placement Act (MEPA)**

m. **National Youth in Transition Database (NYTD).** The SSCC must assist children and support the necessary activities including on-going computer access required for entry of data into NYTD system and will assume this responsibility in Stage II.

n. **Promoting Safe and Stable Families, Title IV-B, Subpart 2 of the Social Security Act**

o. **Temporary Assistance for Needy Families (TANF)**

p. **Texas Family Code**

q. **Title IV-E of the Social Security Act**

r. **Title 40, Part 19 of the Texas Administrative Code**

(C) In providing substitute care services and services for kinship caregivers in a Designated Community Area (Stages II-III), the SSCC must, either directly or through subcontractors, perform the statutory duties as the department's agent in connection with the delivery of substitute care services and services for kinship caregivers in that Designated Community Area.

(D) The legal representation provided to the Department during DFPS conservatorship case proceedings will be provided to the SSCC (Stages II-III).

(E) Pursuant to Texas Family Code §264.167, Texas Law considers an employee, agent, or representative of a SSCC as a representative of the Department for purposes of the privilege under Rule 503, Texas Rules of Evidence found at http://www.txcourts.gov/media/921665/tx-rules-of-evidence.pdf as that privilege applies to communications with a prosecuting attorney or other attorney representing the department, or the attorney's agents, in a proceeding under this subtitle.

(F) The SSCC must report known critical incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations, and violations that occur within the SSCC's service model to DFPS in accordance with HHSC Licensing Minimum Standards and contract requirements. For these

circumstances in particular, and at all times in general, the SSCC must have operational procedures and mechanisms in place to ensure they are knowledgeable of and respond immediately to conditions or situations that may pose a threat to child safety. DFPS will regard any failure to disclose and report as a breach of the SSCC's contract. Residential Child Care Licensing's role with all licensed providers, including the SSCC subcontractors will remain unchanged.

Section 2.19 Cultural Competency.

(A) The SSCC must provide services to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals, and protects and preserves their dignity.

(B) The SSCC will:

1. Exhibit a clear understanding of the cultural beliefs of children and families in the distinct communities and population hubs within the Designated Community Area.
2. Provide ongoing education in the form of orientation, training, workshops, and other educational opportunities to help staff, caregivers, and subcontractors understand the impact race, culture, and ethnic identity have on them and others and how they impact services to children and families.
3. Ensure that caregivers and subcontractors understand the impact of disproportionality and disparities in the child welfare system. Disproportionality is the over representation of a particular race or cultural group in a program or system and is an issue DFPS remains committed to addressing.
4. Coordinate and deliver services in a manner that is relevant to the culture of children and families served in the distinct communities and population hubs within the Designated Community Area.
5. The SSCC will make reasonable efforts (as determined by the department) to ensure services provided to children and families are offered in the individual's primary language.

(C) Develop and implement a plan to ensure the composition of the SSCC workforce reflects the race, ethnicity, and culture of the client population.

(D) Efforts to Address Disparities in Designated Community Area. The SSCC must ensure that the services offered and outcomes achieved by the SSCC are equal in proportion to the populations served.

Section 2.20 Major Deliverable #4 - Placement Services and Services to Children/Youth/Young Adults

The SSCC must coordinate and manage services to the child, youth or young adult in a manner that, at a minimum, conforms to and complies with the service and Contract requirements stated, defined, and described in this Contract.

(A) Notification Request for Services

1. **DFPS will**:
    a. Refer children, youth, and young adults to the SSCC for services.
    b. Refer non-verified relatives/fictive kin or other caregivers, located within or outside the Designated Community Area and who are

interested in becoming a verified kinship foster or adoptive home, to the SSCC for verification and licensing services.

c. As a part of Stage I, provide final approval or reason(s) for denial of all placement decisions within 24 hours of request for approval. Approval may be assumed if notice of placement denial is not received by the SSCC within 24 hours of request. For emergency placements only, DFPS will evaluate the SSCC's recommended placement option within 1 hour of receipt of notification from the SSCC by telephone or electronic notification. For emergency placements, the SSCC may assume approval from DFPS if the Department does not provide notice of placement denial within 1 hour of the request.
d. As a part of Stage I, notify the SSCC of all court orders regarding placement.
e. As part of Stage I, provide written notification to the court of all placement and medical consent activities, consistent with current statutory requirements.
f. Determine eligibility and make appropriate referrals for SSCC services.
g. Provide notice to the SSCC within 2 business days, when DFPS becomes aware that a child is no longer eligible for the SSCC services.

2. SSCC must:

a. Maintain the capacity to accept referrals from DFPS for child/youth placement 24 hours per day, 365 days per year.
b. Accept all referrals (No Reject) made by DFPS and continue to meet the individual needs of children and youth referred (No Eject).
c. Limits on Placements for New Facility. If single source continuum contractor contracts with a general residential operation providing treatment services to place children with the operation before the operation has received a full permit (not in provisional licensed status), the contractor must limit the number of children that may be placed at the operation each month and limit the number of children with a service level of specialized, intense, or intense plus until the operation exhibits and the SSCC verifies, sustained compliance with the licensing standards.
d. Create a single process for the training and use of alternative caregivers for all child-placing agencies within their placement network in the Designated Community Area to facilitate reciprocity of licenses for alternative caregivers between agencies, including respite and overnight care providers.
e. Adapt to and abide by requirements of local courts (if different from process listed in Contract) regarding placement processes and/or notification requirements.
f. Offer Supervised Independent Living (SIL) services. The SSCC must develop Contracts for supervised independent living services that will meet the needs of the young adult to be served.
g. In instances where DFPS has established an SIL program with a public university, the SSCC must use the same terms, conditions, policies, processes described in the DFPS interagency agreement with the public university. This section does not apply in instances where both

the public university and the SSCC have agreed in writing to develop an SSCC specific subcontract with its own terms, conditions, policies, and processes.

h. Utilize the same parameters as DFPS when making recommendations to the Department on who a Child's medical consenter should be. These parameters are outlined in Chart 1. See See DFPS Medical Consent Resource Guide for more information.

i. Ensure that all Foster Parents, caregivers and employees who serve as Medical Consenters for a Child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:
   i. Appropriately monitor the side effects of the drug; and
   ii. Determine whether the drug is helping the Child achieve the treatment goals and whether continued use of the drug is appropriate.

j. Advise youth/young adults ages 16 to 23 of their right to request to become their own Medical Consenter.

k. For all children receiving psychotropic medication, the SSCC must assess the extent to which the Child:
   i. Has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
   ii. Has been seen by the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network.

Chart 1: Medical Consenter		
Child's Placement	**Recommended Designee First and Second Primary**	**Recommended Back Up First and Second Back Up**
GRO Providing Emergency Care Services	Two Professional employee(s) of the GRO	• 3rd professional employee of the GRO; or • CPS caseworker; or • Supervisor of primary/assigned caseworker.
CPA Foster family home CPA Foster group home with foster parents (without shift staff)	Foster parents, or Pre-consummated adoptive parents	Professional employee(s) of the CPA, such as a case manager

CPA Pre-consummated adoptive home		
GRO offering child care services only (children's home with cottage model)	Cottage parents	• Alternate cottage parents; • Professional employee of the GRO, such as a case manager; or • CPS caseworker.
Home and community based (HCS) family home	HCS-based support family caregivers	• CPS caseworker, or • Caseworker's Supervisor
GRO Residential Treatment Center GRO Therapeutic Camp GRO Child Care Facility (Group Setting with Shift Staff)	1. 1st Primary: the CPS caseworker or Local Permanency caseworker 2. 2nd Primary: second CPS caseworker or Local Permanency caseworker	Any combination of the following individuals may be selected as the 1st and 2nd backup: • CPS caseworker; • Local Permanency caseworker; • CPS Supervisor; or • Local Permanency Supervisor. * In rare situations and with approval from the Local Permanency Supervisor or designee, a Human Services Technician (HST) specially trained to consent to psychotropic medication.
HCS-based group home (with shift staff) Nursing home Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)	1. CPS Caseworker 2. 2nd CPS Caseworker or CPS Supervisor	• 3rd CPS Caseworker or CPS Supervisor • CPS Supervisor
GRO offering treatment services for individuals with intellectual disabilities	1. Developmental disability (DD) specialist assigned as secondary worker	• 2nd Developmental disability (DD) specialist

State Supported Living Centers (SSLC)	2. Primary CPS Caseworker or Caseworker's Supervisor	• 3rd Developmental disability (DD) specialist or Primary CPS Caseworker
Placement with Relative or Kinship Caregiver	Primary live-in caregiver(s) for the child	Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs

***During Stage II, the SSCC will replace the DFPS caseworker/supervisor role as relevant medical consenter designee.**

(B) Applicable Requirements.

The SSCC must consider all applicable state and federal requirements and best practices when making recommendations of potential placements to DFPS. All decisions should be made based on the individual child's best interest. Areas for consideration include but are not limited to, the following:

1. The child's safety;
2. Preference for family;
3. Least Restrictive, most family-like setting;
4. Placement with siblings;
5. Child's individual circumstances;
6. Children are placed in their home communities and in close proximity (no more than 50 miles) to their home of removal;
7. Maintaining the child in the school of origin and minimizing educational disruption;
8. Biological family's individual circumstances;
9. Substitute caregiver's individual circumstances; and
10. Services respect and support the child's culture.
11. Continual review of the appropriateness of the child's placement and efforts to preserve the current placement.
12. All applicable state and federal requirements when documenting the child's placement and document in IMPACT the following (see Chart 2 for time frames):
13. Date of placement
14. Date of discussion with child regarding initial and all subsequent changes in placement
15. Child's response to discussion regarding placement
16. Whether placement was emergency or planned
17. Whether pre-placement visit(s) occurred and if so, date(s) of pre-placement visit(s)
18. Name, address, and telephone number for current placement, including agency or facility name if service is delivered through a subcontract with the SSCC
19. Explanation as to why identified placement is most appropriate, including:

a. If the placement is not with a kinship caregiver, foster family home or cottage-style general residential operation (GRO) document why a more restrictive setting is needed;
b. If placement change resulted in a change of schools, explanation as to the need for school change;
c. If placement is more than 50 miles from child's home of origin, explanation for why the child is not in close proximity;
d. If the child is not placed with all siblings, reasons for separation.

20. Immediately notify DFPS when the SSCC becomes aware that a child or youth may no longer be eligible for SSCC services.

(C) Placement Referral Types for Paid Foster Care Services (Stage I) include:

1. DFPS Emergency Placement - Process utilized when DFPS makes a referral to the SSCC for children/youth who are in immediate need of paid foster care services and are not currently served by the SSCC.
2. DFPS Non-Emergency Placement (New Referral to the SSCC) - Process utilized when DFPS makes a referral to the SSCC for children/youth who are transitioning from a placement in the Legacy System to the SSCC's continuum of care.
3. DFPS Non-Emergency Placement (Change of Placement Request) - Process utilized when DFPS has identified a need for a change in placement for children/youth already served by the SSCC.
4. SSCC Emergency/Non-Emergency Placement- Process utilized when the SSCC has identified a need for a change in placement for children/youth already served by the SSCC.
5. Placement Referral Types for Paid Foster Care Services and Required Notifications, Roles, Responsibilities and Documentation Requirements (see Chart 2).

(D) Child/Youth Sexual Behavior Problems, Vicitmization, and Aggression

As part of the placement process, the SSCC must ensure that a child's initial and subsequent caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual victimization, and sexual aggression. This information should include any information related to sexual abuse by an adult or another youth.

(E) Required Notifications Related to the Child

1. DFPS will provide the SSCC with a completed Placement Summary (Form K-908-2279 or DFPS accepted equivalent) and its Attachment A - Child Sexual History Report, which provides any history of sexual victimization or sexual aggression for each child upon placement. When a history of sexual aggression, behaviors, or victimization is identified after placement, DFPS will provide an updated Attachment A to the SSCC, which must ensure that the placement addresses the child's safety, any therapeutic needs, and other children's safety. The SSCC must ensure that all of its residential child care providers have policy that reflects the requirements of this section.

2. Required Initial Signatures.

a. **General Residential Operations.** DFPS and the SSCC will develop (via joint protocols) a policy to ensure that the child's placement administrator, receiving intake staff (as applicable), and the child's case manager are required to sign the K-908-2279 (or DFPS accepted

equivalent) and its Attachment A. If any of these required signatories are not present at the time of placement, the child's placement administrator, or their designee in their absence, will ensure all required signatories sign and return these documents to the child's DFPS caseworker within three business days. This policy must also specify obtaining the signatures each time the Attachment A is updated and designate responsibility for uploading the signed documents into OneCase.

b. **Child Placing Agencies.** DFPS and the SSCC will develop (via joint protocols) a policy to ensure that foster parents provide a signature acknowledging the receipt of Form K-908-2279 (or its DFPS accepted equivalent) and its Attachment A at the time of placement. If the placing party cannot obtain the foster parent's signatures at the time of placement, both parties must work together to obtain the signatures no later than three (3) business days after placement. This policy must also specify obtaining the signatures of the foster parents each time the Attachment A is updated and designate responsibility for uploading the signed documents into OneCase.

3. **Subsequent Certification by Caregivers.**

a. **General Residential Operations.** At the time of placement, and when the Attachment A is updated, the SSCC must ensure that each child's placement administrator must inform all caregivers if a child has a history of sexual aggression, behaviors, or victimization as provided for in Attachment A. As proof of this notification, the placement administrator must obtain each caregiver's signature on the certification form attached to Form K-908-2279 (or its DFPS accepted equivalent), Attachment A. The SSCC must ensure that each GRO has a written process to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The Administrator and Case Manager for the child must ensure that any temporary placement is provided the information and that proof in the form of a signed DFPS certification form is obtained from the temporary caregiver(s). The placement administrator will maintain copies of the certification form for each child and provide such to DFPS upon request.

b. **Child Placing Agencies**. The SSCC must ensure that each CPA provider has a written process in place to provide notice to a temporary placement (psychiatric or medical hospital, juvenile detention facility, respite care, etc) of any associated child sexual aggression, behaviors, or victimization noted in Attachment A. The case manager for the foster home must ensure that any temporary placement is provided the information and that proof in the form of signed DFPS certification form is obtained from the temporary caregiver(s). The case manager must retain this documentation in the foster home record and will submit to DFPS upon request.

(F) No-Pay Placement Providers (Stage I and II)

If the SSCC selects a child placing agency provider for placement that does not accept payment for the care of the child/youth, then the SSCC must provide DFPS with a plan as to how the SSCC will set aside the minimum pass through amount

for the child/youth while in the care of the SSCC and use any remaining portion of the blended rate for the benefit the Community Based Care Program.

(G) Sub-acute and Exceptional Care

In a limited number of circumstances, the SSCC may decide that sub-acute placement services are in the best interest of the child/youth. The SSCC cannot use sub-acute placement services for DFPS referred children and youth until the sub-acute treatment services program has been approved by DFPS and meets the conditions of this subsection.

1. If the SSCC chooses to utilize a sub-acute placement option, it must submit the sub-acute treatment model to DFPS prior to placing any child/youth in the sub-acute program. The SSCC sub-acute treatment model must address the following:
    a. The SSCC must identify the criteria and methodology it will use in considering a child/youth for sub-acute placement, including client characteristics, approval process for the placement, and level of internal managerial approval; and
    b. The SSCC must identify how it will oversee, support, ensure safety, and monitor the placement while the child/youth remains in the placement.
2. Once DFPS approves the sub-acute program and the SSCC's Placement Plan criteria, the SSCC may begin to utilize sub-acute placements and utilize the exceptional care rate for these placement options.

***During Stage II, DFPS will continue to make referrals for emergency placements and the SSCC will assume all substitute care placement (kinship, non-DFPS paid and paid foster care), reunification and service planning, coordination and delivery duties as a part of case management responsibilities.**

Chart 2: Placement Referrals Stage I (and Stage II, as applicable)			
Notification Type	**DFPS Role**	**SSCC Role**	**SSCC Documentation Requirements**
DFPS Emergency Placement*	1. Notify the SSCC of the emergency need for placement by telephone or through electronic notification via IMPACT. (All telephonic notification will be followed by notification referral in IMPACT.) 2. Provide access to placement and other available case information within 2 hours of referral, if referral information is	1. Accessible 24 hours a day and 365 days a year 2. Takes physical possession of Children from DFPS within 4 hours of receipt of DFPS notification of emergency placement need. 3. Identifies and notifies DFPS by telephone or electronically of appropriate placement option	1. Must document (via IMPACT) required information regarding referrals and placement and provide to DFPS within designated time frame.

	provided telephonically access to written documentation will follow. 3. Evaluate the SSCC's recommended placement option and medical consenter within 1 hour of receipt of notification from the SSCC by telephone or electronic notification. (If approval is granted by telephone, written approval will follow within 24 hours.) Approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 4. Provide SSCC access to appropriate placement and other available information at the time of placement and as it becomes available over the course of the case, including but not limited to, information and documentation required by DFPS Residential Child Care Licensing Minimum Standards for Emergency Placements.	including potential medical consenter no later than 7 hours of receipt of DFPS notification of emergency placement need. 4. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs. 5. Ensures the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding. 6. Places child as soon as possible following receipt of DFPS referral. 7. Ensure that a child's caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual aggression. This information should include any information related to sexual abuse by an adult or another youth. 8. Provides required placement documentation via IMPACT to designated DFPS staff within 12	

		hours of receiving referral. 9. Ensures an initial standardized medical screening for each child at removal within 3 business days* **The initial screening is not meant as a substitute for needed emergent care.*	
DFPS Non-Emergency Placement	**New Referral to the SSCC**		
	1. Notify the SSCC of the need for placement through electronic notification and schedule placement staffing with the SSCC 2. Provide SSCC access to placement and other relevant case information with referral and as it becomes available over the course of the case, including, but not limited to, information and documentation required by DFPS Residential Child Care Licensing Minimum Standards for Non-Emergency Placements. 3. Evaluate the SSCC recommended placement option and medical consenter within 24 hours of receipt of notification from the SSCC electronically.	1. Identify potential placement option(s) for child and schedule pre-placement visit(s) for child with potential caregivers. 2. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs. 3. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding.	1. Must document (via IMPACT) required information regarding placement and provide to DFPS within designated time frame.

	Approval is to be assumed if denial of placement is not provided to the SSCC within designated timeframe. 4. Notify CASA and attorney ad-litem that change in placement has occurred. 5. Evaluate the SSCC recommended placement option, review the referral history of the home, assess if any concerns for the child's safety or well-being and document in the child's electronic case record. 6. Evaluate the SSCC recommended placement and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs.	4. Must contact provider from which the child will be moved to gather relevant information. 5. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consenter as soon as possible and no later than 3 days prior to placement needing to occur. 6. Ensure that a child's caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual victimization, and sexual aggression. This information should include any information related to sexual abuse by an adult or another youth. 7. Provide required placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring.	

		8. Place a child within required timeframes.	
	Placement Change Request		
	1. Notify the SSCC of request to change placement. 2. Documentation should state reason for desired change in placement as well as time frame for change of placement. 3. Participate in joint staffing if requested by the SSCC. 4. Evaluate the SSCC recommended placement option and medical consenter electronically within 24 hours; approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 5. Provide SSCC access to	1. Request joint staffing with DFPS if needed. 2. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs 3. Identify potential placement option(s) for child and schedule pre-placement visit(s) for child with potential caregivers. 4. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of	1. Must document potential placement information provided to DFPS and time child was taken to actual placement location. 2. Must document (via IMPACT) required information regarding placement and provide to DFPS within designated time frame. 3. Maintain documentation of DFPS' placement approval.

	appropriate placement documentation and available information at the time of the placement and as it becomes available over the course of the case 6. Evaluate the SSCC recommended placement option, review the referral history of the home, assess if any concerns for the child's safety or well-being and document in the child's electronic case record. 7. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs	understanding. 5. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consenter as soon as possible and no later than 3 days prior to placement needing to occur. 6. Ensure that a child's caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual victimization, and sexual aggression. This information should include any information related to sexual abuse by an adult or another youth. 7. Provide required placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring. 8. Ensure continuity of care for a child whose placement has changed by: (1) notifying	

		each specialist treating the child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any	
SSCC Emergency Placement (Emergency placement may only be initiated when there is a perceived or actual threat to the safety or well-being of the child.)	1. Evaluate the SSCC recommended subsequent placement option and medical consenter within 1 hour of receipt of notification from the SSCC by telephone or electronic notification (If approval is granted by telephone, written approval will follow within 24 hours.) Approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 2. Provide the SSCC access to the appropriate placement	1. Immediately notify DFPS of need to evaluate current placement for appropriateness by telephone or electronically. 2. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consenter. 3. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs 4. Complete a pre-placement	1. Must document required information regarding placement change via IMPACT and provide to DFPS within designated time frame. 2. Documentation must clearly support why the desired change in placement is necessary and in the best interest of the child.

	documentation of approval or denial and access to available information at the time of the placement as it becomes available over the course of the case 3. Evaluate the SSCC recommended placement option, review the referral history of the home, assess if any concerns for the child's safety or well-being and document in the child's electronic case record. 4. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs	visit(s) for child with potential caregivers, whenever possible. 5. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding. 6. Ensure that a child's caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual victimization, and sexual aggression. This information should include any information related to sexual abuse by an adult or another youth. 7. Provide required placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring. 8. Ensure continuity of care for a child whose placement has changed by:	

		(1) notifying each specialist treating the child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any	
SSCC Non-Emergency Placement	1. Evaluate the SSCC recommended subsequent placement option and medical consenter within 24 hours; approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 2. Provide the SSCC access to appropriate placement documentation of approval or denial and as it becomes available over the course of the case, including, but not limited to, information and	1. Notify DFPS of need to evaluate current placement for appropriateness within 30 days of desired change in placement electronically. Documentation must clearly state reason for desired change in placement. 2. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs 3. Identifies and notifies DFPS electronically of	1. Must document required information regarding placement change via IMPACT and provide to DFPS within designated time frame. 2. Documentation must clearly support why the desired change in placement is necessary and in the best interest of the child.

	documentation required by DFPS Residential Child Care Licensing Minimum Standards for Non-Emergency Placements 3. Evaluate the SSCC recommended placement option, review the referral history of the home, assess if any concerns for the child's safety or well-being and document in the child's electronic case record. 4. Evaluate the placement options and review all licensing variances, including variances pertaining to caregiver ratio, supervision, and training, when determining if the placement can meet the child's individual needs	appropriate placement option, including potential medical consenter as soon as possible and no later than 3 days prior to placement needing to occur. 4. Complete a pre-placement visit(s) for child with potential caregivers that ensures that a child's caregivers receive information regarding any history of a placed child/youth's sexual behavior problems, sexual victimization, and sexual aggression. This information should include any information related to sexual abuse by an adult or another youth. 5. Coordinate communication between and among current and future caregivers. 6. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to	

		the child's age and level of understanding. 7. Provide required placement documentation to designated DFPS staff within 12 hours of placement occurring. 8. Ensure continuity of care for a child whose placement has changed by: (1) notifying each specialist treating the child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any	

Continuous 24 - Hour Awake Supervision. DFPS cannot place any children or youth in its conservatorship in residential child care placements with more than 6 children (inclusive of foster, biological, and adoptive children) that lack continuous 24-hour awake supervision. The SSCC must ensure that any placement provided by itself or its subcontractors that serves seven or more children in a facility must provide Continuous 24 - Hour Awake Supervision. The SSCC must require their Network Providers to report to DFPS when this condition is not met in the format provided by DFPS. The report must be made within 24 hours of the occurrence and must include the Provider's actions to correct the issue. All reports should be documented to DFPS via the following link: DFPS - Purchased Client Services - Residential Contracts - Awake Check Portal (state.tx.us)

Section 2.21 Child/Youth Assessment/Service Planning (Stages I-III)

(A) DFPS will:

1. Provide access to all available, relevant information on the child, youth and family for use in the assessment process at time of referral and as it becomes available over the course of the case, including, but not limited to, information and documentation required by HHSC Residential Child Care Licensing Minimum Standards for Emergency and Non-Emergency Placements.
2. Within seven (7) days of referral, schedule the Initial Coordination Meeting (ICM) with the SSCC to review child case history and discuss the SSCC's recommendations for services to be provided to the child and family.
3. Provide final approval for services agreed upon and documented in the Child Plans of Service and subsequent revisions (Stage I).
4. Establish the permanency and concurrent goals for children and youth and their families in collaboration with the SSCC and in accordance with judicial requirements (Stage I).
5. Notify the SSCC of all court ordered services for all children and families served through the SSCC.

(B) SSCC must:

1. Ensure that all assessments: (1) are conducted from a trauma-informed, child- and-family centered, strength-based perspective; (2) consider the unique culture, experiences, and beliefs of the child and their family; (3) incorporate all evaluation and assessments completed through STAR Health or other providers; and (4) conform to Minimum Standards.
2. Implement the CANS assessment tool for children and youth ages 3 years and older.
3. Ensure timely delivery and continuity in the provision of services to meet the assessed needs for children and youth in substitute care and their families.
4. Develop and implement a process by which children, youth, and families may elevate concerns about the provision and/or quality of services provided.
5. Ensure that all services identified in the Child (Stages I-III) and Family (Stages II-III) plans of services are provided and documented in a timely manner and support the child's permanency goal.
6. Coordinate conferences and case planning staffings, including but not limited to, Initial Coordination Meetings (ICM), Family Group Conferences, Permanency Conferences, Circles of Support Conferences, staffings with STAR Health and meetings required by the court.

(C) Service Planning Model Assumptions.

1. During Stage I, DFPS and the SSCC will work collaboratively to develop plans of service for children.
2. Services will be identified and designed to support the child's permanency goal, including concurrent permanency goals, and will sufficiently address the reasons for DFPS intervention.
3. The SSCC must ensure children, youth, families, and caregivers have an opportunity to participate in the identification of needed services and in the development of service plans.
4. The SSCC must utilize and maximize services offered through other state agencies and community, for which DFPS children, youth, and/or families are a priority population.
5. Services to the child (with the exception of placement) that are ordered by the court and fall outside the purchased client services funding streams will be

reviewed by DFPS and the SSCC on a case-by-case basis to determine financial responsibility.

Section 2.22 Child and Youth Service Planning (Stages I-III): Roles, Responsibilities and Documentation Requirements (See Chart 3)

Chart 3: Child and Youth Service Planning		
I. At Referral		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Provide the SSCC access to relevant case information in IMPACT prior to the ICM.		
II. ICM Meeting		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Within 7 days of referral, schedule the Initial Coordination Meeting (ICM) with the SSCC to review child needs and outline services to address the assessed needs. 2. Provide the SSCC two business days' notice of meeting.	1. **Stage I:** Share the SSCC preliminary service recommendations for child with DFPS during Initial Coordination Meeting (ICM). Actively participate in ICM meeting. (Stage I) 2. **Stage II:** Share the SSCC preliminary service recommendations for child and family with DFPS during Initial Coordination Meeting (ICM). 3. Actively participate in ICM meeting.	1. Use the Child and Adolescent Needs and Strengths (CANS) Assessment 2. **Stage I:** Share all assessments, evaluations and medical reports related to the child with DFPS.
III.Service Planning		

DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Work jointly with the SSCC and schedule Initial and Subsequent Service Planning Meetings to develop service plans. 2. Establish permanency and concurrent goal with input from the SSCC (Stage I). 3. Provide written reason for denial, and required changes if Service Plan proposed by the SSCC is denied by DFPS. The response must be provided within 3 business days of receipt of service plan. 4. Share and/or grant access to information relevant to the case with the SSCC within 7 days of receipt including court documents and significant events impacting permanency plan. 5. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements (Stage II)	1. Schedule Initial and all Subsequent Service Planning Meetings to develop child plans of service within timeframes required by Texas Family Code and applicable licensing standards. The SSCC provides 14 days' notice to DFPS of Service Plan Meetings. 2. Ensure that the child or youth, age 3 years or older, receives a comprehensive assessment (CANS): a. Within 30 days of removal; b. Annually; and c. Every 90 days if the child is receiving therapeutic foster care services. 3. Develop the written Service Plan via IMPACT and in accordance with the Texas Family Code and HHSC minimum standards. 4. Make all reasonable efforts to ensure children, youth, families and caregivers participate in service planning.	1. Provide timely documentation (via IMPACT) for service planning. 2. Share all assessments, evaluations and medical reports related to the child with DFPS. 3. Provide written service plan (via IMPACT) to DFPS worker at conclusion of meeting for approval or denial.
IV.Visitation Planning		

DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Work with the SSCC to identify visitation plan with family members and siblings if placed separately. 2. Provide the SSCC access to Documentation of Approved Visitation Plan. 3. Conduct visits with Children and their caregivers. 4. Actively participates in all service plan meetings. 5. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements	1. Work with DFPS to identify visitation plan with family members and siblings if placed separately. 2. Assist in arranging and provide transportation for visitation (Stages I-III).	1. Document visitation plan with family and siblings if placed separately in IMPACT.
V. Audit/Monitoring		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements **2.** Ensure case plans meet state and federal requirements.	1. Evaluate and report on the effectiveness of service being provided to children, youth and families. 2. Adjust the service type, frequency and duration of services based on input received through staffings.	

VI.Discharge Planning		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Work jointly with the SSCC to determine when a child or youth and their family are ready for discharge from services and achievement of their permanency goal. 2. Approve or deny within 5 business days, the SSCC's recommendation for discharge. 3. Schedule a family meeting when it is time to discharge the child or youth from the SSCC for the achievement of the permanency goal. 4. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 5. DFPS must require a general residential operation to develop a transition plan for each child who has been placed at the operation for longer than six months.	1. Work jointly with DFPS to determine when a child or youth and their Family are ready for discharge from services and achievement of their permanency goal. 2. Ensure that discharge planning including services to prepare a child and youth for permanency is incorporated with the child and youth's service plan. 3. Participate in a family meeting when the child or youth is ready for discharge to permanency	1. Complete discharge of SSCC referral in IMPACT when needed (Stage II). 2. Document any changes in child (Stage I) or family (Stage II) service plans in IMPACT.

*During Stage II, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume all service and discharge planning, coordination and delivery as a part of case management responsibilities**.**

Section 2.23 Child's Physical and Behavioral Health Needs (Stage I): Roles, Responsibilities and Documentation Requirements (see Chart 4)

Chart 4: Health Needs		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Ensure proper consent is obtained for children in paid foster care placement for all physical, psychotropic medication and behavioral health and substance abuse treatment. 2. Inform the SSCC of any known physical or behavioral health issues, medications prescribed and/or substance abuse issues that need to be addressed upon referral or as soon as DFPS becomes aware of health issues requiring special attention 3. Monitor all physical and behavioral health services to ensure the child's individual needs are being met. 4. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements	1. Ensure that the child or youth, age 3 years and older, receives a comprehensive assessment (CANS): a. Within 30 days of removal; b. Annually; and c. Every 90 days if the child is receiving therapeutic foster care services. 2. Coordinate all physical and behavioral health and/or prescribed medication(s) and/or substance abuse related services identified in the service plan. 3. Ensure children in paid foster care placement receive an initial standardized medical screening within 3 business days from removal* *The initial screening is not meant as a substitute for needed emergent care. 4. Ensure children in paid foster care receive a TX Health Steps medical checkup within 30 days from removal.	1. Maintain documentation in accordance with what is required in DFPS Minimum Standards.

	5. Ensure children in paid foster care receive all follow-up medical exams, Early and Periodic Screening and Diagnostic and Treatment (EPSDT) exams, including Early Childhood Intervention (ECI) referral, and dental exams in accordance with STAR Health and DFPS Policy timeframes. 6. Ensure the caregiver provides written consent for the child's ECI information to be entered into the child's Health Passport. 7. All services identified will be accessed through the STAR Health Network, with the exception of substance abuse services that are accessed through the Department of State Health Services (DSHS). 8. Provide or ensure the provision of all mental and behavioral health related services identified in the Child's Plan of Service. 9. Ensure proper oversight of any prescribed psychotropic medication. 10. Schedule and transport children to and from appointments. 11. Notify DFPS of any medical and dental appointments, medical	

	emergencies, known significant physical or behavioral health concerns or changes, including when a child's psychotropic medications fall outside the Psychotropic Medication Parameters.	

*During Stage II, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to meeting the children's (kinship, reunification and paid foster care) physical and behavioral health needs as a part of case management responsibilities.

Section 2.24 Transitional Living Services (Stages I, II, III): Roles, Responsibilities and Documentation Requirements (see Chart 5):

Chart 5: Transitional Living Services		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Work jointly with the SSCC and schedule the initial planning meeting for transitional plan for youth 2. Approves the youth's transitional plan. 3. Tracks all transitional living services for the Youth 4. Identify youth to be surveyed and enter required data and maintain National Youth in Transition Database (NYTD). 5. Confirm eligibility for all transitional living services and financial supports to the SSCC. 6. Schedule and facilitate Circle of Support (COS)	1. Jointly work with DFPS to initiate initial planning meeting for the development of a transitional plan for youth resulting in one plan followed by the SSCC and DFPS. 2. Develop and complete the DFPS Transitional Plan (Form 2500) or Single Service Plan (when available) with the youth. 3. Work with each youth and family to develop and implement a Transition Plan as well as attend and participate in all planning meetings. 4. Arrange for annual independent living skills assessment (currently the Casey Life Skills Assessment) for youth in DFPS managing	1. Document services to help the youth meet identified needs to achieve Independent or Transitional Living. 2. Provide completed 2540 Forms 3. Document Life Skills Training as well as experiential Life Skills Learning 4. Voluntary Extended Foster Care Agreement (Form 2540) must be completed within 30 days of the youth's 18th birthday or 30 days after the youth's 18th birthday. 5. Document and report by the 15th of the month following the

Meetings to develop the youth's Transition Plan. 7. Determine the youth's (ages 18-23) eligibility for Extended Care and/or Return to Care. 8. Ensure that the youth signs the Voluntary Extended Foster Care Agreement (Form 2540) in a timely manner. 9. Ensure Life Skills training completed by youth is documented in IMPACT. 10. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.	conservatorship who are age 14. If a youth was not eligible to receive the assessment at age 14 or 15, an assessment must be provided to all youth in DFPS conservatorship at age 16 or older. Youth will only be assessed one time. 5. Ensure an interpretation of the completed scored assessment is shared and discussed with the youth and the caregiver. 6. Through the youth's service plan, ensure an annual update of the independent living skills the youth learned the preceding year is conducted to ensure the youth is being prepared for their successful transition to adulthood. The annual review should include a review of the original assessment responses and documentation of the youth's progress and continued need in the youth's plan of services. 7. Assist DFPS in obtaining NYTD surveys from identified youth at ages 17, 19, and 21. 8. Provide identified services to help the Youth achieve independence. 9. Assist the youth in applying for and securing services to help with their successful transition to adult living. 10. Work with youth and other significant individuals to identify and foster lifelong connections to caring adults that help with their successful transition to adult living. 11. Assist DFPS in obtaining the Voluntary Extended Foster Care Agreement (Form	month of service all Preparation for Adult Living Life Skills training completed by each youth to DFPS. More frequent reporting will be required during the some months to be incompliance with NYTD.

	2540), 7 days before child's 18th birthday. 12. Participate in youth's Circle of Support Meetings. 13. Arrange and ensure participation of all referred youth in Preparation for Adult Living Life Skills Training. 14. Develop and deliver PAL Life Skills Training utilizing the curriculum topics found in Appendix 10212: Preparation for Adult Living Skills Training Curriculum Outline at: *CPS Handbook policy 10200* 15. Include experiential and community-based learning as a part of PAL Services. 16. Assist the child/youth in maintaining necessary documentation for Voluntary Extended Foster Care/Return to Care eligibility. 17. During Stage I, the SSCC must notify the DFPS CPS caseworker and the caseworker's chain of command within 24 hours of the consent for placement by a minor in the SSCC's Transitional Living Program in accordance with the Texas Family Code §32.203.	

*During Stage II, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to transitional living services, including, but not limited to, coordination of the Education Training Voucher and PAL Aftercare services to eligible youth and young adults as a part of case management responsibilities.

Section 2.25 Adoption (Stages I, II & III). - Roles, Responsibilities and Documentation Requirements (See Chart 6)

Chart 6: Adoption

DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Responsible for all legal/court activities related to termination of parental rights, legal risk placement, adoption, and eligibility for post-adoption subsidies and services. 2. Approve or deny the SSCC's selected adoptive home study; if selection is denied, provide in writing the rationale for the decision, including specific reasons that would indicate why the family was not an appropriate match and/or how the decision is not in conformity to the agreed upon placement guidelines. 3. Evaluate the SSCC recommended adoptive family selection and approve within designated timeframe. Approval is to be assumed if denial of selection of adoptive family is not provided to SSCC within designated timeframe.	1. Recruit and approve adoptive homes, including homes to meet the unique needs and specific child characteristics when needed. 2. Place children in DFPS approved legal risk and/or adoptive home. 3. Provide services to prepare and support adoptive placements. 4. Obtain assessments and services needed to ensure placement stability in a legal risk and/or adoptive home prior to consummation. 5. Inform the prospective adoptive parent of the prospective adoptive parent's right to examine the records and other information relating to the child's health history. 6. Edit the adoptive records and information to protect the identity of the biological parents and any other person whose identity is confidential. 7. Provide the prospective adoptive parents with access to research regarding underlying health issues and other conditions of trauma that could impact child development and permanency.	1. Provide documentation of these services.

*During Stage II, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to adoption services, including, but not limited to the coordination of post-adoption services as a part of case management responsibilities.

Section 2.26 Court Responsibilities (Stages I-III).

State and federal requirements mandate that children in DFPS' legal conservatorship have periodic court reviews. The court reviews include, but are not limited to, adversary/show cause hearings, status hearings, permanency hearings, special hearings, trial settings, post- trial permanency hearings, and special settings. At those court review hearings, the court will review the child's permanency goal, the child's placement, child and family services, the child's medical care, and progress towards permanency. The role of the SSCC and DFPS is outlined by stage of Community Based Care (CBC) implementation. Regardless of the stage of CBC implementation:

(A) DFPS will provide the SSCC access to all available court orders, reports, and information at the time of referral.

(B) SSCC must:

1. Maintain and provide all available court orders, reports and information to DFPS upon request by DFPS, its authorized agents, or as otherwise expressly provided for in this agreement.
2. Ensure that children and youth attend all 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 if approved by the court.
3. Notify DFPS immediately of any service of legal process including but not limited to summons, subpoena, or discovery notices related to performance under contract.
4. Ensure attendance of staff with personal knowledgeable of case at all court hearings unless excused by the presiding judge.
5. Comply with all court orders and jurisdictional requirements.
6. If the SSCC fails to comply with any court order or other governmental requirement and a court imposes a monetary penalty upon DFPS, then the Department will recoup such damages against the SSCC in the amount attributable to the SSCC's noncompliance

(C) Stage I-III. Court services (including Drug and other specialty courts) are required of both DFPS and the SSCC whenever DFPS has legal conservatorship of a child or youth who has been referred to the SSCC. (See Chart 7). The SSCC must:

1. Ensure that the SSCC's agents, employees, volunteers, and subcontractors appear and testify in judicial proceedings, depositions and administrative hearings relating to the child at the request of the Department or court.
2. Notify or assist the Department in locating past agents, employees, volunteers or subcontractors when DFPS needs past agents, employees, volunteers, or subcontractors to appear and testify in accordance with services offered under the purview of this Contract.

(D) Stages II-III. Court services are required of the SSCC whenever DFPS has legal conservatorship of a child or youth, or at the request of the department. (See Chart 8). The SSCC must:

1. Work with the applicable DFPS or local government assigned Attorney in preparing for all court related activities.
2. Ensure that the SSCC's agents, employees, case managers, direct delivery service providers, volunteers, subcontractors, or any other necessary party appear and testify in judicial proceedings, depositions, and administrative hearings relating to the child or child's family, as directed by counsel.
3. Provide notice of all court hearings, prepare court reports as required and present evidence in child protection cases in compliance with *Texas Family Code 263.0021*. The following persons are entitled to at least 10 days' notice:
   a) Foster parent,
   b) Pre-adoptive parent,
   c) Relative caregiver,
   d) Director of a Group Home or General Residential Operation,
   e) Biological parents,
   f) Attorney ad Litem,
   g) Guardian ad Litem, and
   h) The child, if the child is 10 or older.

   Notice is required for: a child's placement change, the failure to locate a placement for at least one night, a significant change in medical condition, an initial prescription of a psychotropic medication or a change in dosage, a major change in school performance or serious disciplinary event at school or any event determined to be significant under DFPS rule.
4. **Court Ordered Mediation.** In instances involving court ordered mediation, the SSCC must attend and comply with applicable *CPS policy 5571.1* regarding what can and cannot be agreed to during mediation.

Section 2.27 DFPS Court - Responsibilities: Roles, Responsibilities and Documentation Reuirements (see Stage I Chart 7) (see Stage II, Chart 8)

Chart 7: Stage I Court Requirements		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Prepare court report, attend court and testify. 2. Notify the SSCC of all scheduled court hearings. 3. Provide the SSCC a copy of court orders, settings, notices, court	1. Attend court hearings and/or preparation meetings as requested by DFPS, legal representation, CASA, child's attorney, parent's attorney, guardian ad litem or volunteer advocate, child and/or	1. Maintain documentation of all court orders. 2. Document and provide all information requested by DFPS in order to complete court reports.

reports, including CASA or guardian ad litem reports and other relevant court information. 4. An employee, agent, or representative of the SSCC is considered to be a client's representative of the department for purposes of privilege. 5. The State of Texas maintain responsibility for providing all legal representation through a DFPS or local government Attorney.	parents or other family members 2. Notify DFPS of who will be attending court electronically prior to court hearing 20 days prior to scheduled hearing. 3. Provide information necessary for preparation of court reports 20 days prior to scheduled hearing. 4. Provide supplemental information for inclusion in court report when significant events occur prior to scheduled hearing 5. Provide notice to caregiver of all court hearings.	3. Records of the SSCC related to community based care are subject to Chapter 552, Government Code, in the same manner as the records of the department

Chart 8: Stage II Court Requirements		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Upon referral to the SSCC, DFPS will provide the SSCC a copy of court orders, settings, notices, court reports, etc. 2. DFPS will provide technical assistance and perform case management oversight.	1. Upon case transfer, take over all responsibilities related to obtaining copies of court orders, settings, notices, court reports, etc. 2. Prepare court report using court report template approved by DFPS or ordered by court and provide copies to all people who require notice. 3. Complete other documents as required by the court, including necessary service or documents requested by the attorney representing the Department.	1. Record court actions and recommendations. 2. Maintain documentation of all court orders, legal actions and status. (in IMPACT and hard copy)

3. The State of Texas maintain responsibility for providing all legal representation through a DFPS or local government Attorney.	4. Attend court, including statutory hearings and trial, and testify during hearings and trial. 5. Secure and coordinate translation services for family members, as needed, for court proceedings. 6. Attend court preparation meetings as requested by DFPS legal representation, CASA, child's attorney, parent's attorney, guardian ad litem or volunteer advocate, child and/or parents or other family members. 7. Provide supplemental information for inclusion in court report when significant events occur prior to scheduled hearings. 8. Provide notice and file with court: Medical Consenter, Educational Decision Maker, and Child Placement Resource forms. 9. Assist attorney as needed in locating missing and absent parents, requesting diligent searches, and preparing supporting documentation for service of citation. 10. Confer with DFPS or local government attorney regarding preparation and upcoming hearings. 11. Assist in timely completion of discovery requests. 12. Work with attorney to ensure citation, notice, and diligent searches are completed in a timely manner. 13. Work with attorney to ensure that all pre-trial and trial activities are performed as needed.	3. Comply with DFPS records management guidelines, policies, and procedures in responding to requests for production of documents.

	14. Review: a. Notes and recommendations of service providers and others working with the child/ren and family in order to accurately complete court reports; b. Service Plans; c. Home Studies filed w/Court; d. SSCC's recommendations for consistency with DFPS and/or SSCC policy and procedures; e. SSCC's preparation for Final Hearings. 15. Address any pending issues of concern and determine whether revision, amendment, or other action is appropriate for prepared Court Reports and, when necessary, arrange for a new court report to be submitted to the court in a timely manner. 16. Will have immediate access to the CBC Administrator to address issues as necessary. 17. Support attorney during trial by obtaining documents or information from DFPS, SSCC, sub-contractors, medical personnel, etc. as needed. 18. Must be knowledgeable about the legal requirements for hearings. 19. Testify at the Court's request as an agent of the Department, representing the state's case and interests in the proceeding. 20. Coordinate with juvenile probation for crossover youth appearance in court and attendance at hearings.	

Also see: CPS Benchbook for additional guidance.

Section 2.28 Major Deliverable #5 – Case Management (Stages II-III).

In Stage II, the SSCC continues responsibilities for all Stage I activities, as well as assumes case management services, including any that are legally required by the court. The SSCC must provide input regarding services, as required by the court, to a child, or to the child's family, a young adult in extended foster care, a relative or kinship caregiver, those placed in the Designated Community Area through Interstate Compact on the Placement of Children (ICPC), and through inter-regional agreements Responsibility for providing case management services as outlined in this section must be provided by SSCC staff directly and cannot be subcontracted out to a different provider, government agency, or entity.

(A) The SSCC must provide case management services and develop a Case Management Manual that provides details on how the SSCC will accomplish at a minimum the following:

1. Primary Caseworker face to face visits with the child;
2. Family and caregiver visits;
3. Parent-child visitation as court ordered or in the best interest of child(ren) in the case;
4. Convening and conducting permanency planning meetings;
5. The development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care;
6. The coordination and monitoring of services required by the child and the child's family;
7. The assumption of court-related duties regarding the child as described in Section 2.25 and Section 2.27, Chart 8.
8. Ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines;
9. The reunification of children with the biological parents of the children;
10. The promotion of safe placement of children with relative or kinship caregivers and the services to relative and kinship caregivers;
11. The reunification of children with the biological parents of the children when possible and support services after a child is returned for the period of time ordered by the court; and
12. Any other function or service that the department determines necessary to allow a single source continuum Contractor to assume responsibility for case management.

(B) Referral and Case Management Services to Children and Families (Stages II and III)

1. **DFPS will:** Provide referral to the SSCC for coordinated purchased client services and case management services.
2. **SSCC must:**
    a. Maintain the capacity to accept referrals from DFPS for services to families of children referred to the SSCC 24 hours per day, 365 days per year.
    b. Accept all referrals (No Reject) made by DFPS and continue to meet the individual needs of the family and other individuals referred (No

Eject). This includes families and other individuals who reside outside of the Designated Community Area.

c. Ensure that the family receives appropriate testing and assessment(s) as indicated by their case history, which can include, but is not limited to, a mental health or domestic violence assessment, psychological testing and evaluation and a substance abuse screening and assessment.

d. Provide evidence-based, promising practice, or evidence-informed support for children and families.

e. The SSCC must maximize purchased client services funding by utilizing community based services for which DFPS families are eligible.

(C) DFPS will pay the SSCC for eligible purchased client services provided to family members within the appropriated allocation using an automated process in IMPACT **(see Chart 15).** This allocation excludes services for children, youth and young adults as part of Stage II implementation.

1. SSCC Must:

a. Ensure timely delivery and continuity in the provision of services to meet the assessed needs for substitute care in accordance with the requirements established by DFPS.

b. Develop and implement a process by which children, youth, and families may elevate concerns about the provision and/or quality of services provided.

c. Ensure that all services identified in the Child (Stages I-III) and Family (Stages II-III) plans of services are provided and documented in a timely manner and support the child's permanency goal.

d. Comply with any court order issued by a court in the case of a child for whom the SSCC has assumed case management responsibilities or an order imposing a requirement by the department that relates to functions assumed by the SSCC regarding services for children, youth, and families.

e. Provide case management services for children, families, and kinship caregivers receiving services in the Designated Community Area.

f. Provide reunification support services to parents after a child receiving services from the SSCC is returned to the child's family.

Section 2.29 Referral for Case Management Services to the Family (Stages II-III): Roles, Responsibilities and Documentation Requirements (see Chart 9)

(A) Families Residing Inside and Outside the Designated Community Area(s) (Stages II-III)

1. The SSCC will serve families referred by DFPS, including families who may reside outside of the Designated Community Area, when the child is referred to the SSCC by DFPS.
2. The SSCC must have documented policies and processes that ensure timely delivery of services for families residing outside of the contracted Designated Community Area(s).

Chart 9: Referral for Case Management Services

DFPS Role	SSCC Role	SSCC Documentation Requirements
DFPS will refer families who require services that support the achievement of safety, permanency and well-being for the individual child in conservatorship to the SSCC electronically.	Review referral of family and identify, coordinate and deliver services needed.	Must document service recommendations via IMPACT.

Section 2.30 Kinship Services (Stages II-III): Roles, Responsibilities and Documentation Requirements (see Chart 10)

(A) DFPS will provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.

(B) SSCC must:

1. Promote the safe placement of children with appropriate relative or kinship caregivers.
2. Provide case management of children, kinship caregivers and families.

Chart 10: Kinship Services		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Upon removal, notify the SSCC of the need for kinship caregiver services. 2. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements	1. Promote and support the safe placement of children with appropriate relative or kinship caregivers 2. Promote ongoing contact with relatives and other significant individuals pertinent to the child's well-being and permanency. 3. Provide case management of children, relative and kinship caregivers and families. 4. Evaluate potential kinship caregivers being considered for placement including written	1. Placement documentation for kinship placements. 2. Written assessments regarding the evaluation of potential kinship caregivers. 3. Risk or safety evaluations regarding potential kinship caregivers if needed. 4. Document contacts with kinship caregivers in IMPACT. 5. Complete documents required for kinship caregiver financial assistance programs.

	assessments of potential kinship caregivers. 5. Develop and implement a risk or safety evaluation and approval process to be used in determining appropriateness of kinship placements. 6. Responsible for finding local resources to meet the child's and caregiver's needs. 7. Maintain face-to-face contact with the kinship caregiver with the majority of the monthly visits occurring in the home. 8. Provide the DFPS Kinship Caregiver Manual to kinship caregivers. 9. When a child is placed with a kinship caregiver, the caseworker must explain the financial resources that may be available to the kinship caregiver. 10. Determine eligibility of all available financial resources for kinship caregivers. 11. Ensure day care services for children in CPS conservatorship who live with eligible kinship families. 12. Promote and assist kinship caregivers seeking verification as a foster parent or approval to adopt. 13. Assist kinship caregivers in meeting the conditions to verify eligibility for permanency care assistance or any other financial payments	6. Kinship payments paid directly to eligible kinship caregivers in IMPACT.

	associated with care of child.	

Section 2.31 Conducting visits with the Child and the Family (See Chart 11)

(A) **DFPS will** monitor and assess if visits are in compliance with federal and state requirements.

(B) **SSCC must:**

1. Conduct visits with the child, siblings, caregivers and family at a minimum of once a month.
2. Document visits with the child, caregivers, siblings and family.

Chart 11: Visits with Children in Substitute Care and Families		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements	1. Maintain face-to-face contact with each of the child's parents monthly, to address case planning and service needs. More frequent contact may be needed and exceptions may apply, depending on the issues in the case. 2. If a parent is incarcerated, the SSCC must maintain monthly contact with the parent and continue working with the parent towards identified goals in the family plan of services. 3. Maintain monthly face-to-face contact with the children who remain at home after a sibling has been placed in substitute care and the case is in temporary legal status. 4. Provide courtesy supervision for parents and children residing in Designated Community Area when legal case is in another area 5. Arrange frequent visitation (at least weekly) sibling	SSCC must document each contact in IMPACT with details about his or her observations and discussions with the child, caregiver and family.

	visitation when siblings are separated. If face-to-face visitation cannot be arranged promote other forms of contact, such as: phone calls and texts, video conferences, Skype, or FactTime. 6. Arrange parent-child visitation (at leaset twice per month) 7. During the monthly or more frequent visits, the SSCC must discuss with the child and parents the progress in addressing the Family Service Plan since the last visit. 8. The SSCC must visit the child, at a minimum, on a monthly basis. The visits must focus on issues relevant to case planning and service delivery to ensure safety, permanency and well-being of the children. 9. The majority of the visits must occur in the child's residence. Specifically, there is at least one visit each month at the residence in a majority of the months over the year.	

Section 2.32 Child and Family Service Planning (Stages II-III): Roles, Responsibilities and Documentation Requirements (see Chart 12)

(A) DFPS will:

1. Notify the SSCC of the need for services.
2. Monitor and assess services to ensure compliance with federal and state requirements.
3. May review, approve, or disapprove the SSCC recommendation with respect to the child's permanency goal.

(B) SSCC must:

1. Convene and conduct service planning and permanency planning meetings;

2. Develop and revise child and family plans of service, including a permanency plan and goals for a child or young adult in care;
3. Coordinate and monitor services required by the child and the child's family;
4. Assume all court-related duties regarding the child as described in Section 2.25 and Section 2.27, Chart 8.

Chart 12: Family Service Planning		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Notify the SSCC of the need for family services 2. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 3. May review, approve, or disapprove the SSCC recommendation with respect to the child's permanency goal	1. Schedule and notify all required participants of Initial and all Subsequent Service Planning Meetings to develop Child and Family Plans of Service in accordance with time frames established by the Texas Family Code. 2. Make all reasonable efforts to ensure children, youth, families and caregivers participate in service planning. 3. Collaborate to develop visitation plan with parents, family, and siblings if placed separately. 4. Arrange, monitor, and provide transportation for visitation with relatives and/or fictive kin 5. Arrange, monitor and provide visitation with parent and/or family member who is the subject of the Family Plan of Service twice per month. 6. Identify available services to meet the family's needs through the assessment of the family's history and individual needs. 7. Identify permanency and concurrent goal. Develop the Family Plan of Service.	1. Complete timely documentation of all service plans in IMPACT and changes in service array or delivery. 2. Document all meetings and visits with Family members in IMPACT. 3. Create and maintain individual client records which includes the following: • Form 2054 • DFPS Child and Family Plans of Service • Individual treatment or service plan with periodic updates documenting progress or lack of progress. • All reports required by Contract • Court reports and orders received • Adequate documentation to support services received such as who received the services, who provided the services, when and where they were provided, the duration and the outcome: ○ Date and manner of submission of assessments, plans, or reports

	8. Ensure all family members who are subject of the family plan of service participate in service planning. 9. Ensure that the needs of children not in substitute care but residing with the family or a kinship caregiver are assessed and addressed in the family plan of service. 10. Evaluate and report the family's level of compliance with services offered to DFPS and the court. 11. Evaluate and report on the effectiveness of services being provided to family. 12. Adjust the service type, frequency and duration of services based on the individualized needs of family members. 13. Work jointly with the family and the court to determine when a child or youth and their family are ready for discharge from services and achievement of their permanency goal. 14. Ensure that discharge planning including services to prepare a family for their child or youth's permanency is incorporated in the family's service plan. 15. Coordinate and facilitate a family meeting (for youth aging out refer to Transitional Living Services section of this Contract) when their child or youth is ready for discharge to permanency.	required by Contract ○ Case notes, including documentation of complaint investigations, court-related services.

Section 2.33 Sample Array for Family Services.

Chart 13 provides examples of services previously delivered to families served by DFPS. The SSCC will not be limited to providing only the services listed below and inclusion of this table is not meant to imply the availability of funds for each of these services.

Chart 13: Sample Service Array	
Service	**Description**
Psychological/Psychiatric Evaluation/Assessment	Psychosocial or Developmental assessments Psychological or Psychiatric evaluations
Assessment, Counseling and Therapy (Non-Substance Abuse)	Individual, Group or Family assessment, counseling and therapy (not including substance abuse counseling)
Substance Abuse Testing & confirmation	Testing to identify or confirm the existence of a drug in a person's system
Substance Abuse Assessment, Counseling, and Therapy	Substance Abuse related Individual, Group or Family assessment, counseling and therapy
Concrete Services	The purchase of goods or services to increase the safety of the home or better meet the needs of the child.
Translator and interpreter services	Communication services utilized when a client's ability to communicate is diminished due to Limited English Proficiency or some other communication disability.
Parent/Caregiver Training	Individual or group training for parents or caregivers to improve their parenting skills.
Permanency Planning Meetings	Multi-disciplinary meetings that engage the parent, child, family and other legal parties in case planning. Participants also review progress made toward the goal of providing safety, permanency, and well-being for the child
Camping	Youth camps that have the general characteristics of a day camp, resident camp, or travel camp. They are used primarily for recreational, athletic, religious, or educational activities. The property or facility must accommodate five or more children under 18 who spend all or part of at least four days there.
Court-Related Services	Court-related services that are deemed legally necessary and appropriate for the well-being, safety, or permanency of the child.

Court Ordered Supervised Visitation	Visitation services between a child and his or her parents or other caregivers that are required, court ordered or the opinion and possible testimony of a trained third party regarding the parent-child relationship is needed.

Section 2.34 Family Reunification Services (Stages II-III): Roles, Responsibilities and Documnetation Requirements (see Chart 14)

(A) **DFPS will** provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.

(B) **SSCC must:**

1. Reunify the children with the parent(s) of the children when safe and appropriate.
2. Provide family reunification support services after a child receiving services is returned to the child's family for a period ordered by the court and/or prior to the dismissal date.

Chart 14: Family Reunification Services		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.	1. Reunification of children with parent(s) of the children when safe and appropriate. 2. Initiate the reunification process. 3. Develop and conduct an assessment regarding the safety in the home. 4. Provide supervision after the child is returned to ensure safety and provide services as needed. 5. Conduct face to face contact with the child and family at a minimum of once a month after reunification to ensure stability, safety, well-being and permanency. 6. Update the family plan of service and ensure that the family's service plan includes plans and a	1. Documentation of safety assessment. 2. Documentation of staffing where the decision of reunification is made. 3. Documentation of the family plan of service and its updates. 4. Documentation of the contacts with the child and family. 5. Documentation of contacts with collaterals and serviced providers

	deadline for terminating CPS conservatorship and evaluate the plan every 90 days. 7. Ensure day care services, as needed, to support the success of the reunification plan for the child(ren) and family.	

Section 2.35 SSCC Fiscal Requirements (Stages I, II, III)

(A) The SSCC must:

1. Develop and maintain comprehensive, accurate written financial operating procedures, subject to review and approval by DFPS.
2. The SSCC must have independent financial audits conducted annually and provide the results to DFPS within thirty (30) days from the receipt of findings provided by the independent auditor. Audits must be conducted by a Certified Public Accountant (CPA) licensed by the state regulatory body of the state in which the audit was performed. An audit conducted pursuant to Single Audit Requirements meets the conditions of this subsection.
3. Provide all financial information requested by DFPS in an appropriate format within 3 business days of the request.
4. Maintain sufficient cash management policies and procedures to produce cash flow reports that meet the requirements of DFPS.
5. Coordinate and pay for services, required in individual service plans for children and families referred to the SSCC by DFPS.
6. Ensure that financial and utilization management systems are in place to guarantee accountability for dollars spent and the capacity to manage financial risk.
7. Assume responsibility for any monitoring/audit exception or other payment irregularity regarding services provided under the Contract.
8. Demonstrate the ability to manage funding to provide services within available resources.
9. The SSCC must use an accrual accounting system that reflects the application of generally accepted accounting principles (GAAP) approved by the American Institute of Certified Public Accountants (AICPA).

(B) Submit a detailed Accounting Policy Manual to DFPS within 45 days after Contract or amendment execution that includes the following:

1. A detailed description of an accounting system capable of supporting the operation and management of a provider network, payroll, and subcontractor payments.

2. Fiscal policies and procedures that address payment, invoices, delinquencies, reconciliation, audits, and other standard accounting procedures.
3. A detailed description of an information system that supports the management and oversight of services and an information system that collects, integrates, and reports financial and outcome data.
4. The SSCC must update the Accounting Policy Manual at least 45 days before transition to Stages II and III. After Stage III, the SSCC will update the SSCC Accounting Policy Manual at least 30 days before each new state fiscal year unless such a date falls within 120 days of Stage III implementation, in which case the SSCC will update the SSCC Accounting Policy Manual 30 days before the next state fiscal year. DFPS must approve of each update to the SSCC Accounting Policy Manual.

Section 2.36 Required Reports.

The SSCC must ensure compliance with report requirements outlined in the SSCC Contract and HHSC Residential Child-Care Minimum Standards. The SSCC must accurately complete cost reports, time studies, Contract Monitoring surveys, Performance Measurement reports, court reports and any other reports required and requested by the Department within time frames specified by DFPS. The SSCC must submit annual cost reports as required by 1 TAC § 355 Subchapter A Additionally, the SSCC must submit in the format and reporting schedule specified by DFPS the reports noted in contract Exhibit <add>Required Reports.

Section 2.37 Performance Measures and Associated Remedies.

DFPS will monitor the performance of the Contract. The SSCC must provide all services and deliverables under the Contract at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. Contractor performance evaluation is based on assessment of the performance measures outlined in this section, compliance with the terms and conditions of the Contract, and compliance with HHSC Minimum Standards, as indicated by DFPS records and Contract Monitoring performed by Department staff. Stage II performance measures will include measures that address other areas such as case management and kinship care and reflect Child and Family Services Review (CFSR). Additional performance measures may be included and used to make decisions to renew or terminate the Contract. See the Performance Measure Exhibit for more information.

(A) Goal of the Contract. The goal of this Contract is to ensure the provision of the full continuum of services for all referred children and their families and/or any other individual or entity directly involved in supporting the achievement of safety, permanency, and well-being of the child by developing a community-based service delivery model that fully engages communities within the Designated Community Area and ensures effective and efficient service delivery, continuity of care, and improved outcomes for children and their families.

(B) Basis of Performance Measures. Performance measures reflect the Quality Indicators adopted by the Public Private Partnership, the outcomes identified in the Community Based Care logic model, and the Administration for Children and Families Child and Family Service Review outcomes. Measures for renewals are subject to change on an annual basis. If, at any time during the term of the Contract, changes to a measure are necessary due to changes in federal or state

laws, rules, regulations, or code, the performance of the SSCC will be measured under the new requirements. DFPS may compute new baselines, and revise the indicators, targets, data sources, or methodologies for the measures during the Contract period.

(C) **Data Sources.** DFPS will use data collected through the Information Management Protecting Adults and Children in Texas (IMPACT) data system to develop the indicators and calculate the methodologies. DFPS may also work with externally contracted entities to design and produce performance measures using data available through the IMPACT data system.

(D) The SSCC will be required to collect, report and verify certain performance measure data not in IMPACT in the **DFPS Performance Management Evaluation Tool** (PMET), which is an internet-based data collection and reporting system. The SSCC will be required to register an account in the PMET system within 30 days after the first service is provided, according to the instructions found at: **DFPS Performance Management Evaluation Tool.** Select Help, then PMET User Guide. Documentation must be collected at the child level and maintained in a manner which allows for testing the validity of results reported for each performance period.

Results for this Contract must be reported quarterly, according to the following schedule:

Performance Period	Period Covered	PMET Entry Period
Quarter 1	Sept, Oct, Nov	December 1-30
Quarter 2	Dec, Jan, Feb	March 1-30
Quarter 3	Mar, Apr, May	June 1-30
Quarter 4	Jun, Jul, Aug	September 1-30

(E) **Performance Period.** Contractor performance for all outcomes is assessed annually and tracked quarterly to support the Continuous Quality Improvement (CQI) process, using the following quarters, wholly or partially, depending on the Contract start and end dates: September 1 through November 30, December 1 through February 28/29, March 1 through May 31, and June 1 through August 31 unless otherwise noted. Performance is reported for each fiscal year or partial fiscal year, depending on the Contract start and end dates

(F) **Performance Tracking.** Performance measure data may be used by DFPS to make decisions about Contract status, to adjust the nature and intensity of DFPS' Contract monitoring and quality assurance activities, and to keep stakeholders informed about the success of the performance based contracting effort. DFPS will track performance throughout the Contract period. Any and all analyses can be used by DFPS to determine subsequent performance targets to be mutually agreed upon by DFPS and the SSCC, CBC model changes or the need for Contract changes. The performance measures are outlined in Exhibit E. It is understood that the individual needs of a child are paramount; not all indicators are appropriate for every child.

(G) **Baselines.** The performance of the Contractor will be compared to the historical performance of the legacy system in the Designated Community Area to determine

if their strategies are effective in meeting or exceeding historical baselines. Initial baseline performance will reflect an established performance period of the legacy system in the Designated Community Area prior to implementation of the relevant stage. The safety measure is the exception with a standard target of 100%. For measures without historical data, initial baseline performance will be gathered during the initial stages.

In addition to the performance measures outlined in this section, in Stages I and II, DFPS will monitor the number of days in paid foster care for children and youth served by the SSCC against an established baseline. The baseline will be a weighted average of care days (stratified by age at admissions) calculated from an established performance period prior to Stage I. DFPS will assess the need to recalculate baselines annually.

ARTICLE III: UTILIZATION AND COMPENSATION

Utilization and payment methodologies are outlined in Exhibit C for each Stage (including start-up) and type of service. See Exhibit C for more information. As set forth herein, funding is contingent upon legislation appropriation. If adequate funds are not allocated to this Contract to satisfy amounts due under this Contract, either party may immediately terminate this Contract or the SSCC's activities and performance under this Contract will be correspondingly reduced as mutually agreed upon by DFPS and Contractor.

Section 3.01 One Time Start up Funds (Stages I and II) .
All Start-Up funding is based on legislative appropriations. DFPS will provide the SSCC with a one time Start-Up time payment for each stage; Stage I and Stage II Readiness activities associated with workforce development, building a provider network, and other necessary organizational and financial infrastructure to meet the obligations of this contract. Based on the stage of implementation, DFPS will provide readiness requirements to the SSCC that the SSCC must accomplish. The parties shall mutually agree upon a target Operational State Date for the applicable stage, based on readiness progression and workforce needs, prior to the SSCC accepting its first referral applicable to such stage. If the SSCC fails to comply with readiness requirements or does not meet the anticipated Operational Start Date, DFPS reserves the right to recoup Start Up Funds.

Section 3.02 Foster Care Rates.

The Department of Family and Protective Services develops the reimbursement methodology for determining payment rates for DFPS contracted 24-hour Residential Child Care. Foster care rates include funding for both provider administrative and direct service costs associated with the provision of foster care.

(A) **Community Based Care Foster Care.** Community Based Care foster care reimbursement has three components for each Designated Community Area:
1. A blended foster care rate;
2. An exceptional foster care rate; and,
3. Beginning in Stage III, financial incentives and remedies will apply based on length of stay in substitute care.

(B) **Blended Foster Care Rates for the Designated Community Area.** The methodology to set the blended foster care rate utilizes statewide legacy projections by Service Level /Placement/Strata as well as SSCC Designated Community Area's placement projections by Strata. An adjustment is made during the rate setting process to address the exclusion of legacy DFPS Homes for the SSCC. Estimates for legacy DFPS placements are calculated using CPA rates when determining the blended foster care rate for the SSCC.
1. **Strata.** There are 4 Strata categories. Each Strata is based on age at time of initial entry into State Conservatorship and the length of time from the initial entry date into conservatorship and the month of service being reported. Each Strata is based on the following:
    a. Strata A: Age at time of entry < 1;

b. Strata B: Age at time of entry 1-13; time in care < 2 years;
c. Strata C: Age at time of entry 1-13; time in care >= 2 years;
d. Strata D: Age at time of entry 14-17.

For more information on the proposed blended foster care rate for this Designated Community Area, please visit the following: Proposed Payment Rates for the 24-Hour Residential Child Care Program.

All final adopted blended foster care rates for this Designated Community Area will be posted on the Internet which can be accessed at 24 Hour Residential Child Care & Supervised Independent Living Program (24 RCC/SIL).

2. **Minimum Pass-Through Requirement.** The SSCC must remit a minimum dollar amount of the daily foster care rate to foster parents to pay for child maintenance costs of children and youth placed pursuant to this contract. The SSCC must document the payment schedule for services provided through the SSCC demonstrating the provision of required pass through for foster families.The required minimum pass through dollar amount to a foster parent in all of the Designated Community Areas is $27.07 per day. If the appropriated foster care rates change as a result of the Texas Legislative Session, the amount of the required minimum pass through required may be adjusted by DFPS.
3. **Social Security Payments.** Blended foster care rate payments will be reduced by DFPS by the amount of Social Security payments and other income received from the state and federal government that are transferred to the SSCC by DFPS for specific children and youth.
4. **Financial Risk.** DFPS will pay the established blended foster care rate for each calendar day of placement in paid foster care provided under the SSCC's Contract, mitigating risk associated with increased entries into paid foster care. Through the use of a single blended foster care rate, the SSCC will have flexibility to offer individualized services to children and youth and will continue to be reimbursed at the same rate as children and youth move down or up the continuum of care and require less intense or more intense services and/or a reduction or increase in the frequency of services.
5. During Stage I, the SSCC must notify the DFPS CPS caseworker and the caseworker's chain of command within 24 hours of the consent for placement by a minor in the SSCC's Transitional Living Program in accordance with the *Texas Family Code §32.203.*

(C) **Exceptional Foster Care Rate.** There will be a certain number of children and youth in the Designated Community Area with exceptional needs that cannot be met appropriately through the use of the blended foster care rate. The exceptional care rate is currently calculated based on the projected average daily cost of the state's utilization of child specific contracts. A rate will be established for each fiscal year. The SSCC cannot charge DFPS for both the blended rate and the exceptional care rate for the same child on the same day or use the exceptional care rate for SIL Youth under any circumstances.

1. DFPS will authorize use of exceptional days of care using a validation process in instances when (1) there is a Court Order that dictates a child specific

placement or payment that exceeds the contemplated rate structure of the blended rate, (2) the child has extraordinary service needs that far exceed the traditional residential child care settings (example: major eating disorders, severe medical/psychiatric needs); or (3) the SSCC has performed an exhaustive search and placement cannot be located without the use of a child-specific Contract whose rate exceeds the contemplated rate structure of the blended rate. In order to use exceptional days of care in these instances, the SSCC must submit sufficient documentation detailing the circumstances surrounding the request and justification for utilization of exceptional care days to the CPS Director of Placement (or designee). The CPS Director of Placement (or designee) must approve the utilization request prior to the SSCC using exceptional care days.

2. DFPS may authorize the use of exceptional care days for placements into a DFPS pre-approved sub-acute care program. The sub-acute care program must be approved by DFPS Placment Director or designee prior to any utilization of an exceptional care day of care and the exceptional care approval process must be followed for each such placement.
3. Contractor must enter exceptional care days into IMPACT timely for the month following the month in which the SSCC requested exceptional care for a child or youth. Contractor must notify DFPS within 5 business days of any IMPACT data correction issue that will require DFPS to submit a ticket to the DFPS IT Department.
4. **Equal Share of Loss for Exceptional Foster Care**. On a quarterly basis with all data organized by month and fiscal year, the SSCC must provide DFPS with the number of children, days of care, and amounts the provider paid for children placed using the exceptional foster care rate. On an annual basis, 6 months following the end of the fiscal year, DFPS will use exceptional care paid days from IMPACT to calculate the difference between the amounts the SSCC paid for children placed using the exceptional foster care rate and and either pay 50 percent of the loss or collect 50 percent of the over payment from the SSCC.

(D) **Foster Care Case Rate.** In Stage III, DFPS will begin to evaluate the time it takes for a child or youth in paid foster care settings to return home, exit to a relative/kinship caregiver, or exit to an adoptive placement. Financial incentives and remedies will be assessed based on the SSCC's ability to safely exit children and youth from paid foster care settings in a timely manner.

1. For each SSCC, DFPS will calculate a baseline weighted average number of paid foster care days by taking the sum of the strata-specific number of care days anticipated divided by the total number of children across all strata in the Designated Community Area. The anticipated (baseline) care days are calculated by applying historic averages for each age strata to the current number of entries in each age strata. The strata are based on the age of the child upon entry. The baseline will be derived from the average days in paid foster care for children in the Designated Community Area prior to Stage II implementation.

2. If children and youth served by the SSCC exit foster care to a permanent or anticipated to be permanent setting (return home, relative/kinship or adoption placement) in less time and at a higher rate, on average, than predicted by the SSCC baseline, then the SSCC will receive an incentive payment equal to the general revenue amount that DFPS would have spent had children and youth served by the SSCC remained in paid foster care for the length of time predicted by the baseline.
3. The SSCC will be required to expend all funds obtained through the incentive process in a manner that improves the quality of care delivered on behalf of DFPS children, youth and families in the Designated Community Area.
4. If the actual number of days in paid foster care for children and youth served by the SSCC is higher than the established baseline for the Designated Community Area, the SSCC will be assessed a financial remedy and pay DFPS an amount equal to the general revenue amount that DFPS spent for the foster care days in excess for failure to achieve the established outcome target. Compliance with expectations for paid care days and calculation of financial incentives and remedies will be determined on an annual basis after the performance period

Section 3.03 Community Based Care Network Support (Stages I-III).

DFPS will pay the SSCC monthly for costs incurred for capacity/network development and oversight, community engagement and IT systems requirements efficiencies at the rate of $1,900 per child FTE. The SSCC will be paid twelve monthly installments by the 30th day of end of the month for the previous month. On an annual basis and 6 months following the end of the fiscal year, DFPS will perform a true-up based on actual child FTEs as reflected in IMPACT for the Designated Community Area. If the actual child FTEs are above the forecasted number for the year, DFPS will pay for the additional child FTEs. If the actual child FTEs are below the forecasted number for the year the SSCC will remit the overage per child FTEs to DFPS.

Section 3.04 Resource Transfer.

As DFPS and the SSCC move through the Stages of Implementation, some of the functions traditionally performed by DFPS will shift to the SSCC. Transfer of resources will be commensurate with the transfer of functions from DFPS to the SSCC according to the stage of implementation and children served under the SSCC continuum of care. All resource transfers based upon a proportional reduction of employees and the associated resources as reflected in the General Appropriations Act and subject to Legislative appropriations. The resource transfers for each stage will be paid to the SSCC at the end of each month for the previous month via invoicing prepared by DFPS staff. DFPS retains the resources associated with the functions necessary to operate the Designated Community Area legacy system. The following methodologies are applied to the DFPS appropriation to determine the amount of each resource transfer:

(A) Resource Transfer (Stage I)

1. Placement staff resources will be determined using the number of state staff performing the functions multiplied by the percent of children in care for SSCC Designated Community Area.

2. Conservatorship resources will be determined using the percent of time conservatorship staff spend performing placement and some case management functions in Stage I multiplied by the percent of children in care for SSCC Designated Community Area multiplied by the Designated Community Area's percent of children in paid foster care.
3. Contract Management resources will be determined by the number of state staff performing the functions for residential contract management multiplied by the percent of children in care for SSCC Designated Community Area multiplied by the Designated Community Area's percent of children in paid foster care. For regional contract managment resources, the percent of time CVS staff spend on performing placement functions is applied to the above methodology.

(B) Resource Transfer (Stage II-III)

1. Case Management resources will be determined using the DFPS appropriated caseworkers multiplied by the percent of children in care for the SSCC Designated Community Area plus the associated direct delivery support staff resources.
2. Contract Management resources will be determined using the number of state staff performing regional contract management functions multiplied by the percent of children in care for SSCC Designated Community Area.
3. Resource transfers for placement and conservatorship become part of case management resource transfer in Stage II.
4. DFPS may have been appropriated additional resource transfer funds that will be available for the SSCC as described in the final Exhibit C, to be provided during contract negotiations.
5. DFPS and the SSCC will work together to develop an appropriate cost reporting process for any additional stage II resource transfer, if appropriated. The SSCC will be required to return any unspent funds related to the case management resource transfer, if provided to DFPS.

Section 3.05 Quality and Utilization Management Contract Funds.

As DFPS and the SSCC move through the stages of Implementation, some of the quality and utilization management functions performed by DFPS (via a third-party contract) will transfer to the SSCC. As a result, DFPS will provide funding commensurate with the transfer of functions from DFPS to the SSCC. The Quality and Utilization Management funding will be paid to the SSCC at the end of each month for the previous month via invoicing prepared by DFPS staff. The Quality and Utilization Management will be determined using the percent of children in care for SSCC Designated Community Area multiplied by the statewide quality and utilization contract amount.
Note: This funding does not include the utilization management functions performed by DFPS' third party provider for Adoption Assistance and Permanency Care Assistance eligibility.

Section 3.06 Supervised Independent Living (SIL) Rates (Stages I - III).

The SSCC must offer Supervised Independent Living placements as a part of the continuum of paid foster care services. This includes young adults who request a SIL placement within the Designated Community Area but are not from the Designated Community Area.

1. DFPS will reimburse the SSCC a separate SIL rate for young adults residing in a SIL placement.
2. Young adults residing in a SIL placement are not included in the blended foster care rate or in the methodology used to determine incentives around length of stay in paid foster care in Stage III.
3. In instances where DFPS has established an Interagency Agreement (IAC) with a State of Texas Public University, the SSCC must use the same agreement, policies, and processes for its SIL program with the Public University. This Section does not prohibit an SSCC and Public University from modifying any agreement between both parties with the prior approval of DFPS.
4. During Stage I, the SSCC must notify the DFPS CPS caseworker and the caseworker's chain of command within 24 hours of the consent for placement by a minor in the SSCC's Transitional Living Program in accordance with the Texas Family Code §32.203.
5. Enhanced Case Management (ECM)services may be provided by some SIL providers. These are additional services available to ECM-eligible young adults who require more assistance in their SIL placement to successfully adjust to and maintain their SIL placements. Young adults requiring Enhanced Case Management (ECM) services may have the following charactieristics that include, but are not limited to:
   a. Does not require 24-hour supervision while in the supervised independent living program;
   b. Has basic skills in self-care and the ability to follow a daily routine.
   c. Has one or more of the following characteristics:
   d. frequent, but non-violent, antisocial acts;
   e. frequent or unpredictable physical aggression;
   f. depressive behaviors including being markedly withdrawn and self-isolating;
   g. major self-injurious actions, including attempting suicide in the last 12 months;
   h. current abuse of alcohol, drugs, or other conscious-altering substances, that results in severe impairment due to the substance abuse and there is a primary diagnosis of substance abuse or dependency;
   i. has an intellectual or developmental disability.
6. Young adults admitted under ECM will have additional daily funding for coverage of the enhanced case management. These funds will be combined with and paid through the same IMPACT invoicing process as other SIL placements.

The Supervised Independent Living (SIL) Payment Rates may be accessed at: *Supervised Independent Living (SIL) Payment Rates.*

Once a young adult has been placed into the SSCC SIL program with ECM services, DFPS State Office will be notified of the placement through the DFPS Supervised Independent Living SIL@dfps.state.tx.us mailbox

Section 3.07 Extended Foster Care (excluding SIL placements) (Stages I - III).

DFPS will reimburse the SSCC the blended foster care rate for young adults who remain in paid foster care through the Voluntary Extended Foster Care Agreement (VEFCA) excluding SIL placements.

Section 3.08 Day Care (Stages I - III).

The SSCC will coordinate day care services (foster care and kinship care) for children and families who meet the appropriate DFPS eligibility criteria and subject to agency appropriation. The SSCC may only use the eligible Texas Workforce Commission day care providers for day care services. The SSCC will coordinate with DFPS so that DFPS may initiate day care process and payment for eligible day care services to the Texas Workforce Commission on behalf of the SSCC. Day Care will be paid directly to TWC by DFPS on behalf of the SSCC. Rates are established by TWC.

Section 3.09 Chafee Funds.

An annual federal award of Chafee funds are provided to DFPS. The SSCC will be provided the appropriate allocated share according to stage of implementation. As the statewide DFPS budget is adjusted, the SSCC allocation will be adjusted (increase or decrease)**.** These funds are provided through the use of federal John H. Chafee Foster Care Independence Program (CFCIP) federal funds, referred to as Chafee funds. To learn more about these funds, please visit: John H. Chafee Foster Care Independence Program (CFCIP) Federal Funds.

(A) Preparation for Adult Living (PAL) - Life Skills Training (Stages I - III)

PAL life skills training is used for the purpose of preparing youth in substitute care to live independently when he or she becomes an adult.

1. DFPS will allocate an estimated amount to the SSCC each fiscal year to be used in the delivery of PAL Life Skills services.
2. DFPS will reimburse PAL Life Skills assessment and training services via IMPACT invoicing based on actual youth served not to exceed annual allocation.

(B) Education and Training Voucher (Stage II-III).

1. **Education and Training Voucher (ETV)**. ETV funds are sent directly to the youth or organization for which the funds are designated. Designated SSCC staff must inform and assist the student in applying to the ETV program. The SSCC must assist the youth in the completion of the required forms and youth verification process for the ETV program with DFPS. For more information on PAL after care and ETV use the following links:

https://www.dfps.state.tx.us/child_protection/Youth_and_Young_Adults/Preparation_For_Adult_Living/

https://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_x10300.asp

Section 3.10 Adoption (Stages I - III).

DFPS will reimburse the SSCC the same rates DFPS pays per purchased adoption service once all required documentation has been submitted, via a DFPS created invoice in IMPACT.

Section 3.11 CANS

The SSCC must ensure children who require therapeutic services receive a CANS every 90 days. Subject to appropriation, the SSCC will receive a funding allocation to cover the costs of the 90 day CANS for eligible children**.** The CANS funding will be paid to the SSCC each month for the previous month via invoicing prepared by DFPS staff.

3.12 Section Kinship Caregivers Grant/CPS Plan (Stage II)

Kinship care is a viable alternative to foster care for many children in Texas. Kinship caregivers can experience significant hardships when they take on the responsibility of caring for their kin. Texas has long recognized the many benefits of kinship care and it is the preferred placement option for children in DFPS conservatorship, however, the proper supports and services must be in place for the families.

As described in section 427(a)(1) of the Social Security Act, the KIN NAV Grant allows Title-IV E agencies to assist kinship caregivers in accessing services to meet the needs of the children they are raising, as well as their own needs. In addition, the use of these funds to provide concrete supports and other necessary support services can improve the overall well-being of children who are in the care of kinship caregivers. A portion of the KIN NAV Grant will be used by CPS and the SSCCs that are in Stage 2 for the following:

1. Licensing/Adoption Expenditures Support: Financial assistance for licensing standard items to complete Kinship Caregivers Licensures/Adoption Verification. Examples of items include, but are not limited to; FBI fingerprints, fire extinguishers, smoke alarms, fire inspections, home inspections, TB tests, safety items for the home to meet licensing/adoption standards. This support would not be limited to a one time use and can be accessed more than once, as long as the support is not used for the same items (ex. Purchased smoke alarms, then later used again to purchase FBI fingerprints).
2. Expansion on Concrete Services: Increase the amount of annual assistance for concrete services.

These two supports will allow for permanency to be achieved sooner and support more families going through the PMC with PCA process, with the assistance of licensing expenditures.

Having this resource available to them, to access more than annually, supports kinship families that are going through the licensing/adoption process to achieve permanency for the children in their homes.

Section 3.12 Coordination and Delivery of Family Services (Stages II-III).

The SSCC must identify its own unmet service needs and either deliver the services directly, identify available community resources, or purchase the needed services. Processes and parameters established in this subsection are only applicable to those services offered by the SSCC through the use of the DFPS purchased client services (PCS) allocation of funds and do not apply to any services offered by the SSCC through the use of community resources or additional funding methods. DFPS will determine the projected amount of purchased client services funds available to the SSCC on an annual basis starting with Stage II. It is expected that the SSCC will manage within the funding allocation, yet maximize all available resources, including community resources and other funding methods so that families referred to the SSCC can receive appropriate and effective services.

(A) DFPS will, within available appropriation:

1. Provide an allocation to the SSCC for purchased client services in the Designated Community Area based upon appropriations.
2. Establish IMPACT service codes to be used for billing purposes.
3. Reimburse the SSCC via IMPACT invoicing monthly.

(B)**The SSCC must:**

1. Identify the types of purchased client services needed to meet the specific needs of clients in the Designated Community Area.
2. Provide sufficient information on the modality or service description, eligible population, and payment methodology prior to implementing a service.
3. Access the purchased client services funding by submitting an electronic invoice after the service is provided.
4. Ensure the service coordination and delivery of services in accordance with the agreed upon service plan and within negotiated allocation of purchased client services funding to the families of children, youth and young adults who enter substitute care and referred by DFPS to the SSCC.
5. Adhere to legislative mandates and reporting requirements associated with the funding steams.

(C)Fee Schedule for Purchased Client Service Funding (Stages II - III)

DFPS service payment and billing processes are dependent on the link between an established fee and identified service. DFPS must provide notices to the SSCC within two (2) business days of any change in an individual or family's eligibility. DFPS will pay the SSCC for purchased client services provided up until the time DFPS notifies the SSCC of any changes, even if an individual or family's eligibility ended prior to notification. The SSCC will provide DFPS payment methodologies and applicable fee

schedules for services offered through the use of the purchased client services funding allocations. Fees charged to DFPS will be reasonable and comparable to those for similar services within the Designated Community Area. Invoices will be processed by DFPS in amounts not to exceed the rates on the fee schedule.

To ensure federal financial participation, the SSCC must ensure that services offered as a part of the purchased client services allocation meet the criteria outlined in the following:

1. **Child Welfare Services, Title IV-B, Subpart 1 of the Social Security Act**
2. **Promoting Safe and Stable Families, Title IV-B, Subpart 2 of the Social Security Act**
3. **Temporary Assistance for Needy Families (TANF)**
4. **Title IV-E**

Section 3.13 Invoice Payment Processes (Stages I-III).

(A) Foster Care Rates

1. **DFPS will:**
   a. Approve placement information in the IMPACT electronic system.
   b. Generate invoices at the beginning of each month for prior month of service and will process payment to the SSCC for foster care services through the IMPACT system. Invoices will be reconciled with the SSCC to assure accuracy.
   c. Implement an end of month placement descrepency and reconciliation process with the SSCC to ensure accurate payment data is in IMPACT.
   d. Submit monthly Itemized Provider Statement to the SSCC, after reconciling with the SSCC to assure accuracy.
2. **The SSCC will:**
   a. Participate in the end of month reconciliation process with DFPS to ensure accurate payment data is in IMPACT.
   b. Contact appropriate DFPS staff to inquire about errors in payment and/or the Itemized Provider Statement.
   b. In Stage II, the SSCC will enter, review and approve all child placements with the SSCC into IMPACT. The payment process will remain the same.

(B) Purchased Client Services

The SSCC will select and bill for services delivered in accordance with child/youth (Stage I) and family (Stage II) service plans. Chart 15 outlines the anticipated invoice process and documentation requirements for payment of services for children and youth rendered through the use of purchased client services funding. Chart 16 outlines the anticipated invoice process and documentation requirements for payment of services for families rendered through the use of purchased client services funding. Procedures may be modified or further specified in the designated community specific operations manual.

Chart 15: Invoice Process for Purchased Client Services for Children and Youth		
DFPS Role	**SSCC Role**	**SSCC Documentation Requirements**
1. Generate form 2054 when required, to initiate the invoice process 2. Enter form 2054 into IMPACT to generate pre-bill based on services, service delivery time range, units of services 3. Enter purchase of service invoice information submitted by the SSCC into IMPACT, if form 2054 Is not used (Stage I). 4. Prepare Form 4116X, State of Texas Purchase Voucher (only submitted when situations warrant the need for a manual payment process).	1. Generate and forward an invoice with sufficient information to initiate the payment process to include but not limited to: the client name/client number, service type, number of units delivered and effective dates for CPS personnel to enter into IMPACT (Stage I). 2. Obtain explanation of benefits from client when claiming for deductibles or services denied by the insurance carrier. 3. Maintain documentation of fees charged and paid by the client when utilizing a sliding scale. 4. Ensure claims submitted by subcontractors are accurate and complete. 5. Submit required invoice documentation to DFPS designated Contract office by the 25th of the month following the month of service.	Submit invoice billing statement which includes: a. Documentation to support any claim as a result of services or co-payment and deductibles not covered by the client's insurance. b. Documentation to indicate clients who have been imposed a sliding scale fee and the associated service and fee charged to the Contract and the client's share. c. Medicaid denials d. Other supporting documentation which may be requested by DFPS.

***During Stage II, the SSCC will replace the DFPS role in the invoicing process for Purchased Client Services for children and youth.**

Chart 16: Invoice Process for Purchased Client Services for Families

DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Creates a Family Service Referral in IMPACT, which includes all family members identified as needing to receive services. 2. Submits Family Service Referral to the SSCC. **3. IMPACT System will:** a. Automatically create a Service Authorization (2054) for each family member identified on the Family Service Referral, with each 2054 including every SSCC service code for a period of one year from the date of creation. b. Transmits the information to SSCC via batch processes.	1. Updates the Family Service Referral when additional family members will be provided services; and removes family members when services are no longer needed. 2. Obtains explanation of benefits from clients when claiming for deductibles or services denied by the insurance carrier. 3. Maintains documentation of fees charged and paid by the client when utilizing a sliding scale. 4. Ensures claims submitted by subcontractors are accurate and complete. 5. Transmits required invoice to IMPACT (in a format provided by DFPS) for services provided to family members by the 25th of the month following the month of service. **6. IMPACT System will:** a. Run a pre-validation batch to verify delivered service details and to create invoice b. Rejected lines are sent back to SSCC c. Other lines are included in the invoice	1. Maintains records on each family member receiving services (by IMPACT PID), including: a. Documentation to support any claim as a result of services or co-payment and deductibles not covered by the client's insurance. b. Documentation to indicate clients who have been imposed a sliding scale fee and the associated service and fee charged to the Contract and the client's share. c. Medicaid denials d. Signed Form 4116X, State of Texas Purchase Voucher (only submitted when situations warrant the need for a manual payment process). e. Other supporting documentation which may be requested by DFPS.

	d. Invoice is sent to HHSAS for payment.	

ARTICLE IV. START-UP REQUIREMENTS

Section 4.01 Introduction.

This section presents the scope of work for the Start-up Period of the Contract, which includes those activities that must take place between the Contract or amendment execution and the operational start date of Stage II.

The Start-up Period will include a Readiness Review by DFPS of the SSCC, which must be completed successfully prior to the SSCC's operational start date for Stage II. DFPS may, at its discretion, terminate the Contract, postpone the operational start date for Stage II, or assess other Contractual remedies if the SSCC fails to timely correct all Start-up Period deficiencies within a reasonable cure period, as determined by DFPS.
If for any reason, a SSCC does not fully meet the Readiness Review prior to the Stage II start date, and DFPS has not approved a delay in the operational start date or approved a delay in the SSCC's compliance with the applicable Readiness Review requirement, then DFPS will impose remedies for any actual damages and recoup Start-up funds as appropriate.

Section 4.02 Start-up Period Scope for SSCC.

SSCC must meet the Readiness Review requirements set forth in Article V. of the Contract no later than forty five (45) days prior to the SSCC accepting its first referral from DFPS in Stage II. SSCC agrees to provide all materials required to complete the Readiness Review by the dates established by DFPS.

Section 4.03 Start-up Period Schedule and Tasks.

In Stage II, the Start-up Period begins the effective date of the SSCC contract amendment with the Department. Stage II Start-up Period must be completed no later than the date indicated for Stage II implementation in Section 2.03 of this Contract, unless agreed to by both parties.

The SSCC has overall responsibility for the timely and successful completion of each of the Start-up Period tasks. The SSCC is responsible for clearly specifying and requesting information needed from DFPS in a manner that does not delay the schedule or work to be performed.

Section 4.04 Contract Start-Up and Planning.

(A) DFPS and the SSCC will work together during the Contract start-up period to:

1. Define project management and reporting standards;
2. Establish communication protocols between DFPS and the SSCC;
3. Establish a schedule for key activities and milestones; and
4. Clarify expectations for the content and format of Contract Deliverables as specified in this Statement of Work.

(B) The SSCC must develop a written work plan, referred to as the Stage II SSCC Management Plan, which will be used to monitor Readiness progress throughout the

Start-up Period. The SSCC's Plan must include a detailed description of the schedule, processes, procedure and timeline for the implementation of community-based care in the Designated Community Area, including but not limited to, a timeline for implementing, case management services for children, families, and relative and kinship caregivers receiving services in the Designated Community Area; and family reunification support services to be provided after a child receiving services from the Contractor is returned to the child's family.

(C) The SSCC's Plan must identify a designated SSCC staff member responsible for the facilitation and oversight of this process.

(D) The SSCC will need to submit to an initial IT Security review performed by DFPS Office of Information Security (OIS), The SSCC must resolve any critical and high risk items identified by OIS prior to readiness certification.

(E) Submit for approval the Utilization Management Process used to identify the level of care provided to children and youth referred under the Contract and a cross walk of SSCC service levels to the corresponding DFPS legacy service levels.

Section 4.05 Administration and Key SSCC Personnel.

No later than the Effective Date of the Contract, the SSCC must designate and identify Key SSCC Personnel that meet the requirements of this Contract and specify office location for each. The SSCC will supply DFPS with résumés of each Key SSCC Personnel as well as organizational information that has changed relative to the SSCC's Proposal, such as updated job descriptions, office locations and updated organizational charts, if applicable. If the SSCC is using a Material Subcontractor, the SSCC must also provide the organizational chart for the Material Subcontractor.

Section 4.06 Post Start-Up.

The SSCC will work with DFPS, community stakeholders, and Network Members and other Providers, to promptly identify and resolve problems identified after the operational start date and to communicate to DFPS, Providers, and Members, as applicable, the steps the SSCC is taking to resolve the problems.

If an SSCC makes assurances to DFPS of its Readiness to meet Contract requirements, including MIS and operational requirements, but fails to satisfy requirements set forth in this Section, or as otherwise required pursuant to the Contract, DFPS may, at its discretion do any of the following in accordance with the severity of the non-compliance and the potential impact on Members and Providers:

(A) Suspend referrals to the SSCC

(B) Impose contractual remedies, including liquidated damages; or

(C) Pursue other equitable, injunctive, or regulatory relief.

ARTICLE V. OPERATIONS READINESS

Section 5.01 Introduction.

The SSCC must clearly define and document the policies and procedures that will be followed to support day-to-day business activities, including coordination with subcontractors and/or other network providers. The SSCC will be responsible for developing and documenting its approach to quality assurance. DFPS or its designee will conduct a Readiness Review prior to the operational start date for Stage II.

(A) During Readiness Review Stage II, the SSCC must, at a minimum:

1. Develop operations procedures and associated documentation to support the SSCC's proposed approach to conducting operations activities in compliance with the contracted Statement of Work.
2. Forty-five (45) calendar days prior to the Operational Start Date (Stage II), develop and submit to DFPS, the schedule, processes, procedure and timeline for the implementation of Stage II community-based care in the Designated Community Area, including but not limited to, a timeline for implementing, case management services for children, families, and relative and kinship caregivers receiving services in the Designated Community Area; and family reunification support services to be provided after a child receiving services from the contractor is returned to the child's family.
3. Forty-five (45) calendar days prior to the Operational Start Date (Stage II), develop and submit to DFPS, a Case Management Manual that provides details on the SSCC case management services, delivery approach and how all other case management services are to be accomplished.
4. Complete the DFPS CBP training components prior to providing case managment fuction. The SSCC may require additional training components based on their specific model. The SSCC must provide documentation demonstrating compliance with training requirements (e.g., enrollment or attendance rosters dated and signed by each attendee or other written evidence of training.)
5. Forty-five (45) calendar days prior to the Operational Start Date (Stage II), submit a comprehensive proposal setting forth its fee schedule and comprehensive plan to provide purchased client services.
6. Develop and submit to DFPS the SSCC's proposed complaint and appeals processes.
7. Demonstrate the ability to satisfactorily administrator the requirements of delivering substitute care services, services for relative and kinship caregivers, case management and family reunification services including the Contractor's ability to provide:
    a. Evidence-based, promising practice, or evidence-informed supports for children and families; and
    b. Sufficient available capacity for inpatient and outpatient services and supports for children at all service levels who have previously been placed in the Designated Community Area.

(B) As part of the Readiness review process, the SSCC must prepare a plan detailing the methods by which the Contractor will avoid or eliminate both case management and contracting conflicts of interest. The department may not transfer services to the Contractor until the department has determined the plan is adequate.

(C) If after conducting the review process, the department determines that a SSCC is able to adequately deliver substitute care services, services for relative and kinship caregivers, case management and family reunification services in advance of the projected dates stated in the timeline included in the Contract with the Contractor, the department may adjust the timeline to allow for an earlier transition of service delivery to the Contractor. If the department determines that a SSCC is not able to adequately deliver said services, the department may adjust the timeline to allow for a later transition of service delivery to the Contractor.

(D) During the Readiness Review, DFPS may request from the SSCC certain operating procedures and updates to documentation to support the provision of services. DFPS will assess the SSCC's understanding of its responsibilities and the SSCC's capability to assume the functions required under the Contract, based in part on the SSCC's assurances of operational Readiness, information contained in its Proposal, Joint Operational Manual, Case Management Manual (Stage II) and subsequent Provider's Manual, and in documentation submitted by the SSCC.

(E) The SSCC is required to promptly provide a Corrective Action Plan or Risk Mitigation Plan as requested by DFPS in response to Operational Readiness Review deficiencies identified by the SSCC or by DFPS or its agent. The SSCC must promptly alert DFPS of deficiencies, and must correct a deficiency or provide a Corrective Action Plan or Risk Mitigation Plan no later than 10 calendar days after DFPS's notification of deficiencies. If the Contractor documents to DFPS's satisfaction that the deficiency has been corrected within 10 calendar days of such deficiency notification by DFPS, no Corrective Action Plan is required.

Section 5.02 Assurance of System and Operational Readiness.

In addition to successfully providing the Deliverables described in Section 4.03 ("Start-up Period Schedule and Tasks"), the SSCC must assure DFPS that all processes, MIS systems, and staffed functions are ready and able to successfully assume responsibilities for operations prior to the Operational Start Date. In particular, the SSCC must assure that Key SSCC Personnel, and network Provider staff are hired and trained, MIS systems and interfaces are in place and functioning properly, communications procedures are in place, Provider Manuals have been distributed, and that Provider training sessions have occurred according to the schedule approved by DFPS.

ARTICLE VI. TURNOVER REQUIREMENTS

Section 6.01 Introduction.

This section presents the Turnover requirements. "Turnover" is defined as the activities that the SSCC is required to perform prior to or upon termination of the Contract, in situations where the SSCC will transition data and documentation to DFPS or a subsequent Contractor.

Section 6.02 Turnover Plan.

Twelve months after the start of the Contract, the SSCC provided a Turnover Plan covering the turnover of the records and information maintained to either DFPS or a subsequent Contractor. The Turnover Plan is a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. DFPS has approve the submitted Turnover Plan. Six months prior to the end of the Contract Term, including any extensions, the SSCC must update its Turnover Plan. An updated Turnover Plan has been submitted by the SSCC and approved by DFPS.

Section 6.03 Transfer of Data and Information.

The SSCC must transfer to DFPS or a subsequent Contractor all data, documentation, staff as applicable, and information necessary to transition operations. "Documentation" means all operations, technical and user manuals used in conjunction with Services, and Deliverables that DFPS determines are necessary. The SSCC must provide the documentation in the formats in which the documentation exists at the expiration or termination of the Contract. In addition, the SSCC will provide to DFPS the following:

(A) Data, information, and services necessary and sufficient to enable DFPS to map all SSCC Program data from the SSCC's system(s) to the replacement system(s) of DFPS or a successor Contractor, including a comprehensive data dictionary as defined by DFPS.

(B) All necessary data, information, and services will be provided in the format defined by DFPS.

(C) A listing of all employees and employment information to include but not limited to; tenure, salaries, benefits, and any additional information the Department may request by the timeframe requested by the Department.

(D) The SSCC must provide all of the data, information, and services mentioned in this section using its best efforts to ensure the efficient administration of the Contract. The data and information must be supplied in media and format specified by DFPS and according to the schedule approved by DFPS in the Turnover Plan. The data, information, and services provided as detailed in this section must be provided at no additional cost to DFPS.

(E) All relevant data and information must be received and verified by DFPS or the subsequent Contractor. If DFPS determines that data or information are not accurate and complete, then DFPS reserves the right to hire an independent Contractor to assist DFPS in obtaining and transferring all the required data and information and to ensure that all data and information comply with applicable state

and federal law. The reasonable cost of providing these services will be the responsibility of the SSCC.

Section 6.04 Turnover Services and Staff.

If DFPS terminates the Contract prior to the expiration of the Contract Period, then DFPS may require the SSCC to update the Turnover Plan sooner. In these cases, DFPS's notice of termination will include the date the Turnover Plan is due. The Turnover Plan must be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the Turnover tasks. The Turnover Plan describes the SSCC's policies and procedures that guarantees:

(A) The least disruption in the delivery of Services children, youth and families who are being served by the SSCC during the transition to a subsequent vendor.

(B) Cooperation with DFPS and the subsequent Contractor in notifying stakeholders, including the community, members of judiciary, providers and others of the transition, as requested and in the form required or approved by DFPS.

(C) Cooperation with DFPS and the subsequent Contractor in transferring staff to the subsequent Contractor, or DFPS as requested and as approved by DFPS.

(D)(D) A listing of all employees and employment information to include but not limited to; tenure, salaries, benefits, and any additional information the Department may request by the timeframe requested by the Department.

(E) Cooperation with DFPS and the subsequent Contractor in transferring information to the subsequent Contractor, as requested and in the form required or approved by DFPS.

(F) DFPS must approve the Turnover Plan, which must include at a minimum:

1. The SSCC's approach and schedule for the transfer of data and information, as described in this Section.
2. The quality assurance process that the SSCC will use to monitor Turnover activities.
3. The SSCC's approach to training DFPS or a subsequent Contractor's staff in the operation of its business processes.
4. DFPS is not limited or restricted in the ability to require additional information from the SSCC or modify the Turnover Plan as necessary, including requiring the SSCC to submit an updated Turnover Plan at any point during the term of the Contract based on performance or financial issues identified as a result of Contract monitoring.
5. The SSCC and DFPS will continue to perform in accordance with all terms and conditions of this Contract until DFPS determines that all turn over activites have been completed successfully.

Section 6.05 Post-Turnover Services.

Thirty (30) days following Turnover of operations, the SSCC must provide DFPS with a Turnover Results Report documenting the completion and results of each step of the Turnover Plan. DFPS will not consider Turnover completed until DFPS approves the Turnover Plan. If the SSCC does not provide the required data or information necessary for DFPS or the subsequent Contractor to assume the operational activities successfully, the SSCC agrees to reimburse DFPS for all reasonable costs and expenses, including: transportation, lodging, and subsistence to carry out inspection, audit, review, analysis,

reproduction, and transfer functions at the location(s) of such records; and attorneys' fees and costs. This section does not limit DFPS's ability to impose remedies or damages as set forth in the Contract.