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4 Kids
4 families
A family for every child

Purchased Client Services (PCS) Provider Manual

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Helping Kids & Strengthening Families

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Introduction

Foster Care Redesign and Community Based Care Overview

The redesign of the Texas foster care system is a bold system transformation that redefines public and private agencies and offers a watershed opportunity for local ownership and local decisions to be made to best achieve safety, permanency, and well-being outcomes for children and families.

The values and principles guiding the Foster Care Redesign are services that should be family driven, youth guided, trauma informed, community-based, culturally competent, individualized, provided in the least restrictive environment, and coordinated among child and family serving agencies.

The goals of Foster Care Redesign are to:

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

In the redesign foster care model, an SSCC is responsible for ensuring the full continuum of services in a designated geographic catchment area and therefore must have a good understanding of the strengths and needs of the community.

In 2017, the Texas Legislature directed Department of Family and Protective Services (DFPS) to expand this model to include both foster care and relative or "kinship" care and gave the SSCC sole responsibility for case management - rather than sharing that responsibility with DFPS.

Community-based care is intended to allow the SSCC and community more flexibility to innovate and meet the unique needs of the children, youth, and families in each designated service area. This increased flexibility comes with greater responsibility and accountability for overall safety, permanency, and well-being outcomes.

As Community-based care takes shape statewide, DFPS' focus will shift to ensuring quality oversight of foster care and services for children and families. The SSCC will be responsible for case management and services that move children from foster care or kinship care into a permanent home.

On March 1, 2023, Arrow Child and Family Ministries (Arrow) was awarded the Single Source Continuum Contract (SSCC) for Region 4. 4Kids stage I implementation took effect on November 1st, 2023, where they became responsible for the paid placement of children in the region who were removed from their home of origin. Region 4 is made up of the following counties: Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, and Wood.

Mission and Vision

At 4Kids, our mission is:

“Helping Kids and Strengthening Families”.

Our Vision is:

“Through collaborative efforts with the community and local stakeholders, 4Kids4Families will transform the child welfare system to create innovative solutions for children in need bringing hope and healing to children, families and society overall”.

Stage II Implementation

Community based care (CBC) for Region 4 is scheduled to move to Stage II implementation in May 2024. As in Stage I, 4Kids will continue to be responsible for locating placements for children in the care of the state and providing them with a full continuum of care. In addition to Stage I responsibilities, 4Kids will provide Case Management and Family Services that enable children to safely achieve permanency.

For Stage II of the CBC contract, 4Kids has developed a Network of Providers to deliver a broad array of Purchased Client Services to meet the various needs of families involved in the child welfare system. The Purchased Client Services (PCS) Provider Manual will provide our array of Network Providers guidance on specific topics, expectations of services, and protocols not covered in the Network Provider contract.

Trauma informed Practice

4Kids is committed to not only keeping children safe in care but also helping them heal while they are in our care. 4Kids expects that all service providers utilize a trauma informed and responsive model of care that is child and family centered, developmentally appropriate, attachment focused, and culturally and linguistically competent. It is our expectation that all Purchased Client Service Providers adopt a trauma informed care model that highlights the importance of relational connections as the foundation for healing from trauma and focuses on building a child’s and/or adult’s ability to self-regulate over behavioral compliance.

4Kids will utilize a variety of evidence based and evidence informed practices including Trust Based Relational Intervention (TBRI) method developed by the Karyn Purvis Institute for Child Development, the Neuro-sequential Models developed by Bruce Perry, and Motivational Interviewing to help bring healing to youth and families in our care. These models will be evident through a variety of the 4Kids work with Purchased Client Service Providers.

Definitions

- *Direct care worker* refers to someone with direct access to a child in the care of the state of Texas.
- *English as a Second Language (ESL)* refers to those who speaks a primary language other than English.
- *Foster/Adoptive Home Study/Screening* refers to a study of prospective foster/adoptive families to assess a parent's or potential Caregiver's past and present levels of functioning to determine their ability to foster or adopt and that meets HHS Childcare Regulations (CCR) Minimum Standards for Child Placing Agencies.
- *General Educational Development (GED)* refers to those who have completed the testing to receive a different type of diploma based on equivalency testing.

- *Interstate Compact for the Placement of Children (ICPC)* refers to either the referral of children from Texas to another state to be placed with relatives/fictive kin or the referral of children from outside the state of Texas to be placed with relatives/fictive kin inside the state of Texas.
- *Kinship Caregiver Home Assessment (KCHA)* refers to the assessment of a kinship household of a child in the care of the state of Texas which assists in determining the most suitable placement for a child.
- *Health, Social, Educational, and Genetic History (HSEGH) Report* refers to the document summarizing the review of a child's birth family history, records and information.
- *Substance Use Disorder* refers to the diagnosis used for those who with a brain disease that is manifested by compulsive substance use despite harmful consequences.

General Provider Requirements

In general, all PCS Network Providers must follow these protocols when working with children and families referred for services from 4Kids. These protocols do not include network provider specific requirements which can be found listed by category throughout this manual. 4Kids wants to ensure that the services provided will be consistently delivered, evidence-based and above all else, will meet the needs of the children and families we serve.

Authorization for Services and Referrals

Clients will be referred for services by 4Kids Permanency Specialists via an approved Service Authorization Form and referral packet. Each service referral packet will be geared toward the services needed for the client and provide necessary information to allow the PCS Provider to complete the services requested. Services must be authorized on a valid Service Authorization Form prior to being rendered. The Provider is responsible for adhering to the specific services approved on the authorization form.

Additionally, the referral packet may include but not limited to:

- Copies of previous testing reports or other assessments,
- A Family Plan of Service, and/or
- Any other information pertinent to the referral for services.

Missed or Cancelled Appointments

4Kids believes in a customer service approach to working with children and families. Therefore, it is important to ensure that policies concerning missed or canceled appointments are upheld, as would be the case in an office setting. This approach will allow consistency of services and professionalism in delivering them to clients.

4Kids defines a missed appointment as a client missing a scheduled appointment or canceling within 24 hours of the scheduled appointment. Alternatively, an appropriate cancelation occurs when a client cancels the appointment at least 24 hours in advance. When a client misses or cancels an appointment, the following protocol will be followed:

- PCS Providers must notify the 4Kids Permanency Specialist within twenty-four (24) hours of a missed appointment via email.
- When two (2) consecutive appointments are missed, the PCS Provider must obtain the Permanency Specialist's instructions on how to proceed.

- Further appointments must not be scheduled unless instructed by the 4Kids Permanency Specialist.
- A maximum of two (2) missed appointments may be billed to 4Kids.

When a PCS Provider must miss or cancel an appointment, the PCS Provider is responsible for giving the client a twenty-four (24) hour notification. The PCS Provider must maintain documentation of notification and contacts in each client record regarding cancellations and must make diligent efforts to reschedule the cancelled appointment. Services cancelled by the Provider are not billable.

Documentation Requirements

For all services, summary notes or like documentation of services as spelled out for each provider type will be submitted to the Permanency Specialist by the tenth (10th) day of the month following the month of service via email to records@4Kids4Families.org. These notes must describe details regarding the approach and progress, or lack of progress made by the clients they provide services to. Notes and proof that they have been submitted to 4Kids should be maintained in the client record with the Provider as evidence of compliance with this requirement in the event the client record is reviewed.

When requested by the Permanency Specialist for court purposes, the PCS Provider will submit documentation for the current month within 2 business days of the request.

Notes should include enough information to keep the Permanency Specialist updated on progress or the lack of progress. At a minimum, the notes should include:

- Name of the client,
- Date(s) served, location and type of service provided,
- Session topic(s) including level of participation and engagement, changes in client's behaviors and conditions that demonstrate problems contributing to risk have been or are in the process of being satisfactorily addressed, and
- Progress toward treatment goals.

For certain providers, additional information will be required. Specifics will be addressed in the sections for that service type.

Court Participation

4Kids view court participation and the judicial process important to the clients we serve. If required by 4Kids, the PCS Provider will provide expert testimony in court or by deposition related to the services they provided to the family or child. Court appearances are a billable service, and a separate Authorization will be issued to the provider when this service is required.

Permanency planning participation

Permanency planning participation is integral to ensuring services meet the needs of the child(ren) and families are helping them work towards permanency. This information is essential in determining if additional services are needed or if the child(ren) or families have completed the services. When invited by either the Network Provider or 4Kids staff, the PCS Provider will participate and give insight on the progress of services. Please see the Permanency Planning Meeting section for further information.

Training Requirements

4Kids believes all providers who work with children and families in Region 4 need to understand Trauma. All PCS Providers will partake in training related to trauma within 30 days of beginning to work or volunteer with contracted PCS Providers and annually thereafter.

Trauma Informed Care (TIC) training requirements will be met by completing TIC training through DFPS for a minimum of 2 hours. If a PCS Provider wishes to take this training outside of what is offered by DFPS, the curriculum must be submitted to their 4Kids Quality and Compliance (Q&C) Specialist for evaluation and approval prior to completing the assigned training. The PCS Provider is responsible for maintaining documentation of completion in their personnel records for review if requested.

It is also strongly recommended that PCS Providers be trained in Abuse Prevention which is offered by 4Kids parent company, Arrow Child and Family Ministries through their Learning Management System (LMS). If the PCS Provider is interested in this training for themselves or their staff, they should contact their Q&C Specialist for information on how to access it.

Substance Use – Assessment and Counseling

Drug Treatment and Testing

4Kids seeks to contract with well qualified providers to assist 4Kids Permanency Specialists in achieving optimal outcomes for program objectives. 4Kids seeks to achieve this by providing access to Substance Use Services (SUS) to all individuals as determined by 4Kids Permanency Specialists. SUS includes but not limited to Assessments, Treatment Services (in various modalities) Testing, and Monitoring. 4Kids does not guarantee a minimum level of utilization or a specific number of referrals to Providers. The utilization rate will vary according to the needs of the eligible population, individual clients, staff requirements and regional allocations. The final decision for use, partial use, and non-use of these professional services lies within the authority of 4Kids.

Eligible Population

4Kids will consider the eligible population to be defined as individual adults and children referred directly by 4Kids staff for services. 4Kids staff will determine eligibility and contracted, PCS Providers must serve all clients properly referred by 4Kids who are consistent with their capacity and program goals.

Client Characteristics

Due to the nature of 4Kids clients, the PCS Provider must be prepared to serve individuals with characteristics including, but not limited to:

- Involuntary clients.
- Parents or caregivers who are responsible for the care of abused and neglected children, and
- need these services as a means of preventing future abuse or neglect.
 - Person(s) to whom a court has ordered 4Kids to provide services.
 - Person(s) who have been or are currently involved in the criminal justice system.
 - Person(s) with limited English language proficiency (LEP) or some other Communication Impairment.

Minimum Service Provider Qualifications

Staff responsible for the supervision and clinical decisions must hold the appropriately licensed by the State of Texas to perform these services. PCS Providers will assign only qualified personnel to conduct service. The PCS Provider must be licensed by the State of Texas as a Chemical Dependency Counselor (LCDC) and able to provide LCDC Services without restrictions. Additionally, Providers must retain the ability to maintain state licensure throughout the life of this contract.

Initial Contact Requirements

The PCS Provider must begin the delivery of services within 10 business days of contact by the referred client to set up an appointment. It is anticipated that emergency situations may occur and require a need for expedited services. The PCS Provider must work closely with 4Kids staff to expedite service delivery as requested.

Major Service Deliverables

4Kids utilize SUS to assess individual service needs and meet identified need for treatment, as appropriate, for clients who are deemed to engage in the improper use of, or dependency on alcohol or drugs (both illegal and legal). Major service deliverables include any individual or combination of the following services:

- Substance Use assessments,
- Substance Use treatment,
- Court related services, and/or
- Case specific diagnostic consultation.

Substance Use Assessment

An assessment is used to determine the severity of a client's Substance Use Disorder (SUD) and to identify their treatment needs. The assessment process consists of two main tasks, Intake and Assessment.

The intake process will include the gathering and compilation of:

- Basic demographics,
- Reason for referral,
- Drug of choice, and
- summary of the client's expectations regarding the proposed services.

The assessment process is required to include the administration of a substance use assessment tool and the written results of that assessment. The assessment tool must identify problems associated with substance use including the following minimum requirements:

- The issues identified in the 4Kids client referral information;
- The identification of the parent/caregiver's strengths, diminished protective capacities, and unmet needs of the child(ren);
- The parent/caregivers' perception of family problems, to include how the parent/caregivers' substance use may pose a threat to child safety, risk and why the child is in care of or involved with the state;
- The parent/caregivers' ability to protect the child(ren) from abuse or neglect;
- The parent/caregivers' ability to problem solve and utilize resources;
- The family's support system and/or extended family;
- Incidents of Substance misuse/abuse;

- Identification of Family violence issues (as applicable);
- Parent/Caregivers' ability to function as a provider for the family;
- Evaluation of safety threats and continued risk to the child; and/or
- Specific recommendations for further treatment.

Documentation of the assessment must be maintained in the client's record. Assessment is due to 4Kids no later than ten (10) business days following the face-to-face meeting with a referred client. Please see the General Provider requirements section for instructions on how to submit documents.

Substance Use Treatment

If deemed appropriate by the intake and assessment process, substance use treatment services must be provided face to face, in a suitable location other than the home of the client; and within the scope of practice and guidelines consistent with generally acceptable standards of treatment. 4Kids may authorize two types of counseling treatment: Group Counseling and/or Individual Counseling.

Group counseling must be designed to equip clients with skills needed to understand the disease model and implement techniques applicable to maintain sobriety. The following are requirements for the provision of group services:

- group content must be designed for complete delivery within a series of group sessions and must be limited to no less than eight and no more than 24 total participant hours; and
- must be designed to allow clients to enter a series of sessions at any time they are referred, rather than having to wait for a new series to begin.

Participants must be scheduled to prevent repeating a session topic. The size of groups must be at least two (unrelated individuals), but no more than 12 total participants. The Provider will be responsible for providing the site for the group. The site may be a 4Kids office upon approval of 4Kids. The chosen location must be appropriately furnished and large enough for the group.

Individual counseling consists of private, face-to-face counseling between a client and a counselor or therapist, to help the client meet his or her treatment goals. 4Kids may authorize individual counseling as a single treatment mode or in conjunction with group counseling. The PCS Provider will be responsible for providing the site for the sessions. The site may be a 4Kids site upon approval of 4Kids. The chosen location must be appropriately furnished and provide required privacy in accordance with HIPPA laws.

Treatment Planning

There are several types of treatment planning documents that a provider may utilize throughout the service process. These documents may include an Initial Treatment Plan (ITP), Monthly Summary Treatment Notes and Discharge Planning. When an ITP is involved, the document is continuously updated throughout the treatment process. Substance use treatment services require documentation to support the necessity of the services rendered. A client's written treatment plan is therefore required and must be developed, distributed, and maintained within the requirements outlined below throughout treatment.

A treatment plan and supporting documentation must include the following components:

- Identification and rank of issues to be addressed based on the client's assessment, including those identified in the 4Kids referral and any child safety threats;
- Defined goals;

- Written objectives for each goal;
- Identified strategies/interventions;
- Recommended projected length of services and frequency;
- Dated signature of participating client;
- Dated Service Provider’s signature;
- Drug testing method and frequency of testing, if appropriate;
- A Relapse Prevention Safety Plan; and
- Date and way the plan was submitted to the Permanency Specialist.

The PCS Provider's initial ITP shall identify the issues, applicable diagnoses, intervention strategies, and goals of treatment. The initial treatment plan is due to the Permanency Specialist no later than 21 business days following the initial referral. Treatment plans must be reviewed and updated a minimum of every 90 days.

The purpose of a Discharge Plan is to document and report the closure of a treatment services case due to either completion or termination. The PCS Provider must submit a Discharge Plan to 4Kids Permanency Specialist no later than ten (10) business days after closure. A Discharge Plan must include the following:

- Name of client(s) served,
- Summary with detail to support the client’s participation and progress, or lack thereof, in meeting goals identified in the Treatment Plan, as applicable;
- Reason for case closure;
- Dated service provider’s signature; and
- Any recommended protective measures.

For instructions on submitting Treatment plans and Discharge plans, please see the General Provider Requirements section regarding submission of documentation.

Drug and Alcohol Testing

Drug and alcohol testing is defined as the use of a biological sample to detect the presence or absence of a drug, alcohol, or its metabolite. This process can be completed in a variety of settings and with a variety of techniques.

Drug and alcohol testing is not payable as a separate expense to the substance use treatment provider. It is expected that if the PCS Provider’s treatment plan requires testing, they will have a method for testing as needed for treatment services. Admission by a client of drug or alcohol use is considered by 4Kids to be equivalent to a positive test result, However, a client’s denial of drug use will not be considered by 4Kids to be a negative test result. The PCS Provider must communicate and document the client’s self-reporting or the positive test result to the Permanency Specialist within 24 hours. This report must include Substances tested for and cut off levels for test used.

4Kids may authorize the screening of a client's urine specimen to test for the existence of drug or alcohol use. A substance screening confirms only the existence of the drug in a specimen; it does not confirm whether a client used the drug or whether a positive result is due to secondary exposure. A diluted sample indicates that a client drank a large amount of water some time before the drug test. When the lab indicates that a sample is diluted, the Permanency Specialist can take one of the following actions to arrive at a conclusion about the client's use:

- Have the client retested,
- Request a different type of testing, such as requesting a hair test instead of a urine test, or
- Rely on credible evidence obtained through observation, information from collateral sources (such as a teacher, neighbor, or family doctor), and the case history.

4Kids Permanency Specialists may authorize a swab of a client’s oral fluids performed by 4Kids staff. The test results may be required to be confirmed by a laboratory for admissibility in Court proceedings. The Permanency Specialist may authorize the testing of a client's hair sample to establish the client's use of a drug over a longer time span. Hair testing does not detect the recent use of drugs; rather, it detects drug use that took place over the span of weeks or months directly before the test.

The Permanency Specialist may authorize a test confirming the results of a drug test. A specimen is collected from the client to measure whether the client's body has metabolized the drug. If the drug is present in the client's body at levels high enough to be metabolized, the possibility of accidental or second-hand exposure is ruled out. Confirmation tests are also used to rule out false- positive results.

Case Specific Diagnostic Consultation

4Kids purchases diagnostic consultation services to obtain professional recommendations and opinions about a specific client. Diagnostic Consultation is participation in a formal meeting or staffing, initiated by 4Kids, to discuss a specific case. Informal telephone conversations and meetings are not billable.

The Provider and its representatives must ensure that they are prepared to discuss relevant information at any formal case specific diagnostic consultation. The PCS Provider and its representatives must ensure that they and the applicable service providers have personal knowledge of the matters to be discussed and are adequately prepared to provide consultation services in a variety of formal settings. These settings may include:

- case planning meetings, or
- consultation with attorneys, CASA, Permanency Specialists, and the court.

The PCS Provider is required and must ensure the service providers are available as requested by 4Kids to provide case specific diagnostic consultation services, including attendance at case staffings.

Documentation requirements and submission information can be found under General Provider Requirements.

Battering Intervention and Prevention Program (BIPP)

Overview

The Battering Intervention and Prevention Program (BIPP) is designed to decrease male to female domestic violence, or intimate partner violence, by providing services and interventions to the batterer while promoting safety to the victim. The mission of the program is to:

- move towards a non-violent, non-coercive family structure,
- establish skill sets to prevent future violence, and
- bring social change and awareness that is vital to ending abuse in all forms.

Providers should be prepared to serve clients who are parents to abused or neglected children.

BIPP should have flexibility, which includes times and places to which they can serve the community which should include morning, afternoon, and evening classes to accommodate working clients.

Provider Qualifications

BIPP guidelines were formed by the Texas Department of Criminal Justice – Community Justice Assistance Division (TDCJ-CJAD). Facilitators must be one of the following:

- Licensed Professional Counselor (LPC),
- Licensed Marriage and Family Therapist (LMFT),
- Licensed Master Social Worker (LMSW),
- Licensed Clinical Social Worker (LCSW), or
- TDCJ-CJAD funded BIPP.

The Permanency Specialist involved in the case is responsible for authorizing services to the accredited BIPP Provider. The Permanency Specialist will use a 4Kids service authorization form to request services and seek approval from their supervisor. After the service is approved, the Permanency Specialist will send the 4Kids authorization to the accredited PCS Provider.

The Permanency Specialist will send client background information to the BIPP Provider prior to the start of service. Once the authorization is received, the accredited BIPP Provider must contact the client to initiate services.

Evaluation and Treatment Services

4Kids purchases direct client services to meet individual client need for evaluation and treatment.

Overview

4Kids is contracted with qualified providers for Evaluation and Treatment Services. The objective is to aid in achieving the following:

- Enhance protective factors in families in the conservatorship of the state by providing evaluation and treatment services to caregivers to prevent child maltreatment.
- Help children acquire skills that enable them to cope with and recover from the traumatic effects of abuse and neglect. It is important to provide them with support that will enable them to build resilience and regain control of their lives.
- Provide clinically guided behavioral health care services to overcome trauma, re-establish healthy relationships, and ensure child safety, basic needs, and developmental needs are met by assessing parental actions.
- Offer parent/caregiver behavioral health care services to ensure child safety and emotional/developmental needs are met.
- Provide clinically guided behavioral health care services to aid children and youth toward developing skills to overcome trauma and re-establish healthy relationships with parents/caregivers and others (siblings, other relatives, teachers, etc.).

Eligibility

Children and their family members involved in open cases are eligible for these services. Kinship and Adoptive parents are also eligible for these services when these services help to determine or maintain appropriate placements.

Types of Evaluation Services

The following are evaluation services that may be provided:

- Psychosocial Assessment,
- Psychological Evaluation & Testing, and
- Psychiatric Assessment

The Permanency Specialist involved in the case may authorize psychological testing, a Psychosocial Assessment or a Psychiatric Assessment based on the following criteria:

- The Permanency Specialist suspects the presence of a mental, behavioral, or intellectual/developmental issue,
- A licensed clinician has conducted an assessment and recommends further testing,
- An assessment completed within the last 14 months is not available,
- There is no other source of payment, such as Medicaid, private insurance, or community resources available, or
- The court orders an Evaluation.

Types of Treatment Services

Treatment Services may be provided as:

- Individual Counseling/therapy,
- Group Counseling/therapy, and/or
- Family Counseling/therapy.

Parent/Caretaker Training

Overview

A Permanency Specialist may authorize training for parents or other caregivers that need to improve their parenting skills. The training may be provided individually or in groups and in any appropriate setting, including the home.

Parents, relatives, and other significant caregivers are eligible for this service. Service may also be provided to parents or caregivers to improve the care they provide for children who have special medical or developmental needs, as necessary. Children may live in their own homes, with relatives, with other substitute caregivers, in pre-consummated adoptive homes, or in foster care.

When a Permanency Specialist or court order authorizes training, the parenting education program must use evidence-based or promising practice curriculum.

Service Population Requirements

For clients served through this contract, the following requirements must be met:

- All clients must enter services voluntarily,

- The Provider cannot charge client fees for participating in a program or for any program participation-related costs, and
- The Provider must serve families that are not already receiving similar services.

Intake Process

The intake process must include completion of an enrollment form, and any additional client surveys and assessments as required by 4Kids or the selected model(s). This intake process must be documented in each client record and ensure the program is suitable to meet family's needs.

Minimum Staffing Qualifications

Direct Service Staff and/or Volunteers

- Direct service staff or volunteers who are primarily responsible for delivering the core Evidence-Based Program components must have an associate degree or higher in a health and human services field;
 - a bachelor's degree is preferred and two (2) years of direct service experience in a health and human services field.
- If any proposed evidence-based programs have more stringent requirements, the Provider must meet those requirements rather than the minimum requirements cited above.

Program Director Role and Qualifications

The Program Director (PD) role, or equivalent position, will be the primary provider contact and will be responsible for program oversight, services, and supervision. Any person holding the PD position or performing PD responsibilities must have at least:

- a bachelor's degree in a relevant field, with relevant work experience, and a minimum of five (5) years of relevant program management and supervisory experience or a master's degree in a relevant field, along with a minimum of three (3) years program management and supervisory experience is preferred, and
- Experience with performance evaluation, data analysis, reporting, and social service programing.

The above responsibilities and activities are required of the PD role and/or must be integrated into other appropriate manager roles where qualifications are met. Clear organizational structure is required, with PD responsibilities clearly accounted for and assigned to the qualified full-time employee.

Tracking Authorizations and Referrals

Service Documentation

Providers will track all services provided in accordance with the Provider's documentation forms. Providers must ensure that all service documentation is complete, accurate, maintained in an organized fashion, and made available to 4Kids staff upon request.

Providers must maintain records in a manner that protects the confidentiality of the families being served. Service documentation should include, but is not limited to:

- Case notes to include service type and activity documentation, and
- Sign-in sheets, particularly for group activities.

All services provided by Providers and their Subcontractors, if applicable, must have valid documentation that supports verification of participant attendance, such as sign-in sheets and attendance rolls including a staff signature certifying the validity of the information.

Permanency Planning Meetings

Overview

A Permanency Planning Meeting (PPM) is a multi-disciplinary meeting that engages people and ideas from different fields and backgrounds. It can engage any combination of the following people in case planning:

- Parent(s),
- Child(ren),
- Other family members,
- Attorneys and other people whom the court may specify,
- Other people who have a stake in the child’s well-being,
- Other professionals,
- Caregiver(s), and/or
- Others in the community who provide support for the family.

Participants review progress toward the goal of providing safety, permanency, and well-being for the child(ren).

The purpose of a PPM is to complete the following:

- Identify the child(ren)’s permanency goal,
- Identify any barriers to achieving the child(ren)’s permanency goal,
- Develop strategies and determine actions to achieve the child(ren)’s permanency goal, and
- PPM may also include the service plan of the parents or family to support the child(ren)’s reunification with his/her/their family.

Timing of PPM

The timing of the PPM will be agreed upon by the PCS Provider and 4Kids depending on the meeting model chosen and the goals of the meeting. In some cases, a meeting will be scheduled as soon as possible after a final court order, naming 4Kids as Permanent Managing Conservator of a youth aged 16 or older, whose permanency goal is Another Planned Permanent Living Arrangement (APPLA), and any time after that, if there has been no progress toward achieving positive permanency for the youth.

Therapeutic or Specialized Camps

Overview

Therapeutic or specialized camps have the general characteristic of a day or residential camp. These camps will be used for recreational, athletic, religious, or educational purposes for our youth. 4Kids may authorize camp services to:

- Improve a child’s social skills, self-image, and self-esteem through a group learning experience,
- Develop a child’s skills in a specific activity (i.e. athletics or music), and/or
- Improve a family’s interaction to support the well-being of parents and their children.

Eligible Camp Providers

Camp Providers must have a current state agency license by the Texas Department of State Health Services (DSHS), an American Camp Association (ACA) license, or the appropriate licensing entity if the camp is located outside of Texas.

Youth Camping

A Permanency Specialist may authorize youth camping to:

- Improve a child’s social skills, self-image, and self-esteem through a group learning experience,
- Provide respite for the caregiver of a child, and/or
- Develop a child’s skills in a specific activity (i.e. athletics or music).

A child may be eligible for youth camping if they meet the following criteria:

- Are involved in an open 4Kids case, and
- Are referred by their 4Kids Permanency Specialist or Care Coordinator.

Youth camping services available through the contract may include both 24-hour residential and day camping.

Therapeutic Camping

A Permanency Specialist may authorize therapeutic camping to children who:

- Have behavioral or emotional problems that make it difficult for them to function in a normal camp setting, and
- Attending a camp that involves programming that includes parents or other family members.

Camps are used to treat behavior or emotional issues in an environment that is not punitive and features trauma informed services. The primary emphasis of these camps should be on skill building to assist the child rather than recreation.

Due to these types of camps having a treatment style process, child admission will be based on the camps’ ability to meet the child’s identified needs and the composition of the milieu in the camp at the time the child attends.

Concrete Services

Overview

A Permanency Specialist may authorize concrete services to obtain goods and/or services that the client cannot purchase to increase the safety of the home and/or allow the parent or relative caregiver to better meet the needs of the child(ren) or family.

Eligibility

Clients are eligible for concrete services when the purchase of the service will allow the child(ren) to remain in the home or expedite the return of the child(ren) to the home or resources are not available from another source.

The specific goods and services that may be purchased under the concrete services contract include the following:

- Assistance locating and obtaining housing;
- Transportation reimbursement for family visits, medical treatment or employment;
- Personal care items, such as clothing, and personal hygiene products;
- Security deposits and rental assistance for housing;
- Utility deposits or emergency grants to avoid utilities from being cut off;
- Car repairs for family visits, treatment or employment;
- Essential household items, furniture and appliances such as cribs, beds, stoves, tables, refrigerators, heaters and sheets;
- Essential household supplies such as brooms, mops, and cleaning supplies;
- Essential home repairs such as plumbing, heating and structural repairs;
- Parenting education;
- Therapeutic family recreation;
- Special medical services or equipment not covered by Medicaid, health insurance or charitable organizations;
- Special learning aids, such as books, computers, flash cards, and auxiliary aids like TTY or TTD;
- Respite care;
- Employment related items, such as tools or equipment, uniforms and footwear;
- Special educational services, such as tutoring, GED classes, ESL classes and undergraduate standardized test preparation classes; or
- Other goods and services, when documented on the service plan supports how the family will benefit from the goods or services and that they will directly contribute to the safety of the home, allowing the child(ren) to remain in the home or expedite the child(ren)'s return to the home.

Permanency Specialist may be required to pick up and deliver these goods to the family. There is a prohibition on giving money directly to the client or writing a check that is payable to the client or the Permanency Specialist.

For information on authorization and referral packets as well as documentation requirements, please refer to the General Provider Requirements section of this manual.

Translator and Interpreter Services

Overview

4Kids is dedicated to ensuring that all clients communicate in a way that allows them to understand what is being said. Therefore, Translator and Interpreter Services are required to be used with all clients who have Limited English proficiency (LEP) or are Communication Impaired. It is the responsibility of the Provider to secure these services to assist them when working with 4Kids clients.

Requirements for Reimbursement

Translator and Interpreter Services are only reimbursable when provided by a subcontracted translator or interpreter approved to provide these services by 4Kids. Translator and interpreter services provided under subcontract include, but are not limited to:

- Provision of information and services understandable to the client using interpreters, translators, or other identified communication methods.
- Use of auxiliary aids to ensure communication for clients with hearing, vision, speech or other communication impairments.

The Provider must request a list of subcontracted translators and/or interpreters from 4Kids prior to utilization in order to qualify for reimbursement.

Court Related Services

PCS Providers contracted with 4Kids, may periodically be requested or subpoenaed to appear in court hearings, depositions, or mediation.

4Kids may request court related services when it is legally necessary and appropriate based on the needs of the court and the case. Court related services could include one or more of the following:

- Serving of subpoenas and payment of related witness fees;
- Serving of citations (local or out of state by publication or other means);
- Reproduction of records (such as birth certificates and medical information);
- Cost of a court reporter for deposition or transcript;
- Provider fees for testifying at a trial, deposition or mediation;
- Cost of out of state travel for a provider witness;
- Cost of an expert witness testifying at a trial, deposition or mediation; or
- Travel costs for an expert witness.

The PCS Provider and its representatives must ensure to have personal knowledge of the matters to be discussed and are adequately prepared to provide case-specific testimony. It is a 4Kids requirement that any provider requested or subpoenaed by the court appear at the date and time requested unless excused by the judge on the case.

Supervised Visitation

Overview

The purpose of parent child visitation is to ensure parent-child attachment, alleviate the sense of abandonment for the child, and to encourage a sense of belonging. A child needs to see and have regular contact with their parent(s) and siblings as they are the foundation of a child's developmental processes. Regular visitation facilitates permanency planning, results in more timely reunification, and helps with decision making during the permanency process.

When necessary, supervised visitation provides an opportunity for parents, family members, and children to visit, and to have those visits documented by a third party.

Eligibility

Contracted Supervised Visitation services are available for children in the custody of the state of Texas. The Permanency Specialist for the case refers a family for this service under the following criteria:

- They request the opinion and possible testimony of a trained third party regarding the parent-child relationship, and
- The Court orders that visits are done under third party supervision.

The Permanency Specialist will complete a 4Kids Authorization to request the services and seek approval from their Supervisor. After the service is approved, the Permanency Specialist will send the authorization to the Provider.

The Permanency Specialist is responsible for ensuring that the Provider receives the necessary information about the family. If requested, the Permanency Specialist will provide the Supervised Visitation Provider with the removal affidavit and any specific concerns about the family. The Permanency Specialist will make the Provider aware of any safety information regarding the family such as: substance abuse, access to weapons, history of domestic violence, etc.

Documentation Requirements

The Supervised Visitation Provider is responsible for the documentation of each visit on the applicable 4Kids form. Submission of the documentation will follow that listed in the General Provider Requirements section of this manual. The documentation must include the following information:

- Visitation Participants;
- Times of arrival;
- Any negative behaviors during the visit;
- How did parents respond to each other during visit;
- How did parents respond to the child's needs during the visit;
- Were the parents able to redirect the children as needed;
- Were physical needs addressed or were the parents able to make a bottle or respond to feed the child(ren) as needed;
- Did the visit end in an encouraging way;
- Notes from the visit;
- Space for the parents to make a comment on how they felt the visit went; and
- Signature space for the observer and the parents.

Home Studies/Screenings and Health, Social, Education, and Genetic History (HSEGH)

Service Requirements

4Kids will authorize the development of the following types of home studies/screenings:

- Adoptive Home Study (including ICPC),
- Foster Home Study (including ICPC),
- Foster and Adoptive Home Study (including ICPC), and
- Foster and Adoptive Home Study for Kinship families.

4Kids will authorize the development of HSEGH reports to be used for adoption purposes.

Authorization and Referral Expectations

For general authorization and referral requirements, please see the General Provider Requirement section of this manual. The home study/screening and HSEGH services provider must develop and maintain processes to manage referrals and assignments. These processes should include the following:

- Developing and maintaining a system that effectively handles authorizations and referrals within the deadlines, with staff working closely with 4Kids to ensure that caregivers are contacted promptly upon receipt of the authorization and referral, and that referrals are not delayed, returned, or withdrawn due to minor errors or incomplete information that is readily available from 4Kids;
- Being available by phone and email from 8 a.m. to 5 p.m. Monday through Friday except on holidays;
- Adjusting schedules to accommodate the needs of caregivers and other persons as necessary to complete the home study/screening, HSEGH within the established timeframes; and
- Preventing conflicts of interest or bias by not assigning an authorization and referral to staff who have or may have a conflict of interest based on previous familiarity with or knowledge of the caregiver being assessed.

Initial Contact and Acknowledgement for Home Studies/Screenings

The Provider must contact or attempt to contact the caregiver no later than 24 hours from receipt of the service authorization and referral packet. It is expected that the Provider will ensure all authorizations and referrals are processed within the required timeframes (see Table 1 below) and that any additional information, when needed or missing, is requested from 4Kids by email to the referring staff member and their supervisor.

Return of Authorization and Referral packets for Home Studies/Screenings

However, there are instances when an authorization and referral must be returned to 4Kids for one of the following reasons:

1. The Provider determines that caregiver’s contact information is invalid, or the caregiver is unreachable.
 - 1.1. It is the responsibility of the Provider to notify the referring 4Kids staff and supervisor within 24-hours of the receipt of the Authorization and Referral packet if the contact information is invalid or the contact information is valid, but the caregiver is not responding. The Provider must request corrected contact information and/or assistance with contacting the caregiver should this be the case. If the Provider continues to have issues contacting the caregiver, documentation of all attempts to contact will be completed in a contact log and must include the date, time and method of contact attempted to be approved for returning the authorization and referral packet.
2. The Provider determines that the referral packet information is incomplete.
 - 2.1. The Provider will request missing information from the referring 4Kids staff and supervisor by emailing them within 24-hours of the discovery. If information is not received 48 hours prior to the date the home visit is scheduled, the Provider will notify the 4Kids staff and supervisor listed in the referral that the referral will be returned if documentation is not received within 24 hours prior to the scheduled home visit.
3. The Provider determines that the caregiver or a household member of the caregiver is unavailable during the timeframes required for the document's completion. If the caregiver or a member of their household are unable to reschedule during the timeframes referred to in the chart below, the

Provider must email the referring 4Kids staff and supervisor within 24-hours for direction on what the next steps will be or if the authorization and referral packet may be returned.

Table 1: Timeframes of Unavailability

Referral Type	Consecutive Calendar Days Unavailable
Expedited - 5 days	2 days
Expedited - 10 days	4 days
Expedited or Standard - 15 days	5 days
Standard - 20 days	7 days

Notification of Authorization and Referral Return

Upon determination that the referral meets the criteria to be returned, the Provider must notify the referring 4Kids staff and supervisor no later than two (2) business days. The notification must include the following information:

- Date and time of each contact attempt, contact log;
- Method of contact;
- Results of contact (left message, phone number not working, etc.); and
- Date and time the referring 4Kids staff were notified that caregiver was unresponsive.

The Provider will not receive compensation for a returned referral packet. A referral may not be returned due to the unavailability of the Provider. If a referral is returned and 4Kids chooses to submit a new one, the referral process will start over.

Withdrawal of Authorization and Referral packet

4Kids will allow a referral to be withdrawn if one of the following occurs:

- The caregiver provides notice in writing to the Provider or 4Kids that they no longer want to be considered for placement of a child;
- 4Kids notifies the Provider by e-mail that the referral is no longer needed,
- 4Kids notifies the Provider by e-mail of information that may result in the immediate rejection of the caregiver for placement of a child; and
- The caregiver is uncooperative.
 - 4Kids will determine if the caregiver is uncooperative.

Unanticipated delays or unexpected periods of unavailability by the caregiver or household members, identified after the initial contact are not necessarily considered uncooperative by 4Kids.

The referral remains active until notified by 4Kids, and the applicable timeframe applies to complete the home study/screening and the required report. The Provider must notify the referring 4Kids staff by email within one (1) business day of their acknowledgement of the caregiver or household’s withdrawal. The Provider must complete and submit the Routing and Approval and Withdrawal Report to 4Kids staff making the referral for approval within three (3) business days of the withdrawal.

Rescheduled Authorization and Referral

There are circumstances under which a referral may be rescheduled, at no cost to 4Kids, and as approved and determined by 4Kids. All rescheduled referrals must be in writing and sent to the 4Kids staff and supervisor listed in the referral packet.

A referral may be rescheduled when the caregiver notifies the Provider and/or 4Kids that they are unavailable within the deadlines in Table 1 and agree to a home visit appointment date that is within 30 calendar days of the date the authorization and referral packet was received by the Provider. A referral may be rescheduled in other situations, with prior approval by 4Kids in writing.

If an authorization and referral is rescheduled, the rescheduled date must be within 30 calendar days of the date received by the Provider. The approved rescheduled date must be noted on the appropriate Routing and Approval Form with a copy of the email from 4Kids approving the request to reschedule. The rescheduled appointment date becomes the new Referral date for due date calculations.

The Provider will maintain all documentation for the rescheduled authorization and referral and verify with the caregiver that there have been no changes prior to the rescheduled home visit date. 4Kids will not re-submit the authorization and referral packet. The referral remains active until notified otherwise by 4Kids, and the applicable deadline must continue to apply to completing the home study. The deadline can be found in Table 2.

Completion Requirements

The PCS Provider is not allowed to record an interview as part of the services under the contract. If a family wants to record an interview for their own personal reasons, 4Kids will not preclude it. The Provider must take no more than ten (10) photos of the home showing the condition and appearance and save them digitally to be sent with the completed home study/screening. The Provider must give 4Kids information on the status and progress of referrals when asked.

PCS Providers may use their own documents to complete the home study/screening as long as it complies with all required Minimum Standards. After receiving the referral, the PCS Provider must conduct required interviews that comply with Minimum Standards. They must obtain 4Kids prior approval for any exceptions to Minimum Standards as 4Kids has sole authority to approve exceptions to Minimum Standards applicable to study/screening they are completing. The Provider must notify 4Kids referring staff immediately, by e-mail, if any household member is unavailable for a face-to-face interview and obtain instructions on whether to proceed with the referral.

Once the home study/screening is complete and ready to submit, the Provider will send the completed document to the referring 4Kids staff electronically. They will ensure that the signature page is separated from the main part of the document to allow it to be printed and remain intact. Any other signed agreements or consents will be sent with the completed document. The Provider will maintain a hard copy of the hand signed signature page in their records and provide it to 4Kids, if needed. They will also maintain a copy of the email proving that the document and all required attachments were submitted.

Foster/Adoptive Home Study with Kinship Home Study/Screening Requirements

A Kinship Caregiver Home Assessment (KCHA) is done when 4Kids intends to place a child in the home with a relative or a person with a long-standing relationship with the child in accordance with Texas Family Code. This differs from a home study/screening in that it allows 4Kids to determine if a

relative or a person with a long-standing relationship with the child has the ability and is capable of caring for the child prior to the state intervening.

This is a screening that uses information contained in a KCHA that was previously completed within the past year. The Provider must comply with all applicable requirements for completing a Kinship home study/screening as noted above. The Provider must conduct all contacts (including Face-to-Face) as required in Minimum Standards and may not use previous contacts completed for the KCHA to meet the requirements above. The Provider must complete the home study/screening the same as stated above in the Completion Requirements section. If the Provider was not the original creator of the KCHA, a Foster/Adoptive Home Study with Kinship is not to be completed. The Provider will notify 4Kids staff making the referral within the stated timeframe.

Providers are responsible for meeting all requirements related to the home study/screening process. For anyone 18 years of age or older, the Provider must ensure that a signed Kinship Release of Information and Acknowledgements Form is obtained from any other household members if not identified in the referral packet. A risk assessment form provided by 4Kids must be completed. When completing the screening, a Provider must interview with at least five (5) references provided by the caregiver, three (3) of which must be from non-Relatives and two (2) from relatives not living in the home. A kinship profile questionnaire must be completed by the caregiver and a kinship manual in the caregiver's preferred language must be provided. The exception to this is if the child is placed from out of state or in the conservatorship of another state. The home study/screening will be submitted to the referring 4Kids staff as stated above in the Completion Requirements section.

Effective Communication with Caregivers

The PCS Provider is expected to communicate effectively with the caregiver, which may require them to use a translator or interpreter. The Provider may not utilize a translator or interpreter paid through any 4Kids contract. The Provider may not refuse a referral based on the need for a translator or interpreter. Translators and interpreters must not be alone with caregivers or household members. The Provider must ensure the availability of auxiliary aids when required to communicate with referred individuals with hearing, vision, speech, or other communication impairments.

HSEGH Report Requirements

A HSEGH is required to meet Minimum Standards for Child Placing Agencies and Texas Administrative Code (TAC) Section 749.3391 and Texas Family Code Sections 162.005 - 008. This document is used to inform potential adoptive families of information regarding a child's history and background.

The process to complete this document includes:

- Reviewing official case records, related documents and information provided by 4Kids.
- Contacting individuals identified in HSEGH Referral Form, who may be able to provide additional information not in the 4Kids file;
- Conducting a face-to-face interview with the child or their biological family, if requested by 4Kids;
- Compiling the report in the format provided in the Health, Social, Educational, and Genetic History Form;

- Submitting the completed HSEGH reports by email in the required timeframes listed in Table 2 unless otherwise specified; and
- Ensuring the report meets the requirements above.

Completed Referral Submission Deadlines

Unless the PCS Provider is authorized by 4Kids to perform a home study/screening or HSEGH within an expedited timeframe, they must deliver them to 4Kids in accordance with the standard deadlines listed in Table 2.

The first day of the deadline’s timeframe is the earlier of one of the following:

- The business day after the Provider sends 4Kids the required e-mail acknowledging receipt of the referral; or
- Two business days after the Provider received the Service Authorization form and Referral packet.

Completed Documents must be received during 4Kids’ regular business hours on the date due. If the due date falls on a weekend or holiday, the email must be received by 5:00 pm on the following business day. If the PCS Provider does not submit a completed document by the deadline, they will receive a reduced fee, as long as it can still be used by 4Kids for its intended purpose.

If 4Kids requires revisions to a home study/screening or HSEGH submitted and the revisions cannot be made within the applicable timeframe, as described in Table 2, then the PCS Provider will receive the reduced rate for the revised and accepted document, as long as 4Kids can use it for its intended purpose.

Table 2: Standard Deadline for Delivery of Completed Home Studies/Screening Reports

Service Type	Deadline
Foster/Adoptive Home Study/Screening	20 Calendar days from Authorization and Referral Acknowledgement date
HSEGH Report	20 Calendar days from Authorization and Referral Acknowledgement date
KCHA	15 days from Authorization and Referral Acknowledgement date

Review of Completed Home Studies/Screenings

The PCS Provider must review completed home studies/screenings before they are sent to 4Kids for approval to ensure they comply with the requirements in Minimum Standards. This review must include information addressing concerns they have and be clear, concise, and accurate. 4Kids must be able to use the submitted home study or report for its intended purpose.

There is no specified timeframe for 4Kids to complete the review of the study or report and determine if it has been accepted.

No Reimbursement by 4Kids

The PCS Provider will not be reimbursed by 4Kids under the following circumstances:

- The home study/screening or HSEGH can no longer be used for its intended purpose,
- 4Kids has not issued a Service Authorization,

- Services were delivered by a person who did not meet the minimum qualifications prior to 4Kids' written approval to conduct these services,
- Service that exceeds the number of units authorized or falls outside the timeframes specified in this document, or
- The Service Authorization is withdrawn by 4Kids before the Provider has acknowledged receipt.

Record Keeping

The PCS Provider must maintain adequate and complete records and files. 4Kids reserves the right to require additional records and files be prepared and maintained. The Provider must maintain documentation submitted to 4Kids in a central location and must include the following information:

- Service Authorization and Referral packet with a clearly documented date received;
- For each service authorized, the applicable completed and 4Kids approved Routing and Approval Form with documented disposition of the referral;
- Applicable ICPC Regulation 2 Case Manager statement with a clearly documented receipt date and its associated documents;
- A Contact Log that documents caregiver contacts and attempts to contact;
- The agreed upon date and time for conducting the Face-to-Face visit and any subsequent rescheduling;
- Record of 4Kids staff notifications or other contacts;
- Completed home study/screening or HSEGH report with required information and documentation to include the PCS Provider's review and certification that the document met requirements;
- Documentation of date, day, and time of electronic submission to include PDF signature page and method of submission; or if hard copy, method of submission the Provider used to deliver a hard copy of the signature page with original signatures, if requested by 4Kids;
- Documentation of withdrawn home study/screening or HSEGH report submitted to include a copy of the completed and submitted Withdrawal Report;
- Documentation of court-related services provided;
- Documentation of translator or interpreter when used to complete a home study/screening or HSEGH report that assisted staff with communicating with the caregiver(s) or household members; and
- Copy of any other required reports or documents that relate to services provided.

Hospital Sitting

Overview

Hospital sitters are used to stay with a child and provide appropriate supervision and basic childcare services when a child is hospitalized and there is no staff or foster parent available to stay with them. These services are utilized for children hospitalized due to illness, injury or the need for rehabilitative or nursing home services.

The contracted Provider will have staff that are available to meet the need for this service 24 hours a day, 365 days a year including weekends and Holidays with no lapse in service. They should be prepared to travel to any hospital, rehabilitative or nursing home facility within the 4Kids catchment area. The Provider also agrees to serve all clients referred for this service by 4Kids.

Eligibility

Hospital sitting services staff will meet the needs of each child they are serving and be cognizant of any cultural needs that may arise. Providers will be prepared to assist children who demonstrate lower functioning and ensure that each child understands what is happening with them while the Provider is staying with them. The Provider will also consider the ability to provide these services to children whose primary language may not be the same as their own, whether through interpreter or translator services.

Provider Requirements

The Provider must employ or have volunteer staff who are qualified and trained to be on call and awake for no more than 12 hours in a 24-hour period. They must not leave a child unattended while providing these services. Additional requirements are as follows:

- Be in good standing with all required training;
- Maintain confidentiality of client related information and records;
- Meet with hospital staff in charge of the child's care to get an update on the child's condition and needs;
- Interact with the child as appropriate for the child's age and medical condition; and
- Assist with feeding if appropriate;

Providers are required to notify medical personnel and 4Kids immediately when a child's condition changes.

Finance and Billing Procedures

4Kids follows the process outlined in the utilization and compensation section of the Purchased Services Provider Service Agreement and Addendums. Questions that arise should be forwarded to the 4Kids provider portal for appropriate routing.

Initial Payment for Purchased Services

4Kids will issue payment for purchased services performed for referred Region 4 families on and after May 1, 2024

Payment Terms

- Providers will be paid for each month's services by no later than the 25th day of the next month.
- Providers will receive one payment each month for all services provided.
- Payment will be issued for pre-authorized services only.
- Providers are required to bill Medicaid (traditional or managed care) for Medicaid eligible services for Medicaid eligible clients.
- If referred clients are covered by private insurance, Providers are required to make every effort to bill the private insurance plan for services performed.
- Providers will be paid electronically by direct deposit. A Direct Deposit Agreement and Contact Form will be sent to Providers to complete and return once the Provider has completed the application and contract process has been completed.

PCS Provider Payments

4Kids will pay the Providers for pre-authorized purchased services. The fees are determined and listed on a Providers Exhibit C-1. Providers will receive a service authorization via e-mail and can access all service request history on the provider portal (CoBris).

Providers will be required to submit an invoice and any required documentation through CoBris. The invoice and document packet for non-Medicaid eligible services must be received by 4Kids within 30 days from the date of service. For Medicaid eligible services, the invoice and document packet must be received by 4Kids within 30 days from receiving the Medicaid denial letter.

Providers will be paid for only (2) missed appointments or “no shows” per client. The Provider will be paid by the full rate that was originally authorized according to the fee schedule for the specific service that would have been rendered. Invoices must be clearly marked “No Show” or “Missed Appointment” when submitting the invoice. If services are reauthorized for said client any future missed appointments will not be paid to the provider.

Invoice and document packets are required to include but not limited to:

- Invoice for services provided,
- Copy of the 4Kids authorization form,
- For Medicaid eligible services, a Medicaid denial letter, and
- For group counseling, group training classes and permanency planning meetings, a sign-in log.

The invoicing requirements for drug testing and concrete services are stated in the Purchased Services Provider Service Agreement for those subcontractors.

- The invoice and document packet should be uploaded to the secure provider portal (CoBris) and not emailed, faxed, or mailed.

Once received, the 4Kids Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, the 4Kids Finance staff will claim the services and accept the invoice submitted in the provider portal (CoBris) for payment in the next monthly payment. Provider statements detailing amounts paid will be available in the provider portal (CoBris).

PCS Providers are responsible for timely review and for designating a primary contact to receive, review, and approve payment adjustments/discrepancies in the Network Provider portal (CoBRIS). The previously mentioned Direct Deposit Agreement and Contact form gives us this information.

Payment Dispute Resolution

PCS Providers should reconcile payments from 4Kids to the Provider’s records. If any discrepancies are noted, the Provider will need to initiate a dispute resolution in CoBris within 30 days of receiving payment. Initial payment disputes will be researched by 4Kids within 30 days of written notice of the discrepancy. PCS Providers may be asked to provide additional written documentation. Payment will not be issued for verbally authorized services. Payment decisions from the initial payment dispute will be documented in the PCS Provider portal (CoBRIS) and the dispute closed or appealed for reconsideration at the Provider’s request within 10 days. All

reconsiderations will be approved by exception or denied by 4Kids' authorized staff within 10 days of the request. Final resolution resulting from the discrepancy reconciliation process will be documented in the PCS Provider portal (CoBRIS). Adjustments will be made in the next regular payment cycle with any recoupments deducted from any balance due.

Return of Funds

Overpayments from 4Kids to PCS Providers that are detected by 4Kids will be automatically offset and deducted in subsequent payments to the Provider. Payment reports will include any adjustments and offset details. In the event an overpayment is not fully collected within 30 days, and at the discretion of 4Kids, interest may be charged at then-current rates on all outstanding balances. If PCS Provider or an independent auditor or agent of the PCS Provider discovers an overpayment has been made by 4Kids to the Provider, the Provider shall notify 4Kids and repay the overpayment immediately, in accordance with the Uniform Terms & Conditions, within ten (10) days of discovery, without prior demand from 4Kids. Failure to remit overpayments shall be a material breach of the Purchased Services Provider services agreement. Absent prompt repayment of an overpayment known to or discovered by the Provider, 4Kids may unilaterally deduct overpayments, plus interest, made to the Provider from monies owed.

In compliance with the Prompt Payment Act of the Texas Government Code, 4Kids will pay interest on late payments not issued within 30 days of the end of the service month. This does not include incorrect or missing payments due to critical information, such as authorization, placement, or discharge documentation not furnished by Purchased Services Provider.

Invoice/Billing Monitoring

4Kids will monitor the PCS Providers to ensure that the Provider's records and documentation justify and support the invoices that have been submitted to 4Kids for payment.

Information Technology and Support

Prior to transmitting confidential information by email, PCFS Providers are responsible for ensuring that their email system utilizes Transport Layer Security (TLS) version 1.2 or above to provide an encrypted channel of communication between email servers. TLS is an attractive alternative to third-party email encryption systems, because encryption occurs at the transport layer without requiring use of third-party system to access the email. If a Provider is not certain whether their email system uses TLS, they should check with their IT professionals to verify whether the e-mails from the Provider's domain use a secure channel of communication. 4Kids will accept emails services from Providers that choose to use 3rd party e-mail encryption services.

Providers are also responsible for ensuring privacy of communications received by Fax. DFPS and 4Kids require physical security around fax machines to prevent unauthorized access to confidential information.

If a provider suspects that electronic Protected Health Information (ePHI) belonging to a 4Kids client has been accessed by an unauthorized party through a breach, they should immediately contact 4Kids Quality and Compliance team at qc@4kids4families.org.

Quality Improvement and Contracts Management

Oversight of Providers

4Kids embraces a culture of improvement and is committed to continually assessing child, family, and community needs to provide effective services that promote individual and system-wide impact. 4Kids holds the SSCC and PCS Providers accountable to foster innovation, work cross-functionally to solve problems, and learn from our experiences. The process relies on a culture that is proactive, innovative, and supports continuous learning. 4Kids' approach is outcome driven, data informed, and performance based. As the SSCC, 4Kids will implement a network-wide outcomes measurement system that will allow evaluation of performance via measurable data and a contract monitoring process that evaluates contract terms, performance expectations, outcomes, and outputs both on an individual Provider level and for the region as a whole. Our process will allow 4Kids to hold ourselves and those we partner with accountable for financial, quality, and outcome measures that promote child safety, well-being, and permanency.

PCS Providers will be held accountable through performance-based subcontracts. As such, Provider performance will be evaluated and monitored regularly in relation to contract outcomes, regular and timely submission of data and information for youth and families served within the network, compliance with applicable HHSC Minimum Standards, and compliance with 4Kids protocols as outlined in this Manual.

To ensure all PCS Providers maintain regulatory and statutory compliance, quality improvement functions are centralized through the Quality & Compliance (Q&C) department in 4Kids, which is dedicated to overseeing contract performance and compliance. The Q&C department is committed to supporting Providers in meeting performance standards and improving outcomes. Each Provider will receive at minimum an annual audit evaluating all contract terms.

4Kids' quality improvement process helps identify issues or problems that affect outputs and outcomes. Quality Improvement Plans (QIPs) are implemented to support Providers in addressing challenges and build upon strengths. 4Kids's approach is based upon the identification of expected performance goals and outcomes, development and implementation of measurable objectives that tie to those goals and outcomes, utilization of tools to measure those objectives, continuous evaluation of data and, subsequently, the identification of additional changes that will drive continued improvement.

Enrollment for a PCS Provider occurs when the Provider has been approved by 4Kids and a subcontract has been executed. Each Provider is assigned a Q&C Specialist who will serve as their contact for contract and performance-related issues.

Provider Meetings

PCS Providers will be invited and expected to participate in Provider meetings that will be scheduled on a quarterly basis to provide an opportunity for 4Kids and the Providers to identify gaps in services, discuss the start of new services, expand services to areas of the region where services are lacking and improve communication and quality of services.

Monitoring Reviews

Each PCS Provider will receive at least an annual review of all policies, procedures and the quality of services being provided. All Providers will receive a review within the first year of being contracted with 4Kids. The Quality and Compliance Specialist (Q&C Specialist) assigned to that Provider is responsible for completing the reviews. The Q&C Specialist will request assistance from various other departments within 4Kids in preparation for the monitoring review. Any financial monitoring of Providers will be completed by the Finance department with the assistance of the Q&C department.

The monitoring review will consist of:

- A pre-meeting survey with 4Kids personnel;
- A review of policies and procedures provided to 4Kids by the Provider;
- An entrance meeting with the Provider to discuss the purpose, scope and activities planned;
- Onsite and/or desk review of personnel, client, and financial records (where applicable);
- Onsite interviews with personnel;
- An exit meeting with the Provider to review preliminary results; and
- A final report given to the Provider and kept in their records with 4Kids.

The Q&C Specialist will pull information from 4Kids' database system (Cobris) to determine if services have been rendered by the Provider in the last 3 months. A survey will be sent to 4Kids personnel who have utilized the services of the PCS Provider prior to contacting the Provider to determine if required documents have been provided in a timely manner. A review of required documentation submission will be completed on the following information:

- submission of information from licensure boards or investigations of the Provider by an outside entity;
- ensuring that all staff of the Provider who may have direct contact with clients or with client information have completed the required background checks; and
- submission of incident reports that are called into the DFPS statewide intake Hotline by the Provider.

PCS Providers are required to submit this information monthly to the Q&C email address at qc@4Kids4Families.org.

An email will be sent to the PCS Provider 30 days prior to the scheduled review date to inform them of the upcoming review and to request copies of policies and procedures as well as access to electronic systems (if available). The Provider will also be informed of any interviews with personnel needed and the dates of those interviews to be done on site if available.

The Q&C Specialist will review documentation from the Provider either electronically or in person using the monitoring tool developed by 4Kids. Upon completion of the review, survey and interviews, Q&C staff will compile the information and complete an exit meeting with the PCS Provider to discuss the findings. Within 30 days of the exit meeting, a final monitoring report will be provided documenting the findings discussed and outlining a request for a Quality Improvement Plan (QIP), as needed. If the Network Provider disagrees with the monitoring report, they must respond in writing to the Director of Q&C within five (5) business days of receiving the final monitoring report. The 4Kids Director of Q&C or a designee will respond in writing within five (5) business days with a final decision.

Quality Improvement Plans (QIP) will be due to the Q&C Specialist within 30 days of receipt of the final monitoring report. The Q&C Specialist will review the Quality Improvement Plan and notify the PCS Provider if it has been accepted or if revisions are needed. Following acceptance, 4Kids will follow-up during the next monitoring review, or at intervals outlined in the QIP, to ensure progress has been made. The Q&C Specialist will work in collaboration with the Provider to ensure that they can be successful in meeting the requirements outlined in a QIP.

When a PCS Provider does not demonstrate efforts toward fulfilling the QIP, including repeated or ongoing non-compliances, a more formal Corrective Action Plan (CAP) may be warranted. In such cases, a specific time and duration for the plan will be outlined with the Network Provider and regular, consistent follow-up monitoring reviews will occur until the Provider is brought into an acceptable level of compliance. If the Provider continues to not demonstrate the level of improvement required by the CAP, then a meeting will occur between the Director of Q&C and the PCS Provider to discuss the termination of the contract.

Quality Services Expectations

4Kids believes in delivering only quality services to children and families in Region 4. With that in mind, there are expectations from PCS Providers related to the quality and outcomes of the services that are being provided. While we understand this may be a subjective idea, we intend to ensure that all children and families receive the best services possible. During monitoring reviews, PCS Providers will receive feedback regarding the outcomes for children and families through:

- Review of their notes,
- Review of their methods of service delivery, and
- Conversations about outcomes.

It is the intention of 4Kids to partner with providers to help them keep up with clinical trends and evidence-based practices that could be incorporated into their work.

Complaints and Concerns

4Kids employ a consumer affairs approach to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, PCS Provider or community stakeholder can submit a complaint or concern directly to 4Kids via the Help Center on the website at 4Kids4Families.org/providers. The 4Kids Director of Community Relations will receive submitted complaints and concerns and will ensure that the matter is addressed in a timely manner. The Community Relations department will work to help solve problems, let parties understand their rights, answer questions, and help with resources.

Complaints related to service provision or instances in which a child believes their rights have been violated will be directed to the Director of Quality & Compliance by emailing complaints@4Kids4Families.org. 4Kids will collaborate with the child and Provider, listening, seeking to understand, and resolving the concern as appropriate. The PCFS Provider must ensure continuity of services to the child or family affected while seeking to resolve client complaints.

Conflicts of Interest

A conflict of interest refers to a conflict, or the appearance of a conflict, between the private interest and official responsibilities of a person in a position of trust.

Employees, non-employees, Board members, and advisory group members have the responsibility to avoid conflicts of interest, or even the perception, between personal interests and those of 4Kids by avoiding relationships or activities that may impair their ability to make objective and fair decisions when performing their job or role. Company property, information, or business opportunities may not be used for personal gain. Employees, non-employees, Board members, and advisory group members must disclose real and apparent conflicts of interest and refrain from participation in any decisions on matters that involve a real or apparent conflict of interest.

Employees with a potential conflict-of-interest must contact HR and non-employees must contact 4Kids and await resolution before engaging in any activity, transaction, or relationship that might give rise to a conflict of interest. Please refer to 4Kids Policy on Disputes, Complaints and Conflicts of interest SD-CR-007 for more information.

Procedures involving Board members and advisory committee members can be referenced in 4Kids Financial and Ethical Conflict of Interest policy and procedures.

For Network Providers, PCS Contractors and community partners, should a potential, actual, or perceived conflict of interest arise, the party must notify 4Kids immediately at compliance@4Kids4Families.org. The Sr. VP of Community-Based Care will investigate and notify the party of the resolution. For Permanency staff, should a potential, actual or perceived conflict of interest arise, the party must notify 4Kids immediately via the 4Kids4Families.org website. The Sr. VP of Community-Based Care will investigate and notify the party of the resolution.



Purchased Client Services (PCS)

855.4Kiddos
4Kids4Families.org

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