2INgage
Purchased Services Provider Manual
Effective June 1, 2020
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1. Introduction

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

In June of 2018, DFPS began a contract with 2INgage, a program of Texas Family Initiative LLC in partnership with New Horizons to provide community-based care in Region 2. 2INgage has been providing a continuum of services and care for children in the Texas foster care system in Region 2 since December of 2018.

CBC Stage II begins June 1, 2020. As in Stage I, 2INgage will continue to be responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services. In addition to Stage I responsibilities, 2INgage will provide Case Management and Family Services that enable children to safely achieve permanency in their own home, with relatives, or through adoption.

Throughout Stage I of the CBC contract, 2INgage has worked together with Residential Providers throughout Region 2 to evaluate current service offerings and to expand capacity as necessary to create a full array of placement services, creating an integrated and full continuum of care.

In Stage II of CBC, 2INgage has developed a Network of Service Providers to deliver a broad array of services to meet the various needs of families involved in the Texas child welfare system. To become a Family Services Network Provider, an agency or individual must complete an application and have a fully executed Family Services Provider Services Agreement and Addendums. This Family Services Provider Manual will give the Provider guidance on specific issues, expectations and protocols not covered in the contract or addendum. If you have any questions regarding any part of this manual, please contact the 2INgage Quality Improvement at quality@2ingage.org.

The Network Providers will be invited to participate in the 2INgage Service Provider Network Meetings. The Service Network Provider Meetings will be scheduled on a regular basis to provide the Network and 2INgage an opportunity to work together to identify gaps in services, starting new services, expanding services into rural areas, and improving communication and quality of services.
2. Substance Abuse - Assessment and Counseling

2INgage seeks to contract with qualified providers to assist 2INgage Permanency staff in achieving program purpose and objectives by providing Substance Abuse Services (SAS). 2INgage does not guarantee any minimum level of utilization or specific number of referrals. Utilization rate will vary according to the needs of staff, individual client needs, and regional allocations. The final decision for use, partial use, and nonuse of these professional services lies within the authority of 2INgage.

**Eligible Population**

Individual adults referred directly by 2INgage are eligible for services. 2INgage determines eligibility; Provider must serve all clients properly referred by 2INgage consistent with their capacity and program aims.

**Client Characteristics**

Due to the nature of 2INgage’s responsibilities, the 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 2INgage to provide services;
- Person(s) who have been or are currently involved in the criminal justice system: or
- Person(s) with limited English language proficiency.

**Minimum Service Provider Qualifications**

Service Providers and staff responsible for their supervision and clinical decisions must be an individual who is appropriately licensed by the State of Texas to perform the service. Interns are not approved to provide services to clients under this Contract.

Provider will assign only qualified personnel to this Contract. The Service Provider must:

- Be licensed by the State of Texas as a Licensed Chemical Dependency Counselor (LCDC) to provide LCDC Services and maintain licensure throughout the life of this contract.

**Trauma Informed Care Child Welfare Practices**

An understanding of Trauma-Informed Care Child Welfare Practices is critical to the process of addressing therapeutic needs of families involved with substance abuse. Provider personnel who work directly with clients must complete a two (2) hour computer-based training (CBT).

Existing personnel must complete training within thirty (30) calendar days of contract execution. New personnel must complete training within thirty (30) calendar days of hire.

The Provider must maintain a copy of the Certificate of Completion of Trauma-Informed Care Training in the personnel record.
**Service Authorization and Referral**

Clients will be referred via a 2INgage Service Authorization Form and a referral packet.

Services must be authorized on a valid 2INgage Service Authorization Form prior to services being rendered. The individual case record must include, and the Provider must follow the specifics addressed in the form, including but not limited to:

- The provision of services within the time frames specified;
- Discontinuing services at the earliest date, based on when one of these events occurs:
- The number of units specified on the authorization form have been delivered; or
- The request for service is withdrawn by 2INgage.

**Additional Referral Information**

In addition, the referral packet may include:

- Copies of previous psychological testing reports or other assessments;
- A Family Plan of Service; and
- Other information pertinent to the referral for services.

**Initial Contact**

The Provider must begin the delivery of services within ten (10) business days of contact by the referred client to set up an appointment.

**Emergency**

It is anticipated that emergency situations may occur requiring a need for expedited services. Provider must work closely with 2INgage to expedite service delivery as requested.

**Missed or Cancelled Appointments**

**Missed by Client**

The Provider must notify the Permanency Case Manager within twenty-four (24) hours of the missed appointment via email.

When two (2) consecutive appointments are missed, Provider must obtain the Permanency Case Manager’s instructions on how to proceed. Further appointments must not be scheduled unless instructed by 2INgage to schedule additional appointments.

A maximum of two (2) missed appointments may be billed to 2INgage.
Cancelled by Provider

The Provider is responsible for a twenty-four (24) hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.

Major Service Deliverables

2INgage purchases Substance Abuse Services to assess individual service needs and meet identified need for treatment, as appropriate for clients who abuse alcohol or engage in the abuse of, improper use of, or dependency on illegal or legal drugs. Major service deliverables include any individual or combination of the following:

- Substance abuse assessments;
- Substance abuse treatment;
- Court related services; and
- Case specific diagnostic consultation.

Substance Abuse Assessment

An assessment is used to determine the severity of a client’s substance abuse disorder and to identify their treatment needs.

The assessment process consists of two main tasks:

- Intake includes the gathering and compilation of, but not limited to:
  - Basic demographics;
  - Reason for referral;
  - Drug of choice; and
- To some extent, a brief summation of the client’s expectations regarding the proposed services.

Assessment

The administration and the written results of a substance abuse assessment tool. The assessment tool must identify problems associated with substance use including but not limited to the following minimum requirements:

- The issues identified in the 2INgage 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 poses a threat to child safety, risk and why the child is in care or involved with CPS;
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;
Substance abuse;
Family violence issues;
Parent/Caregivers’ ability to function as a provider for the family;
Evaluation of safety threats and continued risk to the child; and
Specific recommendations for further treatment.

**Documentation of Assessment**

Documentation of the assessment must be maintained in the client’s record.

**Due Date Assessment**

Assessment is due to 2INgage no later than ten (10) business days following the face-to-face meeting with referred client.

**Substance Abuse Treatment**

Substance abuse 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.

**Types of Counseling Treatment**

2INgage may authorize two types of counseling treatment:

**Group Counseling**

Group counseling is the preferred 2INgage service modality. It must be designed to equip clients with skills needed to understand the disease concept and maintain sobriety.

**Group Requirements**

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 (8) and no more than twenty-four (24) total participant hours.

The group 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 (2) (unrelated individuals), but no more than twelve (12) total participants.

The Provider will be responsible for providing the site for the group. The site may be a 2INgage office site upon approval of 2INgage. The room must be appropriately furnished and large enough for the group.

**Individual Counseling**

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.

If issues are identified through the participation in group counseling or other means, 2INgage may authorize individual counseling.

**Communication with 2INgage**

**Substance Abuse Treatment Exceptions**

The Provider is expected to communicate significant information such as missed appointments, relapses, and drug testing results to the Permanency Case Manager by phone followed by a written report that must be sent by email within twenty-four (24) hours of the appointment.

**Treatment Plan**

Individual substance abuse treatment services require documentation to support the necessity of the service rendered. The client’s written treatment plan is therefore required and must be developed, distributed and maintained within the requirements outlined below throughout the course of treatment.

**Initial Treatment Plan**

The Provider’s initial treatment plan shall identify the issues, intervention strategies, and goals of treatment.

**Treatment Plan – Minimum Requirements**

A treatment plan and supporting documentation must include, but is not limited to, the following components:

- Identification and rank of issues to be addressed based on the client’s assessment, including those identified in the 2INgage 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.

Due Date for Initial Plan
Initial treatment plan is due to the Permanency Specialist no later than twenty-one (21) business days following the initial referral for treatment.

Updates to Treatment Plan
Treatment plan must be updated every ninety (90) days.

Monthly Summary Notes
Monthly summary notes must be provided to the Permanency Case Manager detailing the approach, and progress or lack of progress by the tenth (10th) day of the month following the month of service. Notes must include enough information to keep the Permanency Case Manager updated. At a minimum, the notes must address:

• Name of the client;
• Date(s) served, location and type of service provided;
• Group session topic(s), level of participation, engagement, and changes in client’s behaviors and conditions that demonstrate that problems contributing to risk have been, or are in the process of being, satisfactorily addressed;
• Progress or lack thereof, toward treatment goals; and
• Number of substance abuse tests, if any and results.

Discharge Plan
The purpose of a Discharge Plan is to document and report closure of treatment services case due to either completion or termination. Provider must provide a Discharge Plan to 2INgage no later than ten (10) business days after closure. A Discharge Plan must include, but is not limited to, 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;
• Any recommended protective measures.

Substance Abuse and Alcohol Testing
Substance abuse and alcohol testing is not payable as a separate expense. It is expected that, if the Provider’s treatment plan requires testing, the Provider will have a method for testing as needed for treatment services.

Positive Test Result

Client Admission

2INgage considers a client’s admission of current drug use or abuse of alcohol as a "positive" drug result. Client’s denial of drug use should not be considered a negative drug test result.

Documentation

Provider must communicate and document the client’s self-reporting or the positive test result to the Permanency Case Manager within twenty-four (24) hours, including:

- Substances tested; and
- Cut off levels.

Court Related Services

2INgage purchases court related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. This service is not optional and is an allowable charge to the contract only when authorized by 2INgage. 2INgage will, upon authorization, pay a total equal to three (3) units of service for court testimony.

Preparation

The 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 the service.

Attendance

The Provider must ensure and require all requested or subpoenaed parties to attend depositions and court appearances at the times requested by 2INgage.

Court Related Documentation

The following information must be maintained in the client record:

- A copy of the completed Court Related Services Case Note, and
- Subpoena, if applicable.

Case Specific Diagnostic Consultation

2INgage 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 2INgage, to discuss a specific case. Informal telephone conversations and meetings are not billable.

Preparation
The Provider and its representatives must ensure that they are prepared to discuss relevant information at the case specific diagnostic consultation.

**Attendance**

The Provider is required and must ensure the service providers are available as requested by 2INgage to provide case specific diagnostic consultation services, including attendance at case staffing.

**Documentation**

Case specific diagnostic consultation documentation includes but is not limited to the following information:

A case note dated (month/day/year) and signed by the performing Provider to the appropriate and specific file is required and must include:

- Name of client;
- Date; start and end time of consultation;
- Location of consultation;
- Purpose of diagnostic consultation;
- Brief summary of case information shared at consultation; and
- Summary of any recommendations made by LCDC.

**Develop, Manage, and Maintain Quality**

Quality Services Delivered to 2INgage: The Provider is responsible for implementing and maintaining quality assurance to ensure the services satisfy the requirements of this contract and clients benefit from services provided.

Timely Product Delivered to 2INgage: Provider must manage referrals to ensure timeframes and quality expectations can be met.

**Provide Contract Maintenance**

Provide Feedback to 2INgage Staff: At the request of 2INgage the Provider must provide 2INgage informal information on the status and progress of referrals. The informal information will be at no charge to 2INgage.

**Subcontract Requirements**

Subcontractors providing services under the Contract must meet the same requirements as specified in this contract as the Prime Provider. No subcontract under the Contract shall relieve the Provider of the responsibility for ensuring the requested services are provided in compliance with the prime contract.
3. Evaluation and Treatment Services

A Permanency Case Manager will authorize evaluation and treatment services on a 2INgage approved authorizations form.

Eligible clients will be children and their family members in open CPS cases referred by the Permanency Case Manager.

Individual or family counseling may be provided in the home. Policies on waiting times and missed appointments must be addressed as if the incidents had occurred in the office.

2INgage seeks to contract with qualified providers for Evaluation and Treatment Services to assist in achieving program purpose and objectives.

- Provide Evaluation and Treatment Services to families and caregivers who are in CPS conservatorship in order to enhance protective factors in the family and prevent child maltreatment.
- Aid children in the development of skills to manage and overcome trauma resulting from incidents of abuse and/or neglect.
- Assess the parental actions of parents/caregivers to provide clinically guided behavioral health care services to overcome trauma, re-establish healthy relationships, and to ensure child safety and basic and developmental needs are met.
- Provide clinically guided behavioral health care services that address parent/caregiver actions that are imperative to child safety and the developmental/emotional needs of children.
- 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.).
- Provide domestic violence assessment and Battering Intervention services to the domestic violence perpetrator to move towards a non-violent, non-coercive family structure, establish skill sets to prevent future violence, and increase the safety of victims.

Contracted Evaluation and Treatment Services

2INgage purchases the following direct client services to meet the individual need for evaluation and treatment.

Evaluation Services

- Psychosocial Assessment (A psychosocial assessment is required in order to provide treatment services)
- Psychological Services (Evaluation & Testing)

Treatment Services

- Individual Counseling/therapy
• Group Counseling/therapy
• Family Counseling/therapy

Missed or Cancelled Appointments For all Assessment and Treatment Services

Missed by Client
Provider must notify the Permanency Case Manager within twenty-four (24) hours of the missed appointment via email.

When two (2) consecutive appointments are missed, Provider must obtain the Permanency Case Manager’s instructions on how to proceed. Further appointments must not be scheduled unless instructed by 2INgage to schedule additional appointments.

A maximum of two (2) missed appointments may be billed to 2INgage.

Cancelled by Provider
The Provider is responsible for a twenty-four (24) hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.

Monthly Summary Notes
For all treatment services, monthly summary notes must be provided to the Permanency Case Manager detailing the approach and, progress or lack of progress by the tenth (10th) day of the month following the month of service. Notes must include enough information to keep the Permanency Case Manager updated. At a minimum, the notes must address:

• Name of the client;
• Date(s) served, location and type of service provided;
• Group session topic(s), level of participation, engagement, and changes in client’s behaviors and conditions that demonstrate that problems contributing to risk have been, or are in the process of being, satisfactorily addressed; and
• Progress or lack thereof, toward treatment goals;

Battering Intervention and Prevention Program (BIPP)

• Domestic Violence (DV) Assessment - DV assessment is required in order to determine if Battering Intervention and Prevention Program (BIPP) is appropriate for the domestic violence perpetrator.
• Group – Battering Intervention and Prevention Program (BIPP)

Court Related Services
2INgage purchases court related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. This service is not optional and is an allowable charge to the contract only when authorized by 2INgage. 2INgage will, upon authorization pay a total equal to three (3) units of
service for court testimony.

**Preparation**

The 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 the service.

**Attendance**

The Provider must ensure and require all requested or subpoenaed parties to attend depositions and court appearances at the times requested by 2INgage.

**Court Related Documentation**

The following information must be maintained in the client file:

- A copy of the completed Court Related Services Case Note, and
- Subpoena, if applicable.
4. Parent/Caretaker Training

A Permanency Case Manager may authorize parent 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.

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 Case Manager authorizes parent training or when a court orders training, the parenting education programs must be:

- evidence-based; or
- promising practice.

Service Population Requirements

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

- Provider cannot charge client fees for participating in a program or for any program participation-related costs; and

- Provider must serve families that are not already receiving similar services.

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; and

- If any proposed evidence-based programs have more stringent requirements, the Provider must meet those rather than the minimum requirements cited.

Program Director Role and Qualifications

- The Program Director role, or equivalent position, will be the primary program contact and will be responsible for program oversight, services, and supervision;

- Any person holding the Program Director position or performing Program Director 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;
• The Program Director must have experience with performance evaluation, data analysis, reporting, and social service programming; and

• The following responsibilities and activities are required of the Program Director role and/or must be integrated into other appropriate manager roles where qualifications are met. Clear organizational structure is required, with Program Director responsibilities clearly accounted for and assigned to the qualified full-time employee(s) (FTE(s)).

Tracking Referrals

Service Documentation

Provider will track all services provided in accordance with the Provider’s documentation forms. Provider must ensure that all service documentation is complete, accurate, maintained in an organized fashion, and made available to 2INgage staff upon request.

Provider 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;
• 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.
5. Psychological Evaluation/Psychosocial Assessment

A Permanency Case Manager may authorize psychological testing or a Psychosocial assessment if:

- the Permanency Case Manager suspects the presence of a mental, behavioral, or intellectual and developmental disability;
- a licensed clinician who has conducted a psychosocial assessment or a psychiatrist who has conducted a psychiatric evaluation and recommends psychological testing;
- a copy of a current psychosocial assessment, psychological testing, or psychiatric evaluation (conducted within the past 14 months) is not available;
- there is no other source of payment, such as Medicaid, private insurance, or a community resource; or
- the court orders psychological testing.

Eligible clients include:

- parents or caregivers in open 2INgage cases;
- kinship, and prospective adoptive parents (when this service helps to determine or maintain appropriate placement).

Provider will provide quality care with the focus on safety, permanency, and well-being for children and youth in CPS conservatorship so that they can move into a least restrictive and more permanent, family-like setting.

Missed or Cancelled Appointments For all Assessment and Treatment Services

Missed by Client

Provider must notify the Permanency Case Manager within twenty-four (24) hours of the missed appointment via email.

Cancelled by Provider

The Provider is responsible for a twenty-four (24) hour notification to clients when a session must be canceled. Provider must maintain documentation of notification and contacts in each client record regarding cancellations.
6. Drug Testing

2INgage may authorize the screening of a client's urine specimen to test for the existence of a drug.

A drug 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 at some time before the drug test.

When the lab indicates that a sample is diluted, the Permanency Case Manager can take one 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 follicle test instead of a urine test
- Rely on credible evidence obtained through observation, information from collateral sources (such as a teacher, neighbor, or family doctor), and the case history.

**Drug Testing-Oral Fluids**

A Permanency Case Manager may authorize an instant test; that is, an oral swab of a client’s oral fluids performed by a Permanency Case Manager.

The test results:

- are confirmed by a laboratory, when possible; and
- must be confirmed before being presented as evidence in a court hearing.

**Drug Testing-Hair Follicle Testing**

A Permanency Case Manager may authorize the testing of a client's hair sample to establish the client's use of a drug over a 90-day time span.

The test is effective for use over that time span, only if:

- the root of the hair is included; and
- the hair is examined in segments.

Hair testing does not detect the recent use of drugs; rather, it detects drug use that took place at least weeks or even months before the test.

**Drug Testing-Confirmation-All Types**

A Permanency Case Manager 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.
7. Translator and Interpreter Services

Description

This is not an optional service. When a referral is received for a client that has limited English proficiency or communication impairment, translator or interpreter services must be arranged by The Provider. Translator and interpreter services are only reimbursable when provided by a subcontracted translator or interpreter that is approved to provide contracted services. Translator and interpreter services provided under subcontract include, but are not limited to:

- Provision of information and services in a manner understandable to the client using interpreters, translators, or other identified methods.
- Use of auxiliary aids to ensure effective communication for clients with hearing, vision, speech, or other communication impairments. The Provider must identify the service provider and the compensation rate and secure prior approval from 2INgage contract staff.

Service Requirements

When a client’s ability to communicate is diminished due to Limited English Proficiency (LEP) or some other communication disability, 2INgage reimburses for translator and interpreter services when provided by the Provider. Provider must ensure that communications with clients who have communication impairments are as effective as communications with other clients, and that clients understand all significant actions as fully as possible.
8. Court Related Services

2INgage may request one or more of the court-related services listed below, when it is legally necessary and appropriate for the well-being, safety, or permanency of the child.

Available court-related services include, but are not limited to:

- the serving of citations (local or out-of-state; by publication or other means);
- the reproduction of records (such as, birth certificates and medical);
- the costs of a court reporter for depositions;
- the costs of a court reporter for transcripts;
- fees for a provider witness testifying at a trial, deposition, or mediation. (For example, a therapist who provides therapy to a child or the child’s parents under a contract with 2INgage);
- the costs of out-of-area travel for a provider witness;
- the cost of an expert witness testifying at a trial, deposition, or mediation; and
- the travel costs for an expert witness.

Service Requirements

Preparation

The Provider and its representatives must ensure applicable service providers have personal knowledge of the matters to be discussed and are adequately prepared to provide case-specific testimony.

Attendance

The Provider must ensure that requested or subpoenaed parties attend depositions and court appearances at the times requested by 2INgage.

Court Related Documentation

The following information must be maintained in the client file:

- A copy of the completed Court Related Services Case Note, and
- Subpoena, if applicable.
9. Supervised Visitation

A Permanency Case Manager may authorize supervised visitation, if visits between a child in DFPS conservatorship and the child's parents or other caregivers require it.

Clients are eligible for this service:

- when 2INgage staff determine that the service is needed;
- when desires the opinion and possible testimony of a trained third-party regarding the parent-child relationship; or
- when the supervised visitation is court-ordered.

Supervised visits must take place in a safe and appropriate setting. The supervised visitation services available by contract must include:

- Observation of the parent's or caregiver's interaction with the child during a visit, including but not limited to:
- behavior management and alternatives to physical discipline;
- the parent-child relationship, including attachment and communication skills;
- nurturance of children; and
- the child's reaction to the parent or caregiver.
- Preparation of notes about the visit;
- Contact with the child's worker about the visit (at least monthly);
- Appear in court to provide testimony when needed; and
- Participation in staffing for case planning, as needed.

Need for Service

2INgage seeks to contract with qualified providers to assist 2INgage in achieving program purpose and objectives by providing Supervised Visitation Services. 2INgage does not guarantee any minimum level of utilization or specific number of referrals. Utilization rate will vary according to the needs of staff, individual client needs and regional allocations. The final decision for use, partial use, and non-use of these professional services lies within the authority of 2INgage.

Accessibility

Services must be available seven (7) days a week, including evening and holidays as necessary. Service hours must be flexible and include morning, afternoon, and evening to accommodate the schedules of employed participants. The Provider must accommodate school age children by scheduling services at
times that do not interfere with school attendance and participation in school activities.

**Provider Secured Location**

The Provider must obtain prior written approval from the 2INgage program liaison or designee for visitation services delivered in locations other than the Provider’s primary or satellite office.

**Travel**

Time or travel to and from any site of service is not billable.

**Eligible Population**

Individual adults referred directly by 2INgage are eligible for services. 2INgage determines eligibility; Provider must serve all clients properly referred by 2INgage.

**Client Characteristics**

Due to the nature of 2INgage responsibilities Provider must be prepared to serve individuals with characteristics including, but not limited to:

**Child’s Characteristics May Include:**

- Exhibit a pattern of impulsivity;
- Exhibit poor or insecure attachment to parents;
- Exhibit separation anxiety;
- Have a history of temper tantrums;
- Have chronic illness or health problems;
- Have experienced probable neglect, physical abuse or substantiated sexual abuse;
- Have witnessed violence between parental figures;
- Be easily distractible or has attention deficits;
- Be hyperactive;
- Be irritable; or
- Be the recipient of special education services.

**Family’s Characteristics May Include:**

- Family may exhibit chronic unresolved conflicts between parental figures and or child,
- One or more parental figures may:
  - Have a history of chemical abuse or are currently exhibiting chemical abuse;
  - Have engaged in probable or adjudicated criminal activity;
  - Have had previous mental illness treatment; or
• Exhibit poor or inconsistent monitoring of the child’s behavior.

Clients will be provided the necessary information to be able to contact the Provider in at least two (2) of the following methods for the purpose of notifying the Provider of the need to cancel an appointment: phone number, email or a number to text a message.

**Missed Appointment**

A missed appointment is when a client fails to notify the Provider within twenty-four (24) hours of the scheduled appointment and fails to present themselves for the scheduled visitation.

The Provider must document the time and date of any missed appointment. The Provider must obtain the signatures of those present and email the Permanency Specialist by 5 p.m. on the business day following a missed appointment.

When two (2) consecutive appointments are missed the Provider must notify the Permanency Specialist for instructions on how to proceed. Further appointments must not be scheduled unless instructed by 2INGAGE to schedule additional appointments.

Appointments scheduled without this authorization will not be billable to 2INgage as visitation or missed appointments.

**Delay in Beginning the Visitation**

It is possible that the parent or the child may be late arriving at the visitation. The Provider must be prepared to begin the visit at the time both parties arrive up through the time the visitation was scheduled to end or the length of time necessary to comply with court orders, as applicable.

**Cancelled by Provider**

The Provider is responsible for a twenty-four (24) hour notification to clients and the Permanency Case Manager when a visit must be canceled. The Provider must maintain documentation of notification and contacts in each client record regarding cancellation. The documentation must include:

• The reason for cancellation; the date, time and manner of contact with each client, notifying them of the cancellation; and

• The Provider must document the time, date, Permanency Case Manager name and manner used to notify the Permanency Specialist of the canceled visit.

**Major Service Deliverables**

Major Service deliverables include:

• Preparation for Supervised Visits;

• Pre-visitation Activities;

• Monitor the visit;

• Document the visit; and

• Provide court related services.
**Preparation for Supervised Visits**

The Provider is responsible for all activities necessary for each supervised visit and must take actions as required and appropriate to prepare to oversee each supervised visit, including but not limited to:

- Taking actions necessary to comply with all 2INgage referral instructions and 2INgage Contract requirements;
- Confirming the visitation schedule;
- Confirming who may participate in the visitation;
- Ensuring visit participants will be allotted their full time for a visit;
- Obtaining the necessary approval for the site location;
- Securing an appropriate visitation site to include the following;
- Has an environment that is safe and non-threatening;
- Is age appropriate;
- Is family friendly;
- Is fully equipped with age appropriate items that will allow the family to participate in activities and interact;
- Will allow flexibility in order to accommodate the physical needs of the participants such as meals and snacks and accessibility; and
- Is convenient to the family.

**Pre-visitation Activities**

The Provider staff must meet with the adult participants prior to the children being present and immediately before the first supervised visit begins for the purpose of preparing the adults to ensure a productive supervised visit. The pre-visitation meeting will serve to:

- Provide an explanation of the Supervised Visitation Rules for Caregivers and Adult Participant(s) to ensure all adult participants understand the rules; and
- Finalize the Visitation Plan that includes the visitation schedule clearly stating the frequency, length of the visits to include the begin and end times and dates, who may visit and place of visit.

Obtain the agreement of every adult participant, documented by the signature of each such participant on a copy of the Supervised Visitation Rules for Caregivers and Adult Participant(s), prior to the beginning of the initial visit.

Note: If any adult participant refuses to sign the Supervised Visitation Rules for Caregivers and Adult Participant(s), the Provider must document the reasons for such refusal and notify the Permanency Specialist by 5 p.m. on the business day following the refusal for instructions on how to proceed.
The Provider must ensure the visitation site is prepared and equipped to facilitate the visit and to meet the needs of the participants.

**Monitor the Visit**

The Provider must monitor the visit. The Observer must observe and be present for the entire visit and be attentive to the interactions of the participants. Monitoring includes but is not limited to the following activities:

Ensuring the safety of the child(ren) by:

- Ensuring all adult participants at the visit sign a Sign-In Log;
- Ensuring only individuals who have been pre-approved by 2INgage participate in the visit;
- Ensuring the visit is monitored at all times by observers;
- Ending the visit at any time the child(ren) is fearful of continuing the visit;
- Ending the visit at any time there are safety concerns;
- Allowing only persons authorized by 2INgage to remove the child(ren) from the visit; and
- Ensuring that the caregivers and all approved adult visitors comply with the visitation rules.

The participants must be allowed to communicate effectively which may include conversing in the language of their choice. The Provider must ensure the Observer that is monitoring the visit is able to understand and as necessary, effectively communicate with the participants.

**Document the Visit**

The Observer must document observations of the parent’s or caregiver’s interactions with the child(ren) during the visit or interactions and observations between siblings during sibling visits.

**Visit Observations**

Observation notes for parent or caregiver and child(ren) visits must be documented using the Visitation Record and Observation Checklist.

An Observer may only observe one (1) visitation at a time.

**Provide Court Related Services**

2INgage purchases court related services when legally necessary and appropriate for the well-being, safety, or permanency of the child. Court related services are not optional.

**Preparation**

The Provider and its representatives must ensure that they have personal knowledge of the matters to be discussed at the Deposition or Court Appearance and are adequately prepared to do so.
10. Finance and Billing Procedures

2INgage will comply with the utilization and compensation section of the Purchased Services Provider Service Agreement and Addendums. Questions that arise should be sent to the 2INgage Finance Department at finance@2INgage.org.

Purchased Services Categories and Service Codes

- Drug Testing
  - 79A - Drug Testing - Urine Analysis
  - 79B - Drug Testing - Oral Fluids
  - 79C - Drug Testing - Hair Testing
  - 79D - Drug Testing - Confirm All Tests

- Substance Abuse – Assessment, Counseling, Therapy
  - 83F - Sub Abuse - Assessment
  - 83G - Sub Abuse - Individual Counseling/Therapy
  - 83H - Sub Abuse - Group Counseling/Therapy
  - 83K - Sub Abuse - Diagnostic Consult

- Non-Substance Abuse – Assessment, Counseling, Therapy
  - 86C - Counseling/Therapy - Individual
  - 86E - Counseling/Therapy - Group
  - 86F - Counseling/Therapy - Family
  - 86U - Psycho-Social Assessment
  - 88K - Home-Based Therapy

- Parenting
  - 87C - Parent/Caretaker Training

- Psychological/Psychiatric – Evaluation and Assessment
  - 86A - Psychological/Development Evaluation/Test
  - 86B - Psychiatric Evaluation

- Permanency Planning Meetings
  - 81M - Family Group Conference (FGC)
  - 81N - Circles of Support (COS)
  - 81P - Permanency Conference (PC)
  - 81Q - Transition Plan Meeting (TPM)

- Translator Services
  - 98L - Translator Services

- Court Related Services
  - 86H - Court Related Services

- Supervised Visitation
  - 92L - Supervised Visitation
Initial Payment for Purchased Services
2INgage will issue payment for purchased services performed for referred region 02 families on and after June 1, 2020, which comply with all billing requirements.

Payment Terms
- Providers will be paid for each month’s services by no later than the 25th day of the next month. For example, Providers would be paid for their September services by no later than October 25th. However, we will make every effort to pay Providers earlier than the 25th whenever possible.
- 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 can opt to be paid electronically by direct deposit. A Direct Deposit Authorization Form will be sent to Providers to complete and return once the Provider application and contract process has been completed.
- A Form W-9 will be sent to all Providers to complete and return once the Provider application and contract process has been completed.

Purchased Services Provider Payments
2INgage will pay the Providers for pre-authorized purchased services. The fees for these services are included in the Purchased Services Provider Services Agreement in the Fee Schedule Addendum.

Providers will be required to send an invoice and any required documentation to the 2INgage Finance Staff for Purchased Services. The invoice and document packet for non-Medicaid eligible services must be received by 2INgage within 30 days from the date of service. For Medicaid eligible services, the invoice and document packet must be received by 2INgage within 30 days from receiving the Medicaid denial letter.

Invoice and document packets are required to include:
- Invoice for services performed
- Copy of the 2INgage WebFACES authorization form
- For Medicaid eligible services, a Medicaid denial letter
- 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 can be sent to the 2INgage Finance staff by any of the following:

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

Once received, the 2INgage Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, the 2INgage Finance staff will claim the services in WebFACES and enter the invoice in Great Plains Dynamics for payment in the next monthly payment and will be included in the Provider’s monthly payment report.

**Payment Reports for Providers**

Upon sending the monthly payment to the Providers, the 2INgage Finance Staff will create a payment report for each Provider showing the details of the Provider’s payment. The payment report shows the Provider agency name, client’s names, dates of care.

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

In order to setup a Provider’s file on box.com, the Director of Finance or Finance Manager has the ability to create the file when the Provider’s first payment has been created. When the first payment is made, the Director of Finance or Finance Manager will contact the person that the Provider has designated as their point of contact for their 2INgage contract and request the name and contact information for a billing/payment contact person. Once received, the staff will be given access to their organization’s file on box.com with viewer/uploader status. The staff will be able to download and upload documents when needed. At any time, a Provider can contact the Director of Finance or Finance Manager to change the staff that have access to their file on box.com. For any questions about accessing or downloading information from box.com, please contact finance@2INgage.org.

**Payment Dispute Resolution Process**

The Provider will reconcile the payment from 2INgage to the Provider’s records. If any discrepancies are noted, the Provider will initiate the following dispute resolution process within 30 days of receiving payment.

- The parties will confer, in person or by telephone/email, to resolve disputes over payment for services through the following process. In order to initiate this process, either party must provide the other party with written notice of its dispute about a service and/or payment issue. The provider can request a Provider Payment Discrepancy Report form in order to submit payment discrepancies to the 2INgage Finance Staff. The discrepancy report can be submitted by encrypted email, fax, regular mail and can also be uploaded to their file on box.com. Please contact the 2INgage Finance department with any questions at finance@2INgage.org.
• Staff Conferencing. Within ten (10) days of receipt of a written notice initiating the dispute resolution process, 2INgage and Provider, through representatives of their services and financial staff, will confer and attempt to reconcile any disputed payments for which 2INgage – based upon a good faith review of any documents submitted by the Provider and 2INgage’s own documentation or records – does not believe it is responsible for paying. The parties shall complete the staff conferencing process described in this section within thirty (30) days of the receipt of the written notice initiating the dispute resolution process. If the dispute is not resolved within this time period, the process will continue to CFO Conferencing.

• CFO Conferencing. For services still in dispute following the staff conferencing reconciliation process, 2INgage’s Chief Financial Officer and the Provider’s Chief Financial Officer, or their designees, shall confer to resolve, settle, or compromise the dispute. The parties shall complete the CFO Conferencing process described in this section within thirty (30) days of the completion of the Staff Conferencing process described above.

• Payment after Resolving Disputes. If 2INgage after conferring as provided herein with the Provider about the disputed payment concludes it is responsible for paying for a service or some part of it, 2INgage shall make its payment to the Provider in the next monthly payment following the month in which 2INgage concluded it was liable for payment.

• In the event the Provider owes 2INgage for any services provided herein or pursuant to any other agreement between the parties, and such balance has been due for in excess of sixty (60) days from invoicing by 2INgage to Provider, 2INGage may deduct the balance amount due to 2INgage from any amount owed to the Provider pursuant to the Provider Services Agreement.

• Compliance with Master Contract. 2INgage shall take all action reasonable and necessary to comply with the requirements of the Master Contract and ensure payment for the Services thereunder.

Return of Funds
In the event that the Provider or its independent auditor discovers that an overpayment has been made by 2INgage, the Provider shall repay said overpayment immediately to 2INgage without prior notification or request from 2INgage. In the event that 2INgage first discovers an overpayment has been made to the Provider, 2INgage shall notify the Provider by letter of such a finding and request repayment forthwith. 2INgage may unilaterally deduct overpayments made to Provider from monies owed to Provider.

Invoice/Billing Monitoring
2INgage will monitor the Purchased Services Providers to ensure that the Provider’s records and documentation justify and support the invoices that have been submitted to 2INgage for payment.
11. Information Technology and Support

Securing Email and Fax Communication

Prior to transmitting confidential information by email, Providers are responsible for ensuring that their email system utilizes Transport Layer Security (TLS) 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 or contact security@2ingage.org to verify whether the e-mails from the Provider’s domain use a secure channel of communication. 2ingage 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 2ingage requires 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 2ingage client has been accessed by an unauthorized party through a breach, they should immediately contact 2ingage’s security team at security@2ingage.org.

During business hours, 2ingage provides live phone support at (620) 208-1828 or by email at helpdesk@2ingage.org

12. Quality Improvement and Contract Management

I. Monitoring Review
A. The Quality Improvement staff with make a request to the Finance Department of a list of services paid, in either the 1st month of Qtr. 1, the 1st month of Qtr. 2, the 1st month of Qtr. 3 or 1st month of Qtr. 4 to the Family Services Network Provider, in order to monitor/verify that services billed and paid were provided and evidence is in the client’s record.

B. The Supervisor of Quality Improvement will randomly select a month/quarter to be used for monitoring purposes.

II. Monitoring Review/On-site Visit
A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement Specialists, a review of the following components:
   1. Records: Client, Personnel, Policies and Procedures
   2. Physical Site
B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement Department.
   1. 2INgage will notify the Provider of a monitoring review/visit via email and/or phone call at least 24 hours prior to the visit occurring.
   2. 2INgage reserves the right to make unannounced visits to the Provider during normal business hours.

C. Quality Improvement Specialists will complete the Monitoring Review for each active contracted Family Services Network Provider and may request assistance from the various departments of 2INgage in preparation for the Monitoring Review.

D. Financial monitoring will be completed by the Finance Department. Monitoring and compliance of administrative and programmatic records, and performance and quality improvement process is completed by the Quality Improvement Department. 2INgage Care Management Department and 2INgage Permanency Department are responsible for case reviews on an ongoing basis as they will be monitoring for Service Delivery according to their need.

E. Quality Improvement Department is responsible for the following:
   1. Scheduling the Monitoring Review with the Provider and sending a letter requesting required information prior to the review. The Monitoring Review Notice may be sent 30 days in advance.
   2. Meeting with the Supervisor of Quality Improvement to go over any identified issues, distribute monitoring tools, and coordinating the review.
   3. Scheduling of entrance and exit interviews with the Provider’s key personnel, as needed.
   4. Being the point of contact for the Provider during the monitoring activities.
   5. Consolidating and preparing the final monitoring report to issue to the Provider requesting any necessary Performance and Quality Improvement Plans.
   6. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plan).

F. Quality Improvement Specialists will participate in pre-meetings, on-site monitoring and/or desk reviews, entrance and exit interviews, and any activities needed for the final report and any sanctions as requested by the Supervisor of Quality Improvement.

G. The Provider should be prepared to make available the following, including but not limited to:
   1. Policy and Procedure Manual
   2. Personnel Records
   3. Client Records
   4. Financial Records

H. Pre-monitoring Activities
   1. Quality Improvement Specialists will send a letter to the Provider announcing the date of the monitoring review and requesting needed documentation.
   2. Quality Improvement Specialists will review the contract file and ensure that all applicable monitoring reports, licensing summaries and other documentation is in the file.
3. Quality Improvement Specialists will meet to review prior reports and any current issues, review monitoring tools and determine roles and timelines.

I. Monitoring Activities as applicable
   1. Quality Improvement Specialists will meet with Provider’s staff to go over the purpose, scope and activities planned for the review during the entrance interview.
   2. Quality Improvement Specialists may be reviewing a variety of records, including but not limited to client, human resources, and financial records as deemed appropriate in the pre-monitoring activities.
   3. Interviews with staff and/or clients may be conducted.
   4. A tour of the facility may be requested.
   5. Quality Improvement Specialists will compile work product papers as part of the monitoring. These papers are confidential during the review and must be secured daily. They may be included as back-up in the 2INgage file once the monitoring is concluded.
   6. Quality Improvement Specialists may be granted access to the Provider’s electronic systems and will follow all guidelines of confidentiality.
   7. During the review, if a safety concern is apparent it will be addressed immediately with the Provider and will require immediate action and intervention.
   8. Quality Improvement Specialists will require a private space to review records if on site.

J. When the monitoring review is completed, Quality Improvement Specialists will review the preliminary results with the Provider during the exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview.

K. Monitoring Report and Follow-up
   1. Quality Improvement Specialists will document findings (Observations) noted during the monitoring review.
   2. Within 30 business days of the exit interview, the assigned Quality Improvement Specialists will compile a final monitoring report and will submit to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The Supervisor of Quality Improvement and Contracts approves this monitoring report.
      a. If the Provider disagrees with the Observations the Provider needs to provide a written response within five (5) business days to the Supervisor of Quality Improvement and Contracts.
      b. The Supervisor of Quality Improvement and Contracts will review the necessary information and the Provider’s response.
      c. 2INgage will send a written respond within ten (10) business days of receipt of the Provider’s response with a final decision.
   3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the monitoring report. This timeframe can be extended based on the instance that the Provider and 2INgage are discussing an Observation in question. 2INgage retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
   4. 2INgage may determine that a PQI Plan is not needed or relevant if:
      a. The Provider is making the appropriate efforts to meet the requirement,
b. There were one to three (1-3) records reviewed, or
c. If the finding (Observation) is not in the areas of Health and Safety.
d. The Supervisor of Quality Improvement will make this determination and 2INgage will notify the Provider in writing if the PQI Plan is not needed.

5. If PQI Plans are approved 2INgage will notify the Provider.
6. If PQI Plans corrections and updates are needed the Provider will be notified and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved 2INgage will follow-up (during the next monitoring review) to ensure progress is made in the specific area.

L. Contract monitoring file. Monitoring files will be maintained according to published retention schedules, to include:

1. Previous year’s monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
2. Current year’s monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current Performance and Quality Improvement Plans with backup documentation, and
4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider’s oversight.

The 2INgage Monitoring Tool will be posted on the 2INgage website (www.2ingage.org) for Provider’s reference.

The 2INgage Operations Manual will be posted on the 2INgage website (www.2ingage.org) for Provider’s reference and full description of Contract Management for Residential Providers and Family Services Providers.

Any changes to this Policy and Procedures will be posted on the 2INgage website (www.2ingage.org). It is the Provider’s responsibility to routinely check for updates to the 2INgage Operations, Permanency, and Provider Manual via 2INgage website.
13. Manual Revision and Communication

This Provider Manual will be revised from time to time, as needed. When it is revised Providers will be notified and the latest version will be posted on the 2INgage website www.2ingage.org. Once there is a change in a Policy and/or Procedure 2INgage will notify Providers, this communication will serve as the formal notification of a change to a Policy and/or Procedure and must be adopted as a requirement effective the date in the communication/notification. It is the responsibility of Network Providers to ensure they are operating within the most current version of the 2INgage Stage Provider Manual and Family Services Provider Manual.

OCOK Contact Information

Services cmd@2ingage.org
Complaints/Concerns/Grievances combudsman@2ingage.org
Finance Department finance@2ingage.org
Serious Incidents cmd@2ingage.org
Information Technology Support helpdesk@2ingage.org
Quality Improvement and Contracts quality@2ingage.org
Referral and Placements cmd@2ingage.org
Service Planning, Court Reports cmd@2ingage.org
Psychiatric Hospitalizations Notification cmd@2ingage.org