2INgage
Region 2 Stage II
Practice and Procedure Manual

August 2021
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Case Management Definition and Principles

Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual’s and family’s needs.

Case Management delivery shall be culturally competent and family centered. Basic principles of family centered practice are:

- Working with the family unit to ensure the safety and well-being of all family members,
- Building on strengths and capacity of families to function effectively. Strengthening the capacity of families to function effectively,
- Engaging families emphasizing their participation in all aspects of policy development, service delivery, and program evaluation. Engaging, empowering, and partnering with families throughout the decision and goal-making process,
- Utilizing Communities by recognized that families are a part of a larger community rich with resources,
- Providing individualized, culturally responsive, flexible, and relevant services for each family,
- Linking families with collaborative, comprehensive, culturally relevant, community-and faith-based networks for supports and services, and
- Ensuring that children, youth, and their families receive services in the least restrictive and most family-like setting.
Services Referral Process Flowchart

Initial Removal

Kinship Placement Identified

DFPS

IMPACT referral & Strike to CMD

Placement

Within 15 mins, acknowledge IMPACT referral

Send assignment email to Permanency and Kinship

Handoff home visit w/ INV and PCM w/in 24 hrs of assignment. Removal staffing w/in 72 hrs

Paid Placement Needed

DFPS

Comment App, IMPACT referral As 930 to CMD

Placement

Follow current emergency protocols

Business Hours

After Hours

Assigned PCM makes face to face contact next business day

Placement notifies assigned PCM at 2 hrs if no placement yet

On call PCM takes possession of 4 hrs if needed

Assigned PCM makes face to face contact next business day
Adoption

Adoption Services

Purpose
To establish and implement procedures that ensures compliance with the laws and regulations of the state in which adoption placement and adoption consummation takes place.

Policy
2INgage will contract with the Provider to deliver services to children placed with adoptive families prior to consummation of the adoption.

Procedures
The Provider is responsible for managing all services (including but not limited to monthly post-placement supervision) to prepare and support adoptive placements. The Provider will provide documentation of these services to the 2INgage Family Finder staff.

DFPS conservatorship staff will provide monthly supervision of children who are placed with adoptive families until consummation is achieved and DFPS is dismissed as the child’s conservator.

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

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

Adoption Placement Document Packet – Checklist of Required Documents

1. Copy of the signed CPS Service Authorization Form 2054 (with a date of adoptive placement within the period of the Begin Date and the Termination Date and have the correct 88F service code), and
2. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child.
3. Adoption Post-Placement Document Packet – Checklist of Required Documents
4. Copy of the signed CPS Service Authorization Form 2054 (with dates inclusive of the day following the adoptive placement to the date of consummation as Begin Date and the Termination Date. Must also have the correct 88G service code.);
5. Copy of the approved and signed DFPS Adoptive Placement Agreement for each child;
6. Copy of the file stamped petition for adoption (stamp must be clearly visible on first page);
7. Copy of the signed and notarized court report for the adoption proceedings (DFPS requires the court report to be notarized in order to release the funds for the adoption services. Court Reports that are not notarized will not be accepted.); and
8. Copy of the adoption decree signed by the judge. (Decree must have the judge’s signature).

Decrees with the stamp “Original signed by Judge” on the signature line will not be accepted. DFPS requires the judge’s signature in order to release the funds for the adoption services).

To request a copy of the CPS adoption service authorization Form 2054, please contact 2INgage by email [email protected]

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 administration office

Once received, the 2Ingage Finance staff will review the document packet to ensure all documents have been received and have been properly completed. Upon verification, the 2Ingage Finance staff will enter the adoption services event(s), which will cause an invoice for the Provider to be created. The invoice will be paid in the next monthly payment and will be included in the Provider’s monthly payment report.

2INgage staff acknowledges that DFPS (Department of Family and Protective Services) has the sole discretion to place any child or children for adoption. If DFPS finds a family to adopt a child before 2INgage does, 2INgage will coordinate with DFPS on that placement.

2INgage staff will not seek or accept reimbursement from adoptive families who DFPS selects for its children and to whom 2INgage staff provides adoption services.

**Service Authorization**

Only services authorized on a Valid Service Authorization, Form 2054 may be billed to DFPS.

- A current Form 2054 must be on file prior to services being rendered;
• Form 2054 authorizing the service, must be maintained in each client’s record as basis for payment from DFPS;
• The following claims will be subject to non-payment or collection if payment has already been made:
  o Service types not authorized; or
  o Services delivered by a person not meeting the minimum qualifications or who has not received prior DFPS approval.

TFI will follow the SSCC Adoption Billing Procedure as applicable.

**Pre-Placement Adoption Services**

2INgage staff will provide services to:

• The child(ren) that may have an existing relationship with the prospective adoptive family,
• The child(ren) that may already be placed with the family and services are contracted for the placement to be changed from a temporary placement to an adoptive placement, and/or
• The adoptive family that meets the requirements for an adoptive home and is selected as a match for the placement of a specific child or children. Adoption Placement Activities

2INgage staff will complete the following Adoption Placement Activities prior to the completion of the Adoption Placement, regardless of whether the child is currently placed in care in the home selected for an adoptive placement:

**Case Review**

2INgage staff will obtain written Email approval from the child’s DFPS Caseworker to allow confidential information about the child to be shared with the prospective adoptive family.

2INgage staff will fully review the child’s case record received from DFPS, ensure all information is shared with the adoptive family, and ensure that the impact of an adoptive placement of a special needs child on the adoptive family has been thoroughly discussed with the family.

Upon receipt of said approval, 2INgage staff will provide the adoptive family the child’s de-identified Health, Social, Educational, and Genetic History (HSEGH) reports and case record received from the DFPS Caseworker for review and in compliance with RCCL Minimum Standards for Child-placing Agencies and Child Protective Services Handbook §6000, and will document the action as verification of compliance with this requirement. The date and manner in which the information was shared will be documented in the family case file.
As part of the Health, Social, Educational, and Genetic History report, 2INgage staff will compile the following information for a child being considered for an adoption placement:

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Abuse or neglect:</td>
<td>Physical, sexual, or emotional abuse.</td>
</tr>
<tr>
<td>(2) Health history:</td>
<td>Current health status; Birth history; Neonatal history; Other medical, psychological, or psychiatric history, including any medication history; Dental history; Immunization record; and Available results of any medical, psychological, psychiatric, and dental examinations.</td>
</tr>
<tr>
<td>(3) Social history:</td>
<td>Information about past and existing relations among the child and the child’s siblings, birth parents, extended family members, and other persons who have had physical possession of or legal access to the child.</td>
</tr>
<tr>
<td>(4) Educational history:</td>
<td>Enrollment and performance in educational institutions; Results of educational testing and standardized tests; and Special educational needs, if any.</td>
</tr>
<tr>
<td>(5) Family history:</td>
<td>Information about the child’s birth parents, maternal and paternal grandparents, other children born to either of the child’s birth parents, and extended family members: Health and medical history, including any information obtained in the medical history report and information regarding genetic diseases or disorders; Current health status; If deceased, cause of and age of death; Height, weight, eye, and hair color; Nationality and ethnic backgrounds; General levels of educational and professional achievements; Religious backgrounds; Results of any psychological, psychiatric, or social evaluations, including the date of any</td>
</tr>
<tr>
<td>Type of Information</td>
<td>Including:</td>
</tr>
<tr>
<td>---------------------</td>
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<tr>
<td></td>
<td>such evaluation, any diagnosis, and a summary of any findings; Any criminal conviction record relating to the following: (i) A misdemeanor or felony classified as an offense against the person or family; (ii) A misdemeanor or felony classified as public indecency; or (iii) A felony violation of a statute intended to control the possession or distribution of a substance included in the Texas Controlled Substances Act; and Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance.</td>
</tr>
</tbody>
</table>

2INgage staff will assist adoptive parents in applying for Adoption Assistance and Medicaid; and 2INgage staff or the DFPS Adoption Subsidy Negotiator will provide and explain to the prospective adoptive parents about the benefits and resources available through:

- The **Texas Adoption Assistance Program**, if the child (ren) meets the criteria for eligibility;
- The **Post Adoption Services**; that provides an array of adoptive family support services, and
- The **Federal Adoption Tax Credit**.

**Pre-Placement Visits**

2INgage staff, when providing In-State Adoption Placement Services, will arrange as many pre-placement visits as are necessary based on the needs of the child and develop an Adoption Service Plan; a joint agreement with DFPS.

At a minimum 2INgage staff and the Provider Case Manager will:

- Arrange and provide an initial face-to-face pre-placement visit; and
- Arrange a minimum of one (1) overnight pre-placement visit between the child and the prospective adoptive family (the overnight visit is required, unless waived in writing by DFPS).
**Placement**

Upon successful completion of the pre-placement visits 2INgage staff will seek a written DFPS agreement to continue with the Adoptive Placement. 2INgage staff will complete the Adoption Placement Documentation and submit via fax or secure email transmission to the DFPS Caseworker for final review.

2INgage staff will complete the placement according to CPS policy. DFPS will continue to retain managing Conservatorship of the child until the adoption is finalized.

2INgage staff will follow the SSCC pre-placement and placement requirements as appropriate.

**Adoption Placement Documentation**

At placement of the child in the adoptive home, 2INgage staff must have a signed agreement by DFPS, the person legally authorized to consent to the child’s placement, and the adoptive parents.

The agreement must specify the following:

- The parties’ agreement to complete the adoption at a specified time;
- The adoptive parents’ agreement for 2INgage staff or the Provider Case Manager to supervise them prior to the completion of the adoption;
- That the adoptive parents must notify their Provider Case manager before moving their residence prior to the completion of the adoption;
- That 2INgage staff and the adoptive parents each have the discretion to end the placement prior to the adoption;

2INgage and the Provider Case Manager is responsible for obtaining and maintaining a copy in the child’s record and adoptive family case file of a signed:

- **Adoptive Placement Agreement (Form 2226);**
  - The Adoptive Placement Agreement must be signed at the placement of the child(ren) in the prospective adoptive home. 2INgage staff is then responsible for rendering the signed Placement Agreement to the DFPS Program Caseworker within 24 hours for DFPS approval. 2INgage staff or the Provider Case Manager will also be responsible for keeping a copy of the Adoptive Placement Agreement form, and
  - Designation of Medical Consenter for Non-DFPS Employee Form 2085-B.

At the time of the Adoptive Placement, 2INgage staff is responsible for obtaining three (3) original copies of the Designation of Medical Consenter for Non-DFPS Employee Form 2085-B.

- Leave one (1) original copy with the prospective adoptive family;
- Render one (1) original copy to DFPS; and
- Retain one (1) copy for the Case Manager’s case file.
In addition, 2INgage staff is responsible for obtaining the following records in order to complete an Adoptive Placement:

**Home Screening**

2INgage staff will provide documentation to DFPS that a home screening has been completed on the home that meets RCCL’s [Minimum Standards for Child-Placing Agencies](#) prior to DFPS considering a child for placement in the home.

Adoptive Home Screening/Pre-Adoptive Home Screening. 2INgage staff will develop a written evaluation, prior to the placement of the child in an adoptive home, of the:

a) Prospective adoptive parent(s);
b) Family of the prospective adoptive parent(s); and
c) Environment of the adoptive parent(s) and their family in relation to their ability to meet the needs of a child, and if a child has been identified for adoption, the needs of that particular child.

Upon request by DFPS, 2INgage staff will complete and submit the Non-DFPS Adoptive Home Registration, Form 2238. (To register approved adoptive families who have been assessed and have shown an interest in parenting children in DFPS Conservatorship with special needs who are awaiting an adoptive family. 2INgage staff mails this form to CPS for data entry into IMPACT and maintains a copy of Form 2238 in the Provider’s file.)

**Household Members Background Checks**

2INgage or Provider staff will submit documentation to DFPS verifying criminal history checks have been conducted on all persons 14 years or older residing in the prospective adoptive home prior to placement of child/children.

**Training for Adoptive Homes**

Provider staff must provide training for the prospective adoptive family on the specific topics listed below:

- Separation and attachment,
- The importance of the birth, extended and temporary families,
- The need for children to maintain sibling contact and birth family connections,
- The dynamics and impact of abuse and neglect on children and their development,
- The behaviors exhibited by children who have experienced the trauma of abuse and neglect,
- Age-appropriate, non-physical discipline and agreement to abide by the CPS discipline policy,
• The availability and use of community resources, including the Adoption Assistance Program, the Federal Adoption Tax Credit and Post Adoption Services and Adoption Support Services that may aid in strengthening the support network of the adoptive family and encourage advocacy for their adopted child(ren),

• Sexuality and its manifestations in children who have been abused and neglected, and

• Health, disabilities, and developing positive family attitudes that aid in the adjustment of children with emotional or physical disabilities within the family. The training topic must include information on support and resources that assist families in managing and parenting a child or children with disabilities.

Post-Placement Services
Once the Adoptive Placement has been made, 2INgage through its Provider network staff is responsible for providing ongoing services to the child and the prospective adoptive family during the adoptive placement period. These responsibilities include:

Supervising the Adoptive Placement
Provider network staff will visit the child and the adoptive family according to child and family needs. These staff will begin providing Post Adoption information in preparation toward Post Adoption resources and support.

The following are the minimum requirements for the timeframes in which contact must be made prior to the consummation of the adoption:

• Upon placement of a child with an adoptive family, Provider network staff must make the first home visit to the child and adoptive family within two (2) weeks.

• Provider network staff must make subsequent, face-to-face visits with the adoptive family and child at least once a month or more frequently according to the needs of the child and family.

• At least one (1) face-to-face contact must take place at the residence each month.

• At least two (2) of the monthly contacts during the first six (6) months must include all family members living in the home.

The amount and type of contacts will depend on the child and family’s needs. Provider case managers will visit the home when all members of the household are present and will document in the record the date, persons present, their relationship to the adoptive parents, and observations made during the visit.

If the adoption is not consummated in the first 6 months, monthly contact requirements must continue unless DFPS has approved a different visitation schedule in writing.

Provider case managers must establish well planned, documented visits focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-
being of the child. These visits must focus on the child’s bonding and adjustment to the new adoptive family, the needs of the adoptive family in caring for the child, and the issues identified in the adoptive plan of service.

If issues or prospective issues that may interfere with the success of the adoption are identified, Provider staff will inform DFPS and 2INgage of the issue(s) both verbally and via email within one (1) business day.

**Sibling Contact**

2INgage through Network provider staff will participate in the facilitation of DFPS approved personal contact with a Child's sibling who is in Foster Care or siblings placed in a separate adoptive home, regardless of adoption status. It is anticipated that the frequency may be at least one time per month in a face-to-face meeting when siblings are placed within the same DFPS administrative region.

If siblings are separated by regions, then the frequency of sibling communication is anticipated to be, at a minimum, twice monthly utilizing written or telecommunication methods of communication. This method of contact does not prohibit face-to-face contact when it can occur.

Contact activities to include the party’s discussions and actions will not be directed by 2INgage staff. Exceptions to the sibling contact and communication requirements include when sibling contact is:

- Prohibited by court order;
- Justified restriction by the adoptive parent(s) of the child's sibling already consummated that it’s not in their best interest;
- Contrary to the best interest of the children as reflected in any of the Plans of Service of the siblings; or
- Discouraged by a mental health professional treating any of the siblings.

**Progression to Consummation**

2INgage staff will obtain DFPS’ consent in advance that an adoption is in the best interest of the child and should be consummated. DFPS will provide consent if 2INgage staff has met the following conditions in the estimation of the Department:

- 2INgage through the Provider network staff has supervised the child's placement in the selected home for at least six (6) months;
- 2INgage through the Provider network staff has provided DFPS with required written reports about the placement; (case notes of home visits, monthly home visit case notes, and updated Adoption Plan of Service) and
- All legal and policy requirements for completing an adoption have been met.
Post-placement Adoptive Report. 2INgage through it Network provider staff will develop a written evaluation of the assessments and interviews, after the adoptive placement of the child, regarding the:

a) Child,
b) Prospective adoptive parent(s),
c) Family of the prospective adoptive parent(s),
d) Environment of the prospective adoptive parent(s) and their family, and
e) Adjustment of all individuals to the placement.

Interviews for a Post-placement Adoptive Report may be conducted in one visit and must include:

- Individual interviews with each adoptive parent,
- Individual interviews with each child three years or older living in the home and any other person living full or part-time with the family,
- A joint interview with the adoptive parents, and
- A family group interview with all family members living in the home.

These interviews are not required for a Post-placement Adoptive Report when a foster family adopts a foster child who has been placed in that home at least six months.

Each interview will focus on the adjustment of the family and the child following the placement of the child. 2INgage staff will also discuss any changes since the adoptive home screening was approved. 2INgage staff will document in the record all interviews and attempts to interview persons listed above. The documentation must include the date and method taken to contact each required person, the date of each interview, who was present at each interview, their relationship to the adoptive parents, and a summary of each interview.

Adoption Service Plan
The Adoption Service Plan should outline the goals of the prospective adoptive family and child(ren), as well as the steps that it will require both the family and 2INgage staff to take in order to accomplish the goals in the Adoption Service Plan. Provider network staff will update the Adoption Service Plan as necessary, but at a minimum of every six (6) months until the adoption is consummated. The Adoption Service Plan will be initiated when 2INgage accepts a child or enters into a written agreement for adoption placement services. Listed below are the minimum requirements for the Adoption Service Plan:

a. Within the first thirty (30) days of the child(ren)’s placement, Network Provider staff will develop an Adoption Service Plan with the prospective adoptive family and have all parties sign the Adoption Service Plan.
b. 2INgage through the Provider network staff will fulfill their obligations outlined in the Adoption Service Plan, which will include but are not limited to:
   i. Providing adoption support services to the family,
   ii. Maintaining contact with the family and child, and assisting with any immediate needs they may have,
   iii. Facilitating sibling visits and communication contacts, and
   iv. Guiding the family and the parent’s attorney toward finalization and consummation of the adoption.

The Adoption Service Plan must address:

- the needs of the birth parents (unless parental rights have been relinquished or involuntarily terminated), child, and the adoptive family; and any other issue that impacts the adoption.

The adoptive family becomes part of the service plan when matched with a child.

The plan must include specific strategies to meet the needs and issues identified, and an estimate of the time required to consummate the adoption. 2INgage staff will inform DFPS and adoptive parents of the services 2INgage staff will provide.

If siblings are placed in the same adoptive home, 2INgage staff does not have to develop a plan for each child. If siblings are placed in separate adoptive homes, 2INgage staff will develop separate plans for each home.

**Delays in Consummation**

If the adoption is not consummated and finalized within one (1) year after the initial placement, and the placement is still intact, 2INgage staff will contact the DFPS Caseworker to coordinate a review of the placement in order to develop a revised Adoption Service Plan.

**Disrupted Placement**

In order to intervene in a possible disruption of placement, 2INgage staff will notify the DFPS Caseworker upon having acquired any information on a potential disruption. If the event that the adoption is not consummated and the placement is disrupted 2INgage staff will:

In order to intervene on possible adoption disruption, 2INgage staff will **be notified by Provider case managers and will notify the** DFPS Caseworker electronically. 2INgage will coordinate a staffing to develop a Crises Intervention Plan to prevent possible adoption disruption. The following will be discussed during the staffing:

- The reasons that the placement may be disrupted,
- The information shared with the child about a potential disruption and the child’s response,
- Any red flags that a disruption may occur,
- Any actions that could prevent a disruption, and
• Any recommendations to stabilize the present placement and any recommendations regarding future adoptive placements for the child in the event a new placement must be coordinated.

**Court Related Services**

2INgage staff must provide court related services in two (2) capacities:

**Court Testimony**

2INgage staff must allow any of its employees to provide relevant information in representation for 2INgage staff when requested by DFPS in any of the following situations:

• Judicial Hearings,
• Court Depositions, and
• Administrative Reviews.

**Court Related Assistance**

2INgage through its network provider staff will assist the adoptive family and their attorney to complete the adoption consummation and finalization process.

Network providers will prepare a signed and notarized court report unless the court orders another party to prepare the report.

Network providers will file the completed court report no later than ten (10) days prior to the court hearing.

Network providers will provide a copy of the filed court report to the following people 10 days prior to the court hearing:

• DFPS,
• The adoptive family,
• The family’s attorney,
• The child’s attorney ad litem, and
• Any other interested parties legally involved with the child(ren) as identified by DFPS.

**Court Related Documents**

Petition for Adoption

The Network provider is responsible for obtaining six (6) copies of the file stamped Petition for Adoption. 2INgage staff will then maintain one (1) copy for their case file and supply a Petition for Adoption to each of the following parties:

• DFPS Caseworker,
• Adoptive family,
• Family’s attorney,
• Child’s attorney ad litem,
• Any other interested parties legally involved with the child(ren).

**Court Report**
Network provider staff is required to complete the signed and notarized court report and supply copies of the court report.

**Adoption Decree**
The network provider will obtain a minimum of six (6) copies of the Adoption Decree signed by the judge. TFI will then maintain one (1) copy for their case file and supply an Adoption Decree to each the following parties:

- 2INgage,
- DFPS Caseworker,
- Adoptive family,
- Family’s attorney,
- Child’s attorney ad litem, and
- Any other interested parties legally involved with the child(ren).


Prior to closing a case record after an adoption has been consummated or disrupted, 2INgage agrees to provide the Department with a copy of all case record information not previously forwarded to ensure that the Department has a complete case record; 2INgage understands that the Department will, upon request by an adoptee, release the case record according to the confidentiality laws within the Texas Family Code.

**Foster Adopt Family Profile**

**Purpose**
To ensure that children are matched with Foster/Adopt Families that can meet the child’s special needs.

**Process**
2INgage will require verification of foster home information and availability and to update the system if changes have occurred within the home, thus providing an actual representation of available placement options.

By utilizing real time placement information and ECAP, 2INgage will identify the most appropriate placement early in the process so the best match can be made.
The standard home profile used for matching purposes in ECAP will be utilized for all homes where a 2INgage child is to be placed. This profile has information regarding the family such as location of the home, demographics of the parents, type of family (basic, therapeutic, etc.), capacity (openings and placements), parent preferences of age range and sex, quality indicators for the family (utilizes trauma-informed principles, structured home environment, one parent stays at home, advocates for education, facilitate transportation or visits, etc.), behaviors that the family feel comfortable working with/preferred (home accepts LGBT youth, etc.). 2INgage requires that this information to be entered in the Gateway database for each foster and adoptive home in the network. Information from the Gateway database will automatically flow into ECAP.

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

**Foster Adopt Parent Training**

**Purpose**
To ensure that Foster/Adopt Parents receive the required training hours needed to meet Texas Department of Family and Protective Services (TDFPS), Community Based Care and 2INgage regulations/procedures.

**Policy**
2INgage and Network Providers will ensure that, foster/adopt parents, and respite caregivers receive annual planned, meaningful training designated to prepare them specifically for the kind of care they will be providing.

**Procedure**

Pre-Service Training Hours

Network Provider staff will be responsible for delivery of all required training to foster and adoptive parents. They will provide foster/adopt parents pre-service training that will consist of at least 8 hours of pre-service training hours prior to providing care for children. Pre-service training must be instructor led by a qualified instructor, must include a health care professional or pharmacist led training in administering psychotropic medication and assess each participant following the training to ensure the course content was learned. Providing training in emergency behavior intervention requires the instructor be certified in a recognized method and be able to document knowledge of the intervention, course material, training delivery methods/techniques and training evaluation/assessment of methods and techniques. Trainings must be competency based and require participate to demonstrate skill and competency at the end of the training.
Prior to providing care, foster/adopt parents will be provided with the RCCL Minimum Standards, agency philosophy, organizational structure, policies and description of service/program offered as well as the needs and characteristics of children the 2INgage Provider Network serves. This will be documented in the Network Provider’s Foster/Adopt Home Licensing File. Foster/Adopt parents providing treatment services must meet pre-service experience requirements prior to a treatment services child being placed in their home and this experience must be documented in the Network Provider’s Foster/Adopt Home Licensing File. Caregivers exclusively caring for children receiving treatment services for primary medical needs are exempt from pre-service emergency behavior intervention training requirements.

General pre-service training curriculum for Foster/Adoption families must include:

- Agency’s orientation,
- Topics appropriate to the needs of children for whom the caregiver will be providing care, such as developmental stages of children, children’s self-esteem, constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children, and age-appropriate activities for the children,
- Trauma-Informed Care,
- The different roles of caregivers,
- Measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation,
- Procedures to follow in emergencies, such as weather-related emergencies, volatile persons, and severe injury or illness of a child or adult,
- First Aid, CPR and prevention of the spread of communicable diseases,
- Recognizing and preventing shaken baby syndrome (for foster/adopt parents caring for children younger than 2),
- Preventing sudden infant death syndrome (for foster/adopt parents caring for children younger than 2),
- Understanding early childhood brain development (for foster/adopt parents caring for children younger than 2),
- Identification of psychotropic medications, basic pharmacology (the actions and side effects of, and possible adverse reactions to, various psychotropic medications, techniques and methods of administering medications, who is legally authorized to provide consent for the psychotropic medication),
- Prevention of youth-to-youth abuse,
- Medical Consenter training,
- Normalcy training,
- Cultural Competency topics,
- Adoption preparedness,
- Emergency Behavior Intervention techniques,
- Transportation training,
• Water safety, and
• Any related policies and procedures to foster/adoption.

**Training for Adoptive Homes**

Training for the prospective adoptive family will be accomplished by the Network Provider on the specific topics listed below:

- Separation and attachment,
- The importance of the birth, extended and temporary families,
- The need for children to maintain sibling contact and birth family connections,
- The dynamics and impact of abuse and neglect on children and their development,
- The behaviors exhibited by children who have experienced the trauma of abuse and neglect,
- Age-appropriate, non-physical discipline and agreement to abide by the CPS discipline policy,
- The availability and use of community resources, including the Adoption Assistance Program, the Federal Adoption Tax Credit and Post Adoption Services and Adoption Support Services that may aid in strengthening the support network of the adoptive family and encourage advocacy for their adopted child(ren),
- Sexuality and its manifestations in children who have been abused and neglected, and
- Health, disabilities, and developing positive family attitudes that aid in the adjustment of children with emotional or physical disabilities within the family. The training topic must include information on support and resources that assist families in managing and parenting a child or children with disabilities.

**Training Hours for Annual Licensure/ Training Hours Criteria**

Foster/Adopt Parents must complete the required number of annual training hours according to the level and type of care they are providing. Documentation of annual training must include a certificate, letter or signed statement listing completion of the course as well as the participant’s name, date of training, title/subject, trainer’s name and qualifications, source of training, expiration date of certification as determined by the organization providing the certification and length of training.

If the required training is not met the foster/adopt family will be placed on hold. No new placements will be made in the Foster/Adopt Home until it is documented the training hours were met.

All foster/adopt parents must also complete and maintain First Aid and CPR certification. Annual training hours are due within 12 months of date of verification and subsequently each year. If a foster/adopt parent administers psychotropic medication, his/her annual training must be in the same areas as pre-service training for foster/adopt parents who administer...
medications and must obtain training no later than 12 months from the last psychotropic mediation training.

Annual training hours or CEUs can be earned though workshops, conferences, seminars, self-instructed training (excluding emergency behavior intervention, first aid and CPR), planned learning opportunities provided by 2INgage, Network Providers or external agencies, and/or completed (passing) college courses consisting of 3 college credits equivalent to 50 clock hours. Annual training hours that maybe counted include:

- The hours of annual training that a person received at another child-placing agency, general residential operation, or residential treatment center, if the person:
  - Received the training within the time period used to calculate the person’s annual training; and
  - Provides documentation of the training;
- Annual emergency behavior intervention training (required). Employees, volunteers and caregivers required to obtain annual training regarding emergency behavior interventions must complete the training no later than 12 months after the last emergency behavior intervention training. Training may be developed based on evaluation of the agency’s emergency behavior intervention programs. The training may repeat some of the pre-service training components including training in the proper use and implementation of emergency behavior intervention.
- First-aid and CPR training (must be kept current);
- Normalcy training (2 hours required). The annual training regarding normalcy must include the curriculum components covered in the pre-service training regarding normalcy. Subsequent annual training regarding normalcy should further develop and refine an employee’s knowledge and understanding of normalcy and how it should be implemented.
- Cultural Competency training;
- Abuse and Neglect Prevention and Reporting (1 hour required). The annual training related to prevention, recognition, reporting and responding to child abuse and neglect must include the following components:
  1. The factors indicating a child is at risk for abuse or neglect;
  2. The warning signs indicating a child may be a victim of abuse or neglect;
  3. The procedures for reporting child abuse or neglect; and
  4. A list of community organizations that have training programs available to child-placing agency staff members, children, and parents;
- The hours of pre-service training that the person earns in addition to the required pre-service hours. For example, if a person completes 24 hours of pre-service emergency behavior intervention training, and is required to obtain 16 hours, that person may count eight of the hours toward annual training requirements.
• Half of the hours spent developing initial training curriculum that is relevant to the population of children served. No additional credit hours for training curriculum development are permitted for repeated training sessions;
• One-fourth of the hours spent updating and making revisions to training curriculum that is relevant to the population of children served.

For annual training hours, you may not count:
• Orientation training,
• Pre-service training,
• The hours involved in case staffing and conferences with the supervisor, or
• The hours presenting training to others.
• No more than one-third of the required annual training hours may come from self-instructional training.
• If a person earns more than the minimum number of training hours required during a particular year, the person can carry over to the next year a maximum of 10 training hours.

The subject matter for the annual trainings may include:
• Developmental stages of children,
• Constructive guidance and discipline of children,
• Fostering children’s self-esteem,
• Positive interaction with children,
• Strategies and techniques for working with the population of children served,
• Supervision and safety practices in the care of children,
• Preventing the spread of communicable diseases,
• Teaching Basic Living and Social Skills with Experiential Life Skills Activities in the home and community, and/or
• Water safety

External Training

Foster/Adopt Families can obtain approved training hours from external resources to meet their annual training needs. External training hours will be sent by the foster/adopt parent to the Network Provider Case Manager/Worker throughout the year as training is completed. The Network Provider will review the training credits to verify the training was related to childcare topics and appropriately convert the credits to hourly.
Network providers will track all foster and adoptive parent training and provide to 2INgage as requested.
Legal Risk Placement

**Purpose:** To provide opportunity for child and family to work toward permanency when legal issues stand in the way of adoption for a child.

**Process:** In order to facilitate in a timely manner, the placement of children in an adoptive home, 2INgage may consider placement with an approved adoptive family prior to the time all legal issues pertaining to the termination of parental rights have been addressed.

A “legal risk placement” exists when you:

1) Have a child that is not available for adoption because his parent(s)’ rights have not been terminated,

2) Have placed a child into a home that has been jointly verified as a foster home and approved as an adoptive home, and

3) Intend for the placement to change from foster care to adoption once the child is eligible for adoption.

A “legal risk placement” does not exist when you merely place a child with foster parents who want to adopt the child but have not been approved as an adoptive home.

A legal risk placement may be considered when certain legal issues exist which may delay DFPS from being able to issue the Consent to Adopt, such as:

- Technical problems with legal document (i.e. Journal Entry has incorrect wording, or something is missing),
- Procedural problems with termination and dispositional hearing (i.e. Journal Entry fails to document that grandparents or other “interested parties were notified”), or
- The parent(s) filed an appeal in court to the termination of their parental rights but are not expected to be successful.

When a child is placed as a legal risk placement, the foster home must be licensed if they are not already licensed as a Foster Home and approved as an adoptive home. If the home is a non-licensed relative (fictive) or kinship home and the child is already in the home, the home must become a licensed foster home prior to the submission of paperwork by the CPS Worker for legal risk adoption. If the child is not in placement in the kinship/fictive home, placement will not occur until the home is licensed.
Authorizations

Service Authorizations

Purpose
To assist children and families referred to 2INgage with the individualized resources and services needed.

Procedure
When children or families need services to support reunification, Case Management will use the criteria described below to assist in determination of service authorization.

Service Criteria:

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Requirements to Approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Authorization Dollars</td>
<td>1. Money must be a necessity to assist in meeting the goal of the case plan, meeting</td>
</tr>
<tr>
<td>mental health services,</td>
<td>the child’s medical, social, emotional, or educational needs, or to accommodate a plan</td>
</tr>
<tr>
<td>concrete services,</td>
<td>to relieve a family emergency; and</td>
</tr>
<tr>
<td>assessments)</td>
<td>2. Funds must be paid directly to the service provider who has been selected for the</td>
</tr>
<tr>
<td></td>
<td>identified service.</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>1. Parents with history of illicit drug use/alcohol abuse</td>
</tr>
<tr>
<td></td>
<td>2. Immediate suspicion of illicit drug use/alcohol use/intoxication against court order</td>
</tr>
<tr>
<td></td>
<td>3. Child with history or immediate suspicion of drug/alcohol use.</td>
</tr>
<tr>
<td></td>
<td>4. Court ordered drug testing</td>
</tr>
</tbody>
</table>

Any service or resource for a child/family that requires payment/purchase by 2INgage must be authorized prior to initiating service or purchasing resource as below. The following types of services/resources must be authorized before payment will be made:

<table>
<thead>
<tr>
<th>Service</th>
<th>Requested by</th>
<th>How Requested</th>
<th>Approved by</th>
<th>Authorized by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health services for children or</td>
<td>PCM</td>
<td>Complete Service Authorization Request form and email to [email protected]</td>
<td>Permanency Supervisor/Director/VP (depending on cost)</td>
<td>CMD</td>
</tr>
<tr>
<td>families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The family’s Permanency Case Manager (PCM) will determine if the family, resource provider or community can provide needed services/resources for the child. When the community cannot provide the services/resources needed to meet the child/family case plan goal, the assigned case team will request authorization for service from CMD or through WebFACES as noted above. The PCM should document all attempts to utilize community resources prior to the request. The request requires the service provider’s name, address, and phone number.

Services requested above will be authorized for the following timeframes/units.

<table>
<thead>
<tr>
<th>Service to be authorized</th>
<th>Timeframe</th>
<th>Number of Units/Sessions authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial assessment</td>
<td>1 month</td>
<td>4 sessions</td>
</tr>
<tr>
<td>Individual therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Substance Abuse Assessment</td>
<td>1 month</td>
<td>1</td>
</tr>
<tr>
<td>Service to be authorized</td>
<td>Timeframe</td>
<td>Number of Units/Sessions authorized</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Substance abuse individual therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Substance abuse family therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Substance abuse group therapy</td>
<td>4 months</td>
<td>8 sessions</td>
</tr>
<tr>
<td>Supervised Visitation</td>
<td>1 month</td>
<td>1 unit (lump payment)</td>
</tr>
<tr>
<td>Concrete Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If additional services are needed beyond the original time frame or units/sessions authorized, the PCM should submit the form again to their supervisor with justification for the extension request.**

**Emergency Services:**

Services requiring emergency funds to purchase items must be noted as such and CMD will forward the authorization to the Finance Department with an email noting an emergency check must be written rather than waiting for the usual scheduled payments. For urgent funds (same day or within 24 hours), the Director of Permanency must approve the urgent need and determine payment source (i.e. agency credit card or reimbursement). CMD will authorize and note the form of payment in the authorization. Urgent requests do not need to be emailed to the Finance Department by Case Management.

**Receipts and Bills:**

Concrete funds must have an estimated amount or the actual bill needing to be paid before authorization. Payment is sent to the provider or PCM if purchase from store is required. PCM purchasing items from store will send receipt to the Business office.

**Exceptions:**

If the authorization was not requested and completed within 10 working days of service starting, an exception will be needed by the Program Director and Director of Care Management to authorize service and back date payment.

**Case Management**

**Caseworker Visits with the Child**

The Permanency Case Manager is responsible for visiting face to face with each child at a minimum of once a month. If the child’s needs require more frequent contact or to ensure safety, the Case Manager must ensure this contact is made. This additional contact may, at times be made by the Family Support Worker who is paired with the Case Manager. The
primary Case Manager should see all children regardless of where they are placed if possible. The Case Manager and Supervisor will determine, based on workload and specifics of the child’s needs and placement if a Courtesy worker will be requested when the child’s placement is in another region. If courtesy supervision is provided, the Permanency Case Manager will call or use electronic means such as Facetime to visit with the child and discuss the child’s needs and progress with the Courtesy worker at least monthly. All contacts with the child must be documented in IMPACT the same day they occur.

The Permanency Case Manager ensures the initial visit with the child and family occurs within 72 hours of placement. The Case Manager should participate in this visit and takes this opportunity to begin to develop a relationship with the child. The Permanency Case Manager provides the school age child with contact information including their cell phone number.

The Permanency Case Manager establishes a relationship with the child, understanding their background and trauma, that allows them to know the child best and provides opportunity for trust. The Case Manager prepares for each visit by reviewing any new information received since the last visit with the child. All staff use principles of both Trauma Informed Care and Solution Based Casework as the foundation for engagement with the child. The Permanency Case Manager meets with each child alone in their residence monthly in order to develop the child’s sense of trust in the Case Manager. The conversation must always include enough information to determine that the child feels safe in their current placement and that their needs are being met.

Because the Permanency Case Manager is the person who has the relationship with the child and knows the child best, the Case Manager places the child when a new placement is required. The Case Manager makes sure the child feels safe in their new placement and has any concerns or questions addressed. The Case Manager calls the child within 2 days after a subsequent placement is made to check in with them and address any concerns they may have.

**Caseworker Visits with Family and Caregivers**

The Permanency Case Manager’s ability to engage the family in a supportive relationship is the most important factor involved in moving the child into permanency as quickly as possible. The first contact with the family is made within one business day with the first face to face visit between the Case Manager and family occurring within three business days.

The first visit with the family is the Case Manager’s opportunity to begin to establish a working relationship utilizing skills and tools of Solution Based Casework. The Case Manager will gather information from the family about any special needs their child(ren) may have and answer questions related to the child’s initial adjustment to their placement. If this face to face contact is in conjunction with the first visit between the child and family the Case Manager must also spend time separately engaging and establishing a working relationship with the
family. The Permanency Case Manager begins to gather social history information from the family’s perspective including what support systems they have. Any relatives or potential caregivers for the child not identified by DFPS will be discussed as options for support and/or placement. The Permanency Case Manager will also let the family know about the Permanency Conference that will be scheduled within 21 days and get 3 dates/times for options for the Conference.

The role of the Permanency Case Manager is to empower families by helping them to identify solutions to address the current risk and safety factors identified by the DFPS removal worker. The Case Manager spends enough time with the family prior to the first Permanency Conference to gain consensus with the family on the initial tasks to be identified on the Family Service Plan.

The Case Manager meets face to face at least monthly with the family or more as needed in order to provide the family the support needed to address the areas of need and to assess the impact services are having on the family. The Case Manager seeks input from the family at each contact on any new areas of need identified and to gain consensus with the family on changes in or addition of services that may be needed. Most of these visits are to be in the family’s home. Additional face to face contacts should be scheduled based on the individual family needs. The Case Manager should also maintain telephone and other electronic communication with the family during the month as individual case need requires and be responsive to calls/texts from families within 1 business day. The Case Manager and Supervisor will discuss the frequency of contact required for individual families based on assessment of needs.

The Case Manager supervises as many family and child visits as possible considering workload restraints. Supervisors must approve visitation plans which do not include the Case Manager. The Case Manager uses this as another opportunity to engage the family through supportive feedback and assistance during visitation.

Permanency Support Workers utilize the same skills as Case Manager’s in interacting with families assigned. This may at times includes supervised visitation. Case Managers and Supervisors are to ensure Permanency Support Workers are knowledgeable about the strengths and needs of the families they work with and provide an additional layer of support.

Case Managers are also responsible for visiting on at least a monthly basis with all caregivers. This includes children in all types of placements. The Case Manager visits with the caregiver and the child both separately and together. The focus with the caregiver during the visit is to gain information about the child’s needs and any concerns from the caregiver’s perspective. Solution Based Casework skills can also be utilized when needed to help caregivers resolve issues of concern related to the children in their care. The Case
Manager must also respond or return phone calls to caregiver requests for information or assistance within 1 business day.

2INgage believes it is important for Case Managers to have primary contact with caregivers of all children. Supervisory approval must be given to requesting courtesy supervision for children placed out of region. If approval is given, the Case Manager will develop a plan for frequency of actual face to face visits on a regular schedule. A minimum of monthly phone or other electronic contact will be maintained with the caregivers of those children placed out of region when courtesy supervision is approved.

**Child Daycare Services**

**Purpose**
To provide guidance regarding submitting and processing daycare authorizations.

**Procedure**

**General Protective Daycare**
A Permanency Case Manager (PCM) may request General Protective Child Day Care for children only to:

- Provide for immediate or short-term safety from abuse and neglect,
- Prevent the child from being removed from the home,
- Allow the child to be reunited with the family,
- Address the developmental needs of a child whose physical, social, emotional, cognitive, or language developmental delay is a significant factor in the risk of abuse or neglect in the home,
- Help stabilize the family,
- Maintain a child who is not in the conservatorship of 2INgage in a parental child safety placement with relatives or kin, or
- Maintain placement of a child in 2INgage conservatorship with a kinship caregiver who does not meet the eligibility criteria for Kinship Child Day Care, but only if approved by the VP of Permanency or designee other than DFPS regional day care coordinator. See 8235.51 Determining Eligibility for Kinship Day Care.

**Paid Foster Care**
A Permanency Case Manager or Child Placing Agency (CPA) Case Manager may request day care when the child is placed in a foster home with caregivers who are both employed and work at least 40 hours per week outside the home. Being a volunteer, student, or providing foster care or kinship care services is not considered employment. Caregivers must verify that they have sought all free community resources prior to requesting assistance.
To be eligible during the school year, the child must be 6 years old or younger or have a developmental delay or physical disability. For summer care, the child must be 12 years or younger or have a developmental delay or physical disability.

The Permanency Case Manager or CPA case manager will submit the following documents and information to the Care Management Department:

1. Name of daycare
2. Caregivers have confirmed the chosen daycare has a spot available, completed a walkthrough of the daycare, and filled out enrollment paperwork.
3. 1809: Foster/Relative/Other Designated Caregiver Daycare Verification
4. Last 3 paystubs for each caregiver in home.
   a. Paystub must list number of hours worked weekly. If it doesn’t, caregiver can submit letter/email from employer attesting 40+ hours.
5. If caregiver is self-employed, 1806 self-employment form is submitted in lieu of paystubs if caregiver is self-employed.
   a. Must submit one 1806 for each of the preceding 3 months.
   b. Must also provide tax ID number or EINS from IRS showing employer identification number or business license verifying self-employment status
6. If caregiver works for an Independent School District, must indicate what their role is and which ISD they work for.
   a. Must verify whether they work 40 hours during the summer.
   b. Authorization ends the last day of school.
   c. A new request must be sent for summer daycare (eligible under age 14).
   d. Once teacher returns to school, must resubmit request.

Kinship Child Day Care

2INgage Permanency Case Manager or Kinship Worker may request Kinship Child Day Care for a child under 2INgage services who is placed with kinship caregivers if: an approved kinship home assessment is on file for caregivers, the caregivers have signed Kinship Caregiver Agreement, and the caregivers are employed outside the home and work at least 40 hours per week.

To be eligible during the school year, the child must be 6 years old or younger or have a developmental delay or physical disability. For summer care, the child must be 12 years or younger or have a developmental delay or physical disability.

The PCM or Kinship Worker will submit required documents/information to Care Management (same as Paid Foster Care documentation).
For all Daycare Types:
Paystubs and supporting documentation should be sent as a separate attachment from 1809 to Care Management.

Once all correct documentation and information is received, 2INgage Care Coordinator will process daycare requests within the same business day of all needed information being received. This will include completing the 2054 in IMPACT and forwarding the 1809 to Regional Daycare Specialist.

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

Daycare renewals should be requested two weeks before current authorization expires. A renewal will require the same information as a new request.

Foster Child Day Care or Kinship Child Day Care ends if the caregiver signs an adoptive placement agreement.

**Child Sexual Aggression**

**Purpose**
To identify appropriate developmental sexual behavior, problematic sexual behavior, and sexually aggressive behavior when considering placement for children in foster care.

**Procedure**
If a Permanency Case Manager suspects that a child has sexually aggressive behavior, they MUST notify the 2INgage Vice President of Permanency immediately. The notification can be made via email with a copy to the Permanency Supervisor and Permanency Director.

The 2INgage Vice President of Permanency should gather the following information to determine if the child’s behavior meets the definition of sexually aggressive behavior:

- Age of all children at time of incident(s) as well as any developmental delays present.
- The date and location of where the incident(s) occurred.
- A description of the incident.
- Any documented history of sexually aggressive behavior, as defined in this document.
- Any Child Advocacy Center (CAC) forensic interviews of the child in question or of any alleged child’s victims.

If sexually aggressive behavior is identified, it must be indicated in the child’s IMPACT case record by the 2INgage Vice President of Permanency and reflected in the Child’s Placement Summary (Form 2279 for initial placements) or Region 2 Placement Change Form (subsequent placements) and Common Application for Placement (2087).
Contact Logs and Monthly Evaluation

Purpose
To ensure that all contacts and services are conducted as required.

Process
Criteria for completion:
- Contacts must be completed on all interactions related to the child/foster parent/parent.
- Each contact type must be entered individually into a Contact log.
- Only authorized personnel may make entries into case records.
- Contact logs must reflect facts and not opinions. Facts are what the worker observes, not what he/she believes.
- Contacts must be entered within 24 hours of the encounter and complete the contact narrative within 7 days. Contacts must be kept up to date from admission to case closure.
- All Contact logs must be completed in IMPACT.
- All workers should assess the safety of the child at each interaction and record the results in the Contact Log.
- By the 5th working day of the following month, all Monthly Evaluations must be completed and submitted in IMPACT.

Family Assessments

Purpose
To provide an accurate assessment of a family’s strengths and needs to ensure appropriate interventions, evaluate risk and safety, and aid in the development of permanency plans.

Procedure
The Permanency Case Manager works in coordination with the family to complete the North Carolina Family Assessments scale (NCFAS-G+R) within 21 days of case assignment. Permanency Case Manager will assess information provided by the family, as well as collateral contacts and service providers who have information, to assess the family strengths, danger indicators, and risk factors in the following areas:

- Environment (Housing, safety in the community, environmental risks)
- Parental Capabilities (Developmental knowledge, discipline practices, supervision issues)
- Family Interactions (Communication issues, child bonding, expectations of children)
- Family Safety (Presence of Domestic violence, physical abuse, other family conflict)
- Child well-being (Child’s behaviors, school performance, relationship to parents)
- Social/Community Life (Social relationships, connections to neighborhood and community, relationship to schools/day care)
- Self-Sufficiency (Employment, income, financial management)
• Family Health (Physical, mental, disabilities)

The NCFAS-G+R is completed again at the point of considering reunification and at recommendation to the court for legal dismissal. When reunification is being considered, the PCM, in coordination with the family and child, completes the additional sections of the NCFAS-G+R:

• Caregiver/Child Ambivalence
• Readiness for Reunification

Additional assessments and referrals are completed based on a client’s individual needs.

Family assessments must be completed for the primary household from which the child was removed, as well as other non-custodial parents or caregivers. Every attempt must be made to engage non-custodial parents in planning for the care of their children.

Results from all assessments completed form the basis for the Family Plan of Service.

Family Finding

Purpose
To provide strategies to locate and engage relatives and kin of children currently living in out of home care.

Procedure
Children and youth who have met one of the following criteria shall have a Family Finder assigned:

• Youth who are within two years of aging out
• A child whose parental rights are terminated and have no permanent placement identified
• A child or youth with absent parents

The Permanency Case Manager will make the referral for services of a Family Finder through the Permanency Support Supervisor.

The Family Finder will contact any located family members or kin to determine interest, then inform the Permanency Case Manager of any viable family/kin options within 1 business day of the contact.

Mandated Reporting of Abuse and Neglect

Purpose
To establish guidelines for the reporting of abuse and neglect
**Procedure**

2INgage staff are mandated reporters and shall report any suspected abuse or neglect to the Texas Child Abuse Hotline (1-800-252-5400). This includes any suspected abuse or neglect in a family served by 2INgage.

2INgage staff will avoid interfering in DFPS’s decision-making process for any reports of child abuse or neglect.

Reports that are not assigned for further assessment by DFPS will be staffed with the Permanency Supervisor and Director assigned to the family. Kinship staff will be included if the concern is regarding a kinship family. The Case Management Team shall consider and incorporate the information into the work with the child/family as appropriate.

Prior to case closure, the Permanency Supervisor shall ensure all subsequent unassigned reports have been addressed in the open case.

**Parent, Child and Sibling Visits**

**Purpose**

To ensure the child has contact with his/her parents and siblings to maintain the attachment and relationship between/among them. These interactions give the family a chance to maintain their emotional bonds and promote the importance of family.

**Procedure**

**Parent/Child Contacts**

The first visit shall occur within five calendar days after removal, but sooner if possible. Visits between parents and children should occur at least weekly, with increased frequency as possible/safe based on risk and safety assessments.

The Permanency Case Manager should supervise as many parent/child visits as possible considering workload constraints.

**Sibling Contacts**

For children not placed with their siblings, visits should be offered between the siblings at least once per month. The visits can occur during the parent/child visits if all siblings are present. If all siblings are not present at the parent/child visit, a separate visit must be offered at least once per month. If the sibling contact is supervised by a caregiver, the Permanency Case Manager will contact the caregiver for a report on the interaction and will document the report in IMPACT.
**Permanency Conference**

**Purpose**
To establish guidelines and process for scheduling and conducting Permanency Conferences

**Procedure**
Permanency Conferences are facilitated by trained facilitators according to the Policy requirements and Texas Administrative Code Rules referenced in the DFPS Handbook.

**Initial Permanency Conference**
A Permanency Conference is held within 21 days of removal. The date for the Permanency Conference should be determined in cooperation with the family and discussed at the first visit.

The purposes of the initial Permanency Conferences are:

- Identify the child’s permanency goal,
- Identify any barriers to achieving the child’s permanency goal, and
- Develop strategies and determine actions to achieve the child’s permanency goal including finalization of the Family Plan of Service.

A 14-day notice must be given for the initial and all subsequent Permanency Conferences. The following individuals/groups are invited to participate in the conference:

- Parent,
- Child,
- Attorneys, CASA, and other individuals specified by the court,
- Other professionals,
- Caregiver, and
- Other family or support systems identified by the family.

During the conference, the child’s strengths and needs are addressed, identified safety issues that lead to removal are reviewed, and steps taken to form consensus on where the family will initially focus are documented. Services to meet the identified needs will be reviewed and incorporated into the Family Plan of Service.

When a child is separated from siblings, the following issues will be addressed:

- Diligent efforts to reunite siblings in placement,
- Type and frequency of contact between siblings placed with different caregivers,
- Need and type of therapeutic intervention for maintaining sibling relationships, and
- Specific issues needed to reunite siblings for the purpose of adoption if the permanency goal becomes adoption and siblings are still placed separately.

**Annual Permanency Conference**
A Permanency Conference is held annually for each child who is not in a permanent placement. This Permanency Conference addresses:

- Circumstances that may have changed for any family member, relative, or fictive kin,
- Changes in caregiver’s willingness or appropriateness to care for the child,
- Efforts that are being pursued to achieve permanency for the child or address existing barriers to permanency,
- Efforts being made to preserve or develop the child’s relationships with his/her family, siblings, and other caring adults who are significant in the child’s life, and
- Issues related to discharging the child or youth from care if discharge is imminent.

A youth age 14 or older attends the Permanency Conference to develop or enhance the youth’s plans for transitioning to successful adulthood, including exploring permanency options and expanding/strengthening the youth’s support network. The youth may invite at least two separate adults, other than the Permanency Case Manager or foster parent.

The assigned facilitator is responsible for the children and families on his/her secondary workload and will ensure coordination and notification for all annual Permanency Conferences.

**Personal Document Tracking**

**Purpose**

To establish a process for tracking the personal documentation for children and youth in out of home placement.

**Procedure**

When a Permanency Case Manager (PCM) or Permanency Support Worker (PSW) receives original personal documents, an electronic copy will be uploaded to WebFACES. The PCM or PSW will hand-deliver or send the original document via certified mail to the Director of Permanency Support, who will maintain all originals in her/his office. Documents will be double locked in the 2INgage facility.

If an original document must be released for any reason, the Director of Permanency Support will note those details in the client’s WebFACES file in the “Description” section of the document type. This will detail who obtained possession of the original document, the date, and the purpose for releasing. If the document was mailed, the tracking number will be noted, and the document sent via certified mail.

Protocol for Personal Documents Provided to Youth Prior to Age 16:

- Prior to a youth’s 16th birthday, the PCM will provide the youth with a copy of the following:
  - Birth certificate
Social Security card
- Personal ID and/or Driver’s License
- The PCM will ensure the youth signs the Personal Documents Checklist – Age 16, Form K-908-2527 to confirm the documents were received.
- If the youth’s caregiver or guardian is maintaining the documents for the youth, that individual must also sign the form.
- The PCM will assist the youth in developing a plan for keeping copied documents in a safe place, describing the plan in Form K-908-2527.
- Form K-908-2527 will be uploaded to WebFACES upon completion.
- The PCM will document the following in the IMPACT Contact Narrative:
  - All documents the youth/caregiver received
  - Any efforts made to obtain documents that were not provided

Protocol for Personal Documents Provided to Youth Prior to Age 18:
- Prior to a youth’s 18th birthday, the PCM will provide the youth with both a copy and the original of the following:
  - Birth certificate
  - Social Security card
  - Personal ID and/or Driver’s License
- The PCM will ensure the youth signs the Personal Documents Checklist – Age 18, Form K-908-2528 to confirm the documents were received.
- The PCM will assist the youth in developing a plan for keeping documents in a safe place, describing the plan in Form K-908-2528.
- Form K-908-2528 will be uploaded to WebFACES upon completion.
- The PCM will document the following in the IMPACT Contact Narrative:
  - All documents the youth/caregiver received
  - Any efforts made to obtain documents that were not provided

Reunification Staffing

Purpose
To assess the safety of a child at regular intervals for completing the permanency goals of reunification

Procedure
Permanency Case Manager (PCM) and Permanency Supervisor will include in each monthly staffing consideration for parents’ progress and possible reunification. If progress is identified and PCM and Supervisor concur reunification is appropriate, the PCM will complete the NCFAS-G+R to assess the family’s readiness for reunification and risk of the child returning to
out of home placement if immediately placed at home. Once the NCFAS-G+R is completed, the
PCM will upload the assessment into WebFACES.

Permanency Case Manager and Permanency Supervisor will staff with the Director of
Permanency to obtain approval for reunification. During the staffing, progress of parent(s) and
tool(s) will be reviewed, any continued services for family will be identified, and plan
developed for reunification will be reviewed.

**Substance Abuse/Drug and Alcohol Testing**

**Purpose**
To establish the process for when and how to request and complete drug/alcohol testing on
clients.

**Procedure**
A 2INgage employee must request a drug test for the client if there is reasonable cause to
believe, based on credible evidence, that a parent or someone who has direct access to the child
has a substance abuse problem or has significant history that would raise concerns about
substance abuse, including the abuse of alcohol or marijuana, and that problem threatens the
child’s safety.

The safety and health of clients is of utmost concern to 2INgage. 2INgage also recognizes that
the abuse of alcohol, mind altering substances, and controlled substances are serious social
problems which can negatively impact the client’s safety, health, and well-being. Therefore, to
help ensure a safe, healthy, and maintain protective environments for our clients and
community, and to ensure efficient case planning progress, 2INgage has adopted a policy of
drug screening for the use of alcohol, and illegal use of controlled or abused substances and will
follow Substance Abuse testing per Sections 1920 – 1940.

The following clients are eligible for substance abuse testing, either through a contracted lab, or
a medical facility: children in open 2INgage cases which are in conservatorship, the parent(s) in
open 2Ingage cases, and caregivers or kinship family members who are being assessed to care
for children in conservatorship or whom has a child placed in their home.

2INgage will test or refer for testing clients on as needed basis. Tests may include oral fluid
tests, (instant/test/oral swabs, or instant swab test with lab confirmation), urine, and hair
follicle. In certain circumstances it may be necessary to request a nailbed test, or test for specific
substances, such as K2.

Referrals for substance abuse testing will be made as outlined in procedure for payment of
contracted services. Referrals will require Supervisor approval and Director of Permanency
approval for hair follicle testing. Specific guidelines can be adopted in regard to frequency of
testing. Staff will follow the procedures for authorizing, extending, or terminating substance abuse testing.

The Permanency Case Worker must consult with the supervisor and the client’s treatment provider when contemplating discontinuing routine drug testing.

**Supervised Independent Living Program**

**Purpose**

To establish process for referring youth to Supervised Independent Living (SIL) programs

**Procedure**

Requests for Supervised Independent Living Programs are received from:

- A youth already in care, who would like to stay in extended care and move to a SIL program upon turning 18,
- A young adult between the ages of 18-21 who has exited foster care, but would like to return to care and move to a SIL program, or
- A youth who is in extended care already, in a foster home, and would like to move to a SIL program.

When the Permanency Case Manager or other staff receives a request from a youth requesting SIL placement, the 2INgage Independent Living Specialist (ILS) will be notified via email ([email protected]) with the youth’s name and contact information.

Within 3 business days, the assigned ILS will attempt contact with the youth to complete the Supervised Independent Living Application (Form K-908-2605). If the youth resides outside Region 2, the ILS will, within the same time frame, submit a request for a courtesy worker to complete the application.

The ILS will submit Form K-908-2506 to the Permanency Support Supervisor for review. If approved, the Supervisor will sign and return the application to the ILS within 3 business days.

The ILS will then complete the Alternative Application for Placement of Children in Residential Care (Form K-908-2087ex) and the top portion of the Referral to SIL Provider (Form 2529).

The ILS will, via email, submit Form K-908-2605, Form K-908-2087ex, and Form 2529 to the SIL program(s) indicated in the youth’s application with the subject “2INgage SIL Referral, Youth’s Initials” and cc the youth’s Permanency Case Manager. The ILS will request a 5 business day return on a decision from the SIL program.

When Form 2529 is returned with acceptance or denial, the ILS will ensure the bottom portion of the form is complete and will inform the PCM of the decision. If accepted, the ILS will work with the youth to schedule, and interview and secure placement.
Worker/Child, Worker/Parent and Worker/Caregiver Visits

Purpose
To ensure that required worker contacts with children, parents, and siblings occur to provide case management/permanency services.

Procedure
Worker/Child Contacts
The initial visit with each child must occur within 72 hours.

In-person worker/child contact shall occur a minimum of once a month. Contact should be with the Permanency Case Manager (PCM) whenever possible. If additional contact is required, those contacts can be made by a Permanency Support Worker, who is part of the child’s case planning team and responsible for the child’s case. A primary contact, PCM or PSW shall be designated on the visitation form. Visitation should occur in the child’s placement whenever possible. The contact must be entered into IMPACT within 24 hours and quality of all worker/child contacts shall be documented in the contact log within 7 days. If courtesy supervision is provided, the PCM will call or use electronic means to visit with the child and will discuss the child’s needs and progress with the courtesy worker at least monthly.

Worker/Parent Contacts
The first contact with the family is made within one business day with the first face-to-face visit within 3 business days.

In-person contact with mothers and fathers, in the family home whenever possible, shall be at least monthly, when reintegration or maintenance at home is the goal. All worker/parent contacts shall be documented in the IMPACT contact log.

The required frequency of worker/parent contact may be modified for valid therapeutic reasons documented in the service plan.

If the parent’s location is unknown, the Permanency Case Manager or Permanency Support Worker will make diligent and at least monthly efforts to locate the parent. These attempts will be documented in IMPACT. When parents live in another state and are unable/unwilling to travel to Texas, the Case Management Team (CMT) should document monthly phone contact.

Worker/Caregiver Contacts
Contact between Case Managers and caregivers should occur at least monthly. This includes children in all types of placements. The Permanency Case Manager visits with the caregiver and child both separately and together. Supervisory approval is needed for courtesy supervision for children placed out of region. If approved, the Permanency Case Manager will develop a plan
for frequency of in-person contact and maintain at minimum monthly phone contact with the caregivers.

**Exceptions for Interactions/Visitations**

Exceptions to interactions/visitations shall be made only when:

1. There are safety issues that threaten participants, or;
2. The whereabouts of a participant are unknown, or;
3. There is a court order that limits contacts.

Exceptions to having interactions/visitations in the home may be made for the same reasons or if the parents are homeless. The reason for any exception shall be clearly documented and based on input from team members. Plans for other ways to stay connected (i.e. phone calls, other media, letters) shall be made.

**Youth Involved with Texas Juvenile Justice Department**

**Purpose**

To provide assistance and services to youth involved with the Juvenile Justice Department.

**Procedure**

Permanency Case Managers will notify the Juvenile Justice Liaison for the region when a youth becomes incarcerated. Please reference the current liaison for the region via the [CPS Liaisons to the Texas Juvenile Justice Department site](#).

Permanency Case Managers (PCM) will provide notice to all parties as stated in DFPS policy 6151.3.

A request may be sent for a Local Permanency specialist if needed. Monthly face-to-face visits are still required.

Texas Juvenile Justice Department, local Texas Juvenile Probation Departments, and DFPS/2INgage may share case records, under certain circumstances, as part of this cooperation.

It is important to note, federal law prohibits the use of Medicaid funds when youth are in locked facilities. When the youth is released or moved, the Permanency Case Manager will notify the regional Juvenile Justice Liaison so they can end their recording.

The Permanency Case Manager will also document the following under the Legal Actions tab in IMPACT: action for special orders, sub-type for JPC involvement starts, and date of the hearing, court number and county. The PCM will document the end of juvenile probation.

For youth in TJJD, the PCM will notify the TJJD caseworker, administrator, state office liaison, and CPS regional Juvenile Justice Liaison 30 days prior to any CPS hearings being held.
## Kinship

### Approval of Home Assessment

#### Purpose
To provide guidance for approving a Home Assessment of a Kinship Caregiver

#### Procedure
The Kinship Supervisor must review the home assessment and determine the appropriate approval process based on the table below. Once the home assessment is approved, 2INgage must make a determination about placing the child in the caregiver’s home. The Kinship Licensing Specialist must receive Kinship Supervisor approval before placing a child in a kinship caregiver’s home.

<table>
<thead>
<tr>
<th>If...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no concerns regarding CPS history, criminal history, or child safety...</td>
<td>The home assessment only requires the Supervisor’s approval. The Kinship Licensing Specialist refers the case to the Kinship Program no later than two days after placement.</td>
</tr>
<tr>
<td>The home assessment requires a kinship development plan due to identified concerns...</td>
<td>The Kinship Supervisor documents requirements for addressing the identified concerns in the home assessment before approval. If the identified concerns require protective actions, the Kinship Specialist coordinates with the caregiver to implement the required actions. The Supervisor approves with conditions. Upon placing the child in the home, the Kinship Specialist develops a kinship developmental plan with the caregiver.</td>
</tr>
<tr>
<td>The potential caregiver or someone 14 years of age or older who lives in the potential kinship caregiver’s home has the following history, and the kinship caregiver home assessment and kinship safety evaluation (KSE) establishes the child would be safe in the home:  - RTB other than PHAB or SXAB.  - Criminal history other than a 5 year or absolute bar (including deferred adjudication without completion of probation)</td>
<td>1. Kinship Specialist submits KSE in accordance with Requirements for a Kinship Safety Evaluation (KSE). 2. Senior Administrator reviews if CPS History is Found and Determining the Consequences of a Criminal History to determine if the home assessment can be conditionally approved and if placement of the child is appropriate pending the results of the KSE. 3. The Senior Administrator who conditionally approved the home assessment must approve the KSE and placement of the child in the caregiver’s home.</td>
</tr>
</tbody>
</table>
Approval of Kinship Safety Evaluations

Purpose
To provide guidance for approving kinship safety evaluations

Procedure
To complete the Kinship Safety Evaluation, the Kinship Licensing Specialist must:

- Describe the nature and seriousness of the CPS case or crime for which the potential kinship caregiver or household member was convicted, including any other prior history,
- Obtain a copy of the report on the Administrative Review of Investigative Findings (ARIF), in the case of a Reason to Believe (RTB) finding,
- State the age of the person when the DFPS case or crime was committed, if pertinent,
- Explain the evidence of rehabilitative efforts, including any information gathered from collateral contacts that supported that evidence,
• Summarize why the person does not pose a safety threat to the children,
• Indicate whether the conviction would be an absolute or temporary bar to becoming a foster or adoptive home or would otherwise require Residential Child Care Licensing (RCCL) to conduct a risk evaluation,
• Explain what the Kinship Licensing Specialist told the caregiver about the impact of the conviction or DFPS abuse or neglect history and that the caregiver understood the conviction or history will or may:
  o Exclude them from being verified as a foster home or approved adoptive home,
  o Limit their ability to receive financial assistance to care for the child,
• Explain in detail why the caseworker recommends placing the child in the home,
• Cite the date of the Senior Administrator’s approval to proceed with the home assessment despite the caregiver’s DFPS abuse or neglect and/or criminal history, and
• Submit the evaluation for approval as outlined in 6624 Obtaining CPS Approval of the Home Assessment and Placement of a Child in a Kinship Home.

For absolute and five-year bars that require the Senior Administrator’s approval following the kinship safety evaluation, the documentation must also:

• Describe the extraordinary circumstances that exist to justify the kinship placement despite the criminal or DFPS abuse or neglect history, and
• Present compelling justification as to how the caregiver will ensure the child’s safety in the kinship home.

Much of this information may already be contained in the kinship home assessment; however, the Kinship Licensing Specialist must summarize in the kinship safety evaluation in a way that makes it clear why the potential kinship caregiver’s home is safe despite the criminal or DFPS abuse or neglect history.

A Kinship Safety Evaluation may not be used to approve a home assessment for payment.

**Consideration to Multiple Kinship Options**

**Purpose**
To provide guidance to staff when multiple kinship caregivers are presented as options for the child

**Procedure**
If, after completing IMPACT and criminal history checks, the Kinship Licensing Specialist or Permanency Case Manager identifies more than one person as a potential kinship caregiver for the child, the Kinship Licensing Specialist must take the following steps to determine the most appropriate kinship caregiver:
- Consider the wishes of the family. 2INgage may hold a family meeting to try and determine the family’s wishes,
- Consider the circumstances in the potential kinship caregivers’ homes, including the relationship between any potential kinship caregiver and the child,
- Consider CPS policy (see 4114 Required Factors to Consider When Evaluating a Child’s Possible Placement), and
- Consult with the Kinship Supervisor to determine the most appropriate caregiver and conduct a written home assessment for that caregiver.

**Criminal History Findings in Potential Kinship Placement**

**Purpose**
To provide guidance when criminal histories are discovered during the kinship placement process

**Procedure**
For each potential kinship caregiver being considered for placement, the Kinship Licensing Specialist must conduct a search in IMPACT for any DFPS history on each person in the household who:

- Is 14 years of age or older.
- Is a regular visitor to the home, and
- Cares for the child (for example, a babysitter). and
- Check local Central Registry records in other states where each potential kinship caregiver has lived since turning 18 years old.

If the Kinship Licensing Specialist does not find any DFPS history of abuse or neglect for the potential kinship caregiver, or for all household members over age 14, the caseworker must proceed with the home assessment.

If the Kinship Licensing Specialist finds DFPS history on anyone living in the home of the potential kinship caregiver, or on any regular visitors to the potential kinship caregiver’s home, the caseworker must document the information in IMPACT.

- If there is CPS history with a finding of *Reason To Believe (RTB)* on a potential kinship caregiver or any household member age 14 and older, the Kinship Licensing Specialist must not place the child in the home, unless an exception is met.
- If a placement is not made because of a CPS finding of *Reason to Believe*, the person who has the finding and is designated as a perpetrator may request a Placement Review of Findings by a CPS resolution specialist to determine whether the findings should stand.
• If a Placement Review of Findings results in a *Reason To Believe (RTB)* finding being overturned and there is no other CPS or criminal history that affects the potential caregiver’s eligibility for placement, the Kinship Licensing Specialist must proceed to completing a Risk Assessment and a Written Home Assessment of the Kinship Caregiver.

• If the Placement Review of Findings *does not* overturn a finding, the Kinship Licensing Specialists does not place the child unless an exception is met.

2INgage Kinship Licensing Specialists must never place a child in a home if there is an open CPS investigation or CPS is providing family-based safety services (FBSS), family substitute care stage (FSU), substitute care (SUB), or family reunification stage (FRE) to the potential kin caregiver. Exceptions to this limitation are:

• A sibling placement with a parent who is not the biological parent of both siblings, and

• Family reunification with the parent of one sibling when siblings are placed together

**Exceptions**

**Reason to Believe (RTB)**

**RTB for Medical Neglect, Physical Neglect, Refusal to Accept Parental Responsibility and Abandonment**

If the Placement Review of Findings does not overturn a finding, the Kinship Licensing Specialist may make a placement only if the 2INgage Senior Administrator approves the placement.

**RTB for Physical or Sexual Abuse**

If the Placement Review of Findings does not overturn a finding, 2INgage may make a placement only if there are extraordinary circumstances. The 2INgage Senior Administrator and 2INgage Permanency Director must approve the placement.

If the family is ruled out for further consideration based on a CPS history, the Kinship Licensing Specialist must:

• Discuss the decision to rule out the family with the Kinship Supervisor,

• Document the decision in IMPACT on the *Contact Detail* page, by selecting *Contact Summary Type* and then selecting *Kinship Disposition Summary*, and

• Contact the potential kinship caregiver to notify him or her of the decision.

If 2INgage decides to give the potential caregiver further consideration, 2INgage must complete a Kinship Safety Evaluation.

**Warning the Potential Kinship Caregiver**
If 2INgage approves a potential caregiver with a finding of Reason to Believe as the permanent kinship resource for a child, the Kinship Licensing Specialist must inform the kinship caregiver that he or she may not be approved as a foster or adoptive parent for the child, depending on the outcome of a subsequent risk evaluation needed to meet Child Care Licensing minimum requirements, if eligible.

2INgage will inform the kinship caregiver if not approved as a foster or adoptive parent and will not be eligible for foster care payments, adoption assistance payments, or Permanency Care Assistance payments.

**Denying a Kinship Caregiver**

**Purpose**
Provide guidance to staff denying a Kinship Caregiver

**Procedure**
If 2INgage rules out a family for further consideration, the Kinship Licensing Specialist must inform the kinship caregiver about the decision. If the family is ruled out by someone other than the Kinship Licensing Specialist, then that individual must inform the Permanency Specialist of the decision not to proceed. A written home assessment does not need to be completed in this circumstance, unless ordered by the Court. The Kinship Licensing Specialist must document the decision not to proceed in IMPACT, on the Contact Detail page, by selecting Contact Summary Type and then selecting Kinship Disposition and Summary.

If at any time, a family under review as a potential kinship caregiver is denied for kinship home assessment or placement, the Kinship Licensing Specialist must:

- Ask the potential caregiver if they are willing to be a permanency resource for the child,
- Inform the potential caregiver that denial does not necessarily rule out future consideration, and
- Assess the next potential kinship caregiver identified on the Potential Caregiver Resource or in other information the PCM has gathered.

**Disaster Emergency Response Preparedness**

**Purpose**
To ensure the safety of all children for whom 2INgage are responsible in the event of an emergency or disaster. Internal and external emergencies and disasters include, but are not limited to:

- Acts of nature (flood, hurricane, fires, tornadoes)
- Chemical or hazardous material spills,
- Critical equipment failure,
- Weapons of mass destruction events, and

**Procedure**
In the event of an emergency requiring evacuation or quarantine, the provider is responsible for maintaining the safety and placement of all children in its care.
The Kinship Licensing Specialist will be knowledgeable of each placement’s current Disaster and Emergency Response Preparedness Plan (DERPP), whether a verified placement or kinship placement.

The DERPP will be completed for all kinship/fictive kin placements. The Kinship Licensing Specialist will ensure the completion of the DERPP and will provide a copy to the placement. The original will be placed in the case file and documented in the case narrative.

The Kinship Licensing Specialist will ensure that all children, families, and placements have his or her current contact information as well as at least one additional emergency contact person and number in the event of a disaster or emergency.

The Kinship Licensing Specialist will ensure that they have current contact information for each child and placement and at least one additional emergency contact person and number in the event of a disaster or emergency:

1. Obtain current contact and locating information for every child and placement and at least one additional emergency contact person and their number in the event of a disaster.
2. Provide every child and placement with your current contact information and at least one other emergency contact person and contact information in the event of a disaster or emergency. Ensure this information is documented in the case narrative and is current and correct.
3. Verified placement’s emergency disaster and response plans as well as kinship placement emergency response plans entail:
   • Mandatory evacuation if directed by local officials,
   • Emergency evacuation,
   • Emergency response,
   • Disaster planning for all staff and caregivers, and
   • Arrangements for adequate provision of:
     ▪ Staffing,
     ▪ Shelter,
     ▪ Food,
     ▪ Transportation,
     ▪ Education,
     ▪ Supplies,
     ▪ Emergency equipment,
     ▪ Emergency services, and
     ▪ Medically necessary equipment, medications, and supplies, or access to these items for the child during an emergency.
4. In the event of an emergency or disaster, Kinship Licensing Specialists, along with Permanency Case Management will:
   • Notify their supervisor as soon as safely possible,
   • Ensure all children on their caseload are safe and accounted for,
   • Keep their supervisor informed of all available information as it occurs during the disaster or emergency, as is safety possible, and
   • Ensure each child has emergency mediation or equipment readily available to them as required for any medical need (i.e., insulin for diabetes, inhaler for asthma).

For any emergency, the provider should contact Care Management at 877-254-6135.
Home Contacts

Purpose
To determine a consistent method of frequency, duration, and contact type to support children and families in kinship placement

Procedure
2INgage will implement trauma-informed best practice and incorporate DFPS guidance to ensure all contacts in kinship placement are comprehensive.

The Kinship Licensing Specialist must make face-to-face contact with the kinship caregiver at least once every month for the first six months of the placement.

After the six-month period, the Kinship Licensing Specialist must staff with the Kinship Supervisor to determine if monthly visits may be reduced. This decision is based on:

- Improvements made on the Kinship Developmental Plan (if one exists),
- Any new resources needed or identified, and
- Any change in the household composition. The Kinship Supervisor, in conjunction with the Kinship Licensing Specialist, may reduce or increase contact based on the family’s progress.

Location

The initial visit must occur in the home of the kinship provider.

Half or more of the monthly visits must occur in the home.

If visits have been reduced to quarterly (after the initial six-month period), all quarterly visits must occur in the home.

Ending Visits

Visits must continue with the kinship caregiver until:

- The child is moved from the home,
- The kinship caregiver becomes verified as a foster parent, or
- The legal case is closed.

Preparing for the Visits

To prepare for all subsequent visits, the Kinship Licensing Specialist must:

- Review the Kinship Developmental Plan (if one exists),
- Contact an appropriate collateral,
• Confer with the Permanency Case Manager for an updated on the case (specifically changes in the permanency goal or visitation plan), and
• Contact the appropriate CPA designee to check on the verification process if the kinships caregiver wishes to become a verified home.

Conducting the Visits

While visiting with the kinship caregiver, the Kinship Licensing Specialist must:

• Review the Kinship Developmental Plan (if one exists),
• Discuss any barriers to completing the tasks on the developmental plan and work with the kinship caregiver to identify any strategies to address the barriers,
• Ask the kinship caregiver if they have any issues or concerns,
• Discuss the licensing process and assist with issues to expedite the process,
• Discuss the kinship caregiver’s understanding of the child’s permanency goal and visitation with the parents, and
• Explore with the kinship caregiver a general knowledge of how the child functions day to day (ex: socially, medically, and educationally). After Each Visit

After each visit, the Kinship Licensing Specialist must:

• Document the contact within 24 hours and
• Follow up on any needs identified, such as:
  o Revise the Kinship Developmental Plan,
  o Refer the kinship caregiver for resources,
  o Assist with appointments and visits if needed,
  o Speak with the Permanency Case Manager about any concerns identified, and
  o Follow up with any barriers to the verification process or kinship reimbursement.

**Kinship Assessments**

**Purpose**

To make a thorough assessment of a relative or family friend’s home to consider placement of a child in their home.

The assessments are based on a variety of interviews, home visits and background checks to ensure the safety of the home and the appropriateness of the placement for the child. Safe and appropriate family/kinship placements are the preferred placements for a child removed from their home due to abuse and neglect, as it maintains the child’s connections with loved ones and with those within their own communities.
Process
The Kinship Caregiver Home Assessment process will be initiated within 24 hours of learning of a potential caregiver.

If approved, 2INgage will engage with the child, parents, relatives, and caregivers/foster parents to ensure the placement is safely secured for the child within 24 hours of the home assessment approval.

2INgage will comply with local court expectations regarding Home Assessment approvals and placements.

Completing a Kinship Caregiver Home Assessment

For each person in the home (age 14 and over) as well as any regular or frequent visitors or possible caregivers (i.e. babysitter) being considered, the following will be completed:

• Initiate a DFPS criminal background history check
  o Conduct a CPS criminal background history check on each person in the home age 14 or over (in each state they have resided since age 18) and on each person who is a regular or frequent visitor to the home, or who may care for the child (i.e. babysitter).
  o If no criminal background history is located, the home assessment proceeds.
  o If history is obtained and there is previous validated CPS criminal background history, discuss each case the kinship supervisor to determine next steps.
  o If the kinship placement has validated CPS criminal background history and is approved as a placement in spite of this, the Kinship Licensing Specialist must inform them that they may not be approved as a foster or adoptive parent based on their criminal background history. This means placement would not be eligible for foster care maintenance payments, adoption assistance, or Permanency Care Assistance. The Kinship Licensing Specialist needs to be aware this could create hardships for the child and caregiver in the future and document the discussion with the placement in the case file.
  o If the placement’s history is such that placement cannot be made, the Kinship Licensing Specialist must notify the placement of the decision and document in the case file the rationale and reasons supporting the decision.
  o If there is an open investigation or other case involving the potential placement’s home, discuss with your supervisor, as generally placements are not made in homes with open CPS cases.

• Initiate an FBI criminal background history check:
  o A criminal history background history check must be run on each member of the household age 14 or over. This includes regular or frequent visitors to the home
or who may care for the child (i.e. babysitter) Even if a criminal background history check was recently run for some reason, a new one is required for the purpose of a home assessment.

- If anyone has lived outside of Texas, an FBI criminal background check must be completed
- Kinship Licensing Specialists must verify each person’s identity (through observable identification), obtain all full names used, verify spellings, social security number, driver’s license number)

**Any criminal history located must be staffed with the Kinship Supervisor to determine next steps. The Kinship Licensing Specialist must consider the circumstances in regard to criminal history: Arrests verses convictions, a fraud conviction verses an Injury to a Child conviction, a violent crime verses a non-violent crime, etc. The Texas Family Code is specific regarding low-risk criminal offenses. DFPS has also published on their website a list of certain low risk criminal offenses that they determined have a low risk of impacting child safety, well-being or stability of the placement.

- Complete a home visits and interview all parties in the home, along with any frequent or regular visitors/caregivers. Topics to discuss during the interview and engagement with the family as well as information necessary to obtain during the visit are included on the Kinship Caregiver Home Assessment form.
- Contact the references provided by the family.
- Document the Home Assessment utilizing the Kinship Caregiver Home Assessment form.
- Discuss the home assessment with the Kinship Supervisor regarding next steps and approval.
  - If approved, proceed with meaningful conversations with the child, birth family (and/or their attorney, as applicable), kinship placement, foster parent, Ad Litem, and CASA representative to arrange for the placement to be completed within 24 hours
  - Document the placement move within 24 hours
  - If the home assessment is not approved, discuss the rationale as to why the placement could not be approved with the family and proceed to the next possible kinship option provided.
- Each Kinship Caregiver Home Assessment must have supervisory approval prior to moving a child to the kinship home.
- It is the expectation of some local courts and judges that home assessments be formally approved by the court prior to a child being moved to a kinship placement. If this is the case in your area, ensure compliance with the local court expectations and must not make a physical kinship placement move prior to court’s approval.
Kinship Closure

Purpose
To provide guidance on kinship closure by the Kinship Licensing Specialist

Procedure
2INgage may close a kinship stage only after:

- Positive permanency is achieved,
- The child moves from the home,
- The child ages out, or
- The family becomes a verified foster family.

Once 2INgage decides to close a kinship stage, Care Management will end the placement in WebFACES at the time the placement ended.

The Foster Home Coordinator must conduct an exit interview with the kinship caregiver. During the exit interview, the following are discussed:

- The caregiver’s understanding of why the case is being closed,
- Why the caregiver elected to not become verified (if applicable),
- If the case is being closed due to permanency or the child aging out, what resources are available in the community and the need for continuity of care if the child is receiving therapeutic or medical services,
- If the caregiver is receiving Permanent Managing Conservatorship (PMC) without Permanency Care Assistance (PCA), explain that the caregiver must apply for Medicaid benefits to determine if the child qualifies for continued medical coverage,
- If the case is being closed because the child moved to a different placement, what could have prevented the child from being moved, and
- If the caregiver is eligible for post-PMC annual reimbursement, ensure the caregiver has clear instruction as to when he/she must make the request and the contact information for doing so.

The Foster Home Coordinator must document the exit interview in the Kinship Closing Summary, which must also include:

- Information about financial assistance through the Relative or Other Designated Caregiver Program,
- Community resources provided to the family,
- A developmental plan summary (if one existed),
- If the family became verified and if so, by which Child Placing Agency, and
- The permanency plan.
Placement Moves in Kinship Care

Purpose
To ensure that when children must make a placement change while in Kinship Care, the move occurs in a manner that is positive for the child, whenever possible.

Procedure
Types of moves

2INgage has defined the following three categories for all moves:

- **Planned moves**: A planned move occurs when a child is stepping down to a less restrictive placement, moving to a kinship or foster home, moving to another placement for services (i.e. Substance Abuse Treatment, moving to Independent Living setting, court ordered to secure care, moving out of an emergency placement, moving to home located in the child’s home school, with siblings or a potential adoptive resource or achieving permanency.

- **Disruptions**: When a child disrupts from his/her placement it is anticipated at least a 14-day notice will be given by the kinship provider to the Kinship Licensing Specialist. A move is considered a disruption when the move is requested by the placement regardless of the reason. When children are AWOL for less than 24 hours and the kinship provider will not accept the child back, this is considered a disruption.

- **Emergency move**: A move is considered an emergency move when the child’s safety or other person’s safety is in danger and the child must move immediately. A critical incident has occurred and requires a move as a result of the critical incident. Examples include the child being placed in detention, an acute setting, AWOL more than 24 hours, and removal from kinship placement for suspected abuse/neglect. If an older youth (over the age of 10) becomes physically violent and causes harm to another person, the kinship provider should report the incident to authorities and request charges be pressed against the youth. Process for Disruption and Emergency Moves

The Kinship Licensing Specialist will work with the kinship provider to prevent any emergency or disruption from occurring. All reasonable efforts should be made to prevent disruptions from occurring including respite, crisis intervention by a mental health provider, face-to-face support from the kinship specialist, etc. As part of these efforts to maintain a child’s placement stability, if the family is considering disrupting a placement, the Kinship Licensing Specialist will immediately notify their supervisor to staff the situation prior to disrupting the placement. The Kinship Supervisor will request an internal staffing with the child’s Permanency team to determine the best course of action to maintain the placement.

The decision to request a move due to a disruption or emergency situation will come from the Kinship Licensing Specialist to the Permanency Team and will be reported to the Care Management Department. All Kinship providers must give 14-day notice prior to any disruption when a child has been in placement less than 180 days and at least 30 days’ notice when child has been in placement 180 days or longer.

The Kinship Licensing Specialist will work with the kinship family on preparing the child for the move and ensure the community partners currently working with the child are informed of the move (i.e. Mental Health and school). For disruptions from a kinship home, the Kinship
Licensing Specialist will complete and forward a disruption report the day notice to move the child was requested to begin the 14 or 30 day notice timeframe, including the result of the supervision and of the staffing with the child’s permanency team prior to the disruption.

Process for Planned Moves

Planned moves are typically determined by the Permanency Team through case planning activities or through Care Management, based on the child’s planned step down to a less restrictive environment. When possible, children will have visits prior to a planned move. The Permanency Team will provide appropriate notification of the planned move to the placement provider and ensure a natural transition. It is the responsibility of the Kinship Licensing Specialist to work with the kinship family regarding the move and preparation of the child for move.

The Permanency Team will work with the Kinship Licensing Specialist to keep apprised of the child’s current behaviors and recommendations of the Kinship Licensing Specialist regarding discharge planning.

Preliminary Kinship Assessment

Purpose
To provide guidance to staff for completing a Preliminary Kinship Assessment

Procedure
Preliminary assessments can only be conducted prior to the adversarial hearing.

Before submitting a preliminary assessment, the Kinship Licensing Specialist must:

- Complete DFPS and criminal history checks on the potential kinship caregiver and household members who are regular visitors,
- Visit the potential kinship caregiver’s home at least once to determine the level of safety, permanency, and well-being he or she can offer the child being placed,
- Complete a risk assessment on the prospective caregiver’s home, and
- Obtain the Kinship Supervisor’s approval and complete a preliminary written home assessment.

If a Parental Child Safety Placement (PCSP) assessment has already been completed, it may be used instead of the preliminary written assessment. In these cases, 2INgage must obtain a copy of the PCSP from DFPS.

Referring Kinship Families for Verification

Purpose
To detail the process for referring kinship families to Child Placing Agencies for verification as foster parents.
**Procedure**

At the initial kinship assessment visit, Kinship Licensing Specialists are to discuss the kinship providers becoming verified as foster parents to care for the children placed in their home.

During all subsequent kinship visits to the home, Kinship Licensing Specialists are to remind kinship families that the opportunity to be verified as a foster home exists in the State of Texas. Kinship Licensing Specialists should talk about the benefits of becoming a verified foster parent and stress the additional supports available to foster parents.

Once a kinship family expresses an interest in becoming verified as a foster home, the Kinship Licensing Specialist should explain to them that Texas Family Initiative LLC, and many other Child Placing Agencies are available for the family to work with. The Kinship Licensing Specialist will be clear with the family that they may work with whatever Child Placing Agency they choose. The Kinship Licensing Specialist will provide the Kinship family with the DFPS link to search all Child Placing Agencies in their area. That link can be found at: http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchResidential.asp

At each subsequent Kinship visit, the Kinship Licensing Specialist will inquire as to whether the family continues to be interested in becoming a verified foster home, whether they have contacted a Child Placing Agency, and what they might need from the Kinship Team to facilitate this process.

**Required Forms at Kinship Placement**

**Purpose**

To provide guidance on actions taken by the Kinship Licensing Specialist to ensure caregivers receive all necessary documents.

**Procedure**

In addition to the forms required for placement, the Kinship Licensing Specialist must provide the following documents to the kinship caregiver at the time of placement:

- Complete Kinship/TANF Program letter (and provide to grandparents, if needed),
- Explain the role the kinship caregiver providers to 2INgage, and
- Clarify the caregiver is not a paid foster home. The Kinship Licensing Specialist will also ensure the caregiver receives a copy of DFPS Kinship Caregiver Manual, which:
  - Describes what kinship caregivers can expect as well as their responsibilities while caring for a child who is in the legal custody of the Texas Department of Family and Protective Services due to abuse or neglect, and
  - Is a resource for unverified kinship caregivers to meet their short-term needs, thereby helping to stabilize the placement? The Kinship Specialist will ensure that the caregiver is provided a placement agreement. The placement agreement outlines the agreement between 2INgage and the unverified kinship caregiver for providing care to a child in 2INgage conservatorship. The Kinship Specialist must:
    - Review and sign the agreement and
    - Ask the caregiver to review and sign the agreement.

Placement Agreements should arrive to the Kinship Licensing Specialist within 24 hours of placement and be signed by the caregiver within 48 hours of placement occurring.
Risk Assessment of Kinship Caregiver

**Purpose**
To provide guidance for completing a Risk Assessment of a Kinship Caregiver

**Procedure**
Before 2INgage can place a child with a kinship caregiver, or recommend to the court that the child be placed, the Kinship Licensing Specialist must assess the caregiver's suitability by completing:

- A written assessment of a kinship caregiver’s home, using the 2INgage Kinship Home Assessment form, and
- A risk assessment, using 2INgage Risk Assessment. After obtaining the results of the risk assessment, the Kinship Licensing Specialist or Contractor must:
  - Incorporate the risk results into the written home assessment,
  - Attach the risk results to the written home assessment, and
  - Submit the written home assessment for approval to the Kinship Supervisor, using 2INgage Kinship Home Assessment Form.

Support Services and Authorization

**Purpose**
To define process for aiding kinship families, to assist in ensuring child safety and preserving the placement with family and loved ones.

**Procedure**
Upon initial discussion and engagement with those involved with the potential placement, the Kinship Licensing Specialist will discuss the support services provided as well as the financial services that may be available to them, both initially and in the future. The Kinship Licensing Specialist will provide the kinship placement with written information regarding services and support that may be available to them.

The Kinship Licensing Specialist will ensure all discussions with relatives, as well as documentation of written information provided to them, is documented no later than 24 hours from when the contact occurred. The Kinship Licensing Specialist will ensure compliance with all orders of the court.

If the Kinship Caregiver Home Assessment is approved and the child is placed in the home, the Kinship Licensing Specialist will provide information regarding any possible financial services or supports for which the caregiver may qualify. The Kinship Licensing Specialist will also provide the Kinship Caregiver Manual to the caregiver at the time of placement and document this information in our narrative contact.

**Support Services**

Kinship/Caregiver Support Group – There may be a Kinship Care Support Group in the family’s area. This group is designed to support relative/kinship caregivers and follows a structured, 10-week curriculum including topics such as stress management, discipline, and accessing
community resources. If a group is unavailable, the Kinship Licensing Specialist may provide this curriculum to the family in their home.

Local Assistance – As needed, the Kinship Licensing Specialist will refer and provide the family with local resources to help ensure the child’s needs continue to be met and to assist with the stability of the placement. These resources often include local food banks, churches, and community outreach programs. Local utility companies may also work with families who are caring for children in DFPS conservatorship.

The Kinship Licensing Specialist should always be readily familiar with local resources such as local day care resources including Child Care Management Services (CCSM); what they offer for children and families and be available to assist the family in accessing these resources.

Disaster Planning – the Kinship Licensing Specialist is responsible for teaming with relative/kinship caregivers to ensure each kinship home has a disaster and emergency response preparedness plan. (See DERPP Procedure)

Financial Assistance

Daycare Services maybe be provided (based on available resources) for kinship caregivers who:

- Have formal approval and are abiding by the signed Kinship Caregiver Agreement (form 0695)
- Work outside the home for 40 hours per week

Once the Kinship Licensing Specialist becomes aware a caregiver may need assistance with daycare, the Kinship Licensing Specialist will follow the procedure for obtaining daycare authorization. (See Daycare Procedure.)

Kinship Reimbursement Payment: DFPS makes a monthly payment per child up to half of the daily basic foster care reimbursement rate paid to a family foster home. These are time-limited and may be paid for up to twelve months. If there is a good-cause exception, an additional six months may be provided. Such exceptions may include:

- Identification/release or locating the child’s previously absent parent
- Waiting for timeline to expire for an appeal of an order
- Additional time for the caregiver to complete the approval process for verification or approval
- Waiting for approval of child’s placement from another state
- A delayed determination of the child’s Indian Child status – Approval of the Indian Child’s Tribe
- Other circumstance which may require an extension of the 12-month period

At the time of placement, each of the following must be met for the caregiver to qualify for the Kinship Reimbursement payment:

- The child must be in DFPS conservatorship
- The child is being placed with a kinship caregiver formally approved through the home assessment process
- The home in which the child is being placed is not a verified foster/group home receiving foster care payments
- The caregiver signs and abides by the Kinship Caregiver Agreement
- The caregiver’s family income does not exceed 300% of the current federal poverty limit. This includes all household members and anyone else in the home on or after initial placement.
  (Federal Poverty Income Limit Chart is available online)
There may be times when the caregiver does not meet these requirements; however, a court orders that 2INgage provides these services. Should this occur, the Kinship Licensing Specialist should speak with his/her supervisor about specific procedures and approvals required.

**Financial Assistance – Federal**

There are some Federal financial assistance programs that may be available to caregivers who are not licensed foster or adoptive placements. These include:

- Temporary Assistance for Needy Families (TANF) when the caregiver is related to the child by blood, marriage, or adoption; when the caregiver is the child’s grandparent, they may qualify for an additional one-time benefit known as the TANF Grandparent Grant, which provides up to $1,000 to help with the costs of integrating the child into their home. The Kinship Licensing Specialist will write a letter for all Kinship Caregivers to the State TANF worker explaining the services the kinship caregiver is receiving and clarifying they are not a paid foster home. Kinship Caregivers are responsible for applying for TANF should they choose to do so.

## Organization and Administration

**Agency Fee**

### Purpose

To describe 2INgage’s Agency Fee Policy.

### Policy

2INgage utilizes the current TDFPS level of care (Basic, Moderate, Specialized) rates in establishing foster care and adoption fees in contracts established with TDFPS. 2INgage will utilize the blended rate structure for any other contracts as required.

### Procedure

Adoptive and prospective adoptive parents are not charged a fee for their home study or any other costs incurred during the licensing process. Once licensed, 2INgage does not charge the family any fees for adoptive placement, supervision, or consummation. The prospective adoptive family is responsible for payment of any legal fees incurred in the adoption process. 2INgage accepts contractual fees from the agency that has managing conservatorship of the child as payment in full for agency services provided.

2INgage will do a pass through of the money for daily care to foster/adoptive parents as per the minimum rate according to the state of Texas for Child Placing Agencies.
Program

Administration of Medication

Purpose
2INgage will demonstrate wide range understanding of the role of medications as part of service and program delivery. 2INgage and Network Providers will meet all regulatory, state and nursing practice guidelines on medication documentation and administration.

Policy
2INgage will maintain systems to ensure that all youth, caregivers, and foster parents are informed regarding the effects and side effects of all prescribed medications. Medications will be maintained in a safe and secure manner and out of reach of youth. Caregivers and Child Placement Staff who may assume responsibility for administering psychotropic medications are trained in drug identification as well as recognition of potential side effects of adverse reactions of medications. Appropriate consents will be obtained prior to administering psychotropic medication.

Procedure
All foster parents administering medication will be required to complete Medication Administration training prior to administering medication to a child in care. This training includes how medications work, risks associated with medication, benefits, side effects, implications of diet and exercise, need for laboratory monitoring, rationale for medication, signs of relapse to medication efficacy, signs of non-adherence, drug reactions, and wellness management.

Prior to the administration of routine, preventive or emergency prescription medications a foster parent must obtain a general written consent. If the medication to be administered is a psychotropic medication a written, signed and dated consent specific to the psychotropic medication from a person legally authorized to give medical consent must be obtained.

Medication Requirements for Foster Parents: Foster parents, to the best of their knowledge, must inform the person legally authorized to provide medical consent of the benefits, risks, side effects of all prescription medication along with treatment procedures used and medical consequences for refusing them. If the foster parent is unable to or is not comfortable providing this information, they must provide the name and contact information for the prescribing health care professional for more information. Foster parents themselves must:

1. Be informed about the possible side effects of medications administered to the child
2. Store all medications in the original container unless you have additional labeled containers with the same label and instructions
3. Administer medications according to instructions on the label or provided by the prescribing physician subsequent signed orders
4. Administer each child’s medication within one hour of preparation
5. Ensure the child has taken the medication as prescribed
6. Ensure a person trained in and authorized to administer prescription medication administers the medication unless the child is on a self-medication program
7. Maintain any documentation provided by the health-care professional on the administration of current medications
8. Not physically force the child to take the medication
9. Ensure the child is not given any prescription medication or treatment except on written orders from a health-care professional
10. Not borrow or administer prescription medication to a child that is prescribed to another person
11. Not administer medication to more than one child from the same container. Only the child prescribed the medication may take the medication.

Administration Requirements for Nonprescription Medication: The foster parent must follow the instructions on the label and ensure the nonprescription medication does not have an adverse reaction with any other medication prescribed to the child or the child’s medical conditions. Nonprescription medications, including vitamins, may be administered to more than one child from the same bottle.

Self-Administration of Medication: A child may administer their own medication if the child’s parent has provided written authorization for the child to do so. The child’s service plan must also include self-medication program and any supervision requirements of the foster parent. The prescribing health-care professional must be consulted and any concerns must be documented in the child’s record. The child on the self-medication program may record the dosage if a system exist for reviewing the child’s medication daily or the child can report the dosage information to the foster parent, who must then do the actual recording.

Medication Storage and Destruction: Medication must be stored in a locked container inaccessible to anyone except for the foster parent responsible for the stored medication. Medication covered by Schedule II of the Texas Controlled Substances Act must be stored under a double lock, i.e. stored in a locked container kept in a locked cabinet or behind a locked door. This location should be separate from other household items to prevent unnecessary opening of locked space. The area where medication is stored must be keep neat and orderly to avoid contamination and errors. Medications that require refrigeration must also be stored in proper locked containers. Medication marked “for external use only” must be stored separate from other medications. Psychotropic medications. Psychotropic medications should be kept separate from a child’s regulation and/or over the counter medications.
Medication that has been discontinued, is expired or near its expiration date or for a child that has been discharged or is deceased must be removed from all other medications and stored in a separate locked container until it can be properly disposed of. Network Provider staff will educate foster parents (and relative homes) on the requirements of medication storage and requirements to keep medications locked through frequent newsletters and support meetings.

Foster parents must destroy the medication in accordance with state and federal guidelines within 30 days of the medication being discontinued, expired or if the child has left care without the medication.

If a child in care is discharged or transferred and is taking medication at the time, the medication must be provided to the person to who will assume responsibility for the child.

Medication and Label Errors: The agency provides education and training to foster parents to prevent medication errors but understands that errors sometimes occur.

Medication and label errors can include any of the following:

1. A child receives the wrong medication
2. A child receives medication prescribed for someone else
3. A child receives the wrong dosage of medication
4. A child receives medication at the wrong time
5. A medication dose is skipped or missed
6. A child receives expired medication
7. Not following the administration instructions
8. A child receives medication that was not properly stored to maintain the effectiveness of the medication

Actions to Take if a Medication Error is Discovered: If a foster parent discovers a medication error regarding a prescription medication, the foster parent must contact the prescribing health-care professional immediately unless the error is the type described in (4) or (5) list above and follow the recommendations. If the medication error involves a nonprescription medication the foster parent must take the appropriate necessary actions required by the circumstances and suggested on the nonprescription medication’s label. For all medication errors the foster parent must document within 24 hours:

1. The time and date of the error
2. The medication error
3. The time and date of the call to the licensed health-care professional, if applicable
4. The name and title of the health-care professional contacted, if applicable
5. The health-care professional’s recommendations for ensuring the child’s safety, if applicable.
Medication Label Error: If the foster parent finds a medication label error, the foster parent must report the error to the pharmacist and have the label on the container corrected as soon as possible but no later than the next business day.

Side Effects and Adverse Reactions to Medication: It is the foster parent’s responsibility to monitor the child that is taking a prescription or nonprescription medication to ensure the child does not suffer an adverse reaction or side effects. If the foster parent observes any reactions they must:

1. Immediately report the reaction to a health-care professional
2. Follow the health-care professionals recommendations
3. Seek further medical care for the child if the child’s condition appears to worsen
4. Document in the child’s record:
   a. Adverse reactions the child has had to medication
   b. Time and date of call(s) to the health-care professional
   c. Name and title of the health-care professional contacted
   d. Health-care professionals medical recommendations for ensuring the child’s safety

If side effects are observed the foster parent must document the observed and reported side effects, immediately report serious side effects to the child’s physician and report any other side effects to the prescribing physician within 72 hours.

**Admission & Assessment**

**Purpose**
To define the guidelines and procedures for admission of children and adolescents into 2INgage Provider Network.

**Policy**
2INgage and the Network Provider will operate under the philosophy; “A child’s first placement should be the best placement.” We will have a joint understanding of the negative impacts of placement disruption for children in substitute care and will seek to continue to implement best practices to support effective placements in the most appropriate/least-restrictive environment possible. When threats of placement stability are identified, 2INgage and Network Providers will utilize a wraparound approach of organizational responsiveness and oversight with increased intervals of supervision to ensure placements remain most-appropriate and are stabilized. 2INgage includes a Care Management Department responsible for accepting, assigning, managing, and tracking incoming referrals from the Department of Family and Protective Services (DFPS). The Director of Care Management will oversee a Care Management Supervisor, and Care Coordinators located in the Texoma and Big Country areas. The Care
Management Department will provide the capacity to accept referrals from DFPS for residential child-care 24 hours per day, 7 days per week, 365 days per year.

**Procedure**

A placement need may be generated from the following different types of circumstances:

**Emergency Placement:**

An emergency placement is appropriate when DFPS makes a referral to 2INgage for a child or youth who is in immediate need of paid foster care placement and services and is not currently served by 2INgage. This process, therefore, will be used for all emergency and non-emergency removals, as well as any child requiring immediate paid foster care placement and services.

The 2INgage Care Coordinator will identify an appropriate placement through the ECAP matching system and will notify DFPS of an appropriate placement option as well as a potential medical consenter within seven (7) hours of the referral. DFPS has one (1) hour to approve the placement recommendation; if no response within the one (1) hour period the recommendation is considered approved; 2INgage then will document the placement in IMPACT. The child will be placed as soon as possible following receipt of DFPS referral. Child’s needs and preferences will be considered in determining the most appropriate placement. If placement is not identified within four (4) hours 2INgage will assume supervision of the child.

**Non-Emergency Placement:**

A non-emergency placement is appropriate when DFPS makes a referral to 2INgage for a child or youth already in DFPS conservatorship who is moving to a paid foster care placement in 2INgage’s Network Provider (one example is a child who needs to move from a fictive kin placement to paid foster care).

For new referrals to 2INgage classified as non-emergency, the 2INgage Care Coordinator will identify the potential placement option(s) for the child, again through the ECAP system, and will schedule pre-placement visits for children with potential caregivers as appropriate. The child will be involved in the placement decision as appropriate to the child’s age and level of understanding. Whenever possible, the 2INgage Care Coordinator will contact the Provider from which the child will be moved to gather relevant information. 2INgage Care Coordinators will identify the most appropriate placement and will notify DFPS electronically of the appropriate placement option, including potential medical consenter, no later than three (3) days prior to the date placement needs to occur.

**Placement Change:**

Placement changes will take place with children/youth that are placed in a paid foster care setting within the 2INgage Network and require a new foster care placement within the 2INgage Network. A placement change can be either an emergency move such as a disruption...
stemming from a safety concern or a non-emergency move such as a move to place siblings together or place a child closer to home.

In the case of a request from DFPS for a placement change, 2INgage will request a joint staffing with DFPS when needed to discuss barriers and strategies to prevent placement changes whenever possible and appropriate. 2INgage and the Provider will offer placement stabilization services to attempt to avoid a disruption. If these strategies are not effective or warranted, the ECAP database will again be utilized to identify potential placement option(s) for the child and schedule pre-placement visits for the child with potential caregivers as appropriate. Each child will be involved in this decision process as appropriate to the child’s age and level of understanding.

Providers may not make their own placement changes without prior approval from 2INgage. This includes placing children in respite only to later become a placement as well as other types of sub-moves. As soon as a provider learns that a placement change may be needed, the provider should contact their care coordinator to set up a staffing.

In all placement need situations, the 2INgage Care Coordinator will contact a Provider if one of their families is identified as a potential best match placement option for the child. In emergency situations this may follow a call from the Care Coordinator to the foster family requesting acceptance of the placement. The Provider will need to ensure that the 2INgage Care Management Department has updated contact information for staff that are responsible for making placements during business hours as well as after hours and weekends. The Provider is responsible for being available for placement referrals and for physical placement of the child(ren) 24/7/365.

Upon notification from 2INgage to the Provider that a family has been identified as a potential best match placement, the Provider must respond back to the 2INgage Care Coordinator with the family’s acceptance or non-acceptance of the placement and any concerns the agency has about the potential placement within the following timeframes:

- For emergency placements, within one (1) hour of notification of placement need.
- For non-emergency placements, within two (2) business days of notification of placement need.

2INgage may be contacting several agencies at one time due to the timeframes involved in making placements so an initial contact from 2INgage does not guarantee that placement will be made with your family. The best match identified within the above timeframes will be considerations in 2INgage’s final decision of placement recommendation to DFPS. Once the process for DFPS approval has been completed, 2INgage’s Care Coordinator will work together with the Provider case manager, the family and DFPS to determine placement date/time and transportation arrangements. The Provider case manager and caregiver must be present to receive the child at time of placement. In the event the Provider case manager cannot be present
the 2INgage Care Coordinator or designee will be present for the placement. The DFPS caseworker may also be in attendance.

At the time of placement, the 2INgage Care Coordinator or designee will ensure that the 2INgage Placement Authorization form, Medical Consenter (Form 2085b), and the Education Decision-Maker (Form 2085e) are all completed and signed. In addition, 2INgage will assist in ensuring that the required residential child-care documents that need DFPS signature are completed as well.

2INgage will provide the Provider’s case manager with information received such as the Common Application or the Alternative Application for Placement of Children in Residential Care, the Removal Affidavit as soon as received to assist with the daily care of the child. This might take up to 30-45 days from date of placement.

Assessing and Ensuring Appropriate Placement

For emergency placements, 2INgage Care Coordinators will match the child with the most appropriate and least restrictive placement based on the information provided by DFPS at the point of referral and information entered into ECAP. For non-emergency placements, all information about the child’s needs will be gathered to assist with assessment of the most appropriate placement utilizing ECAP. This will include information from the child’s record including information from the birth family, DFPS caseworkers, IMPACT system, previous providers and caregivers, professionals providing services, historical records, current assessments, court records, and other resources will be utilized. Once known information is reviewed, the worker will evaluate the least restrictive placement type needed and review with the supervisor. The Care Coordinator will then identify appropriate placement resources nearest to the child’s removal location, family, siblings or others with whom the youth may be reunifying. The goal will be to place the youth within 50 miles of their home of origin or home where they will be living when they discharge from care, if different than their home of origin. The Care Coordinator will gather the information about placement options, review the placement option with the Provider, and assess their current capacity and dynamics. Each child in a sibling group will be assessed for their individual needs, but also the needs of the sibling group so siblings can remain in care together or near enough to each other for contact. If their needs differ greatly and require different types of specialized services, maintaining sibling connections will be prioritized as placement decisions are considered. All attempts will be made to involve children, when appropriate, in the placement decision.

2INgage’s matching system, ECAP, will rank potential placements for a child. This system takes into account the characteristics and performance history of potential homes, geographic distance and school district boundaries, and the characteristics of the child obtained from the initial assessment and referral information. The 2INgage Care Coordinator will use this
information to guide the decision making about the most appropriate placement. For emergency placements, the placement must be identified within seven (7) hours. If placement is not identified within four (4) hours 2INgage will assume supervision of the child. 2INgage has the responsibility to accept all referrals for paid foster care (No Reject) made by DFPS and will continue to meet the individual needs of children referred (No Eject) until DFPS determines the individual is no longer eligible for the SSCC services. For this reason, Providers will be asked to work closely with 2INgage in identifying an appropriate placement and in recruiting and developing additional resources in all of Region 02.

2INgage will continually review the appropriateness of the child’s placement and make efforts to work with the Provider to preserve the current placement. Our joint goal will be to minimize placement disruptions of children in care. To that end, no child’s placement will be disrupted solely due to the SSCC transition of legacy children.

Consistent recruitment for additional foster homes will be utilized to include targeted recruitment for children with special needs. All foster homes will be expected to operate within their licensed capacity. However, when 2INgage and the Provider assess a foster family and determine they can temporarily handle increased capacity, a plan will be developed to pursue a waiver to allow siblings to be placed in the same home even if that results in the home being over the licensed capacity. Placing siblings together reduces the stress and behavioral issues in most cases and reduces the trauma for children of being removed from their families. This waiver will allow these children to remain together. Not all cases will support this concept and each case must be individually evaluated to determine the capability of the home and foster parents as well as the needs of the children.

**Allowance and Personal Property**

**Purpose**
To safeguard and track the personal possessions, allowances, gift cards and earned money of each youth in the care of 2INgage.

**Policy**
Network Providers will ensure that Foster/Adopt parents take a personal inventory of a youth’s personal belongings when they come into care and quarterly thereafter. Foster/Adopt parents will insure that each youth maintains a sufficient amount of clothing that is appropriate for the season.

**Procedure**
The foster/adopt parents shall maintain an inventory of the child’s clothing and personal items that are of substantial value and/or sentimental value. Requirements:
A. A complete inventory of clothing, personal items and money shall be completed at admission and discharge.
B. As additional clothing is purchased or provided the ledger will be adjusted to reflect the youth’s inventory of personal belongings.
C. The clothing and personal items inventory should be signed and dated by the youth when age and developmentally able and the foster/adopt parents.
D. Allowance and clothing inventory sheet will be collected and stored in the youth’s chart on a quarterly basis.

Personal Belongings

All Network Provider foster/adopt families will complete a Personal Belongings Inventory Form on each youth placed in their home within 24 hours of placement. The inventory will be updated each time the youth receives new personal property during his/her time in placement and will also be completed on the day the youth leaves the home. The foster/adopt parent and youth will both sign the form when possible. The foster parent will provide an updated copy to their Network Provider Case Manager which will be maintained in the Child’s file. Personal possessions allowed in the foster/adopt home may be limited by the Network Provider Case Manager or Foster/Adopt Parent due to space, safety concerns, and/or court orders.

When a child moves from a foster/adopt home the child’s medications, Medicaid card, medical consent Educational Portfolio, and personal belongings will go with the child to the new placement. In the event that all the child’s personal belongings cannot be transported with the child, the foster/adopt parent will get the youth’s belongings to the Network Provider Case Manager. The Network Provider Case Manager assigned to the home that the youth is leaving will be responsible for coordinating the delivery of the youth’s belongings to the youth’s new placement. If the child is being placed in a facility that limits personal belongings or is absent without leave (AWOL), the Network Provider Case Manager will coordinate with 2INgage regarding storing of the items to be provided to the child within one week of the child being placed in a less restrictive setting.

Clothing and personal items inventory shall be sent with DFPS Caseworker at discharge from 2INgage. Clothing and personal items inventory shall be sent to DFPS Caseworker within thirty (30) days after an unplanned discharge.

Allowance/Gifts

Staff are encouraged not to provide youth in foster care with gifts. Gifts from family, friends and caregivers should be reviewed to ensure no safety and risk concerns are present.

Appropriate Clothing
A. Each child in care must maintain a minimum amount of clothing as follows:

1. Adequate number of the t-shirts,
2. Undershirts and underwear, or bras and panties;
3. Socks and shoes;
4. Pants and/or skirts;
5. Shirts and/or blouses;
6. Coats/jackets, and or sweaters;
7. Pajamas;
8. Shorts; and
9. Other clothing necessary for a child to participate in daily activities.

B. Clothes must be:

A. Gender and age-appropriate;
B. Proportionate to the child’s size;
C. In good condition, and is not worn-out with holes or tears (not intended by the manufacture); and
D. Clean and washed on a regular basis.

Hygiene and Personal Grooming Needs and Practices

1. Foster/Adopt parents shall make sure that each child has appropriate furnishings to meet their hygiene and personal grooming needs.
2. Youth shall be taught to maintain good hygiene and grooming practices.
3. Training and education necessary to ensure each child understands the concepts of personal hygiene and grooming and what they need to do on a daily basis to achieve and maintain good hygiene and grooming.
   • Foster/Adopt parents must ensure sufficient hot water is available for daily baths or showers.
   • Practice of regularly brushing teeth and hair.
4. Foster/Adopt parents must provide with specific items to meet youth’s ethnic hygiene and individual hair care needs.

Assessment Program

Purpose
To provide accurate and timely Assessment Services that meet Texas Department of Family and Protective Services (TDFPS) requirements.

Process
2INgage will hold itself and Network Providers responsible for completing assessments using an inclusive model of care that is family-focused, strength-based, trauma-focused, and
culturally respectful. 2INgage will draw from children and families’ account of their own histories to develop a culturally competent understanding of needs and strengths. Assessments will drive service plan development and inform the appropriateness of placement and permanency goals.

The CANS Assessment will be completed for all children ages three (3) and over prior to development of the Initial Plan of Service. The Provider will refer the child at initial placement to a Superior Health CANS provider within 3 days of placement in order to ensure this assessment can be completed in a timely manner. An annual CANS assessment is required to be completed by a Superior Health provider.

Children receiving Therapeutic services (in CPA/GRO/or RTC placement) require a CANS Assessments ever 90 day in conjunction with review of the child’s Service Plan. The provider Case Manager will be responsible for ensuring that this assessment is completed.

When a child turns three (3), the Provider will have 30 days to refer and ensure an initial CANS Assessment Is completed. The child will then follow the regularly scheduled reviews according to their service level.

CANS Assessments will be conducted by a professional with a CANS Certification.

Provider’s staff or CANS administrators must complete the online CANS training and pass a test demonstrating competency in order to be certified to administer the CANS Assessment tool. To maintain the CANS certification, Provider’s staff and/or CANS administrators must retrain and retest annually. It is the Provider’s responsibility to ensure that the CANS administrators maintain certification.

All assessments that have been completed for a child including CANS, Psychosocial, Psychological and/or Psychiatric will be considered before any placement change are recommended/approved.

In keeping with state requirements, the Child and Adolescent Needs and Strengths (CANS) Assessment must be entered in the statewide eCANS system.

**Behavioral Health**

**Purpose**
To define procedures to follow in order to arrange behavioral health services for the youth in care.

**Policy**
All behavioral healthcare services for children in substitute care will be accessed through STAR Health Network Provider.
Procedure

2INgage will ensure Network providers access Medicaid through STAR Health for Medicaid Covered Behavioral Health Services, unless the court orders DFPS to provide behavioral health services for the child from a non-network provider. Community resources will be used to obtain Behavioral Health Services not covered by Medicaid. The 2INgage Care Coordinator will assist the Network Provider in locating services as needed.

A person consenting to medical care for a child must participate in each appointment set for the child with the healthcare provider. Network providers are responsible for transportation of the child/youth to all behavioral healthcare appointments.

Participation must be in person or, if it is appropriate and acceptable to the provider, by telephone. The level of participation depends on the nature of the medical care the child is receiving; the medical consenters must attend in person any appointments when a child may be prescribed psychotropic medications. Healthcare providers may have varying requirements for participation. Medical consenters must discuss with healthcare providers their expectations for participation.

Youth ages 16 to 22 will be advised of their right to request to become their own Medical Consenter. Network Providers will document this conversation in the youth’s record.

No later than the second (2nd) business day after a child’s caregiver receives a STAR Health Denial letter, the Network Provider will email a scanned copy of the denial letter and the date of such receipt to the 2INgage Care Coordinator for assistance.

2INgage will ensure records of all health care services are maintained by network providers in accordance with SSCC policies and Residential Child-Care Licensing (RCCL) requirements.

Psychiatric Hospitalization

Network Providers are to notify the DFPS and 2INgage immediately of any psychiatric hospitalization by emailing 2INgage at [email protected] and cc’ing the 2INgage Care Coordinator, and the DFPS worker as soon as a child is admitted, but no later than 12 hours after being admitted. The email will need to include:

- the name of the child/youth,
- the date and time of the hospitalization,
- the name and location of the Psychiatric Hospital where the child/youth was admitted
- and any other pertinent information such as an authorization code or identifying code to be able to get information about the child including what precipitated the hospitalization.
In additional, a serious incident report must still be completed and sent to the [email protected] within 24 hours.

2INgage encourages Network Providers to see psychiatric hospitalization as a last resort and to utilize outpatient and diversion bed programs such as Turning Point, whenever possible and prior to inpatient psychiatric hospitalization, but does understand that sometimes psychiatric hospitalization is necessary. 2INgage encourages network providers to not see psychiatric hospitalizations as an end to placement but rather in these instances encourage Network Providers to reach out to the Care Coordinator and the team of professionals surrounding the child to ensure all services and supports necessary are in place to ensure the child can return to their placement upon discharge.

If a placement change is needed, the Network provider must provide 2INgage with a discharge notice as soon as possible so that planning can be made timely. A discharge notice does not substitute as a Serious Incident Report or a notification of hospitalization.

2INgage will participate in the recruitment of new or expanded service providers in collaboration with Cenpatico Behavioral Health in underserved communities.

**Client Appeal and Fair Hearing Process**

**Purpose**

To provide consumers an outlet to appeal agency decisions and a right to a fair hearing process.

**Policy**

2INgage staff will ensure that consumers have access to a fair hearing and appeals process.

**Procedure**

Foster and adoptive parent applicants, and birth parents (hereinafter “clients”) shall be provided a copy of this appeal procedure upon application (in the case of foster parents), and first contact in the case of birth parents.

Clients should complete a grievance in writing indicating their desire to file for a fair hearing and appeals process within 30 days of the incident and include all supporting documentation. The Consumer Affairs Specialist in consultation with the Administrator will review the documentation and respond in writing to the client within 14 days of receipt of request.

A client may appeal that response within 14 days to the Executive Director of 2INgage and may request a meeting with the Executive Director. The Executive Director will review the documentation within 14 days of the request.

A written response of the final decision will be provided to the client by the Executive Director and will serve as the final response of the appeal process.
The Executive Director shall make decisions based on the documentation found in the file and all other material presented in writing by staff and/or clients.

All documentation from the appeals process will be maintained as an agency record.

**Client Grievance**

**Purpose**
To provide a “customer friendly” process in attempt to resolve various concerns or grievances individuals may have about activities and services of the Agency and to ensure that consumers (youth, parents, stakeholders, etc.) have an opportunity to express concerns to an impartial person who will assist them in providing information regarding their concern.

**Policy**
2INgage staff provide consumers/clients the opportunity and means to lodge complaints and appeals and the mechanism to process appropriate resolution.

**Procedure**
For consumer concerns/ grievances

When a person has a concern, they are to contact the assigned Worker first. If the concern is not resolved, the next level of resolution should be the assigned Worker’s Supervisor. If a Supervisor addresses a concern with the caller, the Supervisor will document the caller’s name, what the concern is regarding, if the concern was resolved and if it was not resolved, what steps will be completed to resolve the concern. If attempts to resolve the concern at the Worker and Supervisor level are not successful, the concern can be made to the Concern Line.

If the Consumer Affairs Specialist receives a concern or grievance from a consumer (parent, youth, stakeholder, etc.), the Consumer Affairs Specialist will record the consumer’s concern/grievance and document their preferred outcome that would resolve the matter. The process of reviewing the concern/grievance will be directed by the Consumer Affairs Specialist in order to determine merits of the concern/grievance and explore options, including the consumer’s preferred outcome, for resolving the matter. The Consumer Affairs Specialist may consult with and interview any staff involved directly or indirectly in the matter under review and may recommend a Corrective Action Plan if it is determined that special consideration is necessary to avoid consumer concerns/grievances in the future.

An established phone line and email address dedicated solely to consumers and stakeholders will be utilized to address concerns or complaints from external parties. Information regarding the toll free number, email address and this process is provided to consumers, stakeholders and listed on the 2INgage website. The phone will be answered during business hours and an answering machine to record names and phone numbers after hours. All messages left on the answering machine will be answered the next working day. Any emails received during...
business hours will be responded to within the same day. Any emails received after business hours will be responded to the next working day.

The Consumer Affairs Specialist or designee answering the phone or receiving the email does not handle the concern/grievance and/or resolve the problem. His/her responsibility is to listen to the concerned party and get all the specific information about the concern/grievance information including the caller name, address and phone number, the person/program which they have a concern/grievance about, and what the caller has done to resolve the concern/grievance before calling. The Consumer Affairs Specialist will ask the caller if they have first tried to resolve the issue with the Worker and/or Supervisor. If they have not, the Consumer Affairs Specialist will refer the caller to the Worker and/or Supervisor. The Consumer Affairs Specialist will place information gathered along with questions in a questionnaire. The Consumer Affairs Specialist will forward this questionnaire to the appropriate staff to respond to the questions and provide additional information necessary to resolve the issue. The Consumer Affairs Specialist or designee handling the phone call or email will let the concerned person know that someone will respond back to them within 24 hours. The Consumer Affairs Specialist will ensure follow up occurs from within 2INgage to the consumer or stakeholder in a timely manner to adequately preserve consumer/stakeholder satisfaction.

If there is an external or internal concern is regarding a Worker’s performance, the Consumer Affairs Specialist or designee will confer with Human Resources.

If the concern is regarding a DFPS staff member and/or actions of DFPS the concern will be forwarded to the DFPS Consumer Affairs Specialist.

If a consumer concern/grievance is forwarded initially to the Administrator or other Agency personnel and then given to the Consumer Affairs Specialist for review, the Consumer Affairs Specialist will handle concern/grievance in the same manner as if the person called the concern/grievance line.

The Administrator will receive a final copy of the concern/grievance form. A written response will be provided to the concerned party (child, parent or stakeholder). If the Administrator or other Agency personnel receives the initial concern/grievance and designates program staff to review, respond, or handle the concern/grievance, the information will not be tracked, recorded or monitored by Consumer Affairs Specialist.

The Consumer Affairs Specialist will send a quarterly summary report to 2INgage and regional leadership staff. The report will include the number and types of complaints, origin of the complaint and any additional information as needed.

Monitoring Concerns/Grievances

If the appropriate person does not respond back within 24 hours to a consumer’s concern/grievance, the Consumer Affairs Specialist will issue a memo of the non-response to the individual required to respond, with a copy to the Department Head and to Human Resources.
Client Orientation

Purpose
To describe the procedure to inform the client of agency’s policy and procedures.

Policy
2INgage will ensure all children in care are informed of the agency’s policies and procedures during an orientation.

Procedure
Within 7 days of placement, the Provider Case Manager will meet with the child to review and inform the child of applicable policies and procedures and complete and sign the 1509 form. This orientation must be provided to children 5 years and older and geared to the intellectual level of the child. The Provider Case Manager will document this orientation in the Network Provider’s Child File and provide 2INgage with a copy of the signed 1509 form. The orientation includes a review of the following policies/procedures:

- Visitation, including family visitation and overnight visitation;
- Mail;
- Telephone calls;
- Gifts;
- Personal possessions, including any limits placed on the possessions the child may or may not;
- Discipline;
- The religious program and practices;
- The educational program;
- Trips away from the home;
- Program expectations and rules;
- Grievance procedures – how to make complaints;
- Contact parties related to legal case; and
- Emergency behavior intervention, including your agency’s policies and practices on the use of personal restraint and the child’s input on preferred de-escalation techniques that foster/adopt parents can use to assist the child in the de-escalation process. The following will be explained and documented to the child in a manner the child can understand:
  - Who can use an emergency behavior intervention;
  - The actions a foster/adopt parent must first attempt to defuse the situation and avoid the use of emergency behavior intervention;
  - The situations in which emergency behavior intervention may be used;
  - The types of emergency behavior intervention you authorize;
  - When the use of an emergency behavior intervention must cease;
What action the child must exhibit to be released from the emergency behavior intervention;

- The way to report an inappropriate emergency behavior intervention;
- The way to provide voluntary comments on any emergency behavior intervention; and
- The process for making comments on any emergency behavior intervention, such as comments regarding the incident that led to the emergency behavior intervention, the manner in which a foster/adopt parent intervened, and the manner in which the child was the subject or to which they were a witness. You may create a standardized form that is easily accessible or give children the permission to submit comments on regular paper; and
- The agency prohibits the discharge or other retaliation against employees, clients, residents or other persons for filing a complaint, presenting a grievance or otherwise providing in good faith information relating to the misuse of emergency behavior intervention at the agency or in the foster/adopt home.
- Obtain each child’s input on preferred de-escalation techniques that foster/adopt parents can use to assist the child in the de-escalation process.
- The Child’s Rights and Responsibilities will be given to the child and will be explained in an age/development level appropriate manner.

**Client-Child and Foster-Adopt Family Case File Record Organization**

**Purpose**
To maintain all case records in an organized systematic manner.

**Policy**
2INgage will ensure all necessary information is maintained in the foster/adopt child and foster/adopt family case record as required.

**Process**
Each department has a specific format for case file records. The information in the file is confidential and should not be provided to anyone who does not have a need to know about the information without a release of information from the client and/or the client’s legal guardian. Please refer to procedures on confidentiality and release of information for further direction regarding sharing of information from the file.

All client records will be individualized, current and complete. All documentation in case files must be uploaded in the file no later than 30 days after the occurrence/event and within 15 days from the end of the month (for monthly reports) unless otherwise stated.
Any hard copies of the file are to remain in a locked file cabinet. A master list of active client records including their location will be maintained in the main office and kept in WebFACES.

**Client’s Contacts**

**Purpose**
To allow an opportunity to ensure the needs of the child are being met and placement continues to be appropriate.

**Policy**
2INgage staff will ensure client’s needs are being met in the least restrictive setting and maintain connections with family/fictive kin.

**Procedure**
Except for children receiving treatment services for primary medical needs, the Network Provider Case Manager will make a monthly face-to-face contact in person contact with the child in care. For children receiving treatment services for primary medical needs, the Network Provider Case Manager or nurse must have face-to-face contact with a child in care twice every month with no more than 20 days between visits.

At least half of the contacts must occur in the foster/adoptive home.

These contacts are to ensure the:

1) Child is safe;
2) Needs of a child are being met; and
3) Placement continues to be appropriate.

If the child is able to communicate in a meaningful way, the contact with the child must:

1) Be for a length of time sufficient to address the child’s needs and determine the appropriateness of the placement;
2) Provide an opportunity to meet in private; and
3) Provide an opportunity for the child to express feelings about how the placement is working out.

If the child is non-verbal or pre-verbal, the contact with the child must be for a length of time sufficient for an appropriate observation of the child and the child’s placement, including an assessment of any changes in behavior or developmental progress or delays as well as a verification that the placement is meeting the child’s needs as specified in the service plan.

When appropriate, Network Provider Case Managers may complete random, drop in visits to ensure all requirements are met.
The required contacts must be significant and must be documented in the child’s record. The Network Provider Supervisor will review and approve documentation of visitation contacts.

Parent/Sibling/Friends/Extended Family Contact

The foster/adopt family will work with their Network Provider Case Manager, 2INgage and DFPS to assist in facilitation of contact between the child placed in their home and that child’s parents, siblings, friends, extended family or other community support contacts in accordance with court orders and visitation agreements. Community support contacts may include, but are not limited to CASA worker, court personnel, legal counsel, kin connections, Texas Department of Family and Protective Services (TDFPS) staff and other persons involved in the child’s case. The Provider Case Manager will ensure contact between siblings is maintained when siblings are not placed together. The following processes will be used:

A. Upon admission, the Intake Department will notify the Case Managers of each agency receiving placement of siblings in DFPS conservatorship not placed with the child.

B. The Case Manager will contact DFPS, the siblings Case Manager or the CPA agency with placement of the siblings to assess visitation.
   i. If the siblings are within 100 miles of each other, the Case Manager will ensure face to face visitation is facilitated by the caregivers at least monthly.
   ii. If the siblings are greater than 100 miles apart, at least twice monthly telecommunication (phone, skype, face time, etc.) will be facilitated by the caregiver.

C. Documentation of all visitations will be recorded in the Provider agency’s child file.

D. Exceptions to visitations will only be made based on the following.
   i. Prohibited by a Court.
   ii. Contrary to the Best Interest of the Child or Sibling as documented in the Plan of Service for the Child or Sibling.
   iii. As approved by the Regional Program Director or mental health professional for the Child or Sibling in writing.

The child’s visitation with family is not contingent upon the child’s behavior and family visitation is not denied as a consequence for acting out behavior. Denial of visitation, mail, or phone contact with family members occurs only as described above. Any ongoing (more than 30 days) restrictions will be evaluated monthly, explaining the justification for the continued restrictions and will be documented in the child’s file; limitations for practical reasons must be discussed with age appropriate youth and their parents. 2INgage will be notified of these approved restrictions.
Client’s Rights

Purpose
To ensure youth receive appropriate treatment and 2INgage employees, contract staff, volunteers and foster/adopt parents respect their rights.

Policy
2INgage and Placement Provider staff adhere to Agency and TDFPS Client’s Rights.

Procedure
At placement every youth, managing conservator and/or legal guardian will be presented with the Client’s Rights in order for them to be aware of their rights.

Informing Children of their Rights
Children and their parent/legal guardian shall be informed of their rights as clients receiving services through Foster/Adopt Services at first contact and within 7 days of placement. Children age 5 and older will sign a Child’s Rights form acknowledging that a Case Manager has informed them of their rights. Children and their parent/legal guardian shall be provided a written copy of these rights in simple terms, in their primary language, and in a way that is communicable to the child (if the child has visual/auditory impairments).

For children placed in 2INgage provider network foster/adopt homes, the assigned Placement Provider Case Manager will be responsible for discussing the child’s rights and will have the child sign the Child’s Rights form. A copy of the TDFPS Child’s Rights will be provided to each client. 2INgage will maintain a signed copy of the Child’s Rights in the electronic file.

The assigned Worker will discuss with the child his or her rights and responsibilities, the concern complaint process, the child’s right to access the Child Handbook, and Notice to Privacy Practices. The Case Manager will also discuss the child’s rights to religious worship, privacy of mail, privacy of phone calls, and privacy from media.

Religious Worship
Children in foster/adopt placements shall have the opportunity to practice the religious beliefs of their choice as long as this practice is not harmful to self or others. Foster/Adopt Parents shall provide opportunity for children to attend the place of worship and practice their beliefs. Specific religious beliefs of Foster/Adopt Parents shall not be forced upon a child.

Privacy of Mail/Email
Children shall have access to all mail and emails sent to them. Only in rare occasions when court ordered, can the mail from a parent or other person be opened by any person other than the child. When the court orders that all mail from a specific person be monitored, the mail shall go through the Referring Agency’s Case Manager to be opened and then shared with the child.
It is up to the DFPS Case Manager to share this restriction with the Case Manager and Foster/Adopt Parent. Foster/Adopt Parents or Case Manager’s shall not read any foster/adopt child’s mail before or after opened by the child, unless necessary to assist the child with reading or writing. This mail is considered confidential and up to the child to share with Case Manager or Foster/Adopt Parent. If the Foster/Adopt Parent is concerned about the child’s safety (risk of AWOL or self-harm), the Foster/Adopt Parent must ask permission from the Case Manager to read a child’s mail. Prior to the Case Manager making the decision on reading confidential mail, Case Manager will attempt to contact the DFPS Case Manager and jointly make the decision. The child and parent will be notified of any restrictions on mail and this will be documented in the case file including the listing of the mail being restricted. Such restrictions continuing for more than 30 days must be re-evaluated monthly and explain the reasons for continued restrictions in the file.

**Privacy of Phone Calls**

Children may have reasonable access to privacy of phone calls and privilege to use the phone. Reasonable access means foster/adopt children should be allowed to talk on the phone without anyone else in the home eavesdropping or listening on the other line, unless the child needs assistance using the telephone. Children (age appropriate) shall be allowed to use the phone to make or accept phone calls. Foster/Adopt Parents can make reasonable restrictions regarding the use of the phone that include time limitation, number of call received/made, or hours calls are made/accepted. Foster/Adopt Parents can also take away privilege of using the phone as a consequence; however this restriction shall never include making or receiving phone calls from the foster child’s biological parents.

At times, the DFPS Case Manager may ask that phone calls be monitored with parents especially if supervised visits are occurring. Case Managers must have written documentation (case plan, letter etc.) that states Foster/Adopt Parent is able to monitor phone calls. The information must include what calls shall be monitored and how calls shall be monitored (listened to on the other line or listening to child’s conversation) before Foster/Adopt Parent monitors any phone calls. The child and parent should be notified of any restrictions on phone calls and these will be documented in the case file including the listing of the phone number being restricted. Such restrictions continuing for more than 30 days must be re-evaluated monthly and explain the reasons for continued restrictions in the file.

**Privacy from Media**

Children receiving foster/adopt services shall never be identified in the media or other public venues as a foster/adopt child. If a child seeks media attention on their own, the assigned Case Manager must explain to the child their right to privacy and not being identified as a foster/adopt child. If child still continues to want to talk with media, the Case Manager must notify the 2INgage’s Privacy Officer. The Privacy Officer must have the child sign an
acknowledgement stating that he/she has been informed of his/her right to privacy by the Agency.

**Search of Child and Possessions**

Children in foster care have the right to be free of unreasonable searches and unreasonable removal of personal items. Only upon reasonable suspicion may a foster/adopt child, his/her possessions and/or room be searched:

- Of the presence of a prohibited item or items that endanger the child’s safety;
- That the child made suicidal threats or threatened to hurt himself or others; or
- That the child was involved in a theft.

Only a foster/adopt parents and/or the Case Manager may conduct a search that involves the removal of a child’s clothing (other than other clothing, such as coats, jackets, hats, gloves, shoes, etc. If the search of a child 5 years or younger involves removing other than outer clothing, another adult must witness the search. If the search of a child over 5 years that involves removing other than outer clothing, an adult of the same gender must witness the search. Efforts must be made to ensure other children do not witness the search that involves the removal of clothing, other than outer clothing. With the exception of a child’s mouth, a foster/adopt parent and 2INgage employee may not conduct a body cavity search of the child. The foster/adopt parent and Placement Provider employee must document the following information following a search:

- The date of the search;
- The name of the child;
- Reason for the search;
- A description of what was searched;
- The articles of clothing removed, if applicable;
- The name of the person conducting the search;
- The name of the witness, if applicable;
- The results of the search; and
- The resolution of the issue with the child or children involved.

**Other Client’s Rights**

All other client’s rights include informing clients of Texas DFPS regulations, agency policies/procedures, compliance status reports, right to make appeals including appeal process, compliance procedures and processes to file complaints with other entities. 2INgage defines clients as; children in care, birth parent/guardian, foster/adopt parent applicants, foster/adopt parents.

A child’s rights are cumulative of any other rights granted by law or other Licensing rules.

The following categories include the child’s rights that you must adhere to:
1) Safety and care, including:
   1. The right to appropriate care and treatment that meets the child’s needs in the most family-like setting possible;
   2. The right to be free from abuse, neglect, and exploitation; and
   3. The right to fair treatment;

2) Family contacts, including the right to maintain regular contact with the child’s parents and siblings, unless restrictions are necessary because of the child’s best interest, the decision of an appropriate professional, or a court order;

3) Living a normal life, including:
   A. The right to speak and be spoken to in the child’s own language, including Braille if the child is blind or sign language if the child is deaf. This should also occur within a reasonable time after an emergency admission of a child, if applicable. You must make every effort to place a child with foster/adopt parent(s) who can communicate with the child. If these efforts are not successful, you must document in the preliminary service plan your plan to meet the communication needs of the child;
   B. The right to receive educational services appropriate to the child’s age and developmental level;
   C. The right to have the child’s religious needs met;
   D. The right to participate in childhood activities, including foster/adopt family activities and activities away from the foster home and the foster parents, that are appropriate for the child’s age, maturity, and developmental level;
   E. The right to privacy, including sending and receiving unopened mail, making and receiving phone calls, keeping a personal journal, and having visitors, unless the child’s best interest, appropriate professionals, or court order necessitates restrictions;
   F. The right to personal care, hygiene, and grooming equipment and supplies and training in how to use them;
   G. The right to have comfortable clothing, which is suitable to the child’s age and size and similar to the clothing of other children in the community. Teenagers should have reasonable opportunities to select the clothing;
   H. The right to clothing that protects the child against the weather;
   I. The right to have personal items at the child’s home and to get additional things within reasonable limits;
   J. The right to personal space in the child’s bedroom to store clothes and belongings;
   K. The right to be informed of search policies and be free of unreasonable searches and unreasonable removal of personal items;
   L. Depending on the child’s age and maturity, the right to seek employment, keep the child’s own money, have a bank account in the child’s name, and get paid for any work done for the agency or home as part of the child’s service plan or vocational training, with the exception of assigned routine duties that relate to the child’s living
environment, such as cleaning the child’s room, or other chores, or work assigned as a disciplinary measure;

M. The right to consent in writing before taking part in any publicity or fund raising activity for the foster home or agency, including the use of the child’s photograph;

N. The right to refuse to make public statements showing gratitude to the foster/adopt home or agency; and

O. The right to not be pressured to get an abortion, give up her child for adoption, or parent her child, if applicable;

4) Discipline, including:
   A. The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating treatment or punishment. This means the child must not be:
      i. Shaken;
      ii. Subjected to or threatened with corporal punishment, including spanking or hitting the child;
      iii. Forced to do unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
      iv. Denied food, sleep, a bathroom, mail, or family visits as punishment;
      v. Subjected to remarks that belittle or ridicule the child or the child’s family;
      vi. Threatened with the loss of placement or shelter as punishment; and
      vii. Subjected to demeaning behavior to embarrass, control, harm, intimidate, or isolate the child. “Demeaning behavior” may include using physical force, rumors, threats, or inappropriate comments;

5) The right to discipline that is appropriate to the child’s age, maturity, and developmental level; and

6) The right to have restrictions or disciplinary policies explained to the child at admittance and when the measures are imposed;

7) Plans for the child while in care, including:
   A. The right to have a comprehensive service plan that addresses the child’s needs, including transitional and discharge planning; and
   B. The right to actively participate in the development of the child’s service plan within the limits of the child’s comprehension and ability to manage the information. The child has the right to a copy or summary of the plan. A child 14 years of age or older has the right to review and sign the service plan;

8) Medical care and records, including:
   A. The right to medical, dental, vision, and mental health care and developmental services that adequately meet the child’s needs. The right to request that the care or services be separate from adults (other than young adults) who are receiving services;
B. The right to be free of unnecessary or excessive medication; and
C. The right to confidential care and treatment, including keeping medical records and agency records private and only discussing them when it is about the child’s care; and

9) Complaints, including the right to make calls, reports, or complaints without interference, coercion, punishment, retaliation, or threats of punishment or retaliation. The child may make these calls, reports, or complaints anonymously. Depending upon the nature of the complaint, the child has the right to call, report, or complain to:
A. The DFPS Texas Abuse/Neglect Hotline at 1-800-252-5400;
B. The HHSC Consumer Affairs Specialist for Children and Youth Currently in Foster Care at 844-286-0769;
C. The DFPS Office of Consumer Affairs at 1-800-720-7777; or
D. Disability Rights of Texas at 1-800-252-9108.

Regarding Education
a) A child must have an appropriate education through participation in an educational/vocational program in the most appropriate and least restrictive educational settings, for example: attending regular classes conducted in an accredited elementary, middle, or secondary school within the community or home schooling.

b) Foster/Adopt parents and caregivers must, as applicable:
   a. Attend and participate in school staffings, conferences, and education planning meetings;
   b. Make reasonable efforts to allow the child to participate in extracurricular activities; and
   c. Make reasonable efforts to allow the child to participate in school extracurricular activities to the extent of his interests and abilities and in accordance with his service plan.

The CPS Rights of Children and Youth in Foster Care can be provided as an acknowledgement of these rights.

Client’s Travel

Purpose
To describe the procedure to obtain authorization for client’s travel outside of the state and country.

Policy
2INgage staff will ensure the appropriate authorization/documentation is obtained in the event the client travels out of state or country for leisure or visitation purposes.
Procedure
Visitation and travel outside of the state shall be planned in cooperation with the child’s DFPS worker. Children visiting or traveling outside of the state and country must have the DFPS and the court’s permission.

Out of State/International Travel/Visitation
Foster/Adopt parents are encouraged to include foster/adopt children placed in their homes in their family travel and vacation plans. Prior approval is required from DFPS for children traveling out of country or out of state. Foster/Adopt parents shall take the child’s placement agreement, medical consent form, and medical card.

Communicable Disease

Purpose
To outline procedures to be followed to prevent/inform of a communicable disease and Tuberculosis (TB) screen testing.

Policy
2Ingage will ensure all health precautions are taken to provide for the safety and well-being of foster/adopt children, employees, volunteers and foster/adopt home members.

Procedure
2Ingage will notify the Department of State Health Services after being made aware that a foster/adopt child, employee, volunteer, contracted provider, foster/adopt parent or member of a foster/adopt home has contracted a communicable disease that the law determines reportable.

If the person has symptoms of the disease, 2Ingage or designee will:

- Consult a health-care professional about the person’s treatment;
- Follow the treating physician’s orders, which may include separating the person from others;
- Notify the person’s parent, if applicable; and
- Sanitize all items used by the sick person before another person uses one of them.

If a health care professional diagnosis a person in care with a communicable disease that is reportable, the health care professional must authorize the child’s participation in routine activity in the foster/adopt home. The authorization must be in the persons file, include a written statement that the person will not pose a serious threat to the health of others and include any specific instructions and precautions to be taken for the protection of others.

If an employee, a contract service provider, foster/adopt parent, member of a foster/adopt home, or a volunteer has a communicable disease that is reportable to Department of State
Health Services, 2INgage will obtain written authorization from a health-care professional for the person to be present at the agency or foster/adopt home. The written authorization must include a statement that the person will not pose a serious threat to the health of others.

Any written instructions and precautions specified by the health care professional must be followed.

**Tuberculosis (TB) Screen Test**

All persons over the age of one year old must have a documented tuberculosis screening test that was conducted as recommended by the Center for Disease Control (CDC) within 30 days before or after beginning to live, work, or volunteer for TFI unless the person:

- Has lived, worked, or volunteered at a regulated residential child-care operation within the previous 12 months.
- Provides documentation of a tuberculosis screening.

Documentation must consist of a copy of the results of the baseline tuberculosis screening or chest radiograph, which must be in the person’s file at within 40 days of the person beginning to live, work, or volunteer with 2INgage or the Network Provider. Documentation of a copy of the results of treatment (if treatment is required) must also be maintained in the person’s file. For a child in DFPS conservatorship, documentation in the child’s health passport is sufficient. Except on the advice of a physician, no additional screening is required for a person who continues to live, work, and/or volunteer in a regulated residential child-care setting.

### Concern Regarding Foster and Adoptive Families

**Purpose**

To work with Foster/Adopt Parents on areas where they are not meeting 2INgage, TDFPS, or Accreditation standards/policies/procedures.

**Policy**

2INgage will review status of foster/adopt homes that have a current 2INgage and/or Texas Department of Family and Protective Services complaint or internal concern, make recommendations and determine if further intervention and follow up is required. 2INgage will identify areas of improvement/concern for foster/adopt families and will develop corrective action plans as needed in conjunction with the Network Provider.

**Procedure**

Any identified areas of concern regarding a Foster/Adopt Family will be submitted to 2INgage on the Foster/Adopt Parent Concern form (depending on the severity of the concern). These concerns may also be brought to the attention of 2INgage by TDFPS. Areas of concern might include but are not limited to: TDFPS/(RCCL) investigations, environmental concerns, risk and
safety issues, lack of training hours; frequent disruptions; transportation issues; and general quality of care concerns for children. The form will be forwarded to the Network Provider Administrator. The Network Provider Administrator and when necessary, the Executive Director will determine the appropriate next step with the family depending on the circumstances of the concern. The Network Provider Administrator will review the information forwarded and make recommendations on next steps that can include but not limited to:

1. Changing Family Profile  
2. Placing Family on Hold  
3. Completing a Support Plan  
4. Completing a Partnership Development Plan  
5. Completing a Corrective Action Plan  
6. Moving children from home  
7. Closure of the foster home

Findings of 2INgage’s review/investigation and/or action plans will be submitted to TDFPS within 30 days of request.

The Network Provider Administrator will forward the information to the Network Provider Case Manager within 24 hours of the review. Recommendations may include whether to continue sponsorship, continue as current status and review at a future date, remove from hold, remove from future review, implementation of any corrective action including Safety Plans, Support Plans, Partnership Development Plan, or Corrective Action Plans.

**Case Specific Conflict Resolution:** There may be times when 2INgage and a Network Provider may not agree on a case decision affecting a child or family.

2INgage and Network Provider staff (who are most knowledgeable about the issue in dispute) and both the 2INgage Supervisor and the Network Provider Staff Supervisor will work together to resolve case specific issues informally. This will accomplished through an objective, solution-driven discussion or meeting. If a mutually agreeable solution is not achieved in three (3) business days, the Supervisor will notify the other Supervisor that they plan to involve their chain of command. The disputed issue will be elevated to the 2INgage Department Director and the next level within the Network Provider agency for resolution. If the dispute is not satisfactorily resolved, it will be elevated in writing to the Executive Director of 2INgage. As a part of the review, the philosophy and goals of Community Based Care will be reviewed and used as a guideline for the ultimate resolution. The Network Provider must ensure continuity of services, as defined by the 2INgage Contract and the Network Provider Manual for the child or family involved while seeking to resolve the case-specific dispute. The issue will be resolved at this level and a final decision will be distributed back to the requesting staff by email with supporting points for the decision.
There also may be times when 2INgage and the Network Provider may not agree on a case decision made by DFPS. In those cases 2INgage and DFPS will follow a similar step-wise conflict resolution process.

**Non Case-Specific Conflict Resolution:** Examples of non-case specific issues that a Provider may dispute include but are not limited to the following:

- Decisions not to contract with Providers;
- Referral practices;
- Level of care determinations; and
- Payment.

The Network Provider must ensure continuity of services, as defined by the 2INgage Contract and the Network Provider Manual, to the child or family affected while seeking to resolve non case-specific disputes.

Supporting documentation will be sent by email to the 2INgage Executive Director with the subject line of “Dispute Resolution.” The issue will be resolved at this level and a final decision will be distributed back to the requesting staff by email with supporting points for the decision.

**Complaints and Concerns**

2INgage employs an Consumer Affairs Specialist approach to complaints and concerns. Any consumer/client, Network Provider, DFPS employee, or community stakeholder can lodge a complaint or concern directly with 2INgage by sending an email to [email protected]. The 2Ingage Director of Community Engagement will receive those emails and will ensure that the complaint is addressed in a timely manner.

A quarterly report of complaints and concerns will be generated and sent to the 2INgage Executive Director, the Vice President of Performance Improvement and Risk Management and to the DFPS SSCC Contract Manager.

**Confidentiality**

**Purpose**

To provide all clients the right to privacy of information regarding themselves and their family.

**Policy**

2INgage staff will safeguard all clients’ information and will follow specific procedures for the release and use of such information.
**Procedure**

2INgage will have an informed consent signed for each client that allows 2INgage to use or disclose the minimum necessary information to other persons within 2INgage, the Provider Network or outside of the agency. The minimum necessary information disclosed to other agencies shall include:

For Foster Care Services:

<table>
<thead>
<tr>
<th>Type of Agency/Providers</th>
<th>Information to be disclosed with Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health Provider</strong></td>
<td>Referral Forms, medical card, authorization, client service agreement</td>
</tr>
<tr>
<td><strong>School</strong></td>
<td>EEIF, immunizations, medications given during school hours</td>
</tr>
<tr>
<td><strong>Doctors</strong></td>
<td>Medical History, medications, allergies</td>
</tr>
<tr>
<td><strong>Day Care Center/Home</strong></td>
<td>Authorization for payment, medications, allergies, physical, immunizations, copy of emergency medical consent</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>Medical information</td>
</tr>
<tr>
<td><strong>Contract Agency (RFS only)</strong></td>
<td>Monthly Report, medical and educational records received while in placement, critical incidents</td>
</tr>
</tbody>
</table>

For Behavioral Health Providers:

<table>
<thead>
<tr>
<th>Type of Agency/Providers</th>
<th>Information to be disclosed with Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral Agency</strong></td>
<td>Reports (monthly, Tx plans, discharge summaries, Assessment), progress updates, services provided, diagnosis,</td>
</tr>
</tbody>
</table>

For Behavioral Health Continued:

<table>
<thead>
<tr>
<th>Type of Agency/Providers</th>
<th>Information to be disclosed with Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors (Psychiatrist)</strong></td>
<td>Medications, Behaviors, diagnosis</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>Tx modality, progress updates, medications, diagnosis, length of services</td>
</tr>
</tbody>
</table>

Any other document that 2INgage staff would disclose to agencies/providers would be considered outside the scope of minimum necessary definition. Any information that is beyond the minimum necessary will require that the client or legal guardian of minor child sign an Authorization to Release Information. Please refer to the Authorization to Release Information Procedure for further information.

The internal agency use of information must also be maintained confidential. Clinical records shall be maintained in a confidential manner. Paper Records must be kept in locked file cabinet at all times when not being used. Files shall not be taken out of the office unless for purpose of audit or court hearing.
2INgage has the following rules regarding client confidentiality:

- No information received from a third party person or agency shall be released to another person or individual. No employee shall discuss client information with friends or family members.
- No employee shall discuss client identifying information with co-workers in a public setting or in an open area in the office.
- No employee shall send any information that identifies a client name, incident, or situation via email to an individual’s un-secure computer.
- Employees may send confidential information via email to Contract Agency Providers (Mental Health Providers, Contract Providers, Service Provider Agencies and TDFPS) when information falls into the minimum necessary or if authorization to release has been completed.
- Employees shall not display pictures of their current or past clients in their office. Pictures received from clients may be kept in employee’s personal photo album maintained at office and not for public display or in the client’s file.
- No client photos or stories shall be used for purpose of benefiting 2INgage (new publication, brochures, literature) without specific authorization and consent of the client’s legal guardian. If client seeks out media attention on their own, Worker must inform client that they have a right to confidentiality and Worker should have client sign that we have notified them of this right of confidentiality. Contact the Privacy Officer for further direction on client’s seeking media attention (positive or negative for the agency).
- Staff must log out of computer system at the end of each day and shall lock computer any time worker is away from computer for more than 15 minutes.
- When printing documents on a shared printer, employees must pick up confidential information sent to the printer as soon as possible.
- Staff getting documents from printer shall not read any document that they did not print. If an employee is observed reading confidential documents not belong to that person, it is the observers responsibility to notify the employee supervisor and HR designee of the violation of confidentiality.
- When sending confidential faxes, employee or IC must use fax cover sheet, which has confidentiality protection statement on the document, or must notify the receiver of the fax that information is being faxed.

**Criminal Background Check**

**Purpose**

To describe guidelines and procedures to obtain criminal history background check for those in direct contact with children in care.
Policy
2INgage will ensure required background checks are completed on foster/adopt parents, employees, volunteers and other involved parties as required.

Procedure
Any family wanting to provide licensed foster care and/or would like to become adoptive parents through the Provider Network (including all members of the foster/adopt home for some types of criminal background checks) or any employee (including interns and volunteers) must have complete criminal background checks required by TDFPS. Results of the criminal background investigation must be obtained, reviewed and accepted prior to approval for foster/adopt parents and prior to work with families or children for employees and volunteers. These criminal background checks include, but are not limited to:

- A name-based criminal history check conducted by the Department of Public Safety (DPS) for crimes committed in State of Texas
- A fingerprint-based criminal history check conducted by DPS/FBI for crimes committed in the state of Texas and anywhere in the US
- A central registry criminal background check conducted by TDFPS for abuse/neglect identified by Child Protective Services, Adult Protective Services or Licensing
- An out of state registry abuse/neglect check shall be conducted along with fingerprint background checks if the person has lived in another state within the previous five years or there is reason to suspect other criminal history exists in another state.
- Service call information from the appropriate law enforcement agency for the prospective foster/adopt parents’ addresses for the past two years.

Name-based criminal background history, fingerprint-based criminal background checks and the DFPS central registry criminal background check must be completed on:

- The director, owner, and operator of the operation (including any controlling person);
- Each person employed at the operation (including volunteers, mentors, interns);
- Each prospective employee at the operation;
- Each current or prospective foster parent providing foster care through a child-placing agency;
- Each prospective adoptive parent seeking to adopt through a child-placing agency;
- Each person at least 14 years of age, other than a client in care, who:
  - Is counted in child-to-caregiver ratios in accordance with the relevant minimum standards;
  - Will reside in a prospective foster/adoptive home if the adoption is through a child-placing agency;
  - Has unsupervised access to children in care at the operation; or
  - Resides in the operation;
• Each person 14 years of age or older, other than a client in care, who will regularly or frequently be staying or working at an operation or prospective foster/adopt home while children are in care;
• Applicants for a child-care administrator’s license; and
• Each substitute employee, unless you confirm that the organization providing the substitute employee has completed a background check for the person through DFPS within the last 24 months.

Before placing a child for whom DFPS is the managing conservator in the home, a Network Provider must request a fingerprint-based criminal history check for:

• Any person who applies to be a foster or adoptive parent, including a person that has previously adopted a child unless the person is also verified as a foster or adoptive home;
• Any person acting as a caregiver for foster children in the foster home, including a substitute employee; and
• Any person 18 years of age or older living in the home of a foster or adoptive parent applicant.

A fingerprint-based criminal history check will be requested for each person whose name is submitted for a background for persons who have lived in another state any time during the previous five years or there is reason to suspect other criminal history exists in another state. In addition, child-placing agencies and independent foster homes that will accept the placement of children in the conservatorship of DFPS must request an out-of-state central registry check for a foster or adoptive parent applicant who has lived outside of the state any time during the previous five years preceding the person’s application to become a foster or adoptive parent. The agency does not have to request a background check on professionals who have currently cleared a background check in compliance with another governmental entity’s requirements, if you do not employ or contract with the professional.

Requesting Background Checks

2INgage and Network Providers will verify and submit to TDFPS the following information in order to request a background check:

• Name (last, first, middle), including any maiden or married names or alias;
• Date of birth;
• Sex;
• Social security number;
• Current and previous address;
• Driver’s license or a state issued identification card number; and
- Race (this information does not have to be verified)
- For foster parent applicants, include addresses (and counties) where foster parent applicants lived outside of the state of Texas during the past five years preceding the persons application to becoming a foster parent.

Background checks must submit a background request for all persons required at the time the application for a permit is submitted, at the time of hire, at the time of contract, at the time a non-client resident 14 years or older moves into a foster home or a non-client resident living in the home becomes 14 years of age, and/or at the time Network Provider staff becomes aware of anyone requiring a background check under this procedure. Background checks will be re-completed every 2 years.

Staff will not be allowed to have direct contact with children in care prior to receipt of the cleared DPS and Central Registry name check. If a fingerprint-based check is required, 2INgage and Network Providers must receive the results of the fingerprint check prior to allowing the person to provide direct care or have direct access to a child in care, unless the agency is experiencing staff shortage and the results of the name-based DPS and Central Registry checks do not preclude the person’s presence at the operation while children are in care. A person is allowed to provide direct care under this section must submit his fingerprints as soon as possible, but not later than 30 days after the earliest date he/she first provides direct care, has direct access to a child, or is hired. Once 2INgage or the Network Provider receives the fingerprint-based check results, you must not allow the person to be present at the operation while children are in care if the results contain criminal history that precludes the person from being present at the operation while children are in care. Fingerprint based checks should be completed every 24 months or as recommended in TDFPS standards.

Network Providers must receive the results of the foster parent background checks prior to issuing the foster home verification.

Prohibited Offenses

Persons needing background checks may not be eligible if any prohibited offenses are found. These include any offenses identified in the Texas Register and found on the Texas Child Care Licensing site. The offenses generally include, but are not limited to a variety of felony or misdemeanor offenses in categories such as: Inchoate Offenses (solicitation crimes), Offenses Against the Person, Offenses Against the Family, Offenses Against Property, Offenses Against Administration, Disorderly Conduct and Related Offenses, Offenses Against Public Order and Decency, Offenses Against Public Health, Safety and Morals, Offenses under the Texas Controlled Substance Act, and Offenses under Alcoholic Beverage Code. All offenses are subject to review and evaluation according to the Licensing Standards. Time limits are set on some convictions which could make a person eligible if time limit has been met. Additionally, foster parent and employees cannot have findings on their central registry checks from any state
(including Texas) which include: a substantiation for sexual abuse, emotional abuse, neglect, or have such determination that one’s presence at an operation is an immediate threat or danger to the health or safety of children. Additional checks/requirements may be present for management positions, such as the Licensed Administrator.

For any felony offense that is not specifically listed on the website above and within 10 years of the date of conviction, must have an approved risk evaluation prior to being present at work/in the home and/or providing direct care. Persons who are required to register as sex offenders in Texas may not work, reside or volunteer with 2INgage or Network Providers. The following chart lists the types of Central Registry findings that affect a background check:

<table>
<thead>
<tr>
<th>Types of Central Registry Findings for Child Abuse or Neglect</th>
<th>Is This Person Eligible for a Risk Evaluation?</th>
<th>If This Person Is Eligible for a Risk Evaluation, May the Person be Present at an Operation While Children are in Care Pending the Outcome of the Risk Evaluation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) A Sustained DFPS Finding of Physical Abuse.</td>
<td>Except for a person described in subsection (b) of this section, this person is permanently barred from being present at an operation while children are in care. Persons described in subsection (b) of this section are eligible for a risk evaluation.</td>
<td>Except for a person described in subsection (b) of this section, this is not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care. Persons described in subsection (b) of this section cannot be present at an operation while children are in care pending a risk evaluation. However, if the risk evaluation is approved, then they may be present at the operation.</td>
</tr>
<tr>
<td>(2) A Sustained DFPS Finding of Sexual Abuse.</td>
<td>No, this person is permanently barred from being present at an operation while children are in care.</td>
<td>Not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care.</td>
</tr>
<tr>
<td>(3) A Sustained DFPS Finding of Emotional Abuse.</td>
<td>Yes</td>
<td>Yes, (i) if the person continued to work at the operation pending the outcome of due process for the designated finding because we had not determined the person’s presence at the same operation was an immediate threat or danger to the health or safety of children; or (ii) if we previously approved a risk evaluation without conditions for the same finding, the more recent check does not reveal new information about the finding, and the circumstances of the</td>
</tr>
<tr>
<td>Types of Central Registry Findings for Child Abuse or Neglect</td>
<td>Is This Person Eligible for a Risk Evaluation?</td>
<td>If This Person Is Eligible for a Risk Evaluation, May the Person be Present at an Operation While Children are in Care Pending the Outcome of the Risk Evaluation?</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(4) A Sustained DFPS Finding of Neglect (including neglectful supervision, physical neglect, medical neglect, and refusal to accept parental responsibility).</td>
<td>Yes</td>
<td>Yes, (i) if the person continued to work at the operation pending the outcome of due process for the designated finding because we had not determined the person’s presence at the same operation was an immediate threat or danger to the health or safety of children; or (ii) if we previously approved a risk evaluation without conditions for the same finding, the more recent check does not reveal new information about the finding, and the circumstances of the person’s contact with children at the operation are the same as when we approved the risk evaluation.</td>
</tr>
<tr>
<td>(5) A DFPS Finding, Not Already Sustained, of Any Types of Child Abuse or Neglect Previously Mentioned In This Chart, Where We Have Determined the Presence of the Person at an Operation Is an Immediate Threat or Danger to the Health or Safety of Children.</td>
<td>No, this person is temporarily barred from being present at an operation while children are in care.</td>
<td>Not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care. Note: The removal from contact with children is not permanent until the finding is sustained.</td>
</tr>
<tr>
<td>(6) A Finding of Abuse or Neglect from another state or jurisdiction, regardless of whether the finding is sustained.</td>
<td>The person’s eligibility for a risk evaluation is the same as the relevant sustained DFPS finding noted in</td>
<td>The person’s ability to be present at an operation while children are in care pending the outcome of a risk evaluation is the same as the relevant sustained DFPS finding noted in sections (1) – (4) of this chart.</td>
</tr>
</tbody>
</table>
Types of Central Registry Findings for Child Abuse or Neglect | Is This Person Eligible for a Risk Evaluation? | If This Person Is Eligible for a Risk Evaluation, May the Person be Present at an Operation While Children are in Care Pending the Outcome of the Risk Evaluation? |
--- | --- | --- |
| sections (1) – (4) of this chart. |

Persons with criminal convictions or a Central Registry finding will be notified in writing by TDFPS per licensing regulations; including an explanation as to if the finding is prohibited from being verified, working or volunteering for 2INgage or Network Providers. When 2INgage or a Network Provider is notified of a prohibition, action will be taken which may include immediately removing this person from the child-care operation while the children are in care, restricting the person’s duties, and/or requesting a risk evaluation for this person. The decision in this matter should be based upon the information provided.

Risk Evaluations

2INgage and or Network Providers will request a risk evaluation when TDFPS informs the agency that a person with a criminal conviction or registry finding is eligible for a risk evaluation and 2INgage and or Network Provider believes the person does not pose a risk to the health or safety of children. 2INgage or Network Provider will request the risk evaluation for foster parents, persons living in foster homes or for the licensed administrator. For everyone else, the governing body, director, designee, or family home permit holder as appropriate, must request the risk evaluation. The completed risk evaluation will be sent to TDFPS and must include the form and required supporting documentation. If a person for whom a risk evaluation has been requested for will continue to worker at the operation, 2INgage and or Provider Network will notify TDFPS within 7 days of the intent to submit the risk evaluation and then must send in the evaluation within 14 days.

Items required to be included for a criminal history check are:

- A completed Form 2974, Request for Risk Evaluation Based on Past Criminal History or Central Registry Findings;
- A valid rationale from the operation’s director, owner, operator, or administrator explaining why the person who has the criminal history does not pose a risk to the health or safety of children;
- An official copy of the final record of judicial finding or conviction (signed by a judge and file stamped);
- If the person was incarcerated:
  - A copy of local, state, or federal release order;
  - The date the person was released from incarceration; and
  - If applicable, the terms and conditions of parole;
• If the person was given a probated sentence (including deferred adjudication), the dates of the probation and information related to the terms and conditions of the probation, including documentation regarding whether or not the person successfully completed the terms of probation and paid all court costs, supervision fees, and court-ordered restitution and fines. If the person is presently on probation, a statement from the person’s probation officer regarding the status of the person’s probation;
• Age of the person at the time the crime was committed;
• A detailed, signed statement from the person regarding the nature and seriousness of the crime for which the person was convicted, including:
  • Why the person was arrested;
  • Where the person was when arrested;
  • Who else was involved in the criminal incident;
  • Whether anyone was injured;
  • The extent and nature of other arrests within the person’s past criminal history;
  • What has changed for this person since the time of the arrest; and
  • Why the person does not feel that he or she poses a risk to children in care;
• Evidence of rehabilitative effort;
• The work history of the person over the past 10 years, including names of employers, dates of employment, and positions held;
• At least three reference letters from individuals who are not related to the person (professionals, employers, law enforcement, etc.) and who have knowledge about the person’s character and, if applicable, the person’s ability to work with children;
• Information related to the person’s role (or prospective role) with your operation, including:
  o Job title (for employees);
  o Hours and days of service;
  o Job responsibilities;
  o Nature and amount of interaction with children in care;
  o Plans for supervision of the person; and
  o Anticipated amount of unsupervised time with children in care;
• The ages and any special needs of children in care for whom the person will be responsible and/or with whom the person may interact;
• If the risk evaluation is for a relative foster or adoptive placement or a foster or adoptive placement where the person has a significant longstanding relationship with the child, then:
  o The names and dates of birth of any foster or adoptive children who have been or are expected to be placed in the home (if known);
  o A description of the foster or adoptive parent’s relationship to each child; and
  o A copy of a home assessment or home screening, if one has been completed; and
Any additional items requested by the CBCU Manager to assist with the determination of risk.

Items required to be included for a Central Registry finding are:

- A completed Form 2974, Request for Risk Evaluation Based on Past Criminal History or Central Registry Findings;
- A valid rationale from the operation’s director, owner, operator, or administrator explaining why the person who has a Central Registry finding does not pose a risk to the health or safety of children;
- Age of the person at the time of the abuse or neglect;
- The amount of time that has elapsed since the person’s last abuse or neglect finding;
- A detailed, signed statement from the person regarding the nature and seriousness of the abuse and/or neglect finding, including:
  - The circumstances involved in the abuse and/or neglect incident and investigation;
  - The extent and nature of the person’s past abuse and/or neglect history;
  - What has changed for this person since the time of the abuse or neglect finding; and
  - Why the person does not feel that he or she poses a risk to children in care;
- Evidence that factors which impact the risk of future abuse or neglect have changed;
- At least three reference letters from individuals who are not related to the person (professionals, employers, caseworkers, etc.) and who have knowledge about the person’s character and, if applicable, the person’s ability to work with children;
- The work history of the person over the past 10 years, including names of employers, dates of employment, and positions held;
- Information related to the person’s role (or prospective role) with your operation,
  - Job title (for employees);
  - Hours and days of service;
  - Job responsibilities;
  - Nature and amount of interaction with children in care;
  - Plans for supervision of the person; and
  - Anticipated amount of unsupervised time with children in care;
- The ages and any special needs of children in care for whom the person will be responsible and/or with whom the person may interact;
- If the risk evaluation is for a relative foster or adoptive placement or a foster or adoptive placement where the person has a significant longstanding relationship with the child, then:
  - The names and dates of birth of any foster or adoptive children who have been or are expected to be placed in the home (if known);
  - A description of the foster or adoptive parent’s relationship to each child; and
• A copy of a home assessment or home screening, if one has been completed; and
• Any additional items requested by the Centralized Background Check Unit (CBCU) Manager to assist with the determination of risk.

Maintenance of Fingerprint Checks

The original fingerprint check results, will be maintained in a separate file by Network Provider designee to ensure confidentiality and security of results. This file will be made available for internal and external audits upon request by regulatory or accrediting agencies. This file will also contain a copy of the signed waiver agreement form, copy of the applicant’s driver’s license to verify the identity and the request for the fingerprint results. Fingerprint checks will be submitted and results will be obtained every 5 years. All other background check results will be maintained in the Network Provider’s licensing file for foster families.

Disaster and Emergency Response Plan

Purpose
To outline emergency procedures in the case of emergency and/or disasters.

Policy
It is the policy of 2INgage to perform appropriate safety measures in case of any and all disasters and/or emergencies that include, but are not limited to acts of nature (such as flood, hurricane, fires, and tornadoes), chemical or hazardous material spills, critical equipment failure, weapons of mass destruction events, and acts of terrorism.

The 2INgage Provider Network is responsible for maintaining the placement of all children in our care during disasters that require mandatory evacuations or quarantines. All 2INgage staff, network provider staff and foster/adopt parents will be aware of their agency’s disaster and emergency plan and procedures, and will be prepared to fulfill their role in executing the agency’s Disaster and Emergency Response Plan.

Procedure
The Disaster and Emergency Response Plan will include provisions for pre-disaster records protection, alternative accommodations for Children/Youth in substitute care, supplies, and a recovery plan in the event of an actual emergency. Disaster and Emergency Response Preparedness Plans shall be completed in accordance with the Network Provider Manual and the Master Contract. Network Provider’s staff and caregivers must be trained annually in order to be informed of any updates to the Network Provider’s DERPP. In the event of an emergency, 2INgage may exercise oversight authority over the Network Provider in order to assure implementation of the agreed emergency relief provisions.
All youth placed in the care of 2INgage Network Providers, either within or outside of the catchment area, will have location specific plans for ensuring their children’s safety. These plans will include appropriate and effective:

- training of employees, volunteers and contractors;
- preparation (e.g., emergency supply and information kits);
- Communication with DFPS caseworkers, licensing representatives and other legal entities;
- As a provision of the Disaster and Emergency Response Preparedness coordination with community resources for specialized assistance (e.g., for evacuation and trauma informed counseling);
- assistance to meet disaster related healthcare needs.

1. If a mandatory evacuation is directed by local officials, foster/adopt parents, caregivers, and/or staff will follow the instructions of local officials. Foster/Adopt parents, caregivers, and or/staff will then notify CPS/2INgage as soon as all youth are at the safe destination.

2. Emergency evacuations will be handled in a similar fashion as to the mandatory evacuations except that evacuations will be immediate and all foster/adopt parents and caregivers will have an evacuation plan developed which they will follow in the case of an emergency. Foster/adopt parents, caregivers, and/or staff will notify CPS/2INgage as soon all youth are at the safe destination.

3. Disaster planning training for all foster/adopt parents, caregivers, and staff will be carried out on an annual basis with all new staff receiving training as a part of New Employee Orientation and Training.

4. In the event of an emergency evacuation foster/adopt parents and/or caregivers are directed to ensure that the youth’s immediate needs are met, including supervision, shelter, food, transportation, clothing, medication, and any other supplies, emergency equipment or emergency services required for the youth’s wellbeing.

5. Network provider staff will have physical records of each youth at each facility for immediate use and to provide identification, location and tracking of the children in care. In the interest of protection and/or recovery of Children’s records and important paperwork including but not limited to electronic records, placement information, medical authorizations, Medicaid cards, STAR Health cards, and Education Portfolio. Network Provider staff will have all the records in electronic form in order to access via internet. All records contain the contact information for the Child’s Caseworker and the Caseworker’s Supervisor.

6. 2INgage and Network Provider staff keep any physical records that may be maintained under double lock.

7. 2INgage will ensure provisions of regular and crisis-response services to youth in care during and after the disaster. Services such as, but not limited to, crisis counseling are
provided to meet the crisis-related needs of youth in care during and after the disaster. 2INgage and Network provider staff will coordinate with staff and therapists to ensure the delivery of such services. 2INgage and Network provider staff will work with doctors and clinics in surrounding counties and be able to provide for any medical needs. Such services include, but are not limited to, providing children with medication as prescribed. 2INgage and Network provider staff will maintain services as required by a court order and/or the child’s service plan for the youth in care during and after the disaster.

8. Network Provider’s CPA Administrator and Executive Director will act as emergency contacts to interact with DFPS and 2INgage and will be available at all times in the event of an emergency or disaster. At the time of the situation, one staff will be designated as the Lead. They will provide information to DFPS/CPS and 2INgage by telephone, cell phone and/or e-mail to keep them informed as to the location and condition of the children in care who have been evacuated as soon as the children reach their evacuation destination. Network Provider CPA’s will assign foster/adopt parents and/or a staff to notify CPS and the SSCC once per day, at a minimum (unless otherwise instructed by DFPS and the SSCC), to provide information concerning the children in their care until all children are accounted for.

9. 2INgage will ensure post-disaster activities (including emergency power, food, water, and transportation) will be provided as needed until the situation returns to normal and the youth are returned to their original location if conditions allow.

10. The Provider Network CPA staff in charge of coordinating the Disaster and Emergency Response Plan will notify all foster/adopt parents and caregivers responsible for the youth when it is safe to return after an evacuation. They will also monitor conditions if a move to an alternate site is necessary to ensure safety.

11. Each Network Provider Agency is responsible to ensure that the Disaster and Emergency Response Plan is reviewed at least yearly and when changes in administration, construction, or emergency phone numbers occur.

12. Foster/adopt parents and/or caregivers receive a copy of the Disaster and Emergency Response Plan Policy when they are verified and when changes are made.

13. Foster/adopt parents are required to provide a written Disaster and Emergency Response Plan at time of verification; this plan meets requirements and is updated according to DFPS Minimum Standards. The CPA maintains a copy of each home’s plan in its records.

Discharge and Transfer

Purpose
To ensure children receive appropriate and timely discharge and transfer as required by accreditation and Texas Department of Family and Protective Services (TDFPS).
Policy
2INgage considers a discharge successful when it is planned, to a less restrictive setting, or when reunification with the family occurs. All reasonable attempts will be made to meet the needs of the youth in care in order to prevent placement disruption, to facilitate the client’s ability to be productive in their current living situation and to assist the youth in the attainment of a state of permanency. Discharge consideration that includes addressing the youth’s permanency plan and after care needs will begin at the time of placement. Discharge recommendations will be provided on every youth that is discharged from foster care.

2INgage will be responsible for implementing interventions to prevent unplanned disruptions. However, if the child is a danger to his or herself or others, and cannot be helped through additional supervision and support in their current placement, the Network Provider will request a placement change through the Care Management Department.

Procedure
Prior to requesting the removal of a child, the Network Provider case manager will be provided documentation defining efforts to maintain placement over the last 30-days as well as participate in the development and implementation of a transition plan appropriate to the child’s best interests. Exceptions will be made for emergency removals as defined by DFPS.

By contractual agreement, the Network Provider will be expected to deliver foster parent support services to minimize placement disruptions, including contact (with child and caregiver) within one (1) business day and not to exceed 72-hours of any placement as well as on-going capacity for crisis support 24/7/365.

2INgage will ensure that all Network Providers create a “Disruption Mitigation Process” to review and evaluate alternatives to potential disruptions. All crisis situations will be promptly responded 24/7/365 by the Network Provider. Providers will be expected to have a crisis response plan that will work quickly to de-escalate the crisis and quickly advance to an action plan to ensure the stability of the placement.

As appropriate; 2INgage Child Advocate staff will support the Network Provider in convening support services to assure ongoing needs are provided.

When requesting a placement change the Network Provider case manager will complete the 2INgage Residential Child-Care Disruption/Discharge Form and will forward it to the Care Management Department email box at [email protected] 2INgage will track reasons for discharge and as such the provider is to identify on the form the top two (2) reasons why the child is being discharged. This form gives information that will assist with understanding the reasons for discharge and will provide recommendations for a future placement that will increase the child’s opportunity to attain a stable placement. In addition the Network Provider
case manager will notify 2INgage when a child is discharged to any positive permanent placement by using the same form.

2INgage may remove a child whenever it is determined it is in the best interest of the child due to allegations of neglect and abuse in the current placement. 2INgage will be in contact with DFPS for any recommendations in the event there is an open investigation.

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

The Network Provider Case Manager will inform the child of any non-emergency discharge/transfer at least four days prior to the date of discharge/transfer, unless there is clear justification for not providing such notice. For children not receiving treatment services this determination can be made by the Network Case Manager or licensed administrator. For children receiving treatment services the determination has to be made by the treatment director, three members of the service planning team or the child’s psychiatrist or psychologist. The staff/professional who determines this justification must document in writing the reasons including a signature and date; this will be placed in the child’s file.

Foster children cannot be released to any persons without the agency’s consent. Youth in care must be discharged to a parent or someone with written authorization from the parent or person authorized by court or law to assume custody. If children are an immediate danger to self or others the foster parent or staff must accompany the child to their new placement or receiving authorized person unless the child is accompanied by a parent or law enforcement.

Discharge or transfer planning for non-emergency moves will be facilitated by the Network Case Manager who must include at least one of the child’s foster parents and at least one professional service provider in the process as well as the DFPS Case Worker. The child, the child’s parents and other pertinent persons should also be invited to participate. If any invited participate does not participate or the Network Case Manager is unable to plan for the discharge/transfer process, the child’s file must document the reason.

**Discipline**

**Purpose**

To define the guidelines and procedures for discipline of children and adolescents placed within the 2INgage Network.

**Policy**

2INgage will ensure that all children cared for in foster/adopt homes are provided safe and appropriate discipline/therapeutic interventions.
**Procedure**

2INgage encourages positive discipline approaches to ensure the development of the capacity within a child for self-control and self-direction.

Foster/Adopt families, employees and volunteers must be consistent with these policies and procedures and are provided training on de-escalating behaviors, managing out of control behaviors, and warning signs of violent behaviors.

Foster/Adopt parents should work to nurture a child’s behaviors, provide stimulation while ensuring the child’s needs are being met. The goal of each disciplinary measure must be to teach the child acceptable behavior and self-control. The foster/adopt parent must explain the reason for the disciplinary measure when the foster/adopt parent imposes the measure. Foster/Adopt parents will integrate trauma-informed care into the care, treatment, and management of each child.

Accepted Behavior Modification

2INgage encourages the following types of behavior modification techniques with children:

- Use methods of discipline that are relevant to the behavior and age (i.e. time out, loss of privileges, ignoring behavior that is not self-harming)
- Teach by example and use fair and consistent rules with logical and natural consequences
- Redirecting negative behavior with acceptable alternatives
- Recognize, encourage and regard positive behavior
- Setting specific boundaries and rules with consequences prior to behavior issues at the child’s level of understanding
- Express self so the child understands that the child’s feelings are acceptable but certain actions and behaviors are not
- Encourage the child to control their own behaviors, cooperate with others and solve problems by talking things out
- Communicate with the child by showing an attitude of affection and concern
- Encourage the child to consider other’s feelings

Prohibited Behavior Modification

2INgage prohibits any foster/adopt family, employee, or volunteer to use any punishment techniques such as shaking, striking, spanking or physical abuse, that constitutes emotional abuse regarding a child or the child’s family, or methods that isolate a child. It is also prohibited to force a child to do any form of “unproductive work” as a method of controlling or managing behaviors. Unproductive work is defined as work that serves no purpose except to demean the child. Examples include moving rocks or logs from one pile to another or digging a hole and then filling it in. 2INgage also disallows the following techniques: use of chemical restraint,
mechanical restraint, aversive conditioning, pressure points, rebirthing therapy and hug/holding therapy. Discipline of any type is not appropriate and not allowed to be used with infants. No child in care can discipline nor provide behavior interventions to another child in care. 2INgage does allow foster/adopt parents to utilize Emergency Behavior Interventions when necessary; see Emergency Behavior Intervention Procedure for more information.

Additional prohibited forms of punishment include:

- Any harsh, cruel, unusual, unnecessary, demeaning, or humiliating discipline or punishment;
- Denial of mail or visits with their families as discipline or punishment;
- Threatening with the loss of placement as discipline or punishment;
- Using sarcastic or cruel humor and verbal abuse;
- Maintaining an uncomfortable physical position, such as kneeling, or holding his arms out;
- Pinching, pulling hair, biting, or shaking a child;
- Putting anything in or on a child’s mouth, such as soap or tape;
- Humiliating, shaming, ridiculing, rejecting, or yelling at a child;
- Subjecting a child to abusive or profane language;
- Placing a child in a dark room, bathroom, or closet;
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age;
- Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;
- Denying basic child rights as a form of discipline or punishment;
- Withholding food that meets the child’s nutritional requirements;
- Using or threatening to use emergency behavior intervention as discipline or punishment;
- Forcing a child to do any form of exercise; and
- Discipline of any type is not allowable for infants.

Restriction of Activities

A foster/adopt parent may limit or restrict a child’s activities as a behavior management tool if the foster/adopt parent follows the appropriate guidelines:

- Restrictions of activities, other than school or chores, which will be imposed on a child for more than 30 days, must be reviewed with and approved by the Child Placement Management Staff or Treatment Director prior to or within 24 hours of imposing the restriction.
- Restrictions of use of particular parts of the home that will be imposed on a child for more than 24 hours must have approval from the service planning team, a professional
service provider, or treatment director prior to or within 24 hours of imposing the restriction.

- The foster/adopt parent must inform the child and parent about any such restrictions placed on the child.
- Documentation of all approvals, justification for the restriction, and informing the child and parents must be in the child’s record.

The Foster/Adopt Family and Provider Network Case Manager will work together to determine most appropriate behavior modification. These modifications will be not emotionally damaging to the child, will be individualize to meet the child’s needs, be appropriate to the age, development and understanding and be appropriate to the incident and severity of the behaviors demonstrated. If foster/adopt family observes adverse side effects (emotional or physical symptoms) to the techniques being used, they will report this to the Provider Network Case Manager and develop alternative plans of intervention. All interventions used that have caused adverse side effects are documented in the Provider’s case file explaining frequency used and rationale for use. The file will document a list of persons in the foster/adopt home authorized to provide discipline and behavior modification for children placed in their home. Only a caregiver known to and knowledgeable about a child may discipline the child. Any violation of this procedure will result in referral to 2INgage for further review and be documented on a serious incident form.

**Educational Services**

**Purpose**

To define the guidelines and procedures for meeting the educational needs of children and adolescents placed with the 2INgage Network.

**Policy**

2INgage will ensure children are provided appropriate educational services to meet their needs in the least restrictive educational setting.

**Procedure**

The foster/adopt parent will work with the Network Provider Case Manager to ensure the child is enrolled in and attends an education facility/program approved or accredited by The Texas Education Agency, the Southern Commission of Colleges/Schools, The Texas Private School Accreditation Commission unless otherwise approved by the service planning team and that justification is documented. The child/youth will be enrolled in an accredited Texas school within three (3) days of placement unless an exception is granted by Texas Department of Family and Protective Services (TDFPS).

The foster/adopt parent will be given the child’s present grade placement, last school attended, and strengths and weaknesses. Foster/Adopt parents and Network Provider Case Managers
will attend and participate in conferences and educational meetings, advocating for the child. All reasonable efforts will be made to allow the child to participate in extracurricular activities to the extent of his interests and abilities in accordance with the service plan. For children receiving treatment services the Network Provider Case Manager will be the liaison between 2INgage and the school.

Foster/Adopt parents must:

- Review report cards and other information received from teachers or school authorities with the child and provide necessary information to agency staff;
- Counsel and assist the child regarding adequate classroom performance;
- Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities to the extent of the child’s interests and abilities and in accordance with the child’s service plan;
- Provide a quiet, well-lighted space for the child to study and allow regular times for homework and study;
- Know what emergency behavior interventions are permitted and being used with the child;
- Request ARD, IEP, and ITP meetings if concerned with the child’s educational program or if the child does not appear to be making progress; and
- Attend ARD, IEP, ITP meetings, other school staffings, and conferences to represent the child’s educational best interests, including the child being evaluated for and provided with services needed for the child to benefit from educational services, and positive behavior supports designed.
- 2INgage staff will provide notice to the parent of any scheduled ARD, IEP, or ITP meetings.

Children diagnosed with pervasive development disorders must be enrolled and participate in an educational program that encourages normalization through appropriate stimulation and by encouraging self-help skills and is appropriate to his/her intellectual and social functioning.

Educational Portfolios

All school-age children in the conservatorship of TDFPS should have a green binder used as an Education Portfolio. This green binder belongs to the child/youth and serves as an education resource. If the child/youth is placed without the Education Portfolio, Child Placement Staff will request from CPS caseworker or chain of command.

1. The binder contains academic-related information, including assessments, reports cards, and transcripts as well as information for services to children with disabilities such as Admission, Review, and Dismissal (ARD) committee meeting reports, and provisions for ancillary services.
2. The Educational Portfolio includes the child’s current school withdrawal paperwork and is given to the managing conservator at time of discharge regardless of planned or unplanned discharge.

3. The Educational Portfolio is readily available to the managing conservator for each school-age child on any visit with the child or otherwise, if requested.

4. The Educational Portfolio will be maintained and updated for each school-age child in care.

5. The Educational Portfolio should be kept where the child resides.

High School Requirements

At the very minimum, each youth will be expected to complete requirements for a high school diploma. Only CPS holds the authority to review and approve requests for completing a General Equivalency Diploma (GED).

Home School Waiver Requests

2INgage policy and practice is for all children to attend public schools. Public schools offer statewide consistency in curriculum instruction and assessments, as well as provide special services to children with disabilities. Schools and school staff also serve as a safe environment for children who have been removed from their home due to neglect and abuse. Exception for homeschooling will be requested to CPS caseworker and the RCCL as necessary.

Post-Secondary Educational and Vocational Activities

1. Services for vocational training, support services and activities, including job readiness, skills training apprenticeships and trade skills, and vocational training opportunities that are required at 16 years of age and/or as developmentally appropriate, in order for each youth to: a) have access to appropriate vocational activities and community education programs; and b) receive the assistance needed to maximize the benefit of these activities will be located and or provided.

2. 2INgage or designee will guide and assist the youth in accessing and completing documents when required for the State-Paid Tuition Fee Waiver and Education and Training Voucher (ETV) Program if there is a need by the youth.

3. Post-Secondary Educational and Vocational Activities will be addressed in the Child’s Service Plan, identifying services the youth is engaged in and progress made by the youth.

Emergency and Crisis Response

Purpose

To ensure that children and families have a support system 24 hours a day, seven days a week.
Procedure
During regular business hours, workers can be contacted through each office. 2INgage staff will respond to the emergencies and crisis calls within 30 minutes.
After business hours on weekdays and on the weekends, children, parents, caregivers, and kinship families will be provided the toll-free number to Care Management Department. The Intake and Placement Specialist will screen calls for emergency/crisis status. For all calls considered emergency/crisis, the Intake and Placement Specialist will take the name and number of the caller and call the appropriate on-call worker.
For kinship caregivers, the Kinship Licensing Specialist will be called. For children, families, and facilities, the Permanency Case Manager or Permanency Support worker will be called. If the call is from a foster home, Care Management will contact the sponsoring agency for that foster home if needed.

Intervention
It is the responsibility of the appropriate on-call worker to assess and attempt to de-escalate the situation. If the on-call worker is having difficulty de-escalating the situation, he/she is to call the supervisor. Together they will work to create a safety plan for the child and family. The child’s behavioral health provider should be contacted and involved in de-escalating the situation through emergency mental health services provision to prevent a disruption.

If a situation exists that requires a child to be moved from placement, the Permanency on-call worker will be contacted for further discussion.

Documentation
The on-call worker will document in the contact log all crisis responses made and notify the child’s or home’s assigned worker the following day. If the crisis resulted in a Serious Incident, the on-call worker will follow the Serious Incident Report procedure.

Emergency Behavior Intervention and Restraint

Purpose
To describe the Policy and Procedures regarding Emergency Behavior Interventions and Personal Restraints.

Policy
2INgage staff will not utilize any type of Physical restraint with children.

Procedures
Types of Emergency Behavior Interventions:

2INgage staff follows TDFPS policy as to which types of Emergency Behavior Interventions may be administered and which interventions are prohibited. The following are permitted Emergency Behavior Interventions: NONE

2INgage staff will ensure that all Care Coordinators, Permanency Case Managers, Permanency Support staff, and Transportation staff, all Managers, Directors, Vice Presidents and Treatment Director receive Emergency Behavior Intervention training upon hire. Staff who will serve in a Caregiving role will be trained prior to being in their role as caregiver to a child. Training will
be conducted by a person who is certified in a recognized model of Emergency Behavior Intervention or who has documented knowledge of the following:

1. Course curriculum developed related to the model
2. Training methods and Knowledge
3. Evaluation and Assessment of methods and techniques
4. Training will be competency Based.

Participants learn safe and least restrictive interventions designed to help manage an individual in crisis until they can regain physical and emotional control. Great emphasis is placed on early verbal intervention (De-escalation). Curriculum will be based on principles of Trust-Based Relational Interventional (TBRI) to ensure interventions are trauma focused.

Training will include the following:

- The causes of behaviors potentially harmful to children, including aspects of the environment.
- Early signs of behaviors that may become dangerous to the child or others.
- Strategies and techniques the child can use to avoid harmful behaviors.
- Teaching children to use the strategies and techniques to avoid harmful behavior, and supporting the children’s efforts to progress into a state of self-control
- Less restrictive strategies caregivers can use to intervene in potentially harmful behaviors.
- Less restrictive strategies caregivers can use to work with oppositional children.
- Developing and maintaining an environment that supports positive and constructive behaviors.
- Addressing circumstances when all de-escalation strategies fail; and
- The risks associated with the use of prone or supine restraints, including positional, compression, or restraint asphyxia.

A post training assessment will be provided and kept on file with the agency for all trained individuals.

**Agency EBI Reviews**

Policy is being amended to reflect no Restraint policy. Therefore, no annual review is required.

**Fire Safety**

**Purpose**

To define procedures for fire/safety evacuation.
Policy
In the event of fire, the safety of the client and foster/adopt parents, or respite care staff is the first concern. If a fire can reasonably be contained, the foster/adopt parents, or respite care staff can utilize the proper fire extinguisher to extinguish the fire.

Procedure
I. Fire Safety Plan
   a. All homes are required to provide an emergency evacuation plan which will be reviewed with all youth upon admission.
   b. The Fire Safety and Evacuation Plan will include at minimum the following:
      i. An Evacuation Route
      ii. A designated location for all members of the family to meet.
II. Small Containable Fires
   a. In the event of fire, that is obviously small and immediately confinable, fire extinguishers (example-contained wastebasket fire) or smothering techniques (example- lid over small, confinable grease fires) can be used.
   b. Foster/Adopt parents will notify the Child Placement Staff as soon as possible who will review the situation for safety measures and make the appropriate documentation.
III. Uncontainable fires
   a. In the event of a fire that is not immediately and safely confinable, alert all youth and foster/adopt parents, or respite care workers and follow the posted evacuation routine and routes.
   b. Ensure safety of the youth by removing them from danger.
   c. Call 911 to report the fire.
   d. Close all doors and windows.
   e. Take a head count when leaving the house to ensure that all people are present.
   f. Double check the head count to assure the safety of all persons.
   g. Under no circumstances should anyone return to the fire.
   h. Remain in the designated area under it is determined by the fire safety officials to do otherwise.
IV. Notifications
   a. As soon as all individuals are in a safe and secure location the foster/adopt parents must notify their Child Placement Staff who in turn will contact 2INgage immediately and the youth’s Managing Conservator.
   b. 2INgage will notify the CPA Administrator.
   c. The CPA Administrator will keep the Executive Director apprised of the emergency situation.
   d. Administrative staff will notify the Licensing Representative as soon as possible.
Foster/Adopt Family Access to Records

Purpose
To outline the procedure to provide access to foster/adopt families to their file and release information to TDPFS and 2INgage.

Policy
Network Providers will provide the opportunity to sponsored Foster/Adopt Families to review, copy and add information to their family file, and will provide opportunity for TDFPS and 2INgage to receive information contained in the Foster/Adopt Family Licensing File as necessary and within regulations.

Procedure
Foster/Adopt Family: Foster/Adopt Families currently within the 2INgage network will be offered the opportunity to request access to review, copy and add information to their Network Provider licensing file. Foster/Adopt Families wanting to review, copy or add information to their file must make the request in writing to their Network Provider. The Network Provider Licensed Administrator shall make the determination, in consultation with the CPA Privacy Officer, what information the Foster/Adopt Family shall be allowed to review, copy, or add.

Network Provider CPA’s shall not allow requesting Foster/Adopt Family to view any the following types of information:

- no third party documents (including documents from provider agencies, TDFPS, 2INgage, doctors, etc.) unless provided to CPA by the foster/adopt parent or a release was signed
- no information that identifies other persons in the case record other than the individual reading the file (shall black out all other non-family names)
- no information that may be used in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding

A copy of all information determined allowable to share with the Foster/Adopt Family shall be made and a date/time arranged for the review of the information with the Foster/Adopt Family within 14 working days of the initial request being received. All information must be read in the office of the Network Provider in the presence of the Network Provider Case Manager.

A Foster/Adopt Family must make additional written requests, if he/she wants to have copies of information or add further information. When Foster/Adopt Family is requesting a copy of information the Network Provider Licensed Administrator will use the same criteria as above in making the determination.

Network Providers shall not approve any request from a Foster/Adopt Family to strike/delete information from the record. Foster/Adopt Families wanting to add information to the record,
shall submit a request in writing along with the document they wish entered into the file. The Network Provider Licensed Administrator will make the determination to approve or deny the request.

Requests from TDFPS Licensing and/or 2INgage must be made available immediately and any archived records made available within 48 hours.

If a request is received from either a Foster/Adopt Family to access information in the Network Provider’s Foster/Adopt Family File that is expressly prohibited or expressly not allowed in this procedure, the Network Provider Licensed Administrator shall seek legal consultation as to whether or not such request should be granted or denied.

**Foster/Adopt Family Profile**

**Purpose**
To ensure that children are matched with Foster/Adopt Families that can meet the child’s special needs.

**Process**
2INgage will require verification of foster home information and availability and to update the system if changes have occurred within the home, thus providing an actual representation of available placement options.

By utilizing real time placement information and ECAP, 2INgage will identify the most appropriate placement early in the process so the best match can be made.

The standard home profile used for matching purposes in ECAP will be utilized for all homes where a 2INgage child is to be placed. This profile has information regarding the family such as location of the home, demographics of the parents, type of family (basic, therapeutic, etc.), capacity (openings and placements), parent preferences of age range and sex, quality indicators for the family (utilizes trauma-informed principles, structured home environment, one parent stays at home, advocates for education, facilitate transportation or visits, etc.), behaviors that the family feel comfortable working with/preferred (home accepts LGBT youth, etc.). 2INgage requires that this information to be entered in the Gateway database for each foster and adoptive home in the network. Information from the Gateway database will automatically flow into ECAP.

Failure to update the Gateway database may result in families not being selected for placement. Providers that do not update their homes and bed availability according to the above listed guidelines are subject to placement holds and/or restrictions.
Foster/Adopt Home Capacity and Child-Caregiver Ratio

Purpose
To describe the guidelines to follow for capacity and ratio.

Policy
2INgage will ensure caregivers follow the guidelines for foster/adopt home capacity and child/caregiver ratio in order to ensure the safety of the children in their care.

Procedure
During the verification process network provider staff will identify the number of children the foster/adopt home can care for. Capacity is based on the number of foster/adopt parents in the home, the age of children in the home/placement, the services being provided, the amount of space available for children and bathroom accommodations. TDFPS limits this number to six children for a two parent foster/adopt home, which includes any biological and adopted children. A single parent foster/adopt home may care for:

- Up to five children if any child in the home is under five years old
- Up to four children if more than two children in the home receive treatment services
- Up to four children if any child in the home receives treatment services for primary medical needs.

A two parent foster/adopt home in which one parent is absent for extended periods of time, such as military and/or out of town job assignments will be recognized as a single parent home.

The capacity cannot be exceeded and must be maintained for all children in care including respite and children receiving daycare services in the home. Children visiting the home for infrequent babysitting are not counted in capacity however the foster/adopt parents must ensure the presence of additional children does not prevent adequate supervision of children in foster/adopt or respite care. A foster/adopt home can only care for two infants at the same time unless more than two infants are placed together to keep a single sibling group together. If a foster/adopt home does have more than two infants, they can only care for an additional two children under six years old. This includes children in daycare in the home, biological, adopted, foster and respite placements. All adults in care must be counted in the capacity of the home.

In the Gateway database, the Preferred Capacity number and the Licensed Capacity number must be the same number, and refers only to the number of Foster/Adopt Children the home is able to accept. On the license certificate issued to the foster/adopt family, the licensed capacity to all the children the home may have, including foster/adopt and non-custody children.

Children visiting the home for infrequent babysitting are not counted in capacity however the foster/adopt parents must ensure the presence of additional children does not prevent adequate supervision of children in foster or respite care. A child may be away from the foster/adopt
home and foster/adopt parent in order to participate in an approved unsupervised activity per standards. A child does not count in the ratio while participating in this activity.

Adult Care

Foster/Adopt homes may accept care of adults into the home if the adult is related to the foster/adopt family, is a client of Department of Aging and Disability Services-Community Based Program or is admitted under the young adult requirements set forth in standards 749.1105. Adults in care will be counted towards capacity. Before a foster/adopt home may add an unrelated adult to the household:

- The home must notify 2INgage of the potential new member of the household;
- The home must comply with requirements background checks and TB screenings; and
- The Case Manager must evaluate the effect that the adult will have on the foster/adopt children in the home including the following considerations:
  - The needs of the foster/adopt children in care;
  - The impact the adult will have in the foster/adopt family and for the foster/adopt children; and
  - Whether the change in household will conflict with the children’s best interest.

Documentation of results of the background check and the tuberculosis screening, the evaluation, and the approval of the Case Manager Supervisor must be present in the foster/adopt child file.

**Foster/Adopt Home Space and Equipment**

**Purpose**

To ensure foster/adopt homes within the 2INgage Provider Network meet Texas Department of Family and Protective Services requirements to ensure basic care, health and safety of children.

**Policy**

2INgage and Network Providers will ensure foster/adopt homes meet the requirements for space and equipment needed for children in their care.

**Procedure**

Network Providers will ensure their foster homes meet all required and applicable fire, health, safety laws, ordinances and regulations. Any areas of non-compliance will be documented and must be corrected and the foster/adopt home must comply with any corrections or restrictions.

2INgage and Network Providers will discuss and assess basic care and safety issues depending on the age and specific needs of the child or children being considered for placement in the home. 2INgage and Network Providers will discuss issues specific to the child including
supervision, special health or behavior risks, and general child care needs according to the experience and training needs of the foster/adopt parents.

Space required in bedrooms used by foster children

A. A bedroom must have at least 40 square feet of space for each occupant and no more than four occupants per bedroom are permitted, even if the square footage of the room would accommodate more than four occupants. The four occupant restriction does not apply to children receiving treatment services for primary medical needs.
B. Single occupant bedrooms must have at least 80 square feet of floor space.
C. The floor space requirement must not include closets or other alcoves.
D. Floor space must be space that children can use for daily activities.
E. If a foster/adopt home was verified before January 1, 2007, then a foster/adopt home is exempt from the maximum bedroom occupancy requirement until:
   a. The foster/adopt family moves to a new home;
   b. The foster/adopt home is structurally altered by adding a new room; or
   c. The foster/adopt home’s verification is no longer valid.

Rooms in the home that may not be used as bedrooms

A. Only rooms that provide adequate opportunities for rest and privacy may be used as a bedroom.
B. Foster/Adopt children or any other household members may not use any of the following as a bedroom:
   a. A room commonly used for other purposes, including dining rooms, living rooms, hallways, or porches;
   b. A passageway to other rooms;
   c. A room that does not have doors for privacy; or
   d. A detached structure.
C. A foster/adopt child may use a basement as a bedroom if there is:
   a. A second fire escape route from the basement; and
   b. Natural lighting.
   c. A foster/adopt child may not use a basement as a bedroom if there is no natural lighting:
      i. Unless you verified the home prior to January 1, 2007; and
      ii. Until the verification is no longer valid, or the home is structurally altered through the addition of a new room.

Before an adult resident who has turned 18 years old while placed in his current foster/adopt home can share a bedroom with a minor resident, Network Provider Staff must assess the behaviors, maturity level, and relationships of each resident to determine whether there are risks to either the minor or adult in care.
Network Provider case management staff must document the assessment in each resident’s record.

A. A child may share a bedroom with an adult caregiver if:
   a. In the best interest of the child;
   b. The child is under three years old and sleeps in the bedroom of the caregiver; and
   c. Approval is documented and dated in the child’s service plan by the service planning team.

B. An exception for a child to share a bedroom with an adult caregiver may be made during specific travel and camping situations if no other more reasonable provision is available to the child and other requirements are met.

C. To facilitate continuous supervision of a child, the caregiver may move a child to a location where the caregiver can directly and continuously supervise a child until there is no longer an immediate danger to himself or others. However, the caregiver must provide comfortable sleeping arrangements for the child.

Children of the opposite sex sharing bedrooms

Children six years old or older must not share a bedroom with a person of the opposite sex.

D. Requirements for beds and bedding
   E. Each child shall have his own bed and mattress and must be off the floor.
   F. Each child will be provided with own sheets, blankets, bedspreads, and pillows.
   G. Beds must be clean, comfortable, and in good repair.
   H. Mattresses must have covers or protectors.
   I. Linens must be changed when soiled, and not less often than once a week.

Type of personal storage space must a foster child have

Each child must have accessible storage space for his clothing and personal possessions.

Bathroom accommodations that a home must have

A. A foster/adopt home must have one lavatory, one tub or shower, and one toilet for every eight household members. A foster/adopt home verified before January 1, 2007, is exempt from this requirement until it is no longer verified by the agency under which it is currently verified, or it makes structural changes to the home by adding additional bathrooms.

B. All lavatories, tubs, and showers must have hot and cold running water.

C. Bathrooms must allow for privacy.

D. Each child will be provided with own towels.

E. A foster/adopt home must have one bathroom, one tub/shower and one toilet for every eight members of the home. All bathrooms, tubs and showers must have hot and cold
running water and the bathroom must allow for privacy. Foster/Adopt homes that care for primary medical needs children must have a bathroom on the same floor as the child’s bedroom.

Requirements for indoor space that children can use

A. Children must have indoor areas for their use. There must be at least 40 square feet for each child. This does not include bedrooms, kitchens, bathrooms, utility rooms, unfinished attics, or hallways.

B. A foster/adopt home must identify indoor areas that children can use.

C. You must approve the indoor space that a home designates for the children’s use.

Requirements for a foster/adopt home’s physical environment

A. Outdoor areas are well drained;

B. Windows and doors used for ventilation are screened;

C. Equipment and furniture are safe for children, kept clean, and in good repair;

D. Flammable or poisonous substances are stored out of the reach of children;

E. House and grounds are free of rodents, insects, and stray animals; and

F. Exits in living areas are not blocked by furniture.

Foster/Adopt parents must submit a sketch of the floor plan of the home showing dimensions and purposes of all rooms in the home.

Foster/Adopt parents must submit a sketch or photo of the outside areas showing areas of the grounds to be used by the child.

Network Provider Case management staff will review the sketches and/or photos to determine:

• Whether there is sufficient space to accommodate the members of the household and the foster/adopt child(ren); and

• Any potential safety or health issues.

Fire Inspections

The home must be clean, safe, and free of obvious fire and other hazards. The home must be equipped with smoke detectors and have either a certified fire inspection or a fire safety evaluation completed by the Network Provider Case Manager based upon if the home is serving children receiving treatment services for primary medical needs.

Network Providers will ensure their Foster/Adopt parents have written plans and procedures for handling potential disasters and emergencies, such as fire, severe weather emergencies and transportation emergencies.

Smoke Detectors and Fire Extinguishers
Each foster/adopt home must have working smoke detectors (installed and maintained to the manufacturer’s instructions) in hallways or open areas outside sleeping rooms and on each level of a home with multiple levels. Additional smoke detectors may be required depending on the size/layout of the home based on the manufactures or fire inspector’s instructions.

Fire extinguishers must be maintained in the kitchen and on each level of the home. Fire extinguishers must be checked at least once a year and serviced/replaced after each use.

Hazardous Tools

Foster/Adopt homes must store dangerous tools and equipment, such as hatchets, saws and axes, so they are inaccessible to children. Children may use these tools and equipment with caregiver supervision as needed based on the child’s age, maturity and treatment issues.

Pets and Animals

Pets and animals kept in and on the foster/adopt home property must be maintained free of disease. Pets and animals must be vaccinated and treated as recommended by a licensed veterinarian. Foster/Adopt homes must maintain vaccination records for dogs, cats, and ferrets. No animal kept on the premises of the foster home can create health problems or post health risks to children.

Requirements for outdoor recreation space and equipment:

A. Equipment must not have openings, angles, or protrusions that can entangle a child’s clothing or entrap a child’s body or body parts.
B. Equipment must be securely anchored according to manufacturer’s specifications to prevent collapsing, tipping, sliding, moving, or overturning.
C. Climbing equipment, swings, and slides must not be installed over asphalt or concrete.
D. Equipment must be appropriate, cleaned, maintained, and repaired.
E. Trampolines may not be used as play or recreational equipment.

Trampolines may be used if the following conditions are met:

A. Only one child is on the trampoline at a time
B. Somersaults are not allowed on the trampoline
C. Shock absorbing pads cover the springs, hooks and frame
D. No ladder is used with the trampoline
E. A foster/adopt parent provides supervision as follows;
   a. For children under 15 years, the foster parent must be immediately present watching in the children at all times, enforcing safety rules and able to respond to emergencies
b. For children over 15 years, the foster parent must be on the premises, visually checking on the children at frequent intervals and able to respond to an emergency.

Additional Requirements

Network providers will ensure foster homes (including equipment, furniture, outdoor areas), are safe for children, kept clean and in good repair. Exits in living spaces cannot be blocked by furniture, outdoor areas must be well drained, windows/doors well ventilated, and the home free from rodents and insects.

Any substances that are flammable or poisonous must be stored out of the reach of children unless the foster/adopt parent/staff has evaluated the child as capable and likely to use such item responsibly.

If the foster/adopt home has a swimming pool, wading pool, hot tub, or other bodies of water on the premises, Network Provider staff must discuss safety issues and plans to ensure the safety of the child with the foster/adopt parents.

Foster/Adopt Parent Rights

Purpose

To ensure the rights of Foster/Adopt Parents are intact and maintained while also ensuring their safety and security as well as the safety of others living with them.

Policy

2INgage, through the Network Provider will inform Foster/Adopt Parents of their rights as clients receiving services.

Procedure

At the time of the foster/adopt home verification, the Network Provider Case Manager will ensure the foster/adopt parents sign a form acknowledging they have been informed of their rights and maintain this document in the Foster/Adopt Home file. A copy will be provided to the foster/adopt home and to 2INgage. The assigned Network Provider Case Manager will discuss with the foster/adopt parents the rights and responsibilities, the concern complaint process, and the care provider manual. Foster/Adopt Parent Rights shall include, but is not limited to:

a. Foster/Adopt parents have the right to be treated with dignity, respect, and consideration as a member of the service planning team;

b. Foster/Adopt parents have the right and responsibility to participate in service planning and implementation of the service plan;
c. Foster/Adopt parents have the right and responsibility to obtain training that will assist them in meeting the needs of children placed in their home;
d. 2INgage and the Network Provider have a responsibility to assist foster/adopt parents in identifying training that will enhance the foster/adopt parent’s ability to meet the needs of children placed in their home;

e. Foster/Adopt parents, the Network Provider and 2INgage have the responsibility to communicate with each other in a timely and effective manner;
f. Foster/Adopt parents have the right to be reimbursed for care of the children placed in their home in a timely manner and according to the 2INgage’s policy;
g. 2INgage has the responsibility to provide relevant information about a child to foster/adopt parents when placing or considering placing the child;
h. Foster/Adopt parents have the right and responsibility to obtain information and ask questions about children 2INgage would like to place in their home, including requesting a pre-placement visit;
i. Foster/Adopt parents have the right to know how much discretion they have in declining specific placements without fear of negative repercussions;
j. The Network Provider has the responsibility to provide support to all of their foster/adopt parents and inform them of any services available to foster/adopt parents;
k. Foster/Adopt parents have the responsibility to report to the Network Provider and 2INgage Licensing information as required by the Network Provider and 2INgage’s policies;
l. Foster/Adopt parents have the right to appeal actions and decisions that affect them and to know the procedures for making an appeal;
m. Foster/Adopt parents have the responsibility to comply with this Policy and Procedure;
n. 2INgage and the Network Provider has the responsibility to provide foster/adopt parents with support, training, and oversight in order to ensure the foster/adopt parents are in compliance, as applicable, with this chapter; and
o. Foster/Adopt parents have the right to review their foster/adopt home record maintained by the Network Provider.

**Foster Home Screening**

**Purpose**

To ensure foster homes are fully assessed as to their ability to care for and meet the needs of foster/adopt children in the care of the Texas Department of Family and Protective Services (TDFPS), to support the TDFPS and 2INgage’s goals for the children.
Policy
The Network Provider Agency will complete a screening/home study of potential foster parents to assess their ability to appropriately foster children in the care of TDFPS. Applicants will be considered without regard to race, national origin, ethnicity, sex, sexual orientation, religious preference, or disability.

Procedure
See the Verification Policy for additional information.

The purpose of the foster home screening is to assess the family for their appropriateness to foster children in the care of TDFPS/2INgage, coping mechanisms to manage stress and challenging behaviors, and to identify and assess any possible risk factors of abuse or neglect to foster/adopt children. The assessment should assess the family’s willingness to work with biological parents, TDFPS and 2INgage. The screening is also used to ensure the home is in compliance with TDFPS regulations and agency procedures.

Initial Foster Home Requirements

- Persons interested in providing foster care must meet all Network Provider, 2INgage, state and accreditation guidelines.
- Prior to and post approval, Foster parents must provide Network Providers with all information related to compliance with requirements and allow Network Provider staff to access the foster home and members of the household.
- Foster parents must demonstrate a capacity for setting realistic expectations for behaviors and performance based on the ages, abilities and special needs of children they will serve.
- Foster parents must be at least 21 years of age and have a healthy relationship but may be single, married, divorced or separated with a stable living arrangement and legally reside in the US.
- Foster parents must also meet income and employment guidelines that must reflect stability of the household independent of foster care payments.
- Foster parents can own or rent their home. If applicants own the home, the home must be verified in the name of one foster family for who the home is their primary residence.
- Any in home business must be reported to Network Provider staff and foster parents who both work outside of the home must obtain approval from Network Providers to plan for care of children in their absence.
- Applicants must be physically, mentally and emotionally capable of performing assigned tasks and have skills to do such.
- Both applicants in a foster home must be verified in order to provide care for children.
Required interviews:

The following in person interviews are required to be conducted for the foster home screening/home study:

- one (1) individual interview with each prospective foster parent
- one (1) individual interview with each child 3 years and older living the home full or part time
- one (1) individual interview with any other persons living in the home full or part time.
- a joint interview with both prospective foster parents
- a family interview with all family members living in the home will be conducted. The worker must visit the home at least once when all family members are present.
- A minimum of one interview, by telephone, in person, or by letter with a family member not living in the home and not already interviewed; and a minimum of two (2) interviews, by telephone, in person, or by letter with neighbors, school personnel if the prospective foster parents have school age children, clergy, or any other member of the prospective foster parents’ community who are unrelated to the foster parents and can provide a description of the prospective foster parents’ suitability to provide care for children.

For persons not living in the home one interview, by telephone, in person or by letter with any minor child 12 years and older for adult child of the prospective foster parents must be conducted.

Network Provider staff will document all interviews and attempts to interview persons required to be interviewed as part of this process. This documentation must be placed in the family file.

The Screening and Written home study report

- The written report will document the date and method used to contact each person, the date of each interview, who was present, their relationship to the applicant and a summary of each interview.
- The age of the prospective foster parents and ages of any household members including documentation verifying the ages.
- The educational level of the prospective foster parents
  - Including documentation each foster parents is able to comprehend and benefit from training and provide appropriate care in areas of health, education, discipline/behavior management by one of the following means;
    - Require a high school diploma or GED high school equivalency or
    - Screen the prospective parents to ensure:
- Each foster parent is an appropriate role model for children and
• Ensure each foster parent is able to communicate with the child in the child’s own language, or has other means to communicate with the child and
• Addresses adequately basic competencies that would otherwise be met by a high school diploma or GED equivalent such as basic reading, writing and math.
• The personal characteristics of the applicant and their ability to demonstrate emotional stability, good character, good health, adult responsibility and the ability to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like atmosphere for children.
• Information regarding previous marriages, divorces, or deaths of former spouses; to determine the ability to sustain adult relationships.
• The length of time at each residence for the past 10 years (address, city, state).
• Citizenship of the prospective foster parents.
• Information about the family’s income must be verified and documented.
• Criminal background checks (FBI, DFPS, DPS) for all persons applying to be foster parents or staying in the home regularly or frequently ages 14 or older.
• Information regarding any domestic violence call to Law Enforcement responded to the residence during the past 12 months (additional information should be requested from the local law enforcement office for each incident).
• Documentation and assessment of the foster parent’s motivation to provide foster care.
• Documentation regarding physical and mental health status (including substance abuse history) of all persons living in the home in relation to the family’s ability to provide care. (Staff must observe these persons for any indication of problems and follow with professional evaluations as needed). This will be documented.
• Describe, address and document the quality of marital and family relationships in regards to the family’s ability to provide care. Including discussing and assessing the stability of the couple’s relationship in terms of strengths and needs and who that will relate to foster care. This discussion will include the quality of relationships between the foster parents and their biological children, living in or out of the home and how those issues will relate to foster children placed in the home.
• Discuss and assess the foster parent’s feelings about their own childhood and parents including history of abuse, neglect and their resolution to those experiences.
• Evaluate the foster parent’s ability and willingness to respect and encourage a child’s religious affiliation, including the affiliation of their biological parents (if any), provide the child with opportunity for religious and spiritual development (if desired) and health protection they plan to give the child if the foster parents religious believes prohibit certain medical treatment.
• Discuss and assess the applicant’s knowledge of child development and their child-care experience including way the applicant was disciplined and their planned discipline techniques. As well as their ability to recognize and respect differences in children and
methods that suit the individual child. This may include a discussion of how they would change their child care practices to conform to agency standards.

- Discuss, assess and document the applicant understanding of the dynamics of child abuse and neglect and how these experiences will affect them and their family. This will include the applicant’s ability to help children who have been abused or neglected and any resources the applicants have to meet the needs of children placed. A discussion regarding if the applicants experienced abuse/neglect as a child and assess his/her handling of those experiences and how they impact their ability to care for children.

- Discuss, assess and document the foster parents understand of separation and loss and how they affect children. Including their personal experiences with separation and loss and how they processed those experiences. Assess the foster parents’ acceptance of the process of grief and loss for children and assess the ability to help a child through the grieving process.

- Discuss, assess and document the applicants’ feelings about the child’s parents including those who abused or neglected them and their sensitivity and reactions to biological parents. Discuss and assess their sensitivity to accept a child’s feelings about their parents and siblings and ability to help a child through that process. Include an assessment of the parent’s willingness to support the child’s relationships with parents, siblings, and extended family including their support of contacts between family and child visits.

- Discuss, assess and document their attitudes of other household members toward the plan of care and their involvement in the care of children, their attitudes towards foster children and their acceptance of the verification as a foster family.

- Discuss, assess, and document the extended family’s attitude toward foster care and foster children and the involvement the extended family will have with foster children. Discuss and assess the impact the extended family’s attitudes will have on the family’s ability to provide foster care and whether the extended family will serve as a support system for the foster family and for foster children.

- Discuss, assess, and document the support systems available to the foster family and the support they may receive from these resources.

- Discuss, assess, and document the prospective foster parents’ expectations of the child and the flexibility of their expectations in relation to the child’s actual needs and abilities. Discuss and assess their capacities to recognize and emphasize the strengths and achievements of the child and their capacities to adjust their expectations according to the abilities of the child.

- Document the language(s) spoken by each prospective foster parent.

- Discuss, assess, and document the prospective foster family’s ability to work with specific behaviors, backgrounds, special needs and/or disabilities, and other characteristics of foster children.
• Request and assess the following background information (if provided) from any child-
placing agency that previously conducted a foster screening, pre-adoptive home
screening, post placement adoptive report, or home study:
  o The screening, report, home study and related documentation
  o Documentation of supervisory visits and evaluations
  o Any records of deficiencies and their resolutions
  o Most current fire and health inspections
• Must ask whether weapons, firearms, explosive materials or projectiles are present in
the home. If these items are present, the Case Manager must review the agency policies
and requirements with the prospective foster parents. For more information, see the

If a foster home is planning to provide services to more than one level of care, the Network
Provider Case Manager will recommend about the applicant to what capacity to work with
children, level and age limitations, special needs, and gender of placements will be
recommended for the home. This recommendation will be approved by the Network Provider
Case Manager Supervisor.

Updating the Screening/Home Study Assessment

Foster Home screening assessments do not require updating unless at least one of the following
circumstances exist:

1. Under the circumstances described in §749.307(a) of Minimum standards relating to
   What happens to the foster homes supervised by a branch office when the branch office
closes?
   a. The Network Provider Case Manager must complete a foster home screening
      update before issuing a new verification certificate.
2. When there is a major life change in the foster family.
   a. A major life change in the foster family includes:
      i. Marriage, divorce, separation, death, birth, or any other change in
         household composition;
      ii. A serious health problem or significant change in a work schedule that
          affects the ability of the foster parent to care for children; or
      iii. Extended absences by one parent, such as military service or out-of-town
          job assignments.
   b. The Network Provider Case Manager will assess the appropriateness of any
      current placement of children in the foster home, immediately upon notification;
      and
   c. The Network Provider Case Manager will complete the update within 30 days of
      the notification of the major life change.
3. When there is a change that affects a foster home’s verification.
Changes that affect a foster home’s verification include
i. Marriage, divorce, separation, death, birth, or any other change in household composition;
ii. Change in the foster home’s address and/or location;
iii. Change to increase the foster home’s capacity
iv. Change in the ages and gender(s) of children for which the home is authorized to provide care; or
v. Change in the types of services the foster home will provide.

The foster home screening update may be made by using an addendum.

Healthcare Services

Purpose
To ensure all children have necessary medical examinations and preventive dental care that is completed in a timely manner, and to outline the provisions for access to the Texas Health Steps for routine medical, dental and vision care.

Policy
2INgage and Network Providers will ensure clients receive routine medical, dental, vision and hearing care while placed in foster homes prior to consummation of adoption.

Procedure
The Network Provider Case Manager may assist the foster parent in obtaining and making appointments for medical, dental or any other health related services. A licensed physician (or any health care professional licensed in the US to practice appropriate medical or health care discipline) should review a child’s health needs as recommended by the physician or recommended per age.

It is the responsibility of the Network Provider Case Manager to document medical exams and all medical visits during the month of care.

When recommended by a physician or other health-care professional, the Network Provider Case Manager will ensure that a child with a physical disability has any special equipment recommended that can be reasonably obtained.

Medical Services
A. For all new admissions to care, Children/Youth are ensured to have a medical exam by a healthcare professional within three (3) business days of placement.

For all admissions to care, Children/Youth are ensured a Texas Health Steps exam within thirty (30) days of placement.
All children and youth are ensured to have periodic Texas Health Steps exams as required to include an annual exam.

B. Youth with symptoms of abuse or illness will be examined immediately. Youth will be provided medical care as needed for injury, illness, and pain.  
C. As needed for ongoing maintenance of medical health.  
D. Reports and findings of any medical examination must be signed and dated by the healthcare professional who performed the examination and must be documented in the child’s record maintained by the Network Provider. The youth’s record must include a written record of each medical examination specifying the following:
   a. The date of the examination;  
   b. The procedures completed;  
   c. The follow-up treatment recommended and any appointments scheduled;  
   d. The youth’s refusal to accept medical treatment, if applicable;  
   e. The results of the medical examination that is signed and dated by the healthcare professional who performed the examination; and  
   f. If the medical examination is a result of an injury or medical incident, the documentation of the circumstances surrounding the incident, including the date and time of the incident.  
E. Obtain follow-up medical treatment as recommended by the healthcare professional.  

**Dental Services**  
If the child is in Texas Department of Family and Protective Services (TDFPS) conservatorship, both the medial examination and the dental record should be supplemented by any information already documented in the child’s health passport. Any recommended follow up indicated in the examination, must be completed by the foster parent.  

A. Three (3) years of age and older must have a dental appointment scheduled with a dentist within thirty (30) days after the date of admission, and the examination must occur within ninety (90) days after the date of admission. A dental examination for children younger than three (3) years old is not required if there is documentation that the child has had a dental examination within the past year.  
B. Youth younger than age three (3) will see a dentist as a physician recommends a dental examination at as early an age as necessary.  
C. As needed for relief of pain and infections.  
D. As needed for ongoing maintenance of dental health.  
E. The report and findings of the dental examination must be signed and dated by the dentist and must be documented in the youth’s record. The youth’s record must include a written record of each dental examination specifying the following:
   a. Date of the examination;  
   b. Procedures completed;
c. Follow-up treatment recommended and any appointments scheduled;
d. The youth’s refusal to accept dental treatment, if applicable; and
e. The results of the dental examination that is signed and dated by the healthcare professional who performed the examination.

A licensed dentist must determine the frequency and need for ongoing maintenance of dental health for a child. Network Provider staff and foster parents contracted will comply with the dentist recommendations for examinations and treatment for each youth.

**Immunizations**
Children in care must meet current immunization requirements as specified by the Department of State Health Services. These records must be maintained in the child’s file; documentation in the child’s health passport is also sufficient for children in DFPS conservatorship. Unless the child is exempt from immunization requirements, all are required for the child’s age and should be completed by the date of admission or within 30 days of admission. Immunization records must include:

- The child’s name and birth date;
- The number of doses and vaccine type;
- The month, day, and year the child received each vaccination; and
- One of the following:
  - A signature or rubber stamp signature from the health-care professional who administered the vaccine; or
  - A registered nurse’s documentation of the immunization that is provided by a health-care professional, as long as the health-care professional’s name and qualifications are documented.

Documentation of an immunization record may be an original record, a photocopy, an official record from a local health authority, a record from school official or the child’s health passport of children in DFPS conservatorship.

**TB Screenings**
All persons, including foster children, over the age of one must have a documented tuberculosis (TB) screening conducted as recommended by the Center for Disease Control within 30 days of placement. Provider Case Managers must request this documentation from the foster parent upon the first home visit or request the foster parent schedule needed appointments for children without current screenings. 2INgage staff will provide foster parents with current reference information regarding TB screening/testing requirements.

**Vision/Hearing Services**
Children must be screened for possible vision or hearing problems once they enter care. Any problems that are detected require a professional examination. Documentation of these screenings can consist of:
• The individual hearing and vision screening results.
• A signed and dated statement from the child’s parents that the child’s screening records are current and on file at the school or program. This statement must include the name, address and phone number of the school/program.
• An affidavit from the child’s parent stating that the vision or hearing screening and/or examination conflicts with the practices of religious denomination of the parents.

If a child is determined as needing a diagnostic vision or hearing examination, the foster parent must schedule the child for the professional examination, ensure the recommendations are carried out and convey the information concerning the child’s visual and/or hearing difficulty to the educational and agency staff, so the recommended adjustments can be made.

A. Vision screening may be completed at the time of the medical examination by the healthcare professional unless child/youth is referred for further examination.

B. Vision screening shall be conducted on a yearly basis, starting at age three (3) unless recommended by a physician at as early an age as necessary.

C. The report and findings of the vision screening must be signed and dated by the appropriate healthcare professional and must be documented in the youth’s record. The youth’s record must include a written record of each vision screening specifying the following:
   a. Date of the examination;
   b. Procedures completed;
   c. Follow-up treatment recommended and any appointments scheduled;
   d. The youth’s refusal to accept vision screening/treatment, if applicable; and
   e. The results of the vision screening that is signed and dated by the healthcare professional who performed the screening.

Primary Medical Needs
A licensed physician must review a child with primary medial needs at least every 90 days or as recommended by the physician to ensure whether the child can continue to be cared for appropriately in the foster home and any new or changed orders. Documentation of this review will be maintained in the child’s file.

2INgage staff and Network Provider Case Managers will assist foster parents in locating STAR Health providers for covered Medical, Dental, and Vision services available to children.

In the event that neither community nor Medical resources are available to fund recommended Medical, Dental, or Vision services, 2INgage and Network Provider staff will support the foster family in locating resources.

When a child is placed with 2INgage, 2INgage will ensure substitute care providers receive the DFPS Medical/Dental/Vision Examination (form 2403) with Instruction Document in order for the caregiver (usually the medical consenter) and doctor to complete the form at a child’s
medical, dental, or vision appointments. The form is filled out jointly by the person taking the child or youth to the appointment (usually the caregiver) and doctor/dentist.

Within 5 days from the date of the child’s appointment, the Provider Case Manager will send a copy of the completed DFPS Medical/Dental/Vision Examination (form 2403) to the CPS worker and 2INgage.

**Indian Child Welfare Act (ICWA)**

**Purpose**
To ensure that all 2INgage, Network Provider staff and foster/adopt parents understand the requirements of the Indian Child Welfare Act (ICWA).

**Procedure**
If the child is a member of a federally recognized tribe or their biological parent is a member of a federally recognized tribe and the child is eligible for membership in the tribe, all requirements of the Indian Child Welfare Act are applicable. Determination of the child’s Indian heritage should be made at the time the child comes into custody. If the child is an Indian child or suspected to be an Indian child, the DFPS Worker shall notify the tribe, as well as the court so that notice can be sent to the tribe. Whether or not the tribe has elected to intervene in the case, DFPS is responsible to follow the placement preferences, absent good cause to the contrary, as articulated in the Indian Child Welfare Act. A specific tribe may have its own placement preferences, in which case, the tribe’s preferences must be followed, absent good cause to the contrary.

The ICWA order of foster and pre-adoptive placement preferences is generally as follows:

- A member of the child’s extended family;
- A foster home licensed, approved or specified by the Indian child’s tribe, whether on or off the reservation;
- An Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child’s needs.

All clients and their parents will be asked about their possible tribal status to determine meeting the criteria for the Indian Child Welfare Act. This information will be shared with the child’s DFPS Worker.
Infant and Toddler Care

Purpose
To ensure adequate care is provided to infants and toddlers as outlined in regulatory and accreditation standards. Network Provider staff will utilize online sessions of TDFPS Technical Assistance to provide foster/adoptive parents of updates to standards of care for infants and toddlers.

Policy
Caregivers must follow the guidelines to care for infants and toddlers placed in their care/homes.

Procedure
Foster/Adopt parents will ensure infants are provided a safe and caring environment which provides the infant with individual attention including playing, talking, holding, diapering feeding, etc. Foster/adopt parents will not leave infants unsupervised:

- A sleeping infant is considered supervised if the caregiver is within eyesight or hearing range of the infant and can intervene as needed, or if the caregiver uses a video camera or audio monitoring device to monitor the infant and is close enough to the infant to intervene as needed; and
- An awake infant is considered supervised if the caregiver is within eyesight of the infant and is close enough to the infant to intervene as needed. For short periods of time in the course of routine household activities, the infant may be out of the caregiver’s eyesight, as long as the:
  - Infant is within hearing range;
  - Infant’s environment is free of any safety hazards; and
  - Caregiver is able to intervene immediately, as needed.

Equipment
Foster/adopt parents providing infant care must provide the minimum furnishings and equipment to meet the needs of the child including an individual crib for each infant and sufficient toys to keep the child engaged in activities. All cribs in foster homes must meet the following requirements:

- A firm, flat mattress that snugly fits the sides of the crib. The mattress must not be supplemented with additional foam material or pads;
- Sheets that fit snugly and do not present an entanglement hazard;
- A mattress that is waterproof or washable;
- Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts;
• A maximum of 2 3/8 inches between crib slats or poles;
• No corner posts over 1/16 inch above the end panels;
• No cutout areas in the headboard or footboard that would entrap a child’s head or body; and
• Drop rails, if present, which fasten securely and cannot be opened by a child.
• Caregivers must sanitize each crib when soiled and before reassigning the crib to a different child.
• Caregivers must never leave children in the crib with the side down.
• The foster home must not have stackable cribs.

Full sized portal and mesh side cribs are allowed if the foster/adopt parent follows the manufactures instructions, the crib has mesh that is securely attached to the top rail, side rail and floor plate and the folded sides securely latch when raised. Foster/Adopt parents must never leave a child in a mesh side crib with the side folded down and must discontinue use of any crib or baby equipment that the foster parent becomes aware of is recalled.

Foster parents will ensure they only utilize equipment with safety straps such as high chair, swing, stroller, infant carrier, rocker, bouncer seat, or similar type of equipment. These safety straps must be fastened whenever the infant is using the equipment.

A foster/adopt home may not use any of the following types of equipment with infants:

1. Baby walkers;
2. Baby bungee jumpers;
3. Accordion safety gates;
4. Toys that are not large enough to prevent swallowing or choking; and
5. Bean bags, waterbeds, and foam pads for use as sleeping equipment.

Sleeping

Children may not sleep on bed bags, water beds or foam pads. Foster/Adopt parents will ensure soft bedding, stuffed animals, quilts, pillows, bumper pads and comforters are not placed in the crib of a child six months or younger. An infant receiving treatment services for primary medical needs may have special items that assist him/her with safe sleep at the written recommendation of a health care professional.

Foster/Adopt parents must place an infant who cannot yet turnover on his/her own in a face up sleeping position unless a health care professional orders otherwise. Infants must not have their heads, face or crib covered at any time with blankets, linens or other items. An infant may not sleep in a prone position with a sleeping adult at any time including in the adults bed, on a couch, etc.

Except for a tight fitting sheet the crib must be bare for an infant younger than twelve months of age.
A crib mattress cover may also be used to protect against wetness, but the cover must:

1. Be designed specifically for the size and type of crib and crib mattress that it is being used with;
2. Be tight fitting and thin; and
3. Not be designed to make the sleep surface softer. An infant receiving treatment services for primary medical needs may have special items that assist with safe sleep at the written recommendation of a health-care professional. Network Provider staff will keep the recommendation in the child’s record.

Caregivers must place an infant not yet able to turn over on his own in a face-up sleeping position unless a health-care professional orders otherwise. Network Provider staff will keep any orders from a health-care professional in the child’s record.

An infant’s head, face, or crib must not be covered at any time by an item such as a blanket, linen, or clothing.

An infant may not sleep in a prone position with a sleeping adult at any time, including in the adult’s bed, on a couch, etc.

Feeding

Foster/Adopt parents will feed an infant based on the recommendations of the infant’s licensed health-care professional. Unless recommendations from the service team are contrary, caregivers must hold the infant while feeding an infant that is:

1. Birth through six months old; or
2. Unable to sit unassisted in a high chair or other seating equipment during feeding.

Caregivers must never prop a bottle by supporting it with anything other than the infant's or adult's hand.

A caregiver who cares for more than one infant must:

1. Sterilize shared bottles or training cups between uses by different infants; and
2. Clean high chair trays before each use.

Only the following may insert a nasogastric tube:

- A physician;
- A licensed nurse according to a physician’s written orders; or
- A foster/adopt parent instructed by a licensed nurse according to a physician’s written orders.
- The foster/adopt parent must document each insertion in the child’s record.
The documentation for each insertion must include a signature of the nurse or foster/adopt parent who inserted the tube and the date of the insertion. The foster/adopt parent must follow the physician’s written orders concerning the tube.

**Toddler Care**

Foster/Adopt parents will ensure toddlers are provided a safe and caring environment which provides the infant with individual attention including playing, talking, and cuddling. Foster/Adopt parents must ensure the foster/adopt home is free from objects that may choke or harm the child and take measures to prevent electric shock, free the area of furniture that is unstable and allow no unsupervised access to water to prevent the risk of drowning. Foster/adopt parents will not leave toddlers unsupervised. A toddler is considered supervised if the caregiver is within eyesight or hearing range of the child and can intervene as needed. It is acceptable to utilize video camera or audio monitoring devices to be within range as the foster/adopt parent is close enough to intervene.

**Foster Daycare Services**

Determination of foster family eligibility:

- Foster Care daycare is available for children in a Foster home when:
  - The child does not turn 6 by September 1
  - Is at the basic level of Care in the DFPS system
  - All caregivers are employed outside of the home and work at least 40 hours per week (daycare is available to children up to age 13 for school summer breaks)
  - When Foster Care daycare is needed, Network Provider Staff will have the foster parent to complete Form 1809 (Foster/Adoptive and Other Designated Caregiver Daycare Verification). The form must include verification of income as follows:
    - Copies of the caregivers last 3 paystubs
    - Statement from the employer attesting to the foster parent being employed full time for 40 hours a week: or
    - In the case of self-employment, a completed Form 1806 (Caregiver Statement of Self-Employment Income)

The Network Provider case manager will email the documents to [email protected] email box with the subject line Day Care Request- Child’s Name

2INgage will monitor the box daily for these referrals and forward requests to DFPS on the same day they are received. 2INgage will not be reviewing for eligibility but will simply forward the information on to DFPS.

Within 10 days of Receipt, the Regional Daycare Coordinator for DFPS will process the daycare request.
Informed Consent

Purpose
To ensure clients understand their rights and are properly notified of procedures.

Policy
2INgage and Network Provider Staff will provide clients (child and legal guardians) written description of the agency’s Notice of Privacy. The Notice of Privacy Practice explains to clients in an understandable and legible manner that clients have a right to access their own information and who else has access to their information.

Procedure
At the time of placement, Network Provider Staff will ensure legal guardians sign the informed consent for each client receiving services. The informed consent allows 2INgage and Network Provider staff to provide services to clients and share the minimum necessary information with other professionals to treat clients served.

The informed consent will include consent provided for the agency’s use of volunteers, foster homes, and involvement of any child in publicity and/or fund raising activities, and the types and frequencies of notifications and reports that are provided to parents.

Until the Informed Consent is signed, 2INgage and or Network Provider staff may not share any information to any one regarding the client without individual Authorization to Release Information forms signed.

Clients or Legal Guardians have the right to request information covered by the informed consent not be disclosed. If a client or legal guardian wants to request that information not be disclosed, the client must make written request of nondisclosure on the appropriate form. The client/legal guardian must make written request to the Worker. The request is forwarded to the Licensed Administrator for determination to approve. Determination must be made within seven (7) days or receiving the request. A copy of the request form must be signed and returned to the client and a copy placed in the client’s file.

When the Agency is responsible to provide/direct services for clients, the Agency must have the client or legal guardian, for all clients under age 18, sign an Informed Consent. Informed Consent shall be written verification from client or legal guardian that client has been informed of the agency’s Notification of Privacy Practice. For those services, which we are fulfilling a service/placement agreement requirement from another provider, we must receive documentation from the provider that the client has signed a consent form with that agency for them to share information with us and us with them relating to treatment, billing, and health care operations. If the Informed Consent is not signed, the Agency can choose not to provide
services for clients. For all clients in state custody, the state agency may sign the informed
consent but it is preferred that the client/legal guardian sign the informed consent document.

**Medical and Dental Emergency**

**Purpose**
To outline the steps in case of a medical and/or dental emergency.

**Policy**
2INgage and Network Provider Staff will ensure that the children placed in care receive
expedient and appropriate emergency medical and/or dental services.

**Procedure**
1. Medical, dental, and psychiatric providers are on-call 24 hours a day.
2. In case of a medical emergency, such as a serious accident or illness, the local physician
and/or emergency services (911) will be notified.
3. In case of a psychiatric emergency, the Treatment Director is notified. If needed, the
psychiatrist may be notified directly and emergency procedures implemented.
4. Children and adolescents may be transported to the emergency room at the nearest
hospital/clinic at any time, day, or night. The Treatment Director or designee will
determine if safe to be transported by caregivers.
5. In case of dental emergencies, foster/adopt parents may contact the dentist by telephone
and utilize regular emergency procedures.
6. Network Provider staff are contacted as soon as possible. At that time, notification of
parents/managing conservator may be arranged.

**Multi-Ethnic Placement Act/Inter-Ethnic Placement Act (MEPA/IEPA)**

**Purpose**
To ensure that all 2INgage and Network Provider staff understand and can assist Foster
Families with the understanding of MEPA/IEPA. To make sure all placement decisions are
made within the guidelines of MEPA/IEPA.

**Process**
All placement decisions for non-Indian children (as defined in ICWA) shall conform to the
Multi-Ethnic Placement Act/Inter Ethnic Placement Act (MEPA/IEPA). It is the policy of the
agency not to delay the placement of any child for adoption or foster care based on race, color
or national origin of the biological parent, adoptive parent, foster parent, or the child. The
agency will not deny any person the opportunity to become an adoptive or foster parent on the
basis of race, color or national origin. This means that the agency cannot delay the placement of
a child by searching for a family of the same race, color or national origin when there are families of other races, colors, or national origins available who otherwise would be appropriate for the child and would meet the child’s social, emotional, and physical needs.

Non-compliance to this act constitutes a violation of the Civil Rights Act.

The above Acts also contain certain prohibitions against inter jurisdictional placement. Adoptive placements cannot be denied or delayed based solely on the fact the family resides outside the state of Texas. Families who allege violation of this provision shall be given the opportunity for an Administrative Fair Hearing.

Note: The Indian Child Welfare Act supersedes the Multi-Ethnic Placement Act/Inter Ethnic Placement Act.

**Nutrition and Food Preparation**

**Purpose**
To describe the guidelines to follow to meet nutritional needs for children in care.

**Policy**
Every child will be given food of adequate quality and sufficient quantity of nutrients necessary for his/her proper growth and development.

**Procedure**
Foster/Adopt homes must provide children with adequate quality food and a sufficient amount to supply nutrients necessary for proper growth and development. Foster/Adopt parents will feed infants whenever the infant is hungry and provide toddlers/school aged children at least three meals a day and at least one snack a day. No more than 14 hours may pass between the last meal or snack and the availability of the first meal of the following day.

Foster/Adopt parents must provide children with food that is:

- Of adequate variety, quality, and in sufficient quantity to supply the nutrients needed for proper growth and development according to the United States Department of Agriculture guidelines; and
- Appropriate for the child’s age and activity level.

Foster/Adopt parents must not serve a child nutrient concentrates and supplements, such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances in lieu of food to meet the child’s daily nutritional need, except with written instructions from a licensed health-care professional. Foster/Adopt parents must ensure drinking water is always available to each child and is served in a safe and sanitary manner. Children must be well hydrated and must be encouraged to drink water during physical activity and in warm weather.
Foster/Adopt parents must offer children meals/snack but not force a child to eat. The foster/adopt parent does not have to offer other food to a child who refuses a meal/snack or chooses not to be present when a meal/snack is scheduled. Any problems with eating must be brought to the attention of the Case Manager by the foster/adopt parent. If a meal/snack is not appropriate to meet the child’s individual needs due to allergies and/or religious reasons, the foster/adopt parent must provide an alternative nutritional substitute to the child. Food cannot be used as a reward or punishment or as part of a behavior management program; food cannot be withheld from a child. A foster/adopt parent must offer the child in care the same food choices that other children and adults in the home are offered unless medically contradicted for the child.

Foster/Adopt parents cannot serve a therapeutic or special diet to a child without written approval from a licensed physician or registered/licensed dietician. This approval will be documented in the child’s file. Special diets must be shared with all foster/adopt parents and other caregivers. Foster/Adopt parents will make dietary alternatives available to a child who has a special diet.

Foster/Adopt parents serving a child with primary medical needs must feed the child in accordance with his medical/developmental needs. Only a licensed physician can prescribe a feeding tube and a dietician or physician must plan the diet accordingly. A registered/licensed dietician, physician or registered nurse must ensure and document that the foster/adopt parent that prepared formula for a feeding tube is adequately trained and has demonstrated capacity. Tube feeding formula must supply the recommended dietary allowance for each child and foster/adopt parents must prepare according to directions and as prescribed by a health care professional. Children must eat in an upright position unless the service planning team recommends differently.

Food service for children receiving services for primary medical needs or mental retardation must encourage self-help and development. A toddler or older child must eat or be fed in the dining area and infants must be held during feedings, unless the service planning team determines differently.

Foster/Adopt parents are required to store food as outlined in the standards. All food items must be:

- Covered and stored off the floor;
- Stored on clean surfaces;
- Protected from contamination;
- Stored in a container that is protected from insects and rodents;
- Refrigerated immediately after use and after meals, if the food requires refrigeration; and
- Covered when stored in the refrigerator.
All kitchen, dining areas, supplies and equipment where food is prepared, eaten or stored must be clean and well repaired. Utensils and containers intended for a one time use, such as paper plates and plastic dishes must not be used more than once.

**Pre-Placement Visits**

**Purpose**

A pre-placement visit may take place between a foster/adopt family and child(ren) anytime there is a need for a move to be planned and gradual such as with a potential residential step-downs, intensive treatment step-downs and therapeutic step-downs. Pre-placement visits are also planned for adoption purposes. It is a benefit for the child and foster/adopt family to get to know each other before making a commitment to each other.

**Policy**

2INgage staff will assist in coordinating pre-placement visits in order to facilitate an appropriate transition for children and families.

**Procedure**

2INgage will request pre-placement visits between current foster/adoptive family/placement and new foster/adoptive family, so the new foster/adoptive family can get to know the child in an environment that is familiar to them, learn about the child’s routine/schedule, discover the child’s likes and dislikes, and hear from the current foster/adoptive family about what positive/negative reinforcements work for the child, etc.

**Foster Care Services**

A least one pre-placement visit is required for planned moves for children over six months of age. There must be a meaningful interval between the pre-placement visit and the placement that is sufficient to allow the foster/adopt parents and the child to have privacy, an opportunity to discuss and consider placement and have their questions, opinions, and concerns addressed. Once 2INgage Care Management has identified a potential placement, they will coordinate the pre-placement visit with the Network Provider Case Manager assigned. Paid pre-placement visits will only occur in verified Foster/Adopt Homes and will be documented in the child’s file.

The Foster/Adopt Family with whom the child is currently placed will not receive payment for any overnight pre-placement visits. Payment will be made to the licensed family providing the pre-placement visit. The payment rate will be made at child’s score level of care rate for overnight pre-placement visits. The Agency Administrator and Executive Director can make an exception to pay both the identified resource for the PPV and the current placement. The Referring Agency will notify Care Management prior to the visit taking place. The Referring Agency will submit authorization for payment.

Pre-placement visits should not interfere with a child’s school schedule.
Following a pre-placement visit communication with the other workers involved as to the progress of the visit and whether/when another visit will take place. This communication will occur on the first working day after the visit ends.

Adoption Services

Except in the case of children one month old and younger, a child must have at least one pre-placement visit with the adoptive family prior to placement. The length, location, and number of visits will be based on the age, development, and needs of the child.

2INgage staff will coordinate these visits over a period of time that ensures that both the child and the adoptive family have adequate time to prepare for the placement. The period of time should be based on the age and developmental needs of the child.

The planning for the pre-placement visits must include the child, if applicable, the foster parents, and the adoptive parents.

The plan for pre-placement visits will be documented and have the appropriate approval before visits are initiated.

**Professional Staffing Qualifications**

**Purpose**

To describe the qualifications, duties, responsibilities, and authority of professional positions at 2INgage.

**Policy**

2INgage and Network Providers will have sufficient qualified professional staff to provide services to the children and youth placed in foster/adopt homes.

**Procedure**

The Professional Staffing Plan includes a detailed description of the qualifications, duties, responsibilities, and authority of professional positions. Each position shows whether employment is on a full-time, part-time, or on a continuing consultative basis. For part-time and consulting positions, the number of hours and frequency of services should be specified. The Professional Staffing Plan should address responsibilities for diagnostic assessment, development and review of the treatment plan, and provision of treatment services.

2INgage will recruit, hire, train and maintain Care Coordinators, Family Finders, Child Advocates, Supervisors, Data Entry staff, Director of Community Engagement, Director of Care Management, a Treatment Director and a Child-placing Administrator who will be responsible for coordination of all activities related to placement and services to all Region 02 children placed within contracted foster care and residential placement.
**Child-placing Administrator**

The Child-placing Agency Administrator will meet the qualifications established by TDFPS and the agency board, be a licensed Child-placing Agency Administrator, be a full time employee, and be present at the Texas office of the agency to provide on-site administrative oversight. If the Administrator is absent from the agency for a frequent or extended amount of time, 2INgage staff will designate another Licensed Child-placing Administrator. The Administrator cannot serve for two child care operations unless both operations are in good standing with Licensing, the size/scope of operations is manageable for one person, the person holds a valid license and if one of the child placing agencies is managing 25 of fewer foster/adopt homes.

Responsibilities for the Child-placing Agency Administrator will include, but are not limited to:

1. Have daily supervision and overall administrative responsibility for all of your offices, including your main office and any branch offices; and
2. Be responsible for or assign responsibility for:
   a. Administering and managing the agency according to your policies;
   b. Ensuring that the agency complies with applicable rules of this chapter, Chapter 42 of the Human Resources Code, Chapter 745 of this title (relating to Licensing), and other applicable laws;
   c. Personnel matters, including hiring, assigning duties, training, supervision, evaluation of employees, and terminations;
   d. Ensuring persons whose behavior or health status presents a danger to children are not allowed at the agency or foster homes; and
   e. Administering and managing the approved agency plans. These plans:
      i. Evaluate the effectiveness or your system for meeting the rules of this chapter; and
      ii. Ensure the investigation of reports of minimum standards violations, upon our request.

**Director of Care Management and Director of Community Engagement**

These two positions will be full time positions that oversee the two major departments within the 2INgage service delivery system. They will both have a Master’s Degree in Social Work or a related field and have at least 5 years of experience in providing services in the child welfare or a related social services field at a management level.

The Director of Care Management will have oversight of the Care Management department as well as Data Entry and Utilization Review and Transportation staff.

The Director of Community Engagement will have responsibility for community relations, development of resources needed to serve children in the 2INgage area, as well as oversight of the Adoption functions and Child Advocacy functions within the organization.
**Treatment Director**

This position is combined with the position of Director of Care Management. The person in this position will meet the requirements set out in Minimum Standards including a professional clinical license. The duties of this position are to provide oversight for specific placement issues for children at treatment levels.

**Managers**

The Care Management Manager as well as Community Engagement Manager will meet requirements set forth by TDFPS and Minimum Standards for Child Placing Agencies as a Child Placement Management staff. Supervisors will have 10 documented monthly supervision conferences per year with each staff under their supervision that performs child placing activities. These positions will be full time. A Bachelor’s degree will be required for these positions with a Master’s degree preferred.

<table>
<thead>
<tr>
<th>Options for qualifications:</th>
<th>A license in social work or another human services field</th>
<th>Educational qualifications:</th>
<th>Professional qualifications. Any field placement or practicum experience may not be counted:</th>
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</thead>
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<tr>
<td>Option 1</td>
<td>Yes</td>
<td>(A) A master’s degree from an accredited college or university in social work or other human services field; and (B) Nine credit hours in graduate level courses that focus on family and individual function and interaction.</td>
<td>One year of documented full-time experience in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties.</td>
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<td><strong>Option 2</strong></td>
<td>Yes</td>
<td>(1)(A) A master’s degree from an accredited college or university; and (B) Nine credit hours in undergraduate or graduate level courses that focus on family and individual function and interaction; or (2)(A) A bachelor’s degree from an accredited college or university in social work or other human services field; and (B) Nine credit hours in undergraduate level courses that focus on family and individual function and interaction.</td>
<td>Two years of documented full-time experience in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties</td>
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<tr>
<td><strong>Option 3</strong></td>
<td>No</td>
<td>(A) A bachelor’s degree from an accredited college or university; and (B) Nine credit hours in undergraduate or graduate level courses that focus on family and</td>
<td>Three years of documented full-time experience in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development</td>
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Options for qualifications: A license in social work or another human services field
Educational qualifications: 
Professional qualifications. Any field placement or practicum experience may not be counted:

| Individual function and interaction. | worker for the department. The experience must be in conducting assessments, service planning, or case management duties. |

Responsibilities of the Care Manager Supervisor (Child Placement Management Staff) include, but are not limited to:

1. Review and approve:
   a. All child placement activities;
2. Supervise child placement staff, if any, including planning for the staff’s professional development and taking any other appropriate action in regard to their child-placing decisions.
3. Directly perform the responsibilities of the child placement staff, as appropriate (e.g., the child placement staff is absent or unavailable).

**Case Managers**

Case Managers will meet requirements set forth by TDFPS standards and outlined in the position job description. 2INgage Case Managers will include Care Coordinators, Family Finders, and Child Advocates. These positions will be full time.

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<td>(A) One year of documented full-time work experience in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case</td>
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## Options for qualifications:

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<td>A bachelor’s degree from an accredited college or university.</td>
<td>management duties. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or (B) One year working under the direct supervision of child placement management staff. The direct supervision with the child placement management staff must consist of 10 documented, monthly, face-to-face, individual, case-related conferences over the year. The direct supervision must continue until the employee’s previous experience and directly supervised experience totals one year.</td>
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### Option 2

| (A) Two years of documented full-time work experience in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or (B) Two years of working under the direct supervision of child placement |
Responsibilities of the Case Manager (Child Placement Staff) include, but are not limited to:

1. Making decisions about the best placement option for a child referred to 2INgage
2. Coordinating service needs identified for the child with the 2INgage provider network
3. Coordinating with DFPS as Managing Conservator of the child related to the child’s permanency goal and any identified service need
4. Adoption related activities including recruitment and selection of Adoptive families for children

2INgage Management and Director level staff will be available to staff in person on a regular basis and at all times via phone.

**Psychotropic Medication**

**Purpose**

To ensure the proper consents are obtained prior to the use of any psychotropic medication and safeguard against the improper use of such medications.

**Policy**

Network Provider staff will ensure all prescribed psychotropic medications are approved by the medical consenter.

**Procedure**

Psychotropic Medication Appointments

The Network Provider case manager must ensure that all caregivers and employees who serve as medical consenters for a child who is prescribed psychotropic medications facilitate an office
visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90-days to allow the practitioner to:

- appropriately monitor the side effects of the drug;
- determine whether the drug is helping the child achieve the treatment goals; and
- determine whether continued use of the drug is appropriate.

In the event that a DFPS staff member is designated as the medical consenter for a child, the Network Provider case manager must ensure that the DFPS staff member has notice and is able to attend in person any appointments where psychotropic medication may be prescribed and all medication review appointments.

The Network Provider is responsible to ensure that any medical consenter representing the agency has the most up-to-date DFPS training and documentation in their record to function in this capacity.

**Consenting to Psychotropic Medication**

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

- notify 2INgage in writing of any initial psychotropic medications and subsequent dosage changes by the next business day;
- complete and sign the *Psychotropic Medication Treatment Consent (Form 4526)* with the healthcare provider; and
- provide a copy of the form to 2Ingage within three (3) business days. Form 4526 is not required for changes in dosage or for refills of the same medication.

**Recreational Services, Basic Living & Social Skills, Independent Living**

**Purpose**

To ensure that opportunities exist for youth in care to participate in community activities such as school sport or other extracurricular school activities, church activities or local social events are available to youth in care.

**Policy**

2INgage and Network Providers will ensure that foster/adoptive families provide appropriate opportunities to/for the youth in their care to develop social skills through recreational leisure time activities.
Procedure

Recreational Services

The Network Provider Case Manager will ensure that:

A. Caregivers provide the following:
   a. Daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of the children so every child may participate.
   b. Each child must have individual free time as appropriate to the child’s age and abilities.
   c. Activities are designed to meet the child’s therapeutic, developmental and medical needs.
   d. Activities meet any restrictions or limitations due to a child’s developmental disability, mental retardation or medical condition.
   e. Each child will have input into the type of recreational activities in which he/she wishes to participate.
   f. Caregivers will intervene, as necessary, to reduce the risk of and occurrence of any and all injuries.

B. Activities are based on the child’s service plan in the case of youth in Specialized Service Level.

Recreation Requirements for Special Populations

A. Youth requiring Child-Care Services
   a. The Network Provider Case Manager will ensure the caregiver provides youth opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and
   b. The Network Provider Case Manager will ensure the caregiver organizes family activities, religious activities or local social events that are available to the child.

B. Youth requiring Treatment Services
   a. The Network Provider Case Manager will ensure the caregiver provides youth opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child;

C. The Network Provider Case Manager will ensure that each child receiving treatment services has an individualized recreation plan designed by the service planning team or professionals who are qualified to address the child’s individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed; and

D. The Network Provider Case Manager will ensure that medical and physical support is provided to the caregiver and youth if the recreational and leisure-time activities
require it for a child who is receiving treatment services for primary medical needs, pervasive developmental disorder, or mental retardation.

E. Youth requiring Primary Medical Needs or Mental Retardation:
   a. The Network Provider Case Manager will ensure the caregiver of a child receiving treatment services for primary medical needs or mental retardation will have a minimum of one hour of physical stimulation daily.
   b. The Network Provider Case Manager will ensure caregivers provide physical fitness activities for a child receiving treatment services for primary medical needs or intellectual disability. The training programs for non-mobile children will include development of physical fitness. This will include a variety of body positions and changes in environment.
   c. The Network Provider Case Manager will ensure caregivers place the child on a schedule that is based on normalization principle.
   d. The Network Provider Case Manager will confirm that the caregiver ensures the child’s surroundings and experiences reflect normal patterns of community living as closely as possible and as appropriate for the child’s special needs.

Oversight
A. The Network Provider Case Manager will ensure that recreation and/or leisure time activities will be addressed in the youth’s Individual Service Plan.
B. The Network Provider Case Manager will monitor to ensure that the foster/adoptive parents address recreational activities in their weekly progress notes which will be filed in the youth’s chart.

Basic Living and Social Skills
2INgage will work with all Network Providers to ensure that all children in their care:

A. Receive Education on Basic Living and Social Skills through opportunities in the caregiver’s home, the community and other venues according to the child/youth’s development age and needs. Caregivers will model, teach and expose the child/youth to basic living and social skills. These basic skills/social skills include but are not limited to: extra-curricular activities and sports, cleaning, laundry, cooking, accessing services/resources in the community such as renting an apartment and connecting services, accessing public transportation, participating in day camps/summer camps, and engaging in age-appropriate activities such as going to the movies or the mall with friends. The use of Experiential Life Skills Activities will be founded in;
   a. The child assessment using the Admissions Assessment to evaluate current and needed services and document on the assessment.
   b. The use of age appropriate assessment tools, such as the Casey Life Skills assessment, Life Skills Inventory, and others, will be used to evaluate the youths needs as they reach age 16 and above for transitional living skills assessment.
c. The services and plans for education on Basic Living and Social Skills will be outlined on the child’s service plan and reviewed/updated at each service plan.

B. The Provider Case Manager and Caregiver will assist youth approaching age 14 to assist the youth in establishing a savings plan and, if available, a savings account to manage independently if they have a source of income. This will be monitored in their service plans and at all updates. Appropriate referral will be made for PAL services after age 14.5. Caregiver will teach youth 14 and older how to obtain a copy of their birth certificate and social security. Youth 14 and older will obtain a State ID or driver’s license as appropriate; caregiver will assist the youth. At age 16 youth will be encouraged and allowed to gain employment to prepare him/her for adulthood.

C. Youth approaching ages 18 up to 22 years of age who have a source of income will be assisted in obtaining a savings or checking account with a Financial Institution. This will be monitored in their service plans and at all updates.

**Supervised Independent Living Services**

Network Providers will ensure youth 16+ years of age obtain a Driver’s License or State ID (efforts to obtain will be documented in the client record) as part of the youth’s preparation for adulthood.

Through SIL a young adult has:

- Increased responsibilities
  - Manage their own finances
  - Buying groceries/personal items
  - Working with a Landlord
- Help transitioning to independent living
  - Achieving identified education and employment goals
  - Accessing community resources
  - Engaging in needed life skills training
  - Establishing important relationships

**Eligibility requirements for SIL**

SIL is available for a young adult who is able to:

- Demonstrate a reasonable level of maturity and ability to manage the expectations required in a SIL setting with minimal supervision and case management; and able to
- Meet eligibility requirements for Extended Foster Care.

Note:

- The young adult in a SIL placement must meet the Extended Foster Care eligibility requirements within 30 days of placement.
A 17-year-old youth in DFPS conservatorship may apply for a SIL placement, but is not eligible for placement until the 18th birthday.

Through conversations with the young adult and the initial assessment, the young adult will be placed in the setting which best meets his or her needs. In order to maintain placement in the SIL program, young adults must comply with the Voluntary Extended Foster Care Agreement (Form 2540). Young adults can move through the settings offered based on behaviors, enhancement of skills, or overall progress made in the young adult’s current setting. The SIL case managers will maintain documentation of the young adult’s progress in case notes as well as in the subsequent service planning meetings, which will be filed in the young adult’s record.

If the youth chooses SIL services in Region 2 or outside of Regions 2, the 2Ingage Care Coordinator will contacts the DFPS worker with the transitional living placement recommendation for their approval.

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

2Ingage understands youth must be prepared for adulthood. 2Ingage will serve and support foster youth as they begin their journey to independence by developing life skills and creating community connections capable of supporting youth as they transition from care to independence. Network Providers, and natural supports including biological families, churches, and community partnerships.

The Provider will ensure youth 16+ years of age obtain a Driver’s License or State ID (efforts to obtain will be documented in the client record) as part of the youth’s preparation for adulthood.

2INgage will work jointly with DFPS and the Network Provider to initiate the joint development of a transitional plan for youth resulting in one uniform plan to be followed by the 2INgage, the provider and DFPS (using DFPS Transition Plan Template Form 2500). 2INgage will:

- Work with each youth and family to develop and implement a Transition Plan and to attend and participate in all planning meetings.
- Arrange for annual standardized Transition Plan Assessments using the Ansell-Casey Life Skills Assessment and discussing the implications and analysis of the results with the youth and caregiver.
- Assist DFPS in obtaining (NYTD) National Youth in Transition surveys from identified youth at ages 17, 19 and 21.
- Provide identified services to help the youth achieve independence.
- Assist the youth in applying for and securing services to transition from dependency to adulthood.
• Working with youth and other significant individuals to identify and foster lifelong connections to caring adults that can be sustained after the youth leaves the system.

• Assist DFPS in obtaining the Voluntary Extended Foster Care Agreement (Form 2540), at least 7 days before child’s 18th birthday.

• Participate in youth’s Circle of Support Meetings.

• Arrange and ensuring participation of all referred youth in Preparation for Adult Living Life Skills Training.

• Develop and deliver PAL Life Skills Training utilizing the curriculum topics found in Appendix 10212: Preparation for Adult Living Skills Training Curriculum Outline.

• Include experiential and community-based learning as a part of PAL Services.

• Assist the child/youth in maintaining necessary documentation for Voluntary Extended Foster Care/Return to Care eligibility.

**Transition Plan Development**

The transition plan is enhanced over time until the youth leaves substitute care or ages out of care. The plan must address the issues that are important for the youth as he or she leaves care and enters the adult world. DFPS, 2Ingage and the Network Provider will work together to initiate the discussion and development of the youth’s transition plan.

During a subsequent service planning meeting (90-day review) just prior to the youth turning age 15.5, the DFPS case worker will:

• Introduce the Transition Plan (Form 2500) and Circles of Support (COS) process to the youth.

• Inform the youth that a Family Group Decision Making staff member will discuss COS with them further.

DFPS will submit a referral for COS to the appropriate Family Group Decision Making (FGDM) area contact. When the youth declines a COS, the Network Provider will schedule a subsequent service planning meeting instead. The Provider’s case manager will discuss the elements of the transition plan (Form 2500) with the youth and records the initial transition plan discussion on the plan document (i.e. goals, strengths, fears, etc.).

The Network Provider case manager will continue to discuss and document the transition plan and progress with the youth overtime during face to face visits, subsequent service planning meetings (90-day reviews), and COS.

**Referral and Placement**

**Purpose**

To describe 2INgage’s referral, matching and placement procedures.
Policy
2INgage staff will match and accept children referred for out of home placement into foster homes as appropriate.

Procedure
All referrals will be sent to the 2INgage Care Management Department. 2INgage accepts foster care referrals for emergency and planned placements for both males and females from ages 0-17 for children requiring general foster care or treatment services. The child’s referral information will be entered into the 2INgage database. Information should include but is not limited to: demographic information, strengths, needs and general behavior of the child, reason for placement, type of custody, placement history, pertinent family information, educational history, medical history, and known life experiences and/or relationships which may affect feelings, behavior, attitude and adjustment. Utilizing this data in combination with information regarding 2INgage Provider Network sponsored foster homes, Intake and Admissions will engage 2INgage’s matching system to identify potential placement resources for the child. 2INgage and Network Providers will only place into an identified placement if the located placement can meet the child’s physical, medical, educational, recreational and emotional needs. The child will remain in the database until placement can be secured or Intake and Admissions staff has verified that placement is no longer needed.

Locating Placement
Once the referral information is entered into the database, 2INgage Care Coordinators will begin looking for appropriate placement in accordance with the level of care indicated on the referral. Placement selection and process must also be congruent with the provisions of the Multi-Ethnic Placement Act of 1994, the Indian Child Welfare Act, as well as Texas Department of Family and Protective Services regulations. In selecting a placement for a child in custody, a determination is based upon the child’s best interests and permanency plan.

2INgage Care Management staff will also consider the following when making placement decisions:

(1) Children will be placed with their siblings
   (a) 2INgage staff will make every effort to place siblings together and will document the reasons when necessary to separate sibling groups. The efforts will include:
       1. The placement matching system (ECAP) is designed to match families with children in order of highest match. One of the highest matching criteria is placements that could appropriately accommodate and meet the needs of a sibling group.
       2. If sibling groups are unable to be placed together upon first placement, the Intake Department will continue to search for
available homes that may come open for the sibling group. In addition, 2INgage staff will work together with both placement agencies to determine if any of the caregiver’s could at some point accommodate and appropriately serve the entire sibling group. Searches will continue to be completed every 90 days while siblings are split unless DFPS, court or a mental health professional provide in writing a justification for the siblings to be split.

The Provider Case Manager will ensure contact between siblings is maintained when siblings are not placed together. The following processes will be used:

a) Upon admission, the Care Management Department will notify the Network Provider Case Managers of each agency receiving placement of siblings in DFPS conservatorship not placed with the child.

b) The Network Provider Case Manager will contact DFPS, the siblings Case Manager or the CPA agency with placement of the siblings to assess visitation.

- If the siblings are within 100 miles of each other, the Network Provider Case Manager will ensure face to face visitation is facilitated by the caregivers at least monthly.
- If the siblings are greater than 100 miles apart, at least twice monthly telecommunication (phone, skype, face time, etc.) will be facilitated by the caregiver.
  a) Documentation of all visitations will be recorded in the Network Provider agency’s child file.
  b) Exceptions to visitations will only be made based on the following.

- Prohibited by a Court
- Contrary to the Best Interest of the Child or Sibling as documented in the Plan of Service for the Child or Sibling
- As approved by the Regional Program Director or mental health professional for the Child or Sibling in writing.
- Children will be placed in the same school at time of placement into out of home care if available.
- ECAP also factors in home school as part of the matching system for children upon placement to assist Intake in making placements that are in the best interest of the child.
- The needs and safety of the children in the home and how the children will interact with one another, as well as the foster parent’s ability to work toward the case plan/treatment plan goals of the youth in placement.
- ECAP matches children to homes based on the child’s strengths and needs and also factors in the match with other children already placed in the home to ensure that all children would be safe if this new child is placed.
- Children will be placed in the least restrictive environment.
- ECAP matches also with least restrictive based on the child’s needs/strengths vs. the needs and strengths identified in the system of the placement. The Intake worker and
the Provider Case Manager will discuss the recommendations made by ECAP and the best placement made.

All placements will be made with the oversight of the Director of Care Management. Additional factors considered include the ability of the person to provide safety for the child; a willingness to cooperate with any restrictions placed on contact between the child and others; the ability of the person to support the efforts of the referring agency to implement the permanent plan for the child; the ability of the person to meet the child’s physical, emotional, and educational needs; the wishes of the parent, the relative, and the child, if appropriate; and the ability of the person to care for the child as long as necessary and to provide a permanent home if necessary. Consideration is also given to the parent(s)’ wishes regarding religious preference in the selection of a placement provider for the child.

Every effort is made to place the child within the county of residence, or if unable to place in the nearest proximity to the county of residence of the child’s parent or legal guardian, school district, or both, to facilitate reunification of the family and ensure consistency with education.

Network Provider staff will ensure that children/youth maintain appropriate and safe connections with their family (other than parents) and community.

A. 2INgage and the Provider network will use the Assessment process and referral information to identify the following:
   a. Extended family members with a strong connection to the child.
      i. Community groups (Religious, cultural, school) with a high importance to the child’s sense of normalcy.
      ii. Others the youth may have a strong connection to from their community.
   b. 2INgage staff or the Network Provider Case Manager will notify the DFPS Case Worker of any connections to the child/youth and will assist in facilitating background checks and other information needed by DFPS to determine the appropriateness of this contact.
   c. Once approved by the DFPS Case Worker, the Network Provider Case Manager shall work to establish contact with the individual or group on a frequency level similar to that prior to placement by working with the caregiver.
   d. The Network Provider Case Manager will document the visits in the Provider file.

In cases of planned placements, Care Management staff will share with Network Provider Case Manager all information from the admission assessment. This in turn will be shared with the foster parent by the Network Provider Case Manager. For emergency placements, Care Management will provide the Network Provider Case Manager with all information relating to the child’s needs and the agency plan for care and management. The foster parents will also be provided information from the assessment within 10 days of completion. These discussions
including the information shared, information not shared and why, and how the placement is capable of meeting the child’s needs will be documented in the child’s file.

Care Management staff will facilitate a timely placement, in accordance with the needs of the referring agency. When a placement is located, Care Management staff will remove the child from the database and notify any potential families that had been contacted that the child no longer needs placement. For placements which are accepted by Provider agency Care Management staff will request a placement agreement and review it for accuracy prior to the placement occurring. Electronic placement logs will be completed on all placement searches by Care Management, whether the placement occurred or not.

Children may not be placed with a foster family until an accurate placement authorization form is done with the family.

Foster families who accept children without going through 2INgage may not be paid for days of care that 2INgage has not been notified of the services. If a Provider Case Manager learns of an unauthorized placement, the Network Provider Case Manager will notify the Care Management Department, who will assess and complete a placement agreement if the placement is appropriate for the child.

Emergency Admissions

2INgage staff will accept children on an emergency basis which includes:

- Is being removed from a situation involving alleged abuse or neglect;
- Is an alleged perpetrator of abuse and cannot be served in the child’s current placement due to his perpetrating behaviors;
- Displays behavior that is an immediate danger to himself or to others and cannot function or be served in his current setting;
- Is abandoned and after exercising reasonable efforts the child’s identity cannot be immediately determined. The efforts made to obtain information on the child’s identity must be documented in the child’s record;
- Is removed from his home or placement, and there is an immediate need to find a residence for the child;
- Is released to your authorized child-placing agency by a law enforcement or juvenile probation officer; or
- Is without adult care.

Admission of Special Populations

2INgage staff will accept placement of a pregnant youth and/or youth responsible for the care of their infant/minor child. These youth will be responsible for the care of their child with the support and guidance of the foster parent. Foster parents will be responsible for the care of the infant/minor child in the absence of the parent foster child. 2INgage staff will not accept
placement of a child from law enforcement or a juvenile probation officer unless authorized to do so.

**Safety Plan**

**Purpose**
To ensure safety plans are developed, implemented and monitored when high-risk behaviors of children in out of home placement or at home with parents, have been identified. A safety plan may be requested for behaviors, including but not limited to, sexual abuse of others, history of fire starting, running away from multiple placements or unprovoked violent behaviors where safety is compromised.

**Policy**
2INgage and or Network Provider staff will establish a safety plan for placements of youth in Provider Network homes when a child’s behaviors or situation warrants it as noted in the purpose or process.

**Procedure**
A verbal safety plan may be developed with the foster/adopt parent at the time of a new placement or when a behavior is identified that may be placing the child’s safety at risk. At the Network Provider Case Manager’s discretion, safety plans can also be developed for behavioral issues that place other person’s safety at risk.

The 2INgage staff coordinating an out of home placement will notify the assigned Network Provider Case Manager and Supervisor if the placement is made during working hours and will require a safety plan. The Network Provider Case Manager or assigned staff will be responsible for contacting the family to complete the verbal safety plan at the time of placement, if a direct visit cannot be arranged.

The plan must be completed in its entirety and the action steps must be measurable and realistic for the provider to accomplish. The plan will generally not have an ending date. Safety plans shall be created using the safety plan guidance materials for reference.

Once the plan is developed, a written copy of the safety plan will be developed within three days of the verbal safety plan agreement. The foster/adopt parent and the Network Provider Case Manager must sign the plan. A copy of the plan is given to the foster/adopt parent immediately and will be forwarded to 2INgage through the [email protected] email box. A signed copy should be maintained in the provider’s child file and stored electronically with the child’s information in WEBFACES. The safety plan should be reviewed regularly to ensure the safety plan is meeting the family and child’s needs.
The Network Provider Case Manager is responsible for creating, amending and monitoring the safety plan for all placements. Each safety plan must also be reviewed with the service planning timeline for the youth.

If the Service Plan Team believes the plan is no longer needed or there are parts of the plan that are no longer needed, they can recommend that the plan be amended. An amended plan must be approved by the Network Provider Case Manager, their Supervisor and the next level staff for the agency prior to being changed.

**Serious Incident Report**

**Purpose**

To ensure that all persons are informed in a timely manner of Serious Incidents and Abuse and Neglect Incidents related to the child or family, and that the child/family is safe and protected from further incidents.

**Policy**

2INgage employees and foster/adopt parents will contact Statewide Intake for the Serious Incidents as outlined below, 2INgage employees or designee will complete the Serious Incident Report form and will notify the Texas Department of Family and Protective Services (TDFPS) personnel and/or legal guardian and the Single Source Continuum Contract recipient (SSCC) of any Serious Incident involving a client within appropriate timeframes.

**Procedures**

All Serious Incidents are reportable to the SSCC, TDFPS and Statewide Intake by 2INgage and are defined as a non-routine occurrence that has or may have dangerous significant consequences on the care, supervision and/or treatment of a child and include:

1. The death of a child
2. Suicide attempt by a child (includes child’s attempt to take his/her own life or methods for causing death, including an act a child commits intending to cause his death but excluding suicidal gestures where it is clear that the act was unlikely to cause death. Suicidal thoughts are not reportable as a suicide attempt).
3. A serious injury or illness that warrants medical treatment by a professional or hospitalization (including dislocation, fracture, broken bones, concussions, lacerations requiring stitches, second/third degree burns and damage to internal organs)
4. A child is absent from the home and cannot be located, including removal by an unauthorized person
5. A child is indicted, charged or arrested for a crime (not including being issued a ticket)
6. Allegations of abuse, neglect or exploitation of a child. This includes physical abuse and sexual abuse by child against another child (*All allegations of abuse/neglect must be reported to the Child Abuse Hotline (Statewide Intake) the same day as the incident 1-800-252-5400*)
1. Any critical injury that resulted from a short personal restraint
2. A child contracts a communicable disease that the law requires to be reported to the Department of State Health Services (DDHS)

When a 2INgage staff member is informed of a Serious Incident (all timelines begin at the point the Agency is notified) involving a 2INgage client it must be reported to the appropriate parties. During all time periods (business hours, after hours, holidays and weekends) the following processes will be followed for the reporting of Serious Incidents:

Initial Reporting of Incident

For any Serious Incident the employee or caregiver who discovers or was informed of the incident must contact the Case Manager and Statewide Intake immediately to report the incident during business hours and after hours. If the foster/adopt parents witnessed or are made aware of an Incident they will contact Statewide Intake and their FCW during business hours and after hours immediately. Parent/legal guardian will be notified of all Serious Incidents by CPS as soon as possible, but no later than 24 hours unless otherwise stated.

As soon as possible but no later than 24 hours, the Case Manager will complete the Serious Incident Report and submit it to TDFPS and the SSCC. CPS will notify the parents, as soon as possible but no later than 24 hours (unless otherwise stated below) of receiving notice of the Serious Incident on the foster/adopt family or family member/adult residing in the home. All Serious Incidents will be sent to the 2INgage Performance Improvement designee for tracking and reporting to COA as required.

Once informed of a Serious Incident, Case Manager is responsible for responding appropriately to manage an incident and to ensure that safety concerns and any other needs of the child are met, contact Statewide Intake and their Case Manager as soon as all parties are safe. Documentation of the Serious Incident management activities shall be included in the Serious Incident Report and logged as appropriate. The Case Manager will review the incident to determine if the child has new behaviors requiring a safety plan to be written or revised. If the Case Manager or Supervisor determines a new safety plan is required, a verbal safety plan will be completed the same day the Serious Incident is reported to 2INgage staff, and a written plan completed within three (3) days.

If restrictions on room sharing or who the child can be placed with are identified as being needed, or behaviors requiring a safety plan, the Case Manager will ensure these are clearly noted on the safety plan.

The Serious Incident form will include the following information and will be forwarded to the Licensing representative and the SSCC:

- Name of foster/adopt home, including address and phone number
- Date and time of the incident
• Name, age, developmental age, gender and date of admission of the child/children involved
• Names of all adults involved and their role in relation to the child(ran)
• Names of other means of identifying witnesses to the incident (if any)
• The nature of the incident
• The circumstances surrounding the incident
• Interventions made during and after the incident, such as medical interventions, etc.
• The treating licensed health care professional name, findings, and treatment if any
• The resolution to the incident
• Dates and times all applicable parties were notified of the incident

Incident types that require additional information include:

• For an incident involving death of a child living in a 2INgage sponsored foster/adopt home, the 2INgage staff member must send email notification to the Administrator, legal guardian and notify law enforcement immediately. The report will include any emergency behavior interventions used within the last 48 hours.
• A Serious Incident involving suspected child abuse and neglect will be reported to the abuse and neglect hotline immediately. If the allegations are against the Foster/Adopt family or a family member or adult residing in the foster/adopt home, the incident must be reported to the abuse and neglect hotline and a review by 2INgage staffing team must be completed. These incidents will include a plan to keep the child safe which may include a placement move. TDFPS/Legal Guardian and the SSCC will be notified as soon as 2INgage staff is made aware of the incident.
• A child who has been reported as missing from placement for any reason shall be reported to TDFPS and the SSCC within 2 hours of being informed of the child’s missing status and will immediately be reported to law enforcement. CPS will notify the child’s parent/guardian of the incident. If legal guardian/parents cannot be located, dates and times of efforts to notify the legal guardian/parents shall be listed on the report. Efforts to locate the child, including the names of the persons with you the reporter spoke to regarding the child’s absence and subsequent location or return to the foster home shall also be documented on the report.
• For Serious Incidents involving suicide attempts TDFPS and/or legal guardian and the SSCC will be notified as soon as 2INgage staff becomes aware of the incident. The report will include any emergency behavior interventions used with the last 48 hours.
• Incidents of abuse between children must include the difference in size, age and developmental level of the children involved.
• Incidents of a critical injury that resulted from a short personal restraint must include documentation of the personal restraint, precipitating circumstances and specific behaviors that led to the emergency behavior intervention. All other injury reports will include any emergency behavior interventions used within the last 48 hours.
• Incidents of medical pertinent (such as seizures) do not require immediate notification to TDFPS/legal guardian, but do require notification to TDFPS/legal guardian and the SSCC within 7 days.

All incident reports will be maintained for at least two years and additional copies will be made available to TDFPS Licensing as requested.

Process for Serious Incidents Related to Agency

The Licensed Administrator will notify TDFPS and the SSCC as soon as possible, but no later than 24 hours of any incidents in relation to 2INgage. These incidents include, but are not limited to:

• Any incident that renders all or part of the agency operations unsafe or unsanitary for a child, such as a fire or flood
• A disaster or emergency that requires the agency/operations to close
• An adult who has contact with children contracts a communicable disease
• An allegation that person under the auspices of the agency who directly cares for children or has access to children in the operation has abused drugs within the past seven days
• An investigation of abuse/neglect by an entity (other than licensing) of an employee, professional level staff, provider, volunteer, or other adult in the operation. Upon request of TDFPS, 2INgage staff will investigate rules violations in a timely manner and submit reports of the agency’s actions and findings to TDFPS for review, follow-up and closure. The Case Manager will conduct/review and sign off on all such reports completed by 2INgage staff and submit these reports to the Licensing Administrator within 30 days of request.
• An arrest, indictment or a county district attorney accepts “Information” regarding an official against an employee, professional level service provider, or volunteer, alleging commission of any crime that is prohibited.

All 2INgage employees must report Serious Incidents and suspected abuse, neglect, or exploitation. An employee who suspects abuse, neglect, or exploitation must report their suspicion directly to TDFPS and may not delegate this responsibility, as directed by Texas Family Code 261.101(b). The Texas Family Code 261.101 will be provided to the employee at Orientation.

Aggregate Serious Incident Report review

A quarterly review report will be compiled by the Program Improvement designee of Serious Incident Reports to identify trends and areas of possible intervention to reduce the frequency of Serious Incidents. This report will be distributed for review to the Executive Director and Director/Administrator of Foster Care.
Service Planning

Purpose
To ensure that children/youth in the care of 2INgage receive the appropriate initial and ongoing treatment through the use of service planning meetings, a written service plan and ongoing review and updates.

Policy
Child and youth service planning is a collaborative and inclusive process between DFPS, 2INgage, the Network Provider, the child and the family that focuses on developing and reviewing plans to meet the individualized and unique needs of the child. Service planning with children and youth will occur with all children placed within the 2INgage network.

Child service plans will be developed through service plan meetings. Child service plans must be developed with children/youth in accordance with Texas Family Code timeframes and applicable licensing standards. Primary and concurrent permanency goals for the child(ren) will be reviewed at each service plan meeting. The Single Case Plan model will be followed for Service planning in Region 02. Whenever possible, sibling groups will have combined service plan meetings.

Procedure
Service planning is a continuous and ongoing process as long as there is an open service with the family, is integral to all decision making on behalf of the family and/or child. All service planning services are directed toward the overarching goal of permanency for the child. The safety and well-being of the child is paramount when making any service related or placement decision. At the same time, service planning needs to be family centered, incorporating the basic principles of family centered practice.

The Initial Child Service Plan will be completed by the 21st day after removal. The meeting to develop both the Family Plan and the Child Plan will be coordinated and facilitated by Family Group Decision Making (FGDM) staff. The Network Provider Case Manager will participate in the 7 day ICM at which time the time and date of the Service Plan meeting will be identified. DFPS will be responsible for coordination of this meeting to include required 14 day notice to all required parties including the biological family.

Service planning meeting participants will generally include, at a minimum:

- the child or youth’s parents and the parents’ attorney, who must be invited when the parents have been invited,
- child(ren) or youth,
- family members,
- current caregiver,
• Provider case manager,
• 2INgage Care Coordinator
• DFPS conservatorship worker and/or supervisor,
• legal representatives (i.e. CASA, ad litem, etc.),
• other relevant professionals,
• other persons identified in the case who can contribute to service planning with the child.

During the Service Plan meeting, the Network Provider Case Manager will complete the child’s Service Plan except for the sections designated to be completed by DFPS staff.

The Provider will ensure that the Child’s Service Plan incorporates, at minimum, and is consistent with:

• Permanency Planning and Permanency Goals identified by DFPS;
• Child’s need (i.e., Educational, Cultural, Religious, Language, Recreational, Normalcy, etc.);
• CANS Assessment of the child’s strengths and needs;
• Any (short term and long term behavioral goals) established by the Child’s team;
• Components of a Child’s Individual Education Plan (IEP) and the Individual Transition Plan (ITP) that are both developed by the schools; Admission, Review, and Dismissal (ARD) committee, if appropriate;
• Components of the CPS Transition Plan for youth 16 to 22 years of age to include results of the
  o Ansell-Casey Life Skills Assessment when applicable; and
• The Early Childhood Education (ECI) Individual Family Service Plan (IFSP) if applicable.

The Network Provider will ensure that the CVS Worker and 2INgage Care Coordinator are provided a copy of the completed and signed Plan within 5 days of the Service Plan meeting.

The following schedule and responsibilities will be followed for review of the Child Service Plan:

• For children receiving Child Care Services, the first review will be completed at the 5th month Permanency Conference coordinated and facilitated by CPS. CPS will ensure 14 day notice to all required parties.
• Following the first review, all subsequent reviews will be completed every 180 days for children receiving Child Care Services and will be coordinated and facilitated by the Provider. This will include 14 day notice to all required parties. The venue for the meeting should take individual circumstances of the biological family and foster parents into consideration. In person attendance by all is encouraged but phone participation may be the most appropriate option in some instances.
• For children receiving Therapeutic Services, the Network Provider will coordinate and facilitate a 90 day review of the plan in order to meet Licensing standards.
• The Network Provider Case Manager will also participate in the 5th month review coordinated and facilitated by CPS Family Group Decision Making staff when the Family Plan is also reviewed.
• All future reviews for children receiving Therapeutic services will be coordinated and facilitated every 90 days by the Network Provider Case Manager in order to meet Minimum Standards. This will include 14 day notice to all required parties.
• The Network Provider case manager will ensure that all service planning meetings will be hosted in a venue that allows for maximum participation either in-person or through conference call. The venue for the meeting should take individual circumstances of the biological family and foster parents into consideration. In person attendance by all is encouraged but phone participation may be the most appropriate option in some instances.

Network Providers are responsible for maintaining client’s documentation in the client record; to be included but not limited to, admission and placement paperwork, service plans and assessments, medical/dental/vision exams, psychotropic/psychological/psychiatric evaluations, daily/weekly/monthly milieus, educational/recreational schedules, court reports, etc. It is the Provider’s responsibility to ensure there are daily/weekly/monthly milieus in the client record with documentation in reference to milestones, activities, behaviors, serious incidents, visits, appointments, etc. that could impact the client’s therapeutic needs, placement stability and level of care.

Subcontracting

Purpose
To outline procedures for the approval of Subcontractors.

Policy
It is the policy of 2INgage to acquire subcontracts at a reasonable and fair market value rate. It is also the policy of 2INgage to establish and maintain a relationship with the subcontractor that allows for appropriate checks and balances to assure services are provided as contracted for, and that documentation is received on a timely basis. 2INgage is in compliance with OMB Circular A-110 for procurement of services.

Procedure
The administrative staff designated by job description or the Executive Director should document the following procedures on the Subcontractor Documentation Form as applicable. Subcontractors must be able to pass all required background criminal history checks.

Purchasing Procedures:
1. The contract will include a thorough written description of the services required, as well as the appropriate licenses and credentials required to provide those services.

2. Appropriate subcontractors will have the opportunity to bid on the contract by providing a bid on the contract to the administrative personnel monitoring the contract.

3. In order to ensure the subcontractors proposed prices are reasonable for the type and amount of services purchased and at fair market value, cost analysis will be conducted by comparing price quotations with other bids submitted.

4. Final determination of the subcontractor will be made according to cost analysis, related experience, subcontractor integrity, and record of past performance.

5. 2INgage staff will send a copy of each type of subcontract to the TDFPS Residential Contract Manager (RCM). Child Placing Agency subcontracts with agency foster homes are exempt from this requirement, as well as subcontracts for administrative services (e.g., accounting, legal services, staff training, etc.) and building/maintenance services.

6. The subcontractor may not begin providing services until the subcontract document and the subcontractor is approved in writing by the TDFPS Residential Contract Manager unless 2INgage is granted a specific waiver from the Department. The waiver states that it is not necessary to receive a written approval back on each subcontractor. All other subcontracting policies will be followed as in times past.

**Oversight and Monitoring of Subcontract Providers**

Network Providers will be held accountable through performance-based agreements, which detail the scope, requirements and parameters of the subcontract. Additionally, because 2INgage will encourage Network Providers to be COA accredited and support them in their efforts to achieve this milestone, each subcontractor will be required to develop and implement internal quality management processes and participate in 2INgage monitoring processes. Through the CQI process, 2INgage will work closely with Network Providers to ensure accountability and provide the necessary oversight and training to ensure that the subcontractor meets the conditions of their contract.

**Risk-Based Review of Contracts**

2INgage will assess contractual risk-based on various factors (value of the contract, previous findings or corrective actions, nature of services, and changes to key executive staff) to determine the level and frequency of monitoring. Depending on the risk factor analysis, contracts are monitored annually (or more frequently), bi-annually or every three years. The 2INgage CEO will create an annual contract- monitoring schedule for each subcontract provider. Reviews will be conducted by fiscal and contracts and quality improvement staff and include any additional 2INgage or network provider staff necessary to execute an effective review. Fiscal, administrative and programmatic components are reviewed using the standardized review procedures and tools. The comprehensive review includes, but is not limited to, an onsite review of records, interviews and direct observations by the review team. Findings from the review are communicated to the provider and used to guide and inform
service improvements and, when necessary, establish corrective actions, assess performance penalties (financial), or terminate the contract.

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

**Support and Disruption Mitigation**

**Purpose**
To define the guidelines and procedures for supporting foster/adopt parents caring for children within the 2INgage provider network.

**Policy**
Network Providers will be expected to deliver foster parent support services to minimize placement disruptions, including contact (with child and caregiver) within one (1) business day and not to exceed 72-hours of any placement as well as on-going capacity for crisis support 24/7/365.

Network Providers will be required to create a “Disruption Mitigation Process” to review and evaluate alternatives to potential disruptions. All crisis situations will be promptly responded 24/7/365 by the Provider. Providers will be expected to have a crisis response plan that will work quickly to de-escalate the crisis and quickly advance to an action plan to ensure the stability of the placement.

As appropriate; 2INgage Child Advocate staff will support the Network Provider in convening support services to assure ongoing needs are provided.

**Procedure**

Disruption Mitigation Process

A. Prevention of disruptions from placement starts prior to the placement being made. Network Providers will emphasize the importance of first placement/only placement until permanency is achieved with foster/adopt parents. 2INgage uses profile information from the foster/adopt family to make matches with youth that fit both parties needs and strengths.

B. Network Provider staff will follow a visitation and support schedule with homes to ensure stability of placements through proper services and provision of respite and training as needed. Visitation is guided by the worker to understand possible concerns or needs prior to their creating possible disruption of placement.

C. Service Planning is conducted with a focus on using input and assessments to guide supports to avoid disruptions in placement. The Service Plan has involvement from the
foster/adopt home, youth (when appropriate) and other professions to outline needs and supports such as:

a. Youth community and other supports
b. School supports
c. Worker-child and Worker-foster/adopt parent visitation

If safety concerns are identified for either the child and/or the caregiver an alternate placement may be considered during the transition. 2INgage is included in these discussions to promote the next best placement as well as to plan pre-placement visits. Network Placement providers will assess what additional training, resources and supports the foster home needs in order to strengthen the system and most importantly consider the type of placement that works best in their home.

**Quality Improvement and Utilization Review**

**Appeal of Audit/Criteria Changes**

**Purpose:**
To resolve disagreements over audit results. Every effort should be made to maintain audit criteria by first reviewing procedure and forms to meet criteria. Each time the criteria changes it effects the validity and accuracy of the yearly audit results.

**Process:**
The Performance Improvement Department will audit case files called for audit on the assigned date. After or during case file audits, PI will discuss the results with the Supervisor or designated staff during an Exit interview. During this overview of the file, program designee will have an opportunity to locate additional information in the file or submit missing documentation via email to support needed documentation in answering the question. When supportive documentation is provided during the correction period and PI agrees documentation meets established criteria, PI will change the answer on the audit form. If PI does not agree that the documentation meets the criteria, the program representative can provide a statement on the audit form.

The audit results that have been disputed will be given to the Director of Performance Improvement who will contact Director of the Program under review or designee to discuss the issue of documentation within 7 days from date of the audit. If the Directors cannot come to an agreement, then upon the request of either, the information can be forwarded to the VP level for further review.

All case file audit reports are distributed within 2 weeks of audit so if the audit is appealed the report will be distributed with a statement indicating the questions that are being clarified.
Changes to individual case file audit results will not be discussed beyond the day of the review. If program staff decides not to participate in the review of the file on the designated day, then they will not have the opportunity to request a change of the results of the individual case file audits.

To change audit criteria, the two departments (PI and program dept under review) will discuss criteria recommendations and make changes agreed upon and present changes to the appropriate committee for review and approval. When changes to the criteria are made the change is only reflected in future audits. It should be noted that every effort should be made not to change audit criteria and look to revise procedure and forms to meet criteria. Each time criteria are changed it affects the validity and accuracy of the yearly audit results. Criteria is developed from State and Federal regulations, accreditation standards and internal procedures.

**Quality Improvement Reviews**

**Purpose:**

To ensure that the 2INgage is meeting the standards set by the Council on Accreditation (COA), all state regulatory requirements, contractual requirements, Medicaid and the agency’s own best practice standards. To provide the agency mechanisms to measure, evaluate and correct, as needed, areas needing improvement and non-compliance;

2INgage will maintain a Quality Improvement System to evaluate the quality of services provided to all clients within the 2INgage Provider Network including but not limited to; youth in care, foster/adopt parents, biological parents, stakeholders, employees.
Frequency of Reviews:

<table>
<thead>
<tr>
<th>Review</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Review</td>
<td>Annual</td>
</tr>
<tr>
<td>Client File Review</td>
<td>Quarterly (internal)</td>
</tr>
<tr>
<td>Network Provider Desk Review</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Staff File Reviews</td>
<td>Annually</td>
</tr>
<tr>
<td>Provider On Site Monitoring Review</td>
<td>Annually</td>
</tr>
<tr>
<td>Specialized Reviews</td>
<td>Quarterly and Upon Request, As Needed</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Annually</td>
</tr>
<tr>
<td>Outcome Reporting</td>
<td>On at least a quarterly basis</td>
</tr>
<tr>
<td>Program Department Goals</td>
<td>Annually</td>
</tr>
<tr>
<td>Facility Environmental Surveys</td>
<td>Random</td>
</tr>
<tr>
<td>Client and Stakeholder Surveys</td>
<td>Reported quarterly</td>
</tr>
</tbody>
</table>

Types of Reviews:

Annual Program Review:

The annual review conducted by Leadership Staff will allow for validation and assessment of the quarterly review process. Critical analysis of the results of both the quarterly reviews and the annual review will be completed by Leadership Staff to provide feedback to the administrators on the successes and areas for improvement. When an area for improvement is identified, the leadership staff in conjunction with QI staff will develop a Program Improvement Plan to address the concern. QI staff will monitor compliance of any implemented Program Improvement plans along with the Compliance TQI committee.

Client File Reviews:

Quality Improvement staff will facilitate internal audits/record reviews on a quarterly basis (minimum) or as otherwise specified by individual departments. If a program department does not reach the compliance goal of at least 80% for all audit measures reviewed during the audit process for two consecutive quarters a Performance Improvement Plan will automatically be requested to address the measures under compliance.

Network Provider Desk Reviews:

Network providers will be reviewed quarterly by the Quality Improvement team. These reviews will measure compliance with internal agency procedures, accreditation standards, state and federal regulatory requirements, targeted performance measures, and clinical documentation. Results will be shared with agency leadership. Reviews will examine and look for trends, barriers to service delivery and will incorporate feedback for outcome improvement.
**Provider on Site Monitoring Review**
Network providers will be reviewed annually by the Quality Improvement Team. On Site monitoring reviews will include a review of the following components:

1. Policies and Procedures
2. Records: Child, Caregiver/Foster Family, Personnel
3. Physical Site

When the on-site review is completed, Quality Improvement Specialists will review the preliminary results with the Provider during the Exit Interview. Within 30 days of the exit interview, the assigned QI Specialist will compile a final monitoring report and will submit to the Provider along with a request for any necessary Performance Improvement Plans (PIP).

**Facility Environmental Surveys:**
The QI staff will perform scheduled and random walk-throughs of any residential program providing services to 2INgage clients. These walk-throughs will evaluate the facility for security, safety, training of staff, restraint or seclusion policies/processes, and treatment services. At the completion of any walk-through, QI staff will complete an exit process with facility staff to communicate any concerns and create action plans to address any deficiencies.

**Staff File Reviews:**
The Quality Improvement Staff will provide reports assessing staff training requirements and completion of training. Personnel files for the 2INgage staff will be maintained by our Human Resources department. The HR department will conduct internal record reviews to ensure compliance. Individual follow up with departmental leadership and employees will occur if non-compliance items are noted.

**Training:**
QI staff in conjunction with Network Providers will assess for training needs based on reporting trends related to audits, program reviews, and trends in client population/need. Training will be sought and/or developed in conjunction with Region 2 service providers to address areas of weakness identified either in staff skill set or in resource provision. Training will be mandated as necessary to ensure the best outcomes for 2INgage clients.

**Annual Risk Assessment:**
TQI staff will assist departments in completing an annual risk assessment where applicable and as part of any current contract requirements. This will be conducted at the start of each contract year to evaluate factors to determine additionally needed services and/or training. The results of the annual risk assessment will be provided to leadership staff, stakeholders and community partners. Based on the results of this risk assessment, new services and/or training will be developed.
**Program/Department Goals:**

Annually, program goals will be reviewed by all 2INgage leadership staff during strategic planning meetings which prioritize and place focus on upcoming achievements for the fiscal year. 2INgage service and outcome goals will be developed to align with and encompass the objectives established by the CBC quality indicators. Service goals and outcomes will be chosen to further improve upon previous successes, align focus in areas where progress is not meeting expectations and outline steps for improvement. Data reports will be adjusted or created to measure and track the progress of department outcomes and goals. Management and supervisory staff will monitor service goals throughout the year and report progress on a quarterly basis to the Quality Improvement Department. A quarterly report will be completed by Quality Improvement Department for review by management staff and progress will be shared through team meetings.

**Specialized Review**

Program Directors and/or executive management may request in writing a special or “targeted” audit when they have concerns about a specific aspect of a program that is not operating to departmental standards. The request should be submitted to the Executive Director. The request for a specialized audit cannot take the place of a current audit process and would be in addition to the current program audit or peer review.

The Executive Director will review the request and determine if the audit is warranted and clarify any questions with the Program Director or Executive staff. If the audit is deemed needed, the Executive Director will assign request to the designated staff.

If the Executive Director does not deem the audit warranted, an alternative response to provide support and clarification to the Program Director or Executive staff will be provided within the timeframe requested.

**Client Satisfaction Surveys**

Satisfaction surveys will allow for anonymous feedback from biological families, foster families, children (over the age of 10) and stakeholders who have participated in services from 2INgage. Questions will focus on areas of service delivery, communication, ability to meet the needs of the client and overall satisfaction.

The Consumer Affairs Specialist will ensure that client satisfaction surveys are mailed or emailed out to client or designee within required time frames as indicated below. The surveys are forwarded with a self-addressed stamped envelope to the attention of the Consumer Affairs Specialist for easy return by the client.

Client satisfaction surveys are confidential and the individual survey is not forwarded to the worker or department.
Data from the surveys are compiled and tracked by our agency Consumer Affairs Specialist. Results will be reported in both statistic and narrative form. Reports will be sent to leadership staff to review on a quarterly basis. Results of the client and stakeholder satisfaction surveys will be used to assist the agency in assessing performance outcomes and to determine if there is a need for program improvements.

Client Satisfaction Survey Schedule

<table>
<thead>
<tr>
<th>Population Surveyed</th>
<th>Frequency Surveyed</th>
<th>Date List Provided to Consumer Affairs</th>
<th>Date Survey Mailed</th>
<th>To whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parents</td>
<td>Annually</td>
<td>Na – list is taken from current care provider list</td>
<td>January</td>
<td>All licensed foster homes</td>
</tr>
<tr>
<td>Closed Foster Homes</td>
<td>Once</td>
<td>List provided to the Consumer Affairs Specialist as homes close by assigned staff</td>
<td>As Home Closes</td>
<td>Self-Closure and Moved Foster Homes</td>
</tr>
<tr>
<td>Youth in 2INgage Family Services Foster Homes</td>
<td>Once</td>
<td>List generate by WebFACES</td>
<td>90 days after youth is placed</td>
<td>Foster Children-ages 10 and older</td>
</tr>
</tbody>
</table>

**Results from Quality Reviews:**

Should deficiencies be noted during quality reviews or an area has been identified as needing improvement as a result of an investigation, audit, or an internal or external complaint QI staff will be responsible for obtaining a written performance improvement plan (PIP) from the subcontractor or department addressing each deficiency identified. The PIP will include steps and time frames anticipated for each corrective action. The QI staff will notify the subcontractor or department whether or not the performance improvement plan has been approved in consultation with Leadership staff. Follow-up action(s) to observe and report to the QI staff the status of the subcontractor’s or department’s actions in implementing necessary corrective measures from the performance improvement plan will be included during subsequent visits and monitored by the contract management staff.

**Sharing Audit Results:**

Audit results and program updates will be provided to placement providers, referral sources, mental health providers, school personnel, juvenile court staff, community groups, state
regulatory entities and other stakeholders as requested. These activities allow 2INgage to collaborate with stakeholders for program improvement and development.

2INgage staff (the Community Engagement Directors, Community Advocates and QI staff) will also meet collectively with network providers to review the provider’s performance, the status of any current performance improvement plan(s) and to identify any barriers to the network provider’s success. These monthly meetings will ensure staff at all levels are informed of, and responsible for, the achievement of performance outcomes and targets.

Recommendations regarding continuing or discontinuing subcontracts with network providers will be made by QI staff and issued to the 2INgage leadership team for consideration. The CEO will make the final decision regarding discontinuing services of a network provider agency.

Additional activities may be implemented or activities above modified in order to address specific needs and enhance service provision.

**State, Federal, and COA Requirements**

**Authorization to Release Information**

**Purpose**
To assure that all releases meet the Texas Family Initiative’s standards and that appropriate person signs required release of information.

**Policy**
Any time 2INgage staff is asked to provide or obtain information to another person or agency that is more than the minimum necessary information required, 2INgage staff will insure that a proper authorization to release information has been obtained.

**Procedure**
2Ingage staff will obtain a signed authorization to release information from legal guardian or client when sharing information with another person or agency that exceeds the minimum necessary criteria indicated in the confidentiality procedure.

State law mandates that persons under age 18 cannot sign an authorization or consents without an additional signature from their legal guardian. 2INgage staff is not the child’s legal guardian. Only the state agency in custody of the child, a legal appointed guardian or a biological parent may be able to sign an authorization to release information.

The following criteria must be met in order for an authorization to release information to be valid:

- Identifies a specific individual (not agency) to release information;
• Identifies the specific individual (not agency) to receive information;
• Identifies specific information which shall be provided;
• Identifies a specific purpose for which the information shall be used;
• Identifies a specific time frame the authorization is valid. The time frame shall not exceed more than 90 days if a onetime request and not more than 1 year for ongoing information;
• Statement that client may refuse to sign authorization to release information;
• Appropriate signature; and
• Provide notification that the client may revoke the release at any time and revocation must be done in writing.

Before releasing any information (verbal or written), 2INgage staff will ensure the foregoing criteria is met. Clients will be given a copy of the authorization to release information and a copy will be placed in the client’s file. Client’s will be informed that when 2INgage staff is releasing information to other agencies through an authorization of release that the client has a right to review information that will be shared with the other agency.

If the Case Manager is to have a two way communication/release beyond the scope of treatment or billing purposes two forms must be completed – one to obtain information from and the other to release information to the individual.

If clients wish to revoke the authorization prior to the expiration date on the authorization, they must make request in writing (signed and dated) and present to the Worker. Any information previously released/obtained prior to receipt of revocation, is not affected by the revocation. However, any further communication shall not be released / obtained without another authorization being completed. A copy of the revocation shall be sent to the other agency/individual on the authorization form.

If client/legal guardian refuses to sign authorization, then the information cannot be shared. The client will be informed by the Worker, the consequences of this decision. 2INgage staff cannot deny treatment/services.

**Children’s Rights**

**Purpose**

To ensure the rights of children are intact and maintained while placed away from their parents while also ensuring their safety and security, as well as the safety of others living with them.

**Procedure**

Children shall be informed of their rights as clients receiving services through 2INgage. All children and youth will receive Form 908-2530, Rights of Children and Youth in Foster Care at initial placement and all subsequent placements. The Permanency Case Manager is responsible
for reviewing the child’s rights at a developmental level appropriate to the child and obtaining the child’s signature when appropriate.

**Client Access to Records**

**Purpose**

HIPAA and COA require that Texas Family Initiative LLC provide opportunity for clients to review, edit, copy and add information to their records. For the purpose of this procedure, client refers to any persons receiving services from Texas Family Initiative LLC.

**Process**

Clients are informed in the Notice to Privacy Practice (NPP) that they have the right to request access to review, edit, copy and add information to their case file. Clients wanting to review edit, copy, or add information to their case must make the request in writing.

The Client must make the request to review, edit, and copy or add information to their case record in writing and give to their assigned worker. Workers shall indicate the receipt date on the form and forward the Director. The Director shall make the determination, in consultation with the Vice President of Performance and Risk Management, what information the client/youth shall be allowed to review, edit, copy, or add.

All Providers must make their own assessments of a request per their own protocol.

Texas Family Initiative LLC shall not allow requesting client to view any the following types of information:

- no third-party documents (including documents from State agencies, contracting agencies, foster family logs, doctors etc.)
- no information that identifies other persons in the case record other than the individual reading the file (shall black out all other client names)
- no information that may be used in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding
- no information that could be determined to cause possible emotional or psychological damage to client

A copy of all information determined allowable to share with the client shall be made and a date/time arranged for the review of the information with the client. All information must be read in the office of Texas Family Initiative LLC in the presence of the Worker or Supervisor.

The Client must make additional written request, if he/she wants to have copies of information, request to edit information or add further information. When the client is requesting copy of information the Director will use same criteria as above in making the determination. Best practice is that any information the client was allowed to review; the client should have access
to have a copy at cost (.10/page). The Client must pay for the expense of the copy prior to receiving document.

Texas Family Initiative LLC shall not approve any request from client to strike/delete information from the record. A copy of the request shall be returned to the Worker and client denying access to edit/delete information.

Clients wanting to add information to the record shall submit a request in writing to the Worker along with the document they wish entered into the file. The Director will make the determination to approve or deny request. A Copy of the completed request will be returned to the Worker and client. If the request is approved, the document and form will be placed in the miscellaneous section of the case file.

Clients may also request that Texas Family Initiative LLC provide them upon their request a list of all the information used or disclosed to any person/agency. This would include all information disclosed under the minimum necessary rule of Informed Consent and all Authorizations to Release information. The Worker should ask client to make their request in writing and worker should provide client with the following type of document within 14 working days of the initial request was received:

- information disclosed
- whom received information
- date information was disclosed
- purpose for disclosing information (treatment, billing, authorization)

**COA Reportable**

**Purpose:** To ensure serious incidents are being reported to appropriate person in a timely manner and there are appropriate steps taken to prevent further incidents from occurring.

**Process:** The Performance Improvement Department will review serious incident reports to determine if the incident is reportable to COA. The Performance Improvement Department Designee will then determine what course of action needs to be taken:

- If the serious incident is potentially a COA reportable incident, the Performance Improvement Designee will enter the serious incident into the Critical Incident Tracker. Abuse and neglect allegations are entered as well.
- Once the incident has been determined to be a COA reportable incident the designee will contact the assigned CPA to find out more specific information to complete the COA reportable incident form.
- The serious incident report and COA reportable incident forms are forwarded to the Designee’s Supervisor when the Designee learns incident is a COA reportable incident.
• The Supervisor will review for accuracy and submit through the COA portal as required.
• Performance Improvement Designee will place or upload a copy of the COA submission in child’s file.
• When possible, the primary causes of each incident will be identified. Information gleaned from the review of any reportable incident will be used to improve related policies, processes, and procedures within the program and to inform any periodic organizational risk reviews. Documentation related to the review process and subsequent improvements will be maintained as appropriate by each participating party.
• The following serious incidents are defined by COA as being reportable to them. All incidents must be reported to COA within 10 business days of completion of the organization’s incident/quality improvement process.
• Incidents where client dies under agency’s regular or periodic care and relating to service delivery, and which is unrelated to the natural course of illness or disease.
• Incidents where client is seriously injured while under agency’s regular or periodic care and/or relating to service delivery and results in debilitating or permanent loss of function, serious physical impairment, psychological injury or serious impairment of health.