



**Texas Department of
Family and Protective Services**

Child Protective Services

**DFPS STATEMENT OF WORK
FOR
REGION 2 SINGLE SOURCE CONTINUUM CONTRACTOR**

EXHIBIT A: DFPS Statement of Work

Article I. Definitions.

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

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

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

Authorized Service Level (ASL): A Basic, Moderate, Specialized, or Intense service level determined by the third party contractor or, a Basic service level determined by the DFPS caseworker and supervisor. The authorized service level is based on information regarding the child or youth's service needs.

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

Billing Service Level (BSL): Determined by the third party contractor or DFPS; a term used by DFPS that establishes the reimbursement rate to a child care facility contracted with DFPS.

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

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

Catchment area: A geographic service area for providing child protective services that is identified as part of community-based care.

Child and Adolescent Needs and Strengths Assessment (CANS): A comprehensive and developmentally appropriate child welfare assessment required by Texas Family Code § 266.012. This definition does not refer to the CANS assessment used to determine eligibility for mental health rehabilitative services and mental health targeted case management services. It is a multi-purpose tool that links the assessment and service planning process. It was developed with the goal of improving permanency, safety, and improved quality of life. This structured assessment of the youth and their caregiver assists in the identification of appropriate actions to address a need or to support a strength. In this way, the CANS provides decision support for the service planning process. Available subsequent reassessments using the CANS tool also provide information about the appropriateness of the service plan and whether individual goals and outcomes are being achieved.

Caregiver: A person whose duties include the supervision, guidance, and protection of children and youth.

Case: For purposes of the contract, this references the average length of stay for children and youth in paid foster care in the designated catchment area.

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

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

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

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

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

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

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

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

Community-Based Care: As required by the 85th Legislative Session, Senate Bill 11, a community-based model where DFPS purchases case management and substitute care services from a Single Source Continuum Contractor (SSCC) to meet the individual and unique needs of children, youth and families in Texas. Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community allows CPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the SSCC.

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

Consortium: A group of providers who propose to jointly develop and implement a Single Source Continuum Contract proposal with different providers responsible for different parts of the proposal and

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resulting network. DFPS will only contract with one of the providers of a Consortium who will be directly responsible to DFPS for all services and performance outcomes under the SSCC Contract. DFPS will also contract with a separate business entity formed by Consortiums that all members have an ownership interest in.

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

Contractor: Respondent who is awarded a contract pursuant to [RFA #530-18-0021](#).

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

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

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

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

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

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

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

Education Portfolio: The updated and maintained separate education binder that contains important school documents and is designed to follow school-age children and youth to each placement. This allows for the review of the most current educational records and documentation by school officials, residential child-care contractors, foster parents, family caregivers, children and youth.

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

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

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

http://www.dfps.state.tx.us/PCS/Residential_Contracts/contract_resources.asp

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

1. Regularly attending high school or enrolled in a program leading toward a high school diploma or GED up to the youth or young adult's 22nd birthday;
2. Regularly attending an institution of higher education or a post-secondary vocational or technical program up to the youth or young adult's 21st birthday. These can remain in care to complete vocational-technical training classes regardless of whether or not the Youth or young adult has received a high school diploma or GED certificate. (40 TAC §700.316)
3. Actively participating in a program or activity that promotes, or removes barriers to employment up to the youth or young adult's 21st birthday;
4. Employed for at least 80 hours per month up to the youth or young adult's 21st birthday;
5. Incapable of doing any of the above due to a documented medical condition up to the youth or young adult's 21st birthday; or (40 TAC §700.316);
6. Accepted for admission to a college, or vocational program that does not begin immediately. In this case, the youth or young adult's eligibility is extended three and a half months after the end of the month in which the youth or young adult receives his/her high school diploma or Graduate Equivalency Diploma (GED) certificate.

Face-to-Face Contact: An in-person meeting or visit that does not require video conferencing or similar technology.

Family: For purposes of this contract, family is defined as the parents or other relatives (including fictive kin) of children in paid foster care who are referred by DFPS to the SSCC for services. Families may remain eligible for the SSCC service coordination and delivery after children have exited paid foster care so long as DFPS remains the legal conservator.

Fictive Kin: For purposes of this contract, fictive kin is an individual who has a longstanding and significant relationship with a child in DFPS conservatorship, or with the child's family and provides, or is anticipated to provide, care to the child.

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

1. obtaining and interpreting a credit score;
2. protecting, repairing, and improving a credit score;
3. avoiding predatory lending practices;
4. saving money and accomplishing financial goals through prudent financial management practices;
5. using basic banking and accounting skills, including balancing a checkbook;
6. using debit and credit cards responsibly;

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7. understanding a paycheck and items withheld from a paycheck; and
8. protecting financial, credit, and identifying information in personal and professional relationships.

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

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

Foster Care: A placement paid by DFPS or other public facility. Placements include foster homes, foster group homes, basic child care facilities, residential treatment centers, and shelters. This is a subset of children in Substitute Care.

Foster Family Home: an independent licensed operation or a home under the regulation of a child-placing agency that is the primary residence of the foster parents and provides residential child care for six or fewer children up to the age of 18 years.

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

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

IMPACT: Information Management Protecting Adults and Children in Texas, a computer application used by DFPS staff for case management.

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

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

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

Kinship Payment: A part of the Relative or Other Designated Caregiver Program, which provides for a daily assistance payment to kinship caregivers at or below 300% of the federal poverty level. The current daily kinship rate is currently set at \$11.55. Other eligibility criteria and rules apply.

Kinship Placement: Placement of a child for whom the department has been appointed Temporary Managing Conservator or Permanent Managing Conservator with a kinship caregiver, including relatives

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or fictive kin. A kinship caregiver may also be verified as a foster parent to provide residential care in accordance with child care licensing regulations.

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

Legacy System: Foster care system where DFPS delivers placement and case management services and utilizes the service level system as the method in which to pay for residential services for children and youth in DFPS conservatorship or who voluntarily agree to remain in care. In addition, current purchased client services funding mechanisms to access family services that are coordinated and authorized through DFPS.

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

Legal Conservator: Also known as the managing conservator, is an entity responsible (either temporarily or permanently) for a child or youth as the result of a district court order pursuant to the Texas Family Code Chapter 153. [TAC §700.501(9)]

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

Minimum Standards: DFPS rules which are the minimum requirements for permit holders and which are enforced by DFPS to protect the health, safety, and well-being of children and youth. DFPS provides publications that contain the Minimum Standards and guidelines for compliance for each type of operation.

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

http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/nytd.asp

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

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

Performance-Based Contract: A contract that ties payment, financial incentives and remedies to performance. Additional performance measures may be included and used to make decisions to renew or terminate the contract.

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

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

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

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

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

(40 TAC §700.1201 and DFPS policy §6200)

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

Personal Contact: A meeting, either face-to-face or by telecommunication, during which the parties' discussion and actions are not directed.

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

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

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

PMET: Performance Management Evaluation Tool (PMET); data self-reported by the SSCC

Preparation for Adult Living (PAL) Activities: Benefits and services provided to children and youth in DFPS-paid Substitute Care who are age 14 or older and likely to remain in foster care until at least age 18, who can qualify for services up to their 21st birthday. Services and benefits may include:

1. Casey Life Skills Assessment to assess strengths and needs in life skills;
2. Life Skills training in core areas including financial management;
3. Job readiness and life decisions/responsibility;
4. Educational/vocational services;

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5. Coordination of the Transitional Living Allowance (TLA) up to \$1000 (distributed in increments up to \$500 per month for children and youth who participate in PAL Life Skills training, to help children and youth with initial start-up costs in adult living);
6. Coordination of After Care Room and Board (ACRB) assistance, based on need, up to \$500 per month for rent, utility deposits, food, etc. (not to exceed \$3000 of accumulated payments per child or youth)
7. Case management to help children and youth with self-sufficiency planning and resource coordination;
8. Teen conferences;
9. Leadership development activities; and
10. Additional supportive services, based on need and availability of funds, such as mentoring services and driver's education.

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

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

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

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

1. Name
2. Street address, city, county, precinct, zip code, and equivalent geocodes
3. All elements of dates (except year) for dates directly related to an individual and all ages over 89
4. Telephone number
5. Fax number
6. Electronic mail address
7. Social Security number
8. Medical record numbers
9. Health plan ID numbers;
10. Account numbers
11. Certificate and license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web addresses (URLs)
15. Internet IP addresses
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

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

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

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

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

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

Request for Application (RFA): A formal, advertised, competitive method of procurement (purchased client services) used by DFPS to solicit proposals from interested entities for the provision of services sought through the procurement, as specified in the RFA. An RFA includes statement of the criteria and factors that DFPS will consider in evaluating and determining best value to the state and the relative importance of the criteria and factors. Contract awards under an RFA are determined following the formal evaluation of proposals received, and after conducting any appropriate negotiations with one or more of the Respondents to the RFA.

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

Respondent: Any individual or entity that submits a proposal pursuant to an RFA.

Response: A set of documents submitted in response to an RFA by a Respondent as a Proposal offering to provide the services solicited binding on the Respondent once accepted by DFPS.

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

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

The return to care program does not include youth and young adults over 18 years old who are overnight visitors or living in the homes of foster parents, and the foster parents are not receiving a foster care payment for the care of these youth and young adults. (40 TAC §745.601, §745.615, and §749.2653)

Reunification: Identification of a child's own home as the safe and permanent living situation towards which services are directed. Reunification means that (1) DFPS has removed the child from the home

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and (2) DFPS has determined that the child's parents are willing and, after completing services, able to provide the child with a safe living environment. Reunification occurs when the child has returned to the home.

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

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

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

1. natural persons concerning their racial or ethnic origin;
2. political opinion;
3. trade union membership;
4. religious or philosophical beliefs;
5. physical and mental health including state of health, illness, handicaps, pathological defects or medical treatments;
6. sexual orientation or activity;
7. criminal records, including convictions, decisions of penalties and fines, or other information collected in judicial or administrative proceeding to ascertain an offense or regarding an alleged or suspected commission of an offense;
8. biometric or genetic data;
9. social welfare needs or benefits or other social welfare assistance received.

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

Serious Incident: Any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or youth. This includes, but is not limited to, suicide attempts, injuries requiring medical treatment, runaways, commission of a crime, and allegations of abuse or neglect or abusive treatment.

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

Service Area: The designated area in which the SSCC will provide all services described in this contract. The SSCC will provide all services described in this contract in the lower southwestern portion of DFPS Region 2 which includes Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchel, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger and Young counties.

Siblings: Children, youth, and young adults who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child, youth or young adult lived before his or her substitute care placement, or with whom the child, youth or young adult would be expected to live if he or she were not in substitute care. Counted as any child in the same CPS case with another child.

Sibling Group: Any CPS case with two or more children in paid foster care.

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Single Source Continuum Contract/Contractor (SSCC): Entity with whom DFPS enters into a contract for the provision of the full continuum of care in a catchment area, as required in this contract.

Standard Terms and Conditions: The terms and conditions applicable to any contract resulting from this [RFA #530-18-0021](#) that govern the Response and any resulting contract.

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

Start Up Period: A one time, initial period of months (6) months that will begin on the date the contract is signed during which the Contractor will perform necessary readiness activities and build its system of service prior to the first Client referral from DFPS.

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

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

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

Through SIL a young adult has increased responsibilities, such as:

- managing their own finances,
- buying groceries or personal items, and
- working with a landlord.
- SIL also helps transition young adults to independent living by teaching them to:
- achieve identified education and employment goals,
- access community resources,
- engage in needed life skills training, and
- establish important relationships.

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

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

Trauma Informed Care: An approach to understanding the biological, developmental, relational and social effects of trauma and violence on children, youth and families which integrates the understanding

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of the impact of trauma into the provision of services and supports through a child-centered, strength-based perspective to care.

Treatment Services: A specialized type of child-care services designed to treat and/or support children or youth with Emotional Disorders, Mental Retardation, Pervasive Developmental Disorder, and Primary Medical Needs as described in 40 TAC §748.61.

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

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

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

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

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Article II. Scope of Work

Section 2.01 Community Based Care Model

DFPS reserves the right to alter Contracts from this solicitation in whatever manner necessary under the law in order to achieve the goals and objectives of the Community Based Care Program or to make any changes necessary for the best interests of children, including payment, administration, program, and direct services.

Section 2.02 Project Scope/Need for Service.

DFPS has identified the need to provide community-based care services in a catchment area that includes services to all children and families in the catchment area that support safety, permanency, and well-being of children in its legal conservatorship. DFPS views a service delivery model that fully engages communities in serving children, youth, and families and that is provided through a performance-based Single Source Continuum Contract (SSCC), as an approach that can most effectively meet this need in a manner that achieves better outcomes for children in its conservatorship. The SSCC provider will ensure the full continuum of substitute care (foster and kinship care), purchased client services and case management services for children and youth in DFPS legal conservatorship, including reunification services from the designated geographic catchment area and who are referred to the SSCC by DFPS, those placed in the catchment area through Interstate Compact on the Placement of Children (ICPC) and through inter-regional agreements. The SSCC will also ensure the delivery of purchased client services, with necessary service coordination, to the families and/or any other individual or entity that is significant to the achievement of safety, permanency, and well-being of children in conservatorship. The SSCC must use a service delivery model that at a minimum:

- (A) ensures the effective and efficient delivery of a full array of services to improve outcomes for children and their families;
- (B) develops and maintains residential capacity to meet the placement needs of the children served under the continuum of care;
- (C) serves children in the least restrictive, most appropriate setting and minimizes moves in care;
- (D) ensures continuity of care provided to children and their families;
- (E) ensures the provision of timely and appropriate services to children and their families;
- (F) ensures services that engage communities in meeting the diverse and individual needs of referred children, youth and families in each particular community within the catchment area;
- (G) promotes reunification of children with the biological parents of the children;
- (H) promotes placement of children with kinship caregivers; and
- (I) meets the statutory duties of DFPS in connection with the delivery of substitute care (foster and kinship care) services in the catchment area.

Section 2.03 Staged Implementation.

Implementation of the SSCC will occur in three stages in the designated catchment area. Progression from Stage I to Stage II will depend upon the SSCC's demonstrated readiness. Progression from Stage II to Stage III will depend upon demonstrated readiness, but will occur no earlier than 18 months from the date DFPS makes the first referral for case management services to the SSCC as a part of implementation Stage II. All three stages are included as a part of this procurement.

Section 2.04 Stage I Placement Services

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

Section 2.05 Stage II Case Management

Stage II services and funding will be negotiated prior to implementation of Stage II. The SSCC's proposal, along with information obtained through assessment and evaluation of case management services in other catchment areas and parts of the state and recommendations of the Public Private Partnership and other stakeholders, as well as other information, will be used to further define Stage II services and performance measures.

Stage II begins the day the first referral for case management occurs following the Start-Up Period. In addition to the requirements outlined in Stage I, the SSCC must also provide case management services to all referred children, youth and families. The SSCC will receive funding to provide case management services for children and youth, relative and kinship caregivers, and families; and (2) family reunification support services provided after a child receiving services from the contractor is returned to the child's family. The SSCC will also receive purchased client services funding to provide services for families and other individuals that support the achievement of safety, permanency, and well-being for children in DFPS conservatorship. The SSCC must use a portion of the purchased client services funding to provide additional services to children, youth and young adults, including Post-Adoption, PAL Aftercare, and Education Training Voucher (ETV).

DFPS will not use financial incentives and remedies in relation to performance measures during Stages I and II in order to allow the SSCC time to develop services.

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

The SSCC will be responsible for providing the services outlined in Stages I and II. In addition, DFPS will begin to hold the SSCC financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children. This section does not waive the Department's right to seek any and all available remedies, including financial remedies, for breach of contract in Stages I - III.

Section 2.07 Designated Geographic Catchment Area.

Contractor must demonstrate a clear understanding of service demand, available resources, and service gaps within the catchment area and develop specific strategies for meeting the particular and unique needs of the stakeholders and communities within the catchment area. The designated geographic catchment area for this contract consists of the following counties: Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent,

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Knox, Mitchel, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger and Young. A map of the DFPS Administrative Regional Boundaries can be accessed by visiting:

https://www.dfps.state.tx.us/contact_us/counties.asp?r=2

Section 2.08 SSCC Model Assumptions.

- (A) The SSCC may deliver all services outlined in Stages I-III as a single entity or through the formation of a network or consortium of providers, which may include itself. DFPS will only contract with the SSCC. The SSCC must establish and maintain any network or consortium of services in the identified catchment area through subcontracts, community resources and/or service agreements.
- (B) The SSCC cannot subcontract out any child welfare case management duties described in this contract. All case management requirements must be performed by employees or volunteers of the SSCC.
- (C) All SSCC and DFPS decisions will be made based on the best interests of the individual child.
- (D) **IMPACT, CLASS, and TARE**
 - 1) DFPS will develop and implement a Data Access and Standards Governance Council to develop protocols for the electronic transfer of data from single source continuum contractors to the department to allow the contractors to perform case management functions.
 - 2) SSCC is required to participate in the Data Access and Standards Governance Council.
 - 3) The SSCC will have access to IMPACT, the state's information management system, which serves as the Statewide Automated Child Welfare Information System (SACWIS). All access and data entry requirements related to IMPACT will be granted to the SSCC and may not be delegated by the SSCC to a subcontractor.
 - 4) The SSCC's access and documentation requirements in IMPACT will be different in each stage of implementation and will be based on the roles and responsibilities and requirements outlined in this RFA.
 - 5) DFPS will make a pre-defined and scheduled data export available for use in the approved SSCC system. No interface/import of information from an SSCC information management system into IMPACT is available at this time. Information on the pre-defined data export and the IMPACT System Design Documents are located in the Procurement Library on the ESD and eGrants websites.
 - 6) The SSCC will have access to CLASS, the state's licensing database system, and the Texas Adoption Resource Exchange (TARE). DFPS will only grant access to CLASS and/or TARE to the direct employees authorized by the SSCC, which cannot grant or authorize access to any subcontractor. The SSCC will only request authorization for CLASS and/or TARE access for those of its employees who have demonstrated a business justification to review or retrieve such information.
 - 7) In Stage II, the SSCC will enter and update the IMPACT system in accordance with applicable law. DFPS will provide the SSCC with one training session regarding use of IMPACT, after which the SSCC will maintain responsibility for training its staff on using IMPACT. DFPS will provide the SSCC with documentation of any changes to IMPACT so that the SSCC can appropriately train its staff. If DFPS makes fundamental, major changes to IMPACT, DFPS

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will provide the SSCC with one training session regarding the changes, after which the SSCC will maintain responsibility for training its staff.

- 8) The SSCC must demonstrate that its IT system can accommodate all the required functionality associated with IMPACT.
- 9) IMPACT will not initially have the ability to accept uploads of data from another system. As such, full interoperability between IMPACT and private systems will not be available. Therefore, in Stage II, until such time as interoperability is available, the SSCC will have to directly enter data into the IMPACT system.
- 10) DFPS provides support to DFPS staff and external users who report problems and issues related to IMPACT and other internal casework applications. Staff monitor tickets created through the Help Desk and various application associated mailboxes. Tickets are prioritized and assigned for review and resolution based on specified criteria. Within three days, Tier 2 staff respond with a resolution, status of ticket resolution or a request for further information. Several steps and possible assistance from other DFPS areas may be required to process a ticket, which could impact timeframes for ticket resolution.
- 11) As part of IMPACT training, SSCC staff will undergo the same training protocol as CPS on handling criminal history. DFPS is in the process of rolling out a required agency-wide training on Criminal Justice Information Security (CJIS). The SSCC must take this training as well. The SSCC must adopt policies and procedures to minimize risk of data breaches in the final Operations Manual. DFPS will work with SSCC to determine a training schedule that meets their staffing schedule.

- (E) DFPS is ultimately responsible for the proper operation of the foster care system. DFPS and the Court (when applicable) is the final authority on all planning, placement and service decisions. The SSCC will have latitude to make placements and determine services as specified in the child and family service plans.

Section 2.09 Eligible Population.

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

Section 2.10 Client Characteristics.

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

- (A) Children in DFPS' legal conservatorship and in kinship care, paid foster care or have been reunified with parents whose county of conservatorship is within the designated catchment area and their families (including individuals that require services that have been determined essential to the achievement of safety, permanency and well-being for the individual child and for whom resources have been allocated, this includes parents and relatives that reside outside of the catchment area). Some families may continue to require the SSCC services (funded through purchase client services) once the child has exited substitute care (See Section 2.02).
- (B) Children from the catchment who have been removed from their homes but for whom an ex parte hearing has not yet been held.

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- (C) Children for whom DFPS has joint managing or possessory conservatorship with family or any other individual or entity and require substitute care and/or other services that support the achievement of safety, permanency, and well-being.
- (D) Children of youth who are in DFPS conservatorship or in extended foster care and the youth (parent) and child are placed together in substitute care.
- (E) Youth who are eligible for substitute care through an Extended and/or Return to Care Foster Care Agreement.
- (F) Young adults who are eligible for substitute care and require Supervised Independent Living (SIL) services, this population includes all young adults who are in need of this service within the designated catchment area.
- (G) Parents, relatives and other significant adults that DFPS, the court and/or the youth in care have determined have a long standing or significant relationship with the child or youth and who are important to the resolution of the case.
- (H) Children and youth who are legally from another part of the state, but are placed in the catchment area and in need of courtesy supervision.
- (I) Person(s) to whom a court has ordered DFPS to provide services that support safety, permanency, and/or well-being of the Child referred within the context of an open conservatorship case.
- (J) Interstate Compact on the Placement of Children (ICPC), including but not limited to: courtesy supervision of out-of-state children placed in the catchment area; completion of home screenings, home studies, adoption studies, kinship home assessments, etc; coordination and communication with Texas Interstate Compact Office; and required documentation.
- (K) **Child, Youth and Young Adult characteristics may include, but are not limited to:**
 - 1) Active exhibition of psychotic behavior
 - 2) ADD/ADHD
 - 3) Autism
 - 4) Anxiety Disorder
 - 5) Assaultive behaviors or homicidal
 - 6) Behavioral problems
 - 7) Chronic Health Conditions
 - 8) Criminal Background
 - 9) Danger to Self or others
 - 10) Depression
 - 11) Developmental Disorders
 - 12) Diabetes
 - 13) DSM-IV Axis I & II Diagnosis
 - 14) Eating Disorder
 - 15) Emotional Disorders
 - 16) Enuresis/Encopresis
 - 17) Fire Setting
 - 18) Gender Identity Issues/ Sexual Orientation
 - 19) Impulse Control Disorder
 - 20) Low to Moderate Risk of harming self or others
 - 21) Maladaptive Behaviors
 - 22) Medically Fragile
 - 23) Intellectual Developmental Disability
 - 24) Oppositional Defiant
 - 25) Pervasive Developmental Disorder
 - 26) Pregnant

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- 27) Primary Medical Needs
- 28) PTSD/Complex PTSD
- 29) Runaway Behavior
- 30) Self Abuse
- 31) Sexual Aggression or Behavior Problems
- 32) Child Sexual Aggression
- 33) Substance Abuse/Use
- 34) Substance Abuse or dependence with the need for medical detoxification
- 35) History of Attempted Suicide
- 36) Suicidal Gestures
- 37) Suicidal Ideation
- 38) Other Special Needs, (e.g. dietary, language, etc.)
- 39) Additionally, children may:
 - a. Be victims of commercial sexual exploitation.
 - b. Have experienced physical, sexual and/or emotional abuse, neglect and/or other severe trauma.
 - c. Have a history of multiple placement disruptions.
 - d. Have limited English-language proficiency.
 - e. Have been or currently are involved in the criminal justice system and are currently on probation and/or parole.
 - f. Have been or are currently involved in gang activity/ affiliation.

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

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

Section 2.11 Staffing Qualifications.

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

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

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- (B) The SSCC must ensure that residential child care and other providers responsible for providing services are appropriately licensed in the State of Texas to perform the type of service being provided.
- (C) The SSCC must ensure sufficient staff capacity to deliver (1) case management services to children, youth, kinship caregivers and families in the catchment area where the contractor will be operating; and (2) family reunification support services to a child who is receiving services from the contractor is returned to the child's family. The SSCC must ensure that direct delivery staff have the necessary knowledge, skills and experience to deliver required case management and family reunification support services to children, youth, kinship caregivers and families.
- (D) The SSCC is required to give employment preference to an employee of DFPS whose position is being impacted by the implementation of community based care and who is considered to be employee in good standing.

Section 2.12 Workforce Training

- (A) All verified caregivers providing services to SSCC Clients must have completed Trauma Informed Care (TIC) training appropriate to their role. Caregivers must have TIC training that prepares the verified caregiver to understand the impact of trauma exposure on a child or youth and provides strategies to effectively care for the child or youth in a manner that promotes healing from the trauma. This training must be completed prior to any verified caregiver being alone with the child. In addition, the SSCC must ensure all verified caregivers complete an annual refresher of TIC training. This training must be at least two-hours in duration.
- (B) All SSCC non-clinical providers serving SSCC Clients must have completed TIC training appropriate to their role. Non-clinical providers must have TIC training that prepares them to understand the impact of trauma exposure on a child or youth and provides strategies to effectively care for the child or youth in a manner that promotes healing from the trauma. This training must be completed prior to any non-clinical provider being alone with the child. In addition, the SSCC must ensure all verified caregivers complete an annual refresher of TIC training. This training must be at least two-hours in duration.
- (C) Clinical providers must have received training in trauma treatment appropriate to their clinical licensure or certification. If providing Targeted Case Management and/or Rehab Services, clinical providers must be credentialed to deliver the services.
- (D) Regardless of the training model employed by the SSCC, the SSCC can use the approved DFPS TIC online training to meet the training requirements of this Section; however, DFPS encourages the SSCC to use its own curriculum/model to build upon the training their non-direct delivery staff and caregivers have already received. The National Child Traumatic Stress Network (NCTSN) has developed training materials for all stakeholders who serve foster children and their parents/caregivers.
- (E) Anyone recommended by the SSCC as a medical consentor must receive and complete Medical Consent training offered by DFPS prior to DFPS designation as a Medical Consentor. The on-line training may be accessed by visiting the following:

http://www.dfps.state.tx.us/Child_Protection/Medical_Services/medical-consent-training.asp

Section 2.13 Major Deliverable # 1 - Achievement of Service Objectives/Quality Indicators.

The SSCC must perform the development, operation, oversight, and provision of the full continuum of substitute care, case management and purchased client services in a manner that provides services in the least restrictive, most family-like setting appropriate for the child, which reduces the number of moves a child or youth must make while in care, and engages communities to assist children and youth in

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achieving safety, permanency, and well-being, specifically, the service objectives inherent in the following quality indicators:

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

Section 2.14 Major Deliverable #2 - Development and Management of a Continuum of Care and Service Delivery Model.

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

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

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

(B) Administrative Management.

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

- 1) An integrated continuum of service providers to ensure the effective management and coordination for availability of an array of quality services necessary to meet the diverse and unique needs of children and youth in least restrictive settings and effectively reduce the number of moves for children and youth in substitute care and families of those children who require services to support safety, permanency, and well-being.
- 2) The necessary organizational structure, staff, capacity, policies, and procedures to manage, oversee, coordinate and deliver:
 - a. A continuum of services to arrange, conduct, and coordinate the child's placement within the continuum of care.
 - b. Case management services for all children who are referred to the SSCC by DFPS.
 - c. A timely array of services, support and oversight to kinship caregivers and families.
 - d. Family reunification support services and oversight to be provided after a child receiving services from the contractor is returned to the child's family.
 - e. Quality Assurance and Utilization Management (QA and UM) practices which continuously monitor operations and services in order to ensure quality services, progress towards service plan goals, and compliance with all contract terms, performance expectations, outcomes, and outputs.
 - f. The capacity to develop and maintain qualified staff that have the skills, education, experience, and training for the services they provide.
 - g. A system for tracking and reporting critical incidents as well as other safety, permanency, and well-being outcomes and mechanisms.
 - h. A system that alerts the SSCC of situations or issues that require immediate response, including issues which are likely to pose a threat to child safety.
 - i. Catchment specific disaster recovery and business continuity practices which ensure rapid, effective response and re-establishment of system operations and service delivery in the event of unplanned system outages or catastrophic occurrences.
 - j. A financial system that ensures timely payment, appropriate utilization, and on-going management of financial resources so that needed services are provided within the allocated funds.
 - k. Capacity to collect, manage, and report data on client services, network service providers, subcontractors, foster homes, outcomes, and outputs.

(C) SSCC Management Plan. The SSCC must submit a final, completed Management Plan to DFPS for approval for Stage I within sixty (60) days of contract execution. The final Management Plan must build upon the preliminary Management Plan submitted with the response. At least 30 days prior to entering a new Stage of Implementation, the SSCC will be required to submit an updated version of the SSCC Management Plan for DFPS approval. The SSCC Management Plan must clearly identify all tasks and activities associated with each deliverable, dates of completion, and key staff responsible for, at a minimum, the following key elements:

- 1) The schedule, processes, and procedures for transition of children and youth from the catchment area who are already being served by the SSCC and/or the SSCC network (if applicable) in the legacy system to the SSCC model. DFPS

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anticipates a full transition between systems within 12 months of contract effective date.

- 2) The schedule, processes and procedures for transition of legacy cases and foster homes from DFPS to the SSCC. Include plan for communicating with providers, foster parents, judiciary and the community. DFPS anticipates a full transition of paid foster care placements between systems within 12 months of contract effective date.
- 3) The schedule, processes, procedure and timeline for the implementation of community-based care in the catchment area, including a timeline for implementing: case management services for children, families, and relative and kinship caregivers receiving services in the catchment area; and family reunification support services to be provided after a child receiving services from the contractor is returned to the child's family.
- 4) Ongoing development of services network/continuum, including plan for assessing need, recruiting, communicating with and training network providers;
- 5) Quality management plan that documents the necessary information required to effectively manage service quality from project planning to delivery. The plan must define a service's quality policies, procedures, criteria, areas of application, roles, responsibilities and authorities.
- 6) Workforce development and training, which must include a plan for ensuring that all caseworkers, supervisors, caregivers and other direct care staff providing services through the SSCC complete training to support attainment of safety, permanency and well-being for the children in their care. Trauma-informed training (as previously specified) and training on Disproportionality and Cultural Competency are required. Knowing Who You Are training delivered by DFPS is encouraged. Knowing Who You Are training consists of 6-8 hours e-learning which is completed before 12 hours of classroom training. The plan may propose phasing in this training.
- 7) Catchment area specific risk and management plans;
- 8) A Disaster recovery and business continuity plan that is specific to the designated catchment area;
- 9) Policy and procedures to support all aspects of service delivery, finance and administration of the SSCC model;
- 10) Plan for how the SSCC will address situations in which a child referred to the SSCC is placed in the same home as a child in the DFPS Legacy system or vice versa.

(D) SSCC Community Engagement Plan (CEP).

- 1) The SSCC must develop and implement a Community Engagement Plan for each stage of implementation that demonstrates that the SSCC understands the role of the distinct communities and population hubs within the designated catchment area in meeting the unique and diverse needs of children, youth, and families. The SSCC must submit a Final Community Engagement Plan that has been developed with community stakeholders within sixty (60) days of contract execution. Plans must include strategies, activities, and timelines for engaging the community initially (during start-up), during initial implementation, and on an ongoing basis. Plans must include strategies for developing and supporting a local advisory committee that reflects the community and include a timeline and resources necessary to successfully implement the plan.
- 2) The SSCC Community Engagement Plan must include targeted strategies (in the Preliminary and Ongoing Community Engagement Plans) for engaging each

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of the following entities in the identified population hub and/or distinct community within the designated catchment area:

- a. Children and youth in foster care, as well as alumni
- b. Families of children in foster care, including non-custodial parents
- c. Relative or kinship caregivers
- d. Alumni families who have received DFPS services in the past
- e. Members of the judiciary
- f. Attorneys representing parents, children and DFPS
- g. Court-appointed special advocates
- h. Child advocacy centers
- i. Child Welfare Boards
- j. Foster Parents
- k. Residential Child Care Providers (including but not limited to other child placing agencies and general residential operations that provide: emergency care services, child-care services, treatment services, transitional living services and residential treatment services)
- l. Purchased Service Providers
- m. Local Community Service Providers
- n. Universities
- o. Faith-based organizations
- p. Other county and/or community stakeholders

(E) Operations Manual. During the Start-Up Period the SSCC and DFPS senior regional management staff will collaborate to develop joint operational processes for implementation of the SSCC's model and to establish catchment-specific joint protocols, including but not limited to, methods and frequency of communication, jurisdictional expectations, and clarification of DFPS and the SSCC roles and responsibilities. The SSCC must ensure that staff participating in the joint protocol sessions have a thorough understanding of community based care, the SSCC model and contract, and the communities served. The operations manual must be completed at least 60 days prior to the SSCC accepting its first referral from DFPS (Stage I). Using the same process, the operations manual must be updated at least 60 days prior to implementation of Stage II.

- 1) The SSCC will work in collaboration with DFPS and stakeholders within the designated catchment area to develop and maintain exemplary relationships that support achievement of improved permanency outcomes for children, youth, and families.
- 2) DFPS will work in collaboration with the SSCC to identify, develop, and expand needed services and resources within the designated catchment area in order to achieve the common goal of providing quality services to children and families.

(F) SSCC Provider Manual. The SSCC must use the proposal submitted in response to Procurement #530-18-0021 as the basis for developing a Region 2 SSCC Provider Manual. The SSCC Provider Manual will serve as the guiding document for the SSCC and its network. The SSCC will provide copies of the SSCC Provider Manual to DFPS and each of its subcontractors who will provide services to DFPS referred clients. The SSCC will regularly update the SSCC Provider Manual as necessary. Each update must be provided to DFPS and the Department will retain the right to disapprove of any changes.

Section 2.15 Continuum of Substitute Care and Purchased Client Services (Stages I-III).

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The SSCC must build and maintain the infrastructure necessary to support the full continuum of substitute care and purchased client services for all children originating from the designated geographic catchment area that are referred to the SSCC by DFPS. The infrastructure must be sufficient to ensure services are safely provided in the child's or youth's home community, in the least restrictive, most family-like setting appropriate for the child or youth, and must reduce the number of moves children and youth make while in care while working towards positive permanency for the child.

- (A) **Joint SSCC and Legacy Placements (Stage I).** Since it will take time to transition from the DFPS Legacy System to the SSCC System, situations might arise in which a child referred to the SSCC might be placed in the same home as a child in the DFPS Legacy system or vice versa. In such situations, the SSCC will work with DFPS in order to appropriately manage such placements and ensure the best outcome for all children.
- (B) **Coordinated Purchased Client Service Delivery (Stages II-III).** The SSCC must maintain the capacity to coordinate and deliver a timely array of services to families and/or individuals that DFPS determines eligible and refers to the SSCC according to agreed upon service plans and within purchased client services funding. Families of children who enter substitute care and who are referred by DFPS to the SSCC are eligible for services. Families may continue to remain eligible for the SSCC service coordination and delivery after their child has returned home so long as DFPS is still the legal conservator. The SSCC must also demonstrate its compliance with performance measures and outcomes.
- (C) **Case Management Services (Stages II-III).** In addition to Stage I responsibilities, the SSCC must build and maintain the infrastructure and staff capacity necessary to deliver direct case management services for all children who are referred to the SSCC by DFPS, including but not limited to:
- 1) Conducting at a minimum, monthly visits with the child, family and caregivers;
 - 2) Convening and conducting service planning and permanency planning meetings;
 - 3) Development and revision of child and family service and visitation plans, including permanency plans and goals for a child or young adult in care;
 - 4) Ensuring parent-child visitation;
 - 5) Coordination and monitoring of services required by the child and the child's family;
 - 6) Assumption of court-related duties regarding the child, including but not limited to:
 - a. providing any required notifications or consultations;
 - b. preparing court reports;
 - c. attending judicial and permanency hearings, trials, and mediations;
 - d. complying with applicable court orders; and
 - e. ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines;
 - 7) Conducting family finding and engagement activities, including conducting background checks and searches for relatives, non-custodial parents and other persons significant to the child's safety, permanency and well-being;
 - 8) Coordination and monitoring of reunification support services to a child or youth and family after the child is returned to the child's family;
 - 9) Coordination and provision of all Transitional Living Benefits including, but not limited to, the Education Training Voucher to eligible youth and young adults;
 - 10) Providing post-adoption services to children from the catchment area who have been legally adopted;
 - 11) The SSCC must build and maintain sufficient staff capacity to deliver direct case management services to kinship caregivers and families, including but not limited to:
 - a. Completion of required kinship home assessments and/or home studies;

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- b. Regular contact with the caregiver;
 - c. Coordination and delivery of a timely array of services to caregivers;
 - d. Identification of local resources to meet the child's and caregiver's needs;
 - e. Provision of training, individually or in groups, to help the kinship caregiver meet the child's needs;
 - f. Provision of resources or referrals to resources to ensure placement stability; for example, providing or referring the family to financial assistance, child care, counseling, remedial educational programs, and academic enrichment programs;
 - g. Assessment of kinship families, continually, to determine their strengths and needs;
 - h. Service and permanency planning for the child;
 - i. Necessary tracking and reporting of kinship placements to be used to verify and pay kinship providers (when applicable) and
 - j. Provision of support for the kinship caregiver family in reaching the child's goals.
- 12) The SSCC will engage the state office DFPS Interstate Compact for the Placement of Children (ICPC) coordinator as the primary CPS point of contact. The ICPC coordinator will provide the same services to the SSCC as they provide to CPS staff.
- a. The SSCC must adhere to all ICPC policies and procedures, including but not limited to, initiating requests for placement, completion of home studies/assessments, and monitoring/documenting home visits.
 - b. If the SSCC has placed a child/youth out of state and the placement ends, then the SSCC will be responsible for accompanying the child back to Texas and financially responsible for transportation costs. The SSCC will continue to maintain case management and placement responsibilities for the child and will need to secure new placement.
 - c. The SSCC will provide courtesy supervision to any child from out of state who is placed in the catchment area through ICPC.
- 13) Any other function or service that the department determines necessary to allow a Single Source Continuum Contractor to assume responsibility for case management.

Section 2.16 Placement Capacity.

During Stage I, DFPS will only refer children in paid foster care from the Region 2 catchment area (Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchel, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young) and young adults in Supervised Independent Living (SIL) programs to the SSCC. During Stage II, DFPS will refer children in all types of substitute care placements from the Region 2 catchment area to the SSCC. The Department understands that the SSCC must have the ability to manage available capacity in Region 2 in order to ensure that children are placed in their home communities. For that reason, during initial contract negotiations, DFPS and the SSCC will negotiate the following:

- (A) Placement Protocol for Covered Regions.** The Department understands that the SSCC must have the ability to manage available capacity in Region 2 in order to ensure that children are placed within, or closer to, their home communities. For that reason, DFPS will not utilize any capacity maintained by any provider under a Legacy Contract in the Region 2 Catchment area unless Department placement staff can provide sufficient justification that to the DFPS Region 2 Director that: (1) placement within the

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catchment area is in the best interests of the child and (2) placement staff has exhausted all other placement alternatives (including why these placements were denied or not appropriate). The DFPS Region 2 Director has the final decision as to what constitutes the best interests of the child. Examples of best interests of the child include, but are not limited to:

- 1) Placements that support sibling, family, and kinship connections,
 - 2) Significant relationships with previous caregivers,
 - 3) Placements that are intended to be permanent,
 - 4) Any other situation determined by DFPS to be in the best interests of the child.
- (B) The DFPS Region 2 Director will inform the SSCC of the Department's determination.

Section 2.17 Major Deliverable #3 - Compliance with General Requirements of the SSCC.

- (A) **Accountability.** The SSCC is ultimately responsible for all contract requirements, including outcomes, regardless of whether the contract requirement is performed directly by the SSCC or indirectly by the SSCC through an agent, employee, volunteer, or subcontractor.
- 1) The Contractor is responsible for implementing and maintaining a quality assurance process to ensure the product satisfies the requirements of the contract.
 - 2) The Contractor is responsible for responding to feedback from the department relative to services provided under contract and incorporating that feedback to ensure continuous improvement as indicated in performance measures.
 - 3) The Contractor is responsible for monitoring and evaluating services, policies, and processes and applying actions necessary for improvement if the results require change.
 - 4) Contractor must manage referrals to ensure timeframes and quality expectations are met.
 - 5) The Contractor must cooperate with the department in monitoring and evaluating services provided under this contract. Contractor must make Client records and service delivery documentation available upon request by CPS or Contracts staff.
 - 6) Contractor must establish a system to monitor the performance of its direct service network providers to ensure the highest quality services and compliance with this contract.
- (B) **Legal/Regulatory.** The SSCC will:
- 1) Comply with all court orders and jurisdictional requirements;
 - 2) Comply with all court orders regarding the provision of substitute care, case management services and/or purchased client services for children, youth, and families served through the SSCC, relevant to the stage being implemented.
 - 3) Follow all State (including both Texas Family Code and Title 40, Part 19 of the Texas Administrative Code) and federal laws to include compliance with the and regulations (terms of all Performance Improvement Plans as a result of a Federal or State Audit) as well as Child Care Minimum Standards for 24-Hour Residential Care Operations and Child-Placing Agencies, and DFPS Records Management Policy:
 - a. **Texas Family Code:**

<http://www.statutes.legis.state.tx.us/?link=FA>
 - b. **Title 40, Part 19 of the Texas Administrative Code:**

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[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=3&ti=40&pt=19](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=40&pt=19)

- c. DFPS Child Care Minimum Standards:

https://www.dfps.state.tx.us/child_care/child_care_standards_and_regulations/

- d. DFPS Records Management Policy:

<https://www.dfps.state.tx.us/handbooks/RMG/default.asp>

- e. Child Welfare Services, Title IV-B, Subpart 1 of the Social Security Act. For additional information:

http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act.htm

- f. Promoting Safe and Stable Families, Title IV-B, Subpart 2 of the Social Security Act. For additional information:

http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act_2.htm

- g. Temporary Assistance for Needy Families (TANF). For additional information:

<http://www.acf.hhs.gov/programs/ofa/>

- h. Title IV-E of the Social Security Act:

<https://www.acf.hhs.gov/cb/resource/title-ive-foster-care>

- i. Child Abuse Prevention and Treatment Act (CAPTA):

<https://www.childwelfare.gov/pubs/factsheets/about/>

- j. Indian Child Welfare Act (ICWA) - Information on ICWA can be found by visiting:

<https://www.law.cornell.edu/uscode/text/25/chapter-21>

- k. **Multiethnic Placement Act (MEPA)** - Information on MEPA- Information on MEPA can be found by visiting:

<https://www.acf.hhs.gov/sites/default/files/cb/pi9523.pdf>

- l. The SSCC will work in partnership with DFPS to improve outcomes for Children as it relates to the Federal **Child and Family Service Review (CFSR)**. Information on the CFSR can be found by visiting:

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<https://www.childwelfare.gov/topics/management/reform/cfsr/>

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

<http://www.dfps.state.tx.us/txyouth/NYTD/default.asp>

- (C) The SSCC in providing substitute care services and services for kinship caregivers in a catchment area (Stages II-III) must, either directly or through subcontractors, assume the statutory duties of the department in connection with the delivery of substitute care services and services for kinship caregivers in that catchment area.
- (D) The legal representation provided to the Department during DFPS conservatorship case proceedings will be provided to the SSCC (Stages II-III).
- (E) An employee, agent, or representative of a SSCC is considered to be a representative of the department for purposes of the privilege under Rule 503, Texas Rules of Evidence, as that privilege applies to communications with a prosecuting attorney or other attorney representing the department, or the attorney's representatives, in a proceeding under this subtitle.
- (F) The SSCC must report known critical incidents, licensing investigations, licensure board reports and investigations, suspected fraud or fraud investigations and violations that occur within the SSCC's service model to DFPS in accordance with HHSC Licensing Minimum Standards and contract requirements. For these circumstances in particular, and at all times in general, the SSCC must have operational procedures and mechanisms in place to ensure they are knowledgeable of and respond immediately to conditions or situations that may pose a threat to child safety. DFPS will regard any failure to disclose and report as a breach of the SSCC's contract. Residential Child Care Licensing's role with all licensed providers, including the SSCC subcontractors will remain unchanged.

Section 2.18 Cultural Competency.

- (A) The SSCC must provide services to people of various cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the individuals, and protects and preserves their dignity.
- (B) The SSCC will:
 - 1) Exhibit a clear understanding of the cultural beliefs of children and families in the distinct communities and population hubs within the designated catchment area.
 - 2) Provide ongoing education in the form of orientation, training, workshops, and other educational opportunities to help staff, caregivers, and subcontractors understand the impact race, culture, and ethnic identity have on them and others and how they impact services to children and families.
 - 3) Ensure that caregivers and subcontractors understand the impact of disproportionality and disparities in the child welfare system. Disproportionality is the over representation of a particular race or cultural group in a program or system and is an issue DFPS remains committed to addressing.
 - 4) Coordinate and deliver services in a manner that is relevant to the culture of children and families served in the distinct communities and population hubs within the designated catchment area.

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- 5) The SSCC will make reasonable efforts to ensure services provided to children and families are offered in the individual's primary language.
- (C) Develop and implement a plan to ensure the composition of the SSCC workforce reflects the race, ethnicity, and culture of the client population.
- (D) Efforts to Address Disparities in Catchment Area. The SSCC must ensure that the services offered and outcomes achieved by the SSCC are equal in proportion to the populations served.

Section 2.19 Major Deliverable #4 - Placement Services and Services to Children

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

(A) Notification Request for Services

- 1) **DFPS will:**
 - a. Refer children to the SSCC for services.
 - b. Refer non-verified relatives/fictive kin or other caregivers, located within the catchment area and who are interested in becoming a verified kinship foster or adoptive home, to the SSCC for verification and licensing services.
 - c. As a part of Stage I, provide final approval or reason(s) for denial of all placement decisions within 24 hours of request for approval. Approval may be assumed if notice of placement denial is not received by the SSCC within 24 hours of request. For emergency placements only, DFPS will evaluate the SSCC's recommended placement option within 1 hour of receipt of notification from the SSCC by telephone or electronic notification. For emergency placements, the SSCC may assume approval from DFPS if the Department does not provide notice of placement denial within 1 hour of the request.
 - d. As a part of Stage I, notify the SSCC of all court orders regarding placement.
 - e. As a part of Stage I, provide written notification to the court of all placement and medical consent activities, consistent with current statutory requirements.
 - f. Determine eligibility and make appropriate referrals for the SSCC services.
 - g. Provide notice to the SSCC as soon as possible but no later than, 2 business days, when DFPS becomes aware that a child is no longer eligible for the SSCC services. Any resulting payment due will be determined by DFPS and the SSCC on a case by case basis.
- 2) **SSCC must:**
 - a. Maintain the capacity to accept referrals from DFPS for residential child care 24 hours per day, 365 days per year.
 - b. Accept all referrals (No Reject) made by DFPS and continue to meet the individual needs of children referred (No Eject) until DFPS determines the individual is no longer eligible for the SSCC services.
 - c. Ensure non-verified relatives/fictive kin or other caregivers, located within the catchment area and who are interested in becoming a verified kinship foster or adoptive home, receive verification and licensing services through the SSCC or SSCC provider network.
 - d. Create a single process for the training and use of alternative caregivers for all child-placing agencies within their placement network in the catchment area to facilitate reciprocity of licenses for alternative caregivers between agencies, including respite and overnight care providers.
 - e. Adapt to and abide by requirements of local courts (if different from process listed in contract) regarding placement processes and/or notification requirements.

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- f. Offer Supervised Independent Living (SIL) services in accordance DFPS Policy. The SSCC will be allowed maximum flexibility to choose subcontractors and develop contracts for supervised independent living services that will meet the needs of the youth to be served.
- g. Utilize the same parameters as DFPS when making recommendations to the Department on who a Child's medical consentor should be. These parameters are outlined in Chart 1. See DFPS [Medical Consent Resource Guide](#) for more information.
- h. Ensure that all Foster Parents and employees who serve as Medical Consentors for a Child who is prescribed psychotropic medications facilitate an office visit with the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network at least once every 90 days to allow the practitioner to:
 - i. Appropriately monitor the side effects of the drug; and
 - ii. Determine whether the drug is helping the Child achieve the treatment goals and whether continued use of the drug is appropriate.
- i. Advise Children ages 16 to 22 of their right to request to become their own Medical Consentor.
- j. For all children receiving psychotropic medication, the SSCC must assess the extent to which the Child:
 - i. Has been provided appropriate psychosocial therapies, behavior strategies, and other non-pharmacological interventions; and
 - ii. Has been seen by the prescribing physician, physician assistant, or advanced practice nurse in the STAR Health Network.

Chart 1: Medical Consentor		
Child's Placement	Recommended Designee First and Second Primary	Recommended Back Up First and Second Back Up
GRO Providing Emergency Care Services	Two Professional employee(s) of the GRO	<ul style="list-style-type: none"> • 3rd professional employee of the GRO; or • CPS caseworker; or • Supervisor of primary/assigned caseworker.
CPA Foster family home CPA Foster group home with foster parents (without shift staff) CPA Pre-consummated adoptive home	Foster parents, or Pre-consummated adoptive parents	Professional employee(s) of the CPA, such as a case manager
GRO offering child care services only (children's home with cottage model)	Cottage parents	<ul style="list-style-type: none"> • Alternate cottage parents; • Professional employee of the GRO, such as a case

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		<p>manager; or</p> <ul style="list-style-type: none"> • CPS caseworker.
Home and community based (HCS) family home	HCS-based support family caregivers	<ul style="list-style-type: none"> • CPS caseworker, or • Caseworker's Supervisor
<p>GRO Residential Treatment Center</p> <p>GRO Therapeutic Camp</p> <p>GRO Child Care Facility (Group Setting with Shift Staff)</p>	<p>1. 1st Primary: the CPS caseworker or Local Permanency caseworker</p> <p>2. 2nd Primary: second CPS caseworker or Local Permanency caseworker</p>	<p>Any combination of the following individuals may be selected as the 1st and 2nd backup:</p> <ul style="list-style-type: none"> • CPS caseworker; • Local Permanency caseworker; • CPS Supervisor; or • Local Permanency Supervisor. <p>* In rare situations and with approval from the Local Permanency Supervisor or designee, a Human Services Technician (HST) specially trained to consent to psychotropic medication.</p>
<p>HCS-based group home (with shift staff)</p> <p>Nursing home</p> <p>Intermediate care facilities for Individuals with Intellectual Disabilities (ICF-IID)</p>	<p>1. CPS Caseworker</p> <p>2. 2nd CPS Caseworker or CPS Supervisor</p>	<ul style="list-style-type: none"> • 3rd CPS Caseworker or CPS Supervisor • CPS Supervisor
<p>GRO offering treatment services for individuals with intellectual disabilities</p> <p>State Supported Living Centers (SSLC)</p>	<p>1. Developmental disability (DD) specialist assigned as secondary worker</p> <p>2. Primary CPS Caseworker or Caseworker's Supervisor</p>	<ul style="list-style-type: none"> • 2nd Developmental disability (DD) specialist • 3rd Developmental disability (DD) specialist or Primary CPS Caseworker
Placement with Relative or Kinship Caregiver	Primary live-in caregiver(s) for the child	Another person, relative or kinship individual that knows the child and has knowledge of his/her medical condition and needs

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

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(B) Applicable Requirements.

The SSCC must consider all applicable state and federal requirements and best practices when making recommendations of potential placements to DFPS. These areas include but are not limited to, the following:

- 1) The child's safety and best interest;
- 2) Preference for family;
- 3) Least Restrictive, most family-like setting;
- 4) Placement with siblings;
- 5) Child's individual circumstances;
- 6) Children are placed in their home communities and in close proximity (no more than 50 miles) to their parents' home;
- 7) Maintaining the child in the school of origin and minimizing educational disruption;
- 8) Biological family's individual circumstances;
- 9) Substitute caregiver's individual circumstances; and
- 10) Placements respect and support the child's culture.
- 11) Continually review the appropriateness of the child's placement and make efforts to preserve the current placement.
- 12) Consider all applicable state and federal requirements when documenting the child's placement and submit to DFPS (see Chart 2 for time frames):
- 13) Date of placement
- 14) Date of discussion with child regarding initial and all subsequent changes in placement
- 15) Child's response to discussion regarding change of placement
- 16) Whether placement was emergency or planned
- 17) Whether pre-placement visit(s) occurred and if so, date(s) of pre-placement visit(s)
- 18) Name, address, and telephone number for current placement, including agency or facility name if service is delivered through a subcontract with the SSCC
- 19) Explanation as to why identified placement is most appropriate
- 20) If the placement is not with a kinship caregiver, foster family home or cottage-style general residential operation (GRO) document why a more restrictive setting is needed
- 21) If placement change resulted in a change of schools explanation as to the need for school change
- 22) If placement is more than 50 miles from child's home of origin, explanation for why the child is not in close proximity
- 23) If the child is not placed with siblings, reasons for separation
- 24) Immediately notify DFPS when the SSCC becomes aware that a child may no longer be eligible for SSCC services.

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

- 1) DFPS Emergency Placement - Process utilized when DFPS makes a referral to the SSCC for children/youth who are in immediate need of paid foster care services and are not currently served by the SSCC.
- 2) DFPS Non-Emergency Placement (New Referral to the SSCC) - Process utilized when DFPS makes a referral to the SSCC for children/youth who are transitioning from a placement in the Legacy System to the SSCC's continuum of care.
- 3) DFPS Non-Emergency Placement (Change of Placement Request) - Process utilized when DFPS has identified a need for a change in placement for children/youth already served by the SSCC.

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- 4) SSCC Emergency/Non-Emergency Placement- Process utilized when the SSCC has identified a need for a change in placement for children/youth already served by the SSCC.
- 5) Placement Referral Types for Paid Foster Care Services (Stages I) and Required Notifications, Roles, Responsibilities and Documentation Requirements (see Chart 2).

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

Chart 2: Placement Referrals Stage I			
Notification Type	DFPS Role	SSCC Role	SSCC Documentation Requirements
I. DFPS Emergency Placement*	<ol style="list-style-type: none"> 1. Notify the SSCC of the emergency need for placement by telephone or through electronic notification via IMPACT. (All telephonic notification will be followed by notification referral in IMPACT.) 2. Provide access to placement and other available case information within 2 hours of referral, if referral information is provided telephonically access to written documentation will follow. 3. Evaluate the SSCC's recommended placement option and medical consentor within 1 hour of receipt of notification from the SSCC by telephone or electronic notification. (If approval is granted by telephone, written approval will follow within 24 hours.) Approval is to be assumed if denial of placement is not 	<ol style="list-style-type: none"> 1. Accessible 24 hours a day and 365 days a year 2. Takes physical possession of Children from DFPS within 4 hours of receipt of DFPS notification of emergency placement need. 3. Identifies and notifies DFPS by telephone or electronically of appropriate placement option including potential medical consentor no later than 7 hours of receipt of DFPS notification of emergency placement need. 4. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding. 5. Place child as soon as possible following receipt of DFPS referral. 6. Provide required placement documentation via IMPACT to designated 	<ol style="list-style-type: none"> 1. Must document (via IMPACT) required information regarding referrals and placement and provide to DFPS within designated time frame.

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	<p>provided to the SSCC within the designated timeframe.</p> <p>4. Provide SSCC access to appropriate placement and other available information at the time of placement and as it becomes available over the course of the case, including but not limited to, information and documentation required by DFPS Residential Child Care Licensing Minimum Standards for Emergency Placements.</p>	<p>DFPS staff within 12 hours of receiving referral.</p> <p>7. Ensures an initial standardized medical screening for each child at removal within 3 business days*</p> <p>*The initial screening is not meant as a substitute for needed emergent care.</p>	
II. DFPS Non-Emergency Placement	A. New Referral to the SSCC:		
	<p>1. Notify the SSCC of the need for placement through electronic notification and schedule placement staffing with the SSCC</p> <p>2. Provide SSCC access to placement and other relevant case information with referral and as it becomes available over the course of the case, including, but not limited to, information and documentation required by DFPS Residential Child Care Licensing Minimum Standards for Non-Emergency Placements.</p> <p>3. Evaluate the SSCC recommended placement option and medical consentor within 24 hours of receipt of notification from the SSCC electronically.</p>	<p>1. Identify potential placement option(s) for child and schedule pre-placement visit(s) for child with potential caregivers.</p> <p>2. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding.</p> <p>3. Must contact provider from which the child will be moved to gather relevant information.</p> <p>4. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consentor as soon as possible and no later than 3 days prior to placement needing to occur.</p> <p>5. Provide required</p>	<p>1. Must document (via IMPACT) required information regarding placement and provide to DFPS within designated time frame.</p>

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	<p>Approval is to be assumed if denial of placement is not provided to the SSCC within designated timeframe.</p> <p>4. Notify CASA and attorney ad-litem that change in placement has occurred.</p>	<p>placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring.</p> <p>6. Place a child within required timeframes.</p>	
B. Change of Placement Request			
	<p>1. Notify the SSCC of request to change placement.</p> <p>2. Documentation should state reason for desired change in placement as well as time frame for change of placement.</p> <p>3. Participate in joint staffing if requested by the SSCC.</p> <p>4. Evaluate the SSCC recommended placement option and medical consentor electronically within 24 hours; approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe.</p> <p>5. Provide SSCC access to appropriate placement documentation and available information at the time of the placement and as it becomes available over the course of the case</p>	<p>1. Request joint staffing with DFPS if needed.</p> <p>2. Identify potential placement option(s) for child and schedule pre-placement visit(s) for child with potential caregivers.</p> <p>3. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding.</p> <p>4. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consentor as soon as possible and no later than 3 days prior to placement needing to occur.</p> <p>5. Provide required placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring.</p> <p>6. Ensure continuity of care for a child whose placement has changed</p>	<p>1. Must document potential placement information provided to DFPS and time child was taken to actual placement location.</p> <p>2. Must document (via IMPACT) required information regarding placement and provide to DFPS within designated time frame.</p> <p>3. Maintain documentation of DFPS' placement approval.</p>

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		<p>by: (1) notifying each specialist treating the child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any</p>	
<p>III. SSCC Emergency Placement</p> <p>(Emergency placement may only be initiated when there is a perceived or actual threat to the safety or well-being of the child.)</p>	<ol style="list-style-type: none"> 1. Evaluate the SSCC recommended subsequent placement option and medical consentor within 1 hour of receipt of notification from the SSCC by telephone or electronic notification (If approval is granted by telephone, written approval will follow within 24 hours.) Approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 2. Provide the SSCC access to the appropriate placement documentation of approval or denial and access to available information at the time of the placement as it becomes available over the course of the case 	<ol style="list-style-type: none"> 1. Immediately notify DFPS of need to evaluate current placement for appropriateness by telephone or electronically. 2. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consentor. 3. Complete a pre-placement visit(s) for child with potential caregivers, whenever possible. 4. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding. 5. Provide required placement documentation via IMPACT to designated DFPS staff within 12 hours of placement occurring. 6. Ensure continuity of care for a child whose placement has changed by: (1) notifying each specialist treating the 	<ol style="list-style-type: none"> 1. Must document required information regarding placement change via IMPACT and provide to DFPS within designated time frame. 2. Documentation must clearly support why the desired change in placement is necessary and in the best interest of the child.

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		<p>child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any</p>	
<p>IV. SSCC Non-Emergency Placement</p>	<ol style="list-style-type: none"> 1. Evaluate the SSCC recommended subsequent placement option and medical consentor within 24 hours; approval is to be assumed if denial of placement is not provided to the SSCC within the designated timeframe. 2. Provide the SSCC access to appropriate placement documentation of approval or denial and as it becomes available over the course of the case, including, but not limited to, information and documentation required by DFPS Residential Child Care Licensing Minimum Standards for Non-Emergency Placements 	<ol style="list-style-type: none"> 1. Notify DFPS of need to evaluate current placement for appropriateness within 30 days of desired change in placement electronically. Documentation must clearly state reason for desired change in placement. 2. Identifies and notifies DFPS electronically of appropriate placement option, including potential medical consentor as soon as possible and no later than 3 days prior to placement needing to occur. 3. Complete a pre-placement visit(s) for child with potential caregivers. 4. Coordinate communication between and among current and future caregivers. 5. Ensure the child is involved and the child/youth's input is considered in decision as appropriate to the child's age and level of understanding. 6. Provide required placement 	<ol style="list-style-type: none"> 1. Must document required information regarding placement change via IMPACT and provide to DFPS within designated time frame. 2. Documentation must clearly support why the desired change in placement is necessary and in the best interest of the child.

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		<p>documentation to designated DFPS staff within 12 hours of placement occurring.</p> <p>7. Ensure continuity of care for a child whose placement has changed by: (1) notifying each specialist treating the child of the placement change; and (2) coordinating the transition of care from the child's previous treating primary care physician and treating specialists to the child's new treating primary care physician and treating specialists, if any</p>	
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Section 2.20 Child/Youth Assessment/Service Planning (Stage I)

(A) DFPS will:

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

(B) SSCC must:

- 1) Ensure that all assessments: (1) are conducted from a trauma-informed, child-and-family centered, strength-based perspective; (2) consider the unique culture, experiences, and beliefs of the child and their family; (3) incorporate all evaluation and assessments completed through STAR Health or other providers; and (4) conform to Minimum Standards.
- 2) Implement the **CANS assessment tool** for children 3 years of age and older. Ensure timely delivery and continuity in the provision of services to meet the

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assessed needs for foster care and Preparation for Adult Living - Life Skills Training in accordance with the requirements established by DFPS.

- 3) Develop and implement a process by which children, youth, and families may elevate concerns about the provision and/or quality of services provided.
- 4) Ensure that all services identified in the Child (Stages I-III) and Family (Stages II-III) plans of services are provided and documented in a timely manner and support the child's permanency goal.
- 5) Coordinate conferences and case planning staffings as requested by DFPS, including but not limited to, Initial Coordination Meetings (ICM), Family Group Conferences, Permanency Conferences, Circles of Support Conferences, staffings with STAR Health and meetings required by the court.

(C) Service Planning Model Assumptions.

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

Section 2.21 Child and Youth Service Planning (Stage I) - Roles, Responsibilities and Documentation Requirements (See Chart 3).

Chart 3: Child and Youth Service Planning		
I. At Referral		
DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Provide the SSCC access to relevant case information in IMPACT prior to the ICM.		
II. ICM Meeting		
DFPS Role	SSCC Role	SSCC Documentation Requirements

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<p>1. Within 7 days of referral, schedule the Initial Coordination Meeting (ICM) with the SSCC to review child needs and outline services to address the assessed needs. Provide the SSCC two business days' notice of meeting.</p>	<p>1. Share the SSCC preliminary service recommendations for child with DFPS during Initial Coordination Meeting (ICM). Actively participate in ICM meeting.</p>	<p>1. Use the Child and Adolescent Needs and Strengths (CANS) Assessment 2. Share all assessments, evaluations and medical reports related to the child (Stage I) with DFPS.</p>
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III. Service Planning

DFPS Role	SSCC Role	SSCC Documentation Requirements
<p>1. Work jointly with the SSCC and schedule Initial and Subsequent Service Planning Meetings to develop service plans. 2. Establish permanency and concurrent goal with input from the SSCC 3. Provide written reason for denial, and required changes if Service Plan proposed by the SSCC is denied by DFPS. The response must be provided within 3 business days of receipt of service plan. 4. Share and/or grant access to information relevant to the case with the SSCC within 7 days of receipt including court documents and significant events impacting permanency plan. 5. Provide necessary oversight measures and review processes</p>	<p>1. Schedule Initial and all Subsequent Service Planning Meetings to develop child plans of service within timeframes required by Texas Family Code and applicable licensing standards. The SSCC provides 14 days' notice to DFPS of Service Plan Meetings. 2. Ensure that the child or youth, age 3 years of age or older, receives a comprehensive assessment (CANS) within 30 days of removal and annually thereafter unless the child or youth is receiving therapeutic foster care and in this case a comprehensive assessment is required at least once every 90 days. 3. Develop the written Service Plan via IMPACT and in accordance with the Texas Family Code and DFPS minimum</p>	<p>1. Provide timely documentation (via IMPACT) for service planning. 2. Share all assessments, evaluations and medical reports related to the child (Stage I) with DFPS 3. Provide written service plan (via IMPACT) to DFPS worker at conclusion of meeting for approval or denial.</p>

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to maintain compliance with federal and state requirements	standards. 4. Make all reasonable efforts to ensure children, youth, families and caregivers participate in service planning.	
IV. Visitation Planning		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Work with the SSCC to identify visitation plan with family members and siblings if placed separately. 2. Provide the SSCC access to Documentation of Approved Visitation Plan. 3. Conduct visits with Children and their caregivers. 4. Actively participates in all service plan meetings. 5. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 	<ol style="list-style-type: none"> 1. Work with DFPS to identify visitation plan with family members and siblings if placed separately. 2. Assist in arranging and provide transportation for visitation (Stage I). 	<ol style="list-style-type: none"> 1. Document visitation plan with family and siblings if placed separately in IMPACT.
V. Audit/Monitoring		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 2. Ensure case plans meet state and federal requirements. 	<ol style="list-style-type: none"> 1. Evaluate and report on the effectiveness of service being provided to children, youth and families. 2. Adjust the service type, frequency and duration of services based on input received through staffings. 	

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VI. Discharge Planning		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Work jointly with the SSCC to determine when a child or youth and their family are ready for discharge from services and achievement of their permanency goal. 2. Approve or deny within 5 business days, the SSCC's recommendation for discharge. 3. Schedule a family meeting when it is time to discharge the child or youth from the SSCC for the achievement of the permanency goal. 4. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 	<ol style="list-style-type: none"> 1. Work jointly with DFPS to determine when a child or youth and their Family are ready for discharge from services and achievement of their permanency goal. 2. Ensure that discharge planning including services to prepare a child and youth for permanency is incorporated with the child and youth's service plan. 3. Participate in a family meeting when the child or youth is ready for discharge to permanency 	

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

Section 2.22 Child’s Physical and Behavioral Health Needs (Stage I) - Roles, Responsibilities and Documentation Requirements (see Chart 4).

Chart 4: Health Needs		
DFPS Role	SSCC Role	SSCC Documentation Requirements

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<ol style="list-style-type: none"> 1. Ensure proper consent is obtained for children in paid foster care placement for all physical, psychotropic medication and behavioral health and substance abuse treatment. 2. Inform the SSCC of any known physical or behavioral health issues, medications prescribed and/or substance abuse issues that need to be addressed upon referral or as soon as DFPS becomes aware of health issues requiring special attention 3. Monitor all physical and behavioral health services to ensure the child's individual needs are being met. 4. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 	<ol style="list-style-type: none"> 1. Ensure that the child or youth, age 3 years of age or older, receives a comprehensive assessment (CANS) within 30 days of removal and annually thereafter, unless the child or youth is receiving therapeutic foster care and in this case a comprehensive assessment is required at least once every 90 days. 2. Coordinate all physical and behavioral health and/or prescribed medication(s) and/or substance abuse related services identified in the service plan. 3. Ensure children in paid foster care placement receive an initial standardized medical screening for each child at removal within 3 business days* *The initial screening is not meant as a substitute for needed emergent care. 4. Ensure children in paid foster care placement receive all follow-up medical exams, Early and Periodic Screening and Diagnostic and Treatment (EPSDT) exams, including Early Childhood Intervention (ECI) referral, and dental exams in accordance with STAR Health and DFPS Policy timeframes. 5. Ensure the caregiver provides written consent for the child's ECI information to be entered into the child's Health Passport. 6. All services identified will be accessed through the 	<ol style="list-style-type: none"> 1. Maintain documentation in accordance with what is required in DFPS Minimum Standards.
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	<p>STAR Health Network, with the exception of substance abuse services that are accessed through the Department of State Health Services (DSHS).</p> <ol style="list-style-type: none"> 7. Provide or ensure the provision of all mental and behavioral health related services identified in the Child's Plan of Service. 8. Ensure proper oversight of any prescribed psychotropic medication. 9. Schedule and transport children to and from appointments. 10. Notify DFPS of any Texas Health Steps medical and dental appointments, medical emergencies, known significant physical or behavioral health concerns or changes, including when a child's psychotropic medications fall outside the Psychotropic Medication Parameters. 	
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During Stage II and Stage III DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to meeting the children's (kinship and paid foster care) physical and behavioral health needs as a part of case management responsibilities.

Section 2.23 Transitional Living Services (Stages I, II, III) - Roles, Responsibilities and Documentation Requirements (See Chart 5).

Chart 5: Transitional Living Services		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Work jointly with the SSCC and schedule the initial planning meeting for transitional plan for youth 2. Approves the youth's transitional plan 3. Tracks all transitional living services for the Youth 4. Identify youth to be 	<ol style="list-style-type: none"> 1. Jointly work with DFPS to initiate initial planning meeting for the development of a transitional plan for youth resulting in one plan followed by the SSCC and DFPS. 2. Use DFPS Transitional Plan template (Form 2500). 3. Work with each youth and family to develop and implement a 	<ol style="list-style-type: none"> 1. Document services to help the youth meet identified needs to achieve Independent or Transitional Living. 2. Provide completed 2540 Forms 3. Document Life Skills Training as well as

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<p>surveyed and enter required data and maintain National Youth in Transition Database (NYTD).</p> <ol style="list-style-type: none"> 5. Confirm eligibility for all transitional living services and financial supports to the SSCC. 6. Schedule and facilitate Circle of Support (COS) Meetings to develop the youth's Transition Plan. 7. Determine the youth's (ages 18-22) eligibility for Extended Care and/or Return to Care. 8. Ensure that the youth signs the Voluntary Extended Foster Care Agreement (Form 2540) in a timely manner. 9. Ensure Life Skills training completed by youth is documented in IMPACT. 10. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 	<p>Transition Plan and to attend and participate in all planning meetings.</p> <ol style="list-style-type: none"> 4. Arrange for an independent living skills assessment (currently the Casey Life Skills Assessment) for youth in DFPS managing conservatorship who are age 14. If a youth was not eligible to receive the assessment at age 14 or 15, an assessment must be provided to all youth in DFPS conservatorship at age 16 or older. Youth will only be assessed one time. 5. Ensure an interpretation of the completed scored assessment is shared and discussed with the youth and the caregiver. 6. Through the youth's service plan, ensure an annual update of the independent living skills the youth learned the preceding year is conducted to ensure the youth is being prepared for their successful transition to adulthood. The annual review should include a review of the original assessment responses and documentation of the youth's progress and continued need in the youth's plan of services. 7. Assist DFPS in obtaining NYTD surveys from identified youth at ages 17, 19, and 21. 8. Provide identified services to help the Youth achieve independence 9. Assist the youth in applying for and securing services to help with their successful transition to adult living. 10. Work with youth and other significant individuals to identify and foster lifelong connections to caring adults that help with their successful transition to adult living. 11. Assist DFPS in obtaining the Voluntary Extended Foster Care Agreement (Form 2540), 7 days before child's 18th birthday. 	<p>experiential Life Skills Learning</p> <ol style="list-style-type: none"> 4. Voluntary Extended Foster Care Agreement (Form 2540) must be completed within 30 days of the youth's 18th birthday or 30 days after the youth's 18th birthday. 5. Document and report by the 15th of the month following the month of service all Preparation for Adult Living Life Skills training completed by each youth to DFPS. More frequent reporting will be required during the summer months to be in compliance with NYTD.
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	<p>12. Participate in youth's Circle of Support Meetings.</p> <p>13. Arrange and ensure participation of all referred youth in Preparation for Adult Living Life Skills Training.</p> <p>14. Develop and deliver PAL Life Skills Training utilizing the curriculum topics found in Appendix 10212: Preparation for Adult Living Skills Training Curriculum Outline at: http://www.dfps.state.tx.us/handbooks/CPS</p> <p>15. Include experiential and community-based learning as a part of PAL Services: http://www.dfps.state.tx.us/PCS/Residential_Contracts/contract_resources.asp</p> <p>16. The SSCC will assist the child/youth in maintaining necessary documentation for Voluntary Extended Foster Care/Return to Care eligibility.</p>	
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During Stage II and Stage III, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to transitional living services, including, but not limited to, coordination and provision of the Education Training Voucher to eligible youth and young adults as a part of case management responsibilities.

Section 2.24 Adoption (Stages I, II & III) - Roles, Responsibilities and Documentation Requirements (See Chart 6)

Chart 6: Adoption		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<p>1. Responsible for all legal/court activities related to termination of parental rights, legal risk placement, adoption, and eligibility for post-adoption subsidies and services.</p> <p>2. Approve or deny the SSCC's selected adoptive home study; if selection is denied, provide in writing the rationale for the</p>	<p>1. Recruit and approve adoptive homes</p> <p>2. Place children in DFPS approved legal risk and/or adoptive home.</p> <p>3. Provide services to prepare and support adoptive placements.</p> <p>4. Obtain assessments and services needed to ensure placement stability in a legal risk and/or adoptive home prior to consummation.</p>	<p>1. Provide documentation of these services.</p>

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decision, including specific reasons that would indicate why the family was not an appropriate match and/or how the decision is not in conformity to the agreed upon placement guidelines.		
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During Stage II and Stage III, DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to adoption services, including, but not limited to the provision of post-adoption services as a part of case management responsibilities.

Section 2.25 DFPS Court (Stage I-III).

In Stage I, court services are required of both DFPS and the SSCC whenever DFPS has legal conservatorship of a child. In Stage II-III, court services are required of the SSCC whenever DFPS has legal conservatorship of a child. State and federal requirements mandate that children in DFPS' legal conservatorship have periodic court reviews. The court reviews include, but are not limited to, the review of the child's placement, child and family services, summary of medical care, and progress towards permanency. DFPS will provide the SSCC access to all available court orders, reports and information.

(A) SSCC must:

- 1) Ensure that the SSCC's agents, employees, volunteers, and subcontractors appear and testify in judicial proceedings, depositions and administrative hearings relating to the child (Stages I-III) and family (Stages II-III), at the request of the Department or court.
- 2) Notify or assist the Department in locating past agents, employees, volunteers or subcontractors when DFPS needs past agents, employees, volunteers, or subcontractors to appear and testify in accordance with services offered under the purview of this contract.
- 3) Ensure that children and youth attend all court hearings unless excused by the presiding judge prior to the court hearing.
- 4) Comply with all court orders and jurisdictional requirements.
- 5) In Stage II, completes court reports and other documents as required by the court, including necessary service or documents requested by attorney representing the Department.
- 6) If the SSCC fails to comply with any court order or other governmental requirement and a court imposes a monetary penalty upon DFPS, then the Department will recoup such damages against the SSCC in the amount attributable to the SSCC's noncompliance.

Section 2.26 DFPS Court (Stage I) - Roles, Responsibilities and Documentation Requirements (See Chart 7)

Chart 7: Court Requirements		
DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Prepare court report, attend court and testify 2. Notify the SSCC of all scheduled court hearings	1. Attend court hearings and/or preparation meetings as requested by DFPS, CASA, child's attorney or other members	1. Maintain documentation of all court orders 2. Document and provide all information requested

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<p>3. Provide the SSCC a copy of court orders, settings, notices, court reports, including CASA or guardian ad-litem reports and other relevant court information</p> <p>4. An employee, agent, or representative of the SSCC is considered to be a client's representative of the department for purposes of privilege.</p>	<p>of the judiciary</p> <p>2. Notify DFPS of who will be attending court electronically prior to court hearing 20 days prior to scheduled hearing</p> <p>3. Provide information necessary for preparation of court reports 20 days prior to scheduled hearing</p> <p>4. Provide supplemental information for inclusion in court report when significant events occur prior to scheduled hearing</p> <p>5. Ensure attendance of staff with personal knowledgeable of case at all court hearings unless excused by the presiding judge.</p> <p>6. Provide notice to caregiver of all court hearings.</p> <p>7. Notify DFPS immediately of any service of legal process including but not limited to summons, subpoena, or discovery notices related to performance under contract.</p> <p>8. Ensure children and youth attend court hearings, unless excused by the presiding judge prior to the court hearing. Attendance may occur through video conference and/or teleconference when appropriate and if approved by the court</p> <p>9. Records of the SSCC related to community based care are subject to Chapter 552, Government Code, in the same manner as the records of the department</p>	<p>by DFPS in order to complete court reports.</p>
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During Stage II and Stage III DFPS will continue to provide oversight and monitoring functions and the SSCC will assume responsibility for all duties related to court obligations as a part of case management responsibilities.

Section 2.27 Major Deliverable #5 – Case Management (Stages II-III).

In Stage II, the SSCC will assume responsibilities for all Stage I activities, as well as provide case management services to a child, or to the child's family, a young adult in extended foster care, a relative or kinship caregiver, those placed in the catchment area through Interstate Compact on the Placement of Children (ICPC) and through inter-regional agreements.

(A) The SSCC must provide case management services that at a minimum include:

- 1) caseworker visits with the child;
- 2) family and caregiver visits;

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- 3) parent-child visitation as court ordered or in the best interest of child(ren) in the case;
- 4) convening and conducting permanency planning meetings;
- 5) the development and revision of child and family plans of service, including a permanency plan and goals for a child or young adult in care;
- 6) the coordination and monitoring of services required by the child and the child's family;
- 7) the assumption of court-related duties regarding the child, including:
 - a. providing any required notifications or consultations;
 - b. preparing court reports;
 - c. attending judicial and permanency hearings, trials, and mediations;
 - d. complying with applicable court orders; and
- 8) ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines;
- 9) the reunification of children with the biological parents of the children;
- 10) the promotion of safe placement of children with relative or kinship caregivers and the services to relative and kinship caregivers;
- 11) the reunification of children with the biological parents of the children when possible and support services after a child is returned for the period of time ordered by the court.
- 12) any other function or service that the department determines necessary to allow a single source continuum contractor to assume responsibility for case management.

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

- 1) **DFPS will:**
Provide referral to the SSCC for coordinated purchased client services and case management services.
- 2) **SSCC must:**
 - a. Maintain the capacity to accept referrals from DFPS for services to families of children referred to the SSCC 24 hours per day, 365 days per year.
 - b. Accept all referrals (No Reject) made by DFPS and continue to meet the individual needs of the family and other individuals referred (No Eject), until DFPS or the court determines an individual is no longer eligible for the SSCC services. This includes families and other individuals who reside outside of the catchment area.
 - c. Ensure that the family receives appropriate testing and assessment(s) as indicated by their case history, which can include, but is not limited to, psychological testing and evaluation and a substance abuse screening and assessment.
 - d. The SSCC must maximize purchased client services funding by utilizing community based services for which DFPS families are eligible.

(C) DFPS will pay the SSCC for eligible purchased client services provided to family members within the negotiated allocation using an automated process in IMPACT (see Chart 15). This allocation excludes services for children, youth and young adults as part of Stage II implementation, including Education Training Voucher, PAL Aftercare, and Post-Adoption services.

- 1) **SSCC Must:**
 - a. Ensure timely delivery and continuity in the provision of services to meet the assessed needs for substitute care in accordance with the requirements established by DFPS.

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- b. Develop and implement a process by which children, youth, and families may elevate concerns about the provision and/or quality of services provided.
- c. Ensure that all services identified in the Child (Stages I-III) and Family (Stages II-III) plans of services are provided and documented in a timely manner and support the child's permanency goal.
- d. Comply with any court applicable court order issued by a court of competent jurisdiction in the case of a child for whom the SSCC has assumed case management responsibilities or an order imposing a requirement by the department that relates to functions assumed by the SSCC regarding services for children, youth, and families.
- e. Provide case management services for children, families, and kinship caregivers receiving services in the catchment area.
- f. Provide reunification support services to parents after a child receiving services from the SSCC is returned to the child's family.

Section 2.28 Referral for Case Management Services to the Family (Stages II and III) - Roles, Responsibilities and Documentation Requirements (see Chart 8)

(A) Families Residing Outside Catchment Area(s) (Stages II and III).

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

Chart 8: Referral for Case Management Services		
DFPS Role	SSCC Role	SSCC Documentation Requirements
DFPS will refer families who require services that support the achievement of safety, permanency and well-being for the individual child in conservatorship to the SSCC electronically.	Review referral of family and identify potential services needed.	Must document service recommendations via IMPACT.

Section 2.29 Conducting visits with the Child and the Family

- (A)** DFPS will monitor and assess if visits are in compliance with federal and state requirements.
- (B) SSCC will:**
 - 1) Conduct visits with the child, caregivers and family at a minimum of once a month.
 - 2) Document visits with the child, caregivers and family.

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Chart 9: Visits with Children in Substitute Care and Families

DFPS Role	SSCC Role	SSCC Documentation Requirements
<p>Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements</p>	<ol style="list-style-type: none"> 1. Maintain face-to-face contact with each of the child’s parents at least monthly, to address case planning and service needs. More frequent contact may be needed, depending on the issues in the case. 2. If a parent is incarcerated, the SSCC must maintain monthly contact with the parent and continue working with the parent towards identified goals in the family plan of services. 3. Maintain monthly face-to-face contact with the children who remain at home after a sibling has been placed in substitute care and the case is in temporary legal status. If a sibling is in a parental child safety placement (PCSP), this child is still considered a member of the home and must be visited monthly. 4. Provide courtesy supervision for parents and children residing in catchment area when legal case is in another area 5. During the monthly or more frequent visits, the SSCC must discuss with the child and parents the progress in addressing the Family Service Plan since the last visit. 6. The SSCC must visit the child, at a minimum, on a monthly basis. The visits must focus on issues relevant to case planning and service delivery to ensure safety, permanency and well-being of the children. 7. The majority of the visits must occur in the child’s residence. Specifically there is at least one visit each month at the residence in a majority of the 	<p>SSCC must document each contact with details about his or her observations and discussions with the child, caregiver and family.</p>

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	months over the year.	
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Section 2.30 Child and Family Service Planning (Stages II and III) - Roles, Responsibilities and Documentation Requirements (See Chart 10).

(A) DFPS will:

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

(B) SSCC must:

- 1) Convene and conduct service planning and permanency planning meetings;
- 2) Develop and revise child and family plans of service, including a permanency plan and goals for a child or young adult in care;
- 3) Coordinate and monitor services required by the child and the child's family;
- 4) Assume court-related duties regarding the child, including:
 - a. providing any required notifications or consultations;
 - b. preparing court reports;
 - c. attending judicial and permanency hearings, trials, and mediations;
 - d. complying with applicable court orders;
 - e. working with attorneys to prepare for trials and staff cases as needed;
 - f. working with all legal parties on the case; and
 - g. ensuring the child is progressing toward the goal of permanency within state and federally mandated guidelines.

Chart 10: Family Service Planning

DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Notify the SSCC of the need for family services 2. Monitors and assesses all services to ensure appropriateness and effectiveness. 3. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 4. May review, approve, or disapprove the SSCC recommendation with respect to the child's permanency goal 	<ol style="list-style-type: none"> 1. Schedule and notify all required participants of Initial and all Subsequent Service Planning Meetings to develop Child and Family Plans of Service in accordance with time frames established by the Texas Family Code. 2. Make all reasonable efforts to ensure children, youth, families and caregivers participate in service planning. 3. Collaborate to develop visitation plan with parents, family, and siblings if placed separately. 4. Arrange, monitor, and provide transportation for visitation with relatives and/or fictive kin 	<ol style="list-style-type: none"> 1. Complete timely documentation of all service plans in IMPACT and changes in service array or delivery. 2. Document all meetings and visits with Family members in IMPACT. 3. Create and maintain individual client records which includes the following: <ul style="list-style-type: none"> • Form 2054 • DFPS Child and Family Plans of Service • Individual treatment or service plan with periodic updates documenting progress or lack of progress.

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	<ol style="list-style-type: none"> 5. Arrange, monitor and provide visitation with parent and/or family member who is the subject of the Family Plan of Service. 6. Identify available services to meet the family's needs through the assessment of the family's history and individual needs. 7. Identify permanency and concurrent goal. Develop the Family Plan of Service. 8. Ensure all family members who are subject of the family plan of service participate in service planning. 9. Ensure that the needs of children not in substitute care but residing with the family or a kinship caregiver are assessed and addressed in the family plan of service. 10. Evaluate and report the family's level of compliance with services offered to DFPS and the court. 11. Evaluate and report on the effectiveness of services being provided to family. 12. Adjust the service type, frequency and duration of services based on input received through joint service plan meetings. 13. Work jointly with the court to determine when a child or youth and their family are ready for discharge from services and achievement of their permanency goal. 14. Ensure that discharge planning including services to prepare a family for their child or youth's permanency is incorporated in the family's service plan. 15. Coordinate and facilitate a family meeting (for youth aging out refer to Transitional Living Services section of this 	<ul style="list-style-type: none"> • All reports required by contract • Court reports and orders received • Adequate documentation to support services received such as who received the services, who provided the services, when and where they were provided, the duration and the outcome: <ul style="list-style-type: none"> ○ Date and manner of submission of assessments, plans, or reports required by contract ○ Case notes, including documentation of complaint investigations, court-related services.
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	RFA) when their child or youth is ready for discharge to permanency.	
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Section 2.31 Sample Array for Family Services. Chart 11 provides examples of services previously delivered to families served by DFPS. The SSCC will not be limited to providing only the services listed below and inclusion of this table is not meant to imply the availability of funds for each of these services (see Chart 11).

Chart 11: Sample Service Array	
Service	Description
Psychological/Psychiatric Evaluation/Assessment	Psychosocial or Developmental assessments Psychological or Psychiatric evaluations
Assessment, Counseling and Therapy (Non-Substance Abuse)	Individual, Group or Family assessment, counseling and therapy (not including substance abuse counseling)
Substance Abuse Testing & confirmation	Testing to identify or confirm the existence of a drug in a person's system
Substance Abuse Assessment, Counseling, and Therapy	Substance Abuse related Individual, Group or Family assessment, counseling and therapy
Concrete Services	The purchase of goods or services to increase the safety of the home or better meet the needs of the child.
Translator and interpreter services	Communication services utilized when a client's ability to communicate is diminished due to Limited English Proficiency or some other communication disability.
Parent/Caregiver Training	Individual or group training for parents or caregivers to improve their parenting skills.
Permanency Planning Meetings	Multi-disciplinary meetings that engage the parent, child, family and other legal parties in case planning. Participants also review progress made toward the goal of providing safety, permanency, and well-being for the child
Camping	Youth camps that have the general characteristics of a day camp, resident camp, or travel camp. They are used primarily for recreational, athletic, religious, or educational activities. The property or facility must accommodate five or more children under 18 who spend all or part of at least four days there.
Court-Related Services	Court-related services that are deemed legally necessary and appropriate for the well-being, safety, or permanency of the child.
Court Ordered Supervised Visitation	Visitation services between a child and his or her parents or other caregivers that are required, court ordered or the opinion and possible testimony of a trained third party regarding the parent-child relationship is needed.

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Section 2.32 Kinship Services (Stages II and III) - Roles, Responsibilities and Documentation Requirements

- (A) DFPS will provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.
- (B) **SSCC will:**
 - 1) Promote the placement of children with relative or kinship caregivers.
 - 2) Provide case management of children, kinship caregivers and families.

Chart 12 Kinship Services		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Upon removal notify the SSCC of the need for kinship caregiver services. 2. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements 	<ol style="list-style-type: none"> 1. Promote the placement of children with relative or kinship caregivers 2. Promote ongoing contact with relatives and other significant individuals pertinent to the child's well-being and permanency. 3. Provide case management of children, relative and kinship caregivers and families. 4. Evaluate potential kinship caregivers being considered for placement including written assessments of potential kinship caregivers. 5. Responsible for finding local resources to meet the child's and caregiver's needs. 6. Maintain face-to-face contact with the kinship caregiver with the majority of the monthly visits must occur in the home. 7. Provide Kinship Caregiver manual to kinship caregivers. 8. When a child is placed with a kinship caregiver, the caseworker must explain the financial resources that may be available to the kinship caregiver. 9. Ensure day care services for children in CPS conservatorship who live with eligible kinship families. 10. Assist kinship caregivers 	<ol style="list-style-type: none"> 1. Placement documentation for kinship placements 2. Written assessments regarding the evaluation of potential kinship caregivers 3. Complete risk assessment regarding potential kinship caregivers if needed. 4. Complete kinship safety evaluations. 5. Document contacts with kinship caregivers 6. Complete documents required for kinship caregiver financial assistance programs

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	seeking verification as a foster parent 11. Assist kinship caregivers in meeting the conditions to verify eligibility for permanency care assistance.	
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Section 2.33 Family Reunification Services (Stages II and III) - Roles, Responsibilities and Documentation Requirements

- (A) DFPS will provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.
- (B) **SSCC will:**
 - 1) Reunify the children with the parent(s) of the children when possible.
 - 2) Provide family reunification support services after a child receiving services is returned to the child's family for a period ordered by the court.

Chart 13 Family Reunification Services

Chart 13 Family Reunification Services		
DFPS Role	SSCC Role	SSCC Documentation Requirements
1. Provide necessary oversight measures and review processes to maintain compliance with federal and state requirements.	1. Reunification of children with parent(s) of the children when possible. 2. Initiate the reunification process. 3. Conduct an assessment regarding the safety in the home. 4. Provide supervision after the child is returned to ensure safety and provide services as needed. 5. Face to face contact with the child and family at a minimum of weekly for the first 8 weeks after reunification and then monthly in the child's home. 6. Update the family plan of service and ensure that the family's service plan includes plans and a deadline for terminating CPS conservatorship and evaluate the plan every 90 days.	1. Documentation of safety assessment. 2. Documentation of staffing where the decision of reunification is made. 3. Documentation of the family plan of service and its updates. 4. Documentation of the contacts with the child and family.

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	7. Ensure day care services, as needed, to ensure the success of the reunification plan for the child(ren) and family.	
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Section 2.34 SSCC Fiscal Requirements (Stages I, II, III)

(A) The SSCC must:

- 1) Develop and maintain comprehensive, accurate written financial operating procedures, subject to review and approval by DFPS.
- 2) The SSCC must have independent financial audits conducted annually and provide the results to DFPS within thirty (30) days from the receipt of findings provided by the independent auditor. Audits must be conducted by a Certified Public Accountant (CPA) licensed by the state regulatory body of the state in which the audit was performed. An audit conducted pursuant to Single Audit Requirements meets the conditions of this subsection.
- 3) Provide all financial information requested by DFPS in an appropriate format within 3 business days of the request.
- 4) Maintain sufficient cash management policies and procedures to produce cash flow reports that meet the requirements of DFPS.
- 5) Coordinate and pay for services, required in individual service plans for children and families referred to the SSCC by DFPS.
- 6) Ensure that financial and utilization management systems are in place to guarantee accountability for dollars spent and the capacity to manage financial risk.
- 7) Assume responsibility for any monitoring/audit exception or other payment irregularity regarding services provided under the contract.
- 8) Demonstrate the ability to manage funding to provide services within available resources.
- 9) In accordance with 40 TAC §700.1753, the SSCC must use an accrual accounting system that reflects the application of generally accepted accounting principles (GAAP) approved by the American Institute of Certified Public Accountants (AICPA).

(B) Submit a detailed Accounting Policy Manual to DFPS within 60 days after contract execution that includes the following:

- 1) A detailed description of an accounting system capable of supporting the operation and management of a provider network, payroll, and subcontractor payments.
- 2) Fiscal policies and procedures that address payment, invoices, delinquencies, reconciliation, audits, and other standard accounting procedures.
- 3) A detailed description of an information system that supports the management and oversight of services and an information system that collects, integrates, and reports financial and outcome data.
- 4) The SSCC must update the Accounting Policy Manual at least 60 days before transition to Stages II and III. After Stage III, the SSCC will update the SSCC Accounting Policy Manual at least 30 days before each new state fiscal year unless such a date falls within 120 days of Stage III implementation, in which case the SSCC will update the SSCC Accounting Policy Manual 30 days before the next state fiscal year. DFPS must approve of each update to the SSCC Accounting Policy Manual

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Section 2.35 Required Reports.

The SSCC must ensure compliance with report requirements outlined in the SSCC contract and DFPS Residential Child-Care Minimum Standards. The SSCC must accurately complete cost reports, time studies, Contract Monitoring surveys, Performance Measurement reports, and any other reports required and requested by the Department within time frames specified by DFPS. The SSCC must submit annual cost reports as required by 1 TAC §355, Subchapter H. Additionally, the SSCC must submit the following:

- (A) The number of SSCC and subcontractor (if applicable to the SSCC model) staff that receive Trauma Informed Care training annually.
- (B) A quarterly staffing report by month (including but not limited to, the number of vacancies by position type, the turnover rate by position type, and the new hires by position type).
- (C) Quarterly report of complaints, and the status of complaints/resolutions,
- (D) A quarterly report by month and fiscal year of total unduplicated count of the number of children admitted into psychiatric hospitals, and the number of children in a psychiatric hospital past medical necessity and beyond 15 days.
- (E) A quarterly report by month indicating exceptional care utilization including; start date, end date, number of days and date of DFPS approval.
- (F) A quarterly accrual financial reports/statement for the contracted entity and Parent Organization that include; balance sheet, statement of income and expense, statement of changes in financial position, cash flows and capital expenditures.
- (G) Annual Certified Audit that meets the requirements of 45 CFR 75 Subpart F for each above entity.
- (H) Applicable Federal Income Tax Return (Form 990 or 1120).

Section 2.36 Performance Measures and Associated Remedies.

DFPS will monitor the performance of the contract. All services and deliverables under the contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. Contractor performance evaluation is based on assessment of the performance measures outlined in this section, compliance with the terms and conditions of the Contract, and compliance with Minimum Standards, as indicated by DFPS records and Contract Monitoring performed by Department staff. Performance measures for Stage II and III will be determined and negotiated with the SSCC prior to implementation of Stage II. The Stage II performance measures will include measures that address other areas such as education needs and the federal Child and Family Services Review (CFSR):

<https://www.acf.hhs.gov/cb/resource/cfsr-round3-combd-fed-register-annc>.

In addition, the Stage II population for some existing measures will expand to include all children in DFPS Legal Responsibility served by the SSCC. (See Appendix F)

- (A) **Goal of the Contract.** The goal of this Contract is to ensure the provision of the full continuum of services for all referred children and their families and/or any other individual or entity directly involved in supporting the achievement of safety, permanency, and well-being of the child by developing a community-based service delivery model that fully engages communities within the catchment area and ensures effective and efficient service delivery, continuity of care, and improved outcomes for children and their families.
- (B) **Basis of Performance Measures.** Performance measures reflect the Quality Indicators adopted by the Public Private Partnership, the outcomes identified in the Community Based Care logic model, and the Administration for Children and Families Child and

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Family Service Review outcomes. The contractor will achieve measures for the initial contract period. Measures for renewals are subject to change on an annual basis. If, at any time during the term of the contract, changes to a measure are necessary due to changes in federal or state laws, rules, regulations, or code, the performance of the SSCC will be measured under the new requirements. DFPS may compute new baselines, and revise the indicators, targets, data sources, or methodologies for the measures during the contract period.

- (C) **Data Sources.** DFPS will use data collected through the Information Management Protecting Adults and Children in Texas (IMPACT) data system to develop the indicators and calculate the methodologies. DFPS may also work with externally contracted entities to design and produce performance measures using data available through the IMPACT data system. The SSCC will be required to collect and report certain performance measure data not in IMPACT in the DFPS Performance Management Evaluation Tool (PMET), which is an internet-based data collection and reporting system. The SSCC will be required to register an account in the PMET system within 30 days after the first service is provided, according to the instructions found at:

<https://www.dfps.state.tx.us/application/PCSPMET>.

Select Help, then PMET User Guide. Documentation must be maintained in a manner which allows for testing the validity of results reported for each performance period. Results for this contract must be reported quarterly, according to the following schedule.

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

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

Performance Tracking. Performance measure data may be used by DFPS to make decisions about contract status, to adjust the nature and intensity of DFPS' contract monitoring and quality assurance activities, and to keep stakeholders informed about the success of the performance based contracting effort. DFPS will track performance throughout the contract period. Any and all analyses can be used by DFPS to determine subsequent performance targets or the need for contract changes. The performance measures are defined below. It is understood that the individual needs of a child are paramount; not all indicators are appropriate for every child.

- (E) **Baselines.** The performance of the Contractor will be compared to the historic performance of the legacy system in the defined catchment area to determine if their strategies are effective in meeting or exceeding historic baselines. Initial baseline performance will reflect an established performance period of the legacy system in the defined catchment area prior to implementation of the relevant stage. The baseline performance period may be established to reflect long standing historic trends or the most recent performance, depending on the measure. The safety measure is the exception with a standard target of 100%. For measures without historic data, initial baseline performance will be gathered during the initial stages.

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In addition to the performance measures outlined in this section, in Stages I and II, DFPS will monitor the number of days in paid foster care for children and youth served by the SSCC against an established baseline. The baseline will be calculated based on a weighted average of care days (stratified by age at admissions) for an established performance period prior to Stage I. For Stage III, DFPS will calculate the initial baseline using the weighted average number of care days for an established performance period prior to Stage III.

DFPS will assess the need to recalculate baselines annually.

(F) Performance Measures:

Goal	Performance Measures For Stage I
Safety	1. Children/youth are safe in placement
Placement Stability	2. Children/youth have stability in foster care
Least Restrictive Setting	3. Children/youth are placed in the least restrictive placement setting
Maintaining Connections	4. Children/youth in foster care are placed in close proximity to family and community
	5. Children/youth in foster care are placed with their siblings
Preparation for Adulthood	6. Youth age 16 and older obtain a driver's license
	7. Youth age 16 and older without a driver's license obtain a Texas identification card
	8. Youth turning 18 complete Preparation for Adult Living (PAL) training
Participation in Decisions	9. Children/youth age 5 and older participate in service planning
	10. Children/youth attend court hearings
Child Well-being	11. Child/youth wellbeing is maintained or improved in care

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Article III. Utilization and Compensation

Utilization and payment methodologies are outlined in Exhibit C for each Stage and type of service. Some of Stage II funding will be determined through DFPS-SSCC contract negotiation prior to the Stage II start-up period. See Exhibit C for more information.

Section 3.01 One Time Start-up Funds (Stages I-II)

DFPS will provide the SSCC with an upfront, one-time payment for Stage I and II for the purposes of building a provider network to manage DFPS referrals in the catchment area. Prior to the payment of \$907,000 for each stage, the SSCC must provide a Budget detail report to DFPS outlining how the SSCC will expend the one-time start-up funds. The SSCC may not use start-up funds to purchase equipment. Start-up funds may be used to lease equipment. Additionally, the SSCC must submit a final expenditure report to DFPS of these funds as requested by DFPS. Any unexpended funds must be returned to DFPS as requested.

Section 3.02 Foster Care Rates.

The Texas Health and Human Services Commission (HHSC) develops the reimbursement methodology for determining payment rates for DFPS contracted 24-hour Residential Child Care. Foster care rates include funding for both provider administrative and direct service costs associated with the provision of foster care and do not include the allocation for purchased client services to children, youth, and families. Daily foster care rates are based on appropriated funds and the number of children projected to enter paid foster care.

- (A) **Community Based Care Foster Care.** Community Based Care foster care reimbursement has three components for each Catchment Area:
- 1) A blended foster care rate;
 - 2) An exceptional foster care rate that may be applied to a limited number of children requiring extraordinary care; and,
 - 3) Beginning in Stage III, financial incentives and remedies will apply based on length of stay in substitute care.
- (B) **Blended Foster Care Rates for the Catchment Area.** The methodology to set the blended foster care rate utilizes statewide projections by Level of Care/Placement/Strata and estimates what it would have cost the State in legacy based on the Strata projections for each catchment area. The blended foster care rate is meant to be cost neutral, meaning that the rate was the projection made at the time the rate was set for how much SSCC children would have cost the State if they had remained in legacy. An adjustment is made during the rate setting process to address the exclusion of legacy DFPS Homes for the SSCC. Estimates for legacy DFPS placements are calculated using CPA rates when determining the blended foster care rate for the SSCC.
- 1) **Strata.** There are 4 Strata categories. Each Strata is based on age at time of entry for the child's current spell. A spell represents a Child's time in paid foster care without a break of more than 30 days. This means that if they had previously been in the system but had a break of more than 30 days, the strata group they would be placed in would be based on their age at entry for their current spell, not the spell prior to the 30 day break, but it would go back to past placements, meaning if there were no 30 day breaks but there were 3

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placements, it would be based on age of entry for that first placement. Each Strata is based on the following:

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

- 2) For more information on the proposed blended foster care rate for this catchment area, please visit the following:

<http://rad.hhs.texas.gov/proposed-payment-rates-24-hour-residential-child-care-program>

- 3) All final adopted blended foster care rates for this catchment area will be posted on the Internet which can be accessed by visiting the following:

<http://rad.hhs.texas.gov/long-term-services-supports/24-hour-residential-child-care-supervised-independent-living-program-24>

- 4) **Minimum Pass-Through Requirement.** The SSCC must remit a minimum dollar amount of the daily foster care rate to foster parents to pay for child maintenance costs of children and youth placed pursuant to this contract. The minimum dollar amount will be determined by HHSC based on the most recent United States Department of Agriculture (USDA) Expenditures on Children by Families, Estimated Annual Expenditures on a Child by Husband-Wife Families, Urban South, with before tax income falling into middle USDA income bracket, inflated to the rate period, excluding expenditures on health care, child care and education. If HHSC implements a change in the applicable foster care rate(s), DFPS may change the minimum pass-through dollar amount(s). The SSCC must document the payment schedule for services provided through the SSCC demonstrating the provision of required pass through for foster families. The required minimum pass through dollar amount to a foster parent in all of the catchment areas is \$27.07 per day. If the appropriated foster care rates change as a result of the Texas Legislative Session, the amount of the required minimum pass through required will be adjusted.
- 5) **Social Security Payments.** Blended foster care rate payments will be reduced by DFPS by the amount of Social Security payments and other income received from the state and federal government that are transferred to the SSCC by DFPS for specific children and youth.
- 6) **Financial Risk.** DFPS will pay the established blended foster care rate for each calendar day of placement in paid foster care provided under the SSCC's contract, mitigating risk associated with increased entries into paid foster care. Through the use of a single blended foster care rate, the SSCC will have flexibility to offer individualized services to children and youth and will continue to be reimbursed at the same rate as children and youth move down or up the continuum of care and require less intense or more intense services and/or a reduction or increase in the frequency of services.

- (C) **Exceptional Foster Care Rate.** There will be a certain number of children and youth in the designated catchment area with exceptional needs that cannot be met appropriately through the use the blended foster care rate. The exceptional care rate will be

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calculated based on the state's utilization of child specific contracts. A rate will be established for each fiscal year. The SSCC cannot charge DFPS for both the blended rate and the exceptional care rate for the same child on the same day or use the exceptional care rate for SIL Youth under any circumstances.

- 1) DFPS will authorize use of exceptional days of care using a validation process in instances when (1) there is a Court Order that dictates a child specific placement or payment that exceeds the contemplated rate structure of the blended rate, (2) the child has extraordinary service needs that far exceed the traditional residential child care settings (example: major eating disorders, severe medical/psychiatric needs); or (3) the SSCC has performed an exhaustive search and placement cannot be located without the use of a child-specific contract whose rate exceeds the contemplated rate structure of the blended rate. In order to use exceptional days of care in these instances, the SSCC must submit sufficient documentation detailing the circumstances surrounding the request and justification for utilization of exceptional care days to the CPS Director of Placement (or her designee). The CPS Director of Placement (or designee) must approve the utilization request prior to the SSCC using exceptional care days.
- 2) Equal Sharing of Loss on Exceptional Days of Care Rate. The SSCC must provide DFPS with the number of children, days of care, and amounts paid for children placed under exceptional rate. DFPS will calculate the difference and either authorize additional or reduced exceptional days of care that would result in paying out 50 percent of the loss or collecting 50 percent if surplus.

(D) Midyear Rate Adjustment. DFPS will establish a mid-year rate adjustment process that incorporates the actual case mix experience of the SSCC in order to re-calculate the blended and exceptional care rates. If this recalculation results in a rate that differs (either higher or lower) from the currently established blended rate by more than one percent (1%), then DFPS will submit a request to leadership offices for approval to increase the rate or decrease the rate accordingly. The effective date of the rate change would be prospective from March 1. DFPS will also use the mid-year rate adjustment methodology to establish the new fiscal year rates effective September 1. All newly calculated rates are subject to the Rate Setting process, which includes approval of leadership offices prior to adoption and execution of a new rate.

(E) Incentives and Remedies. In Stage III, DFPS will pay the SSCC the blended foster care rate for each day of service provided to each child and youth. DFPS will reconcile total costs based on the total amount that would be expended based on the average number of paid foster care days (blended foster care case rate) for children and youth served by the SSCC (excluding SIL, Extended Foster Care, and children/youth who have been approved for the Exceptional Foster Care Rate).

- 1) For each SSCC, DFPS will calculate a baseline weighted average number of paid foster care days by taking the sum of the strata-specific number of care days anticipated divided by the total number of children across all strata in the catchment area. The anticipated (baseline) care days are calculated by applying historic averages for each age strata to the current number of entries in each age strata.
- 2) The strata are based on the age of the child upon entry: 1) less than one year old; 2) between one and thirteen years old; and between fourteen and seventeen years old.

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- 3) The first baseline will be calculated from the average days in paid foster care for children in the catchment area over an established time period ending prior to the first day that the SSCC receives the first referral for case management services as a part of Stage II contract implementation. The historic years of entry will be determined based on an analysis of the historic and current regional and statewide trends. For example, to the extent that recent trends show a system at rest, fewer years of entry may be needed whereas significant fluctuation in performance may require more historic data. Baselines will be assessed annually to determine the need to recalculate.
- 4) If children and youth served by the SSCC move to permanency in less time and at a higher rate, on average, than predicted by the SSCC baseline, then the SSCC will receive an incentive payment equal to the general revenue amount that DFPS would have spent had children and youth served by the SSCC remained in paid foster care for the length of time predicted by the baseline. The SSCC will be required to expend all funds obtained through the incentive process in a manner that improves the quality of care delivered on behalf of DFPS children, youth and families in the catchment area.
- 5) If the actual number of days in paid foster care for children and youth served by the SSCC is higher than the established baseline for the catchment area, the SSCC will be assessed a financial penalty and pay DFPS an amount equal to the general revenue amount that DFPS spent for the foster care days in excess for failure to achieve the established outcome target. Compliance with expectations for paid care days and calculation of financial incentives and remedies will be determined on an annual basis after the performance period.

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

DFPS will pay the SSCC for costs incurred for procedural system enhancements and efficiencies at the rate of \$1,900 per child FTE. The amount is determined by multiplying the annual forecasted child FTEs per fiscal year by \$1,900 per child FTE. At the conclusion of each state fiscal year after completion data is available, DFPS will perform a true-up based on actual child FTEs for the catchment area. If the actual child FTEs are above the forecasted number for the year, DFPS will pay for the additional child FTEs. If the actual child FTEs are below the forecasted number for the year, SSCC will remit the overage per child FTEs to DFPS.

Section 3.04 Resource Transfer.

As DFPS and the SSCC move through the Stages of Implementation, some of the functions traditionally performed by DFPS will shift to the SSCC. In Stage I, these functions include contract management, child placement and services and adoption services. Transfer of resources will be commensurate with the transfer of functions from DFPS to the SSCC according to the stage of implementation and children served under the SSCC continuum of care. The resource transfers for each stage will be paid to the SSCC each quarter via invoicing prepared by DFPS staff. DFPS will retain the resources associated with the functions necessary to operate the catchment area legacy system and will provide funding to support each resource transfer listed above according to the Stage of implementation. The following methodologies will apply for each resource transfer:

(A) Resource Transfer (Stage I)

- 1) Placement staff will be determined by using the percent of children in care for SSCC catchment area multiplied by the number of state staff performing the functions multiplied by statewide percent of children in paid foster care. The percent will be based on the most complete fiscal year reporting period.

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- 2) Conservatorship staff will be determined by using the percent of children in care for SSCC catchment area multiplied by the number of state staff performing the functions in Stage I multiplied by statewide percent of children in paid foster care. The percent will be based on the most complete fiscal year reporting period.
 - 3) Contract Management staff will be determined using the percent of children in care for SSCC catchment area multiplied by the number of state staff performing the functions for residential contract management staff. For regional contract management staff, the statewide percent of children in paid foster care is applied to the methodology above. The percent will be based on the most complete fiscal year reporting period.
- (B) Resource Transfer (Stage II-III)**
- 1) Contract Management staff will be determined using the percent of children in care for SSCC catchment area multiplied by the number of state staff performing the functions. The percent will be based on the most complete fiscal year reporting period. In Stage II, the SSCC is transferred the proportion of all regional contract management staff.
 - 2) Resource transfers for placement and conservatorship staff discontinue in Stage II and III.

Section 3.05 Case Management Funding (Stages II-III).

In addition to the functions described in Stage I, the SSCC will shift to performing conservatorship, family services, kinship home development and maintenance, and case management services in Stage II. Contractor must propose funding needed to perform conservatorship, family services, kinship home development and maintenance, and case management services as described in this application. Prior to the start-up period, before Stage II implementation, DFPS and the SSCC will negotiate the funding that will be provided to the SSCC to perform case management services as described in this application. Case management will be paid as a daily rate per case management day per child through monthly IMPACT invoicing. The case management days are forecasted for each fiscal year by catchment area.

Section 3.06 Quality and Utilization Management Contract Funds.

As DFPS and the SSCC move through the stages of Implementation, some of the quality and utilization management functions performed by DFPS (via a third-party contract) will transfer to the SSCC. As a result, DFPS will provide funding commensurate with the transfer of functions from DFPS to the SSCC. The Quality and Utilization Management funding will be paid to the SSCC each quarter via invoicing prepared by DFPS staff. The Quality and Utilization Management will be determined using the percent of children in care for SSCC catchment area multiplied by the statewide quality and utilization contract amount.

Section 3.07 Supervised Independent Living (SIL) Rates (Stages I - III).

The SSCC must offer Supervised Independent Living placements by the SSCC as a part of the continuum of paid foster care services.

- (A)** DFPS will reimburse the SSCC a separate SIL rate for young adults residing in a SIL placement.
- (B)** Young adults residing in a SIL placement are not included in the blended foster care rate or in the methodology used to determine incentives around length of stay in paid foster care in Stage III.

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- (C) During Stage I, the SSCC must notify the DFPS CPS caseworker and the caseworker's chain of command within 24 hours of the consent for placement by a minor in the SSCC's Transitional Living Program in accordance with the Texas Family Code §32.203.

The Supervised Independent Living (SIL) Payment Rates may be accessed by visiting the following webpage:

<http://rad.hhs.texas.gov/long-term-services-supports/24-hour-residential-child-care-supervised-independent-living-program-24>

Section 3.08 Extended Foster Care (excluding SIL placements) (Stages I - III).

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

Section 3.09 Day Care (Stages I - III).

The SSCC will provide day care services (foster care and kinship care) to children and families who meet the appropriate DFPS eligibility criteria. The SSCC may only use the eligible Texas Workforce Commission day care providers for day care services. The SSCC will coordinate with DFPS so that DFPS may initiate day care process and payment for eligible day care services to the Texas Workforce Commission on behalf of the SSCC. Day Care will be paid directly to TWC by DFPS on behalf of the SSCC. There is no allocation or CAP amount. Rates are established by TWC.

Section 3.10 Chafee Funds.

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

http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm

- (A) **Preparation for Adult Living (PAL) - Life Skills Training (Stages I - III).**
PAL life skills training is used for the purpose of preparing youth in substitute care to live independently when he or she becomes an adult.
- 1) DFPS will allocate an estimated amount to the SSCC each fiscal year to be used in the delivery of PAL Life Skills services.
 - 2) PAL Life Skills funding will be determined using the percent of children in care for SSCC catchment area multiplied by the statewide PAL Life Skills budget.
 - 3) The percent will be based on the most complete fiscal year reporting period. DFPS will pay for PAL Life Skills annually via IMPACT invoicing based on actual youth served at the end of each fiscal year not to exceed allocation.
 - 4) No matching funds are currently required of the SSCC.
- (B) **PAL After Care and Education Training Voucher (Stage II-III).** DFPS will also allocate an estimated amount to the SSCC each fiscal year for PAL After Care and Education Training Voucher (ETV).
- 1) PAL After Care funding will be determined using the percent of children in care for SSCC catchment area multiplied by the statewide PAL After Care

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budget. Currently, there is a federal match requirement of 20 percent for PAL After Care to be provided by the SSCC.

- 2) Educational Training Voucher (ETV) funding will be determined using the percent of children in care for SSCC catchment area multiplied by the statewide ETV budget. No matching funds are currently required for ETV.
- 3) The percent will be based on the most complete fiscal year reporting period. DFPS will pay for PAL After Care and ETV monthly via IMPACT invoicing based on actual youth served at the end of each month not to exceed allocation.

Section 3.11 Adoption (Stages I - III).

- (A) **Purchased Adoption Services (Stages I-III).** As part of demonstrating readiness for Stage I, DFPS will require the SSCC to submit a comprehensive proposal setting forth a fee schedule and comprehensive plan to provide purchased adoption services. DFPS will reimburse the SSCC the negotiated rate per purchased adoption service via a monthly invoice in IMPACT. There is no allocation or CAP amount.
- (B) **Post Adoption Services (Stages II – III).** DFPS will provide an estimated allocation for providing post adoption services based on historical expenditure data for the catchment area. DFPS will pay for Post Adoption services monthly via IMPACT invoicing not to exceed allocation.

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

The SSCC must identify its own unmet service needs and either deliver the services directly, identify available community resources, or purchase the needed services. Processes and parameters established in this subsection are only applicable to those services offered by the SSCC through the use of the DFPS purchased client services (PCS) negotiated allocation and do not apply to any services offered by the SSCC through the use of community resources or additional funding methods. DFPS and the SSCC will negotiate the projected amount of purchased client services funds available to the SSCC on an annual basis starting with Stage II. The negotiated amount will be determined, no later than 60 days before Stage II and annually thereafter.

(A) **DFPS will:**

- 1) Negotiate an allocation with the SSCC for purchased client services in the catchment area based on an equitable distribution of services, workload activity, eligible clients, historical distribution, and case data with the goal of maintaining continuity of services and equal access to agency resources for all citizens of Texas.
- 2) Pay the SSCC to provide services to families of eligible children and youth in the SSCC continuum of care via IMPACT invoicing monthly.
- 3) Negotiate service plans and establish service codes to be used for billing purposes.

(B) **The SSCC must:**

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

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- 5) Adhere to legislative mandates and reporting requirements associated with the funding streams.

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

DFPS service payment and billing processes are dependent on the link between an established fee and identified service. DFPS must provide notices to the SSCC within two (2) business days of any change in an individual or family's eligibility. DFPS will pay the SSCC for purchased client services provided up until the time DFPS notifies the SSCC of any changes, even if an individual or family's eligibility ended prior to notification. The SSCC will provide DFPS payment methodologies and applicable fee schedules for services offered through the use of the purchased client services funding allocations. Fees charged to DFPS will be reasonable and comparable to those for similar services within the catchment area. Invoices will be processed by DFPS in amounts not to exceed the rates on the fee schedule.

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

- 1) **Child Welfare Services, Title IV-B, Subpart 1 of the Social Security Act. For additional information:**

http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act.htm

- 2) **Promoting Safe and Stable Families, Title IV-B, Subpart 2 of the Social Security Act. For additional information:**

http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ss_act2.htm

- 3) **Temporary Assistance for Needy Families (TANF). For additional information:**

<http://www.acf.hhs.gov/programs/ofa/>

- 4) **Title IV-E. For additional information:**

<http://www.acf.hhs.gov/programs/cb/resource/safe2010draft>

Section 3.13 Invoice Payment Processes (Stages I-III)

(A) Foster Care Rates.

1) **DFPS will:**

- a) Approve placement information in the IMPACT electronic system.
- b) Generate invoices at the beginning of each month for prior month of service and will process payment to the SSCC for foster care services through the IMPACT system. Invoices will be reconciled with the SSCC prior to payment being made to assure accuracy.
- c) Submit monthly Itemized Provider Statement to the SSCC, after reconciling with the SSCC to assure accuracy.

2) **The SSCC will:**

- a) Contact appropriate DFPS staff to inquire about errors in payment and/or the Itemized Provider Statement.

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b) In Stage II, enter, review and approve all child placements with the SSCC into IMPACT. The payment process will remain the same.

- (B) Purchased Client Services.** The SSCC will select and bill for services delivered in accordance with agreed upon service plans. Chart 14 outlines the anticipated invoice process and documentation requirements for payment of services for children and youth rendered through the use of purchased client services funding. Chart 15 outlines the anticipated invoice process and documentation requirements for payment of services for families rendered through the use of purchased client services funding. Procedures may be modified or further specified in the catchment specific operations manual.

Chart 14: Invoice Process for Purchased Client Services for Children and Youth		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<p>1. Generate form 2054 when required, to initiate the invoice process</p> <p>2. Enter form 2054 into IMPACT to generate pre-bill based on services, service delivery time range, units of services</p> <p>3. Enter purchase of service invoice information submitted by the SSCC into IMPACT, if form 2054 is not used.</p> <p>4. Prepare Form 4116X, State of Texas Purchase Voucher (only submitted when situations warrant the need for a manual payment process.</p>	<p>1. Generate and forward an invoice with sufficient information to initiate the payment process to include but not limited to: the client name/client number, service type, number of units delivered and effective dates for CPS personnel to enter into IMPACT.</p> <p>2. Obtain explanation of benefits from client when claiming for deductibles or services denied by the insurance carrier.</p> <p>3. Maintain documentation of fees charged and paid by the client when utilizing a sliding scale.</p> <p>4. Ensure claims submitted by subcontractors are accurate and complete.</p> <p>5. Submit required invoice documentation to DFPS designated contract office by the 15th of the month following the month of service.</p>	<p>Submit invoice billing statement which includes:</p> <p>a. Documentation to support any claim as a result of services or co-payment and deductibles not covered by the client's insurance.</p> <p>b. Documentation to indicate clients who have been imposed a sliding scale fee and the associated service and fee charged to the contract and the client's share.</p> <p>c. Medicaid denials</p> <p>d. Other supporting documentation which may be requested by DFPS.</p>

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

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Chart 15: Invoice Process for Purchased Client Services for Families		
DFPS Role	SSCC Role	SSCC Documentation Requirements
<ol style="list-style-type: none"> 1. Creates a Family Service Referral in IMPACT, which includes all family members identified as needing to receive services. 2. Submits Family Service Referral to the SSCC. 3. IMPACT System will: <ol style="list-style-type: none"> a. Automatically create a Service Authorization (2054) for each family member identified on the Family Service Referral, with each 2054 including every SSCC service code for a period of one year from the date of creation. b. Transmits the information to SSCC via batch processes. 	<ol style="list-style-type: none"> 1. Updates the Family Service Referral when additional family members will be provided services; and removes family members when services are no longer needed. 2. Obtains explanation of benefits from clients when claiming for deductibles or services denied by the insurance carrier. 3. Maintains documentation of fees charged and paid by the client when utilizing a sliding scale. 4. Ensures claims submitted by subcontractors are accurate and complete. 5. Transmits required invoice to IMPACT (in a format provided by DFPS) for services provided to family members by the 11th of the month following the month of service. 6. IMPACT System will: <ol style="list-style-type: none"> a. Run a pre-validation batch to verify delivered service details and to create invoice b. Rejected lines are sent back to SSCC c. Other lines are included in the invoice d. Invoice is sent to HHSAS for payment. 	<ol style="list-style-type: none"> 1. Maintains records on each family member receiving services (by IMPACT PID), including: <ol style="list-style-type: none"> a. Documentation to support any claim as a result of services or co-payment and deductibles not covered by the client's insurance. b. Documentation to indicate clients who have been imposed a sliding scale fee and the associated service and fee charged to the contract and the client's share. c. Medicaid denials d. Signed Form 4116X, State of Texas Purchase Voucher (only submitted when situations warrant the need for a manual payment process). e. Other supporting documentation which may be requested by DFPS.

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Article IV. Start-up Period Requirements

Section 4.01 Introduction.

This Section presents the scope of work for the Startup Period of the Contract, which includes those activities that must take place between the time of Contract award and the Operational Start Date. The Startup Period will include a Readiness Review of the SSCC, which must be completed successfully prior to the SSCC's Operational Start Date. DFPS may, at its discretion, terminate the Contract, postpone the Operational Start Date, or assess other contractual remedies if the SSCC fails to timely correct all Startup Period deficiencies within a reasonable cure period, as determined by DFPS. If for any reason, a SSCC does not fully meet the Readiness Review prior to the Operational Start Date, and DFPS has not approved a delay in the Operational Start Date or approved a delay in the SSCC's compliance with the applicable Readiness Review requirement, then DFPS will impose remedies including actual or liquidated damages.

Section 4.02 Startup Period Scope for SSCC.

SSCC must meet the Readiness Review requirements established by DFPS no later than sixty (60) days prior to the SSCC accepting its first referral from DFPS in Stages I and II. SSCC agrees to provide all materials required to complete the Readiness Review by the dates established by DFPS.

Section 4.03 Startup Period Schedule and Tasks.

In Stage I, the Startup Period begins on the effective date of the Contract. Stage I Startup Period must be completed no later than the Operational Start Date. In Stage II, the Startup Period begins the effective date of the SSCC contract amendment with the Department. Stage II Startup Period must be completed no later than the first day of the seventh month from the contract amendment effective date, or sooner with demonstrated readiness.

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

Section 4.04 Contract Start-Up and Planning.

(A) DFPS and the SSCC will:

- 1) work together during the initial Contract start-up period to;
- 2) define project management and reporting standards;
- 3) establish communication protocols between DFPS and the SSCC;
- 4) establish a schedule for key activities and milestones; and
- 5) clarify expectations for the content and format of Contract Deliverables.

- (B)** The SSCC will be responsible for developing a written work plan, referred to as the final SSCC Management Plan, which will be used to monitor readiness progress throughout the Startup Period. The SSCC's Plan must include a detailed description of the process it will use to ensure safe, timely and successful placement of referred children and youth, including successful transition of children and youth being served in the legacy system. The SSCC's Plan must identify a designated SSCC staff member responsible for the facilitation and oversight of this process.

Section 4.05 Administration and Key SSCC Personnel.

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

Section 4.06 Post-Startup.

The SSCC will work with DFPS, community stakeholders, and Network Members and other Providers, to promptly identify and resolve problems identified after the Operational Start Date and to communicate to DFPS, Providers, and Members, as applicable, the steps the SSCC is taking to resolve the problems. If an SSCC makes assurances to DFPS of its readiness to meet Contract requirements, including MIS and operational requirements, but fails to satisfy requirements set forth in this Section, or as otherwise required pursuant to the Contract, DFPS may, at its discretion do any of the following in accordance with the severity of the non-compliance and the potential impact on Members and Providers:

- (A) Suspend referrals to the SSCC
- (B) Impose contractual remedies, including liquidated damages; or
- (C) Pursue other equitable, injunctive, or regulatory relief.

Article V. Operations Readiness.

Section 5.01

The SSCC must clearly define and document the policies and procedures that will be followed to support day-to-day business activities, including coordination with subcontractors and/or other network providers. The SSCC will be responsible for developing and documenting its approach to quality assurance. DFPS or its designee will conduct a Readiness Review prior to the Operational Start Date for Stage I and again prior to implementation of Stage II and case management services.

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

- 1) Develop new, or revise existing, operations procedures and associated documentation to support the SSCC's proposed approach to conducting operations activities in compliance with the contracted Scope of Work.
- 2) Submit to DFPS, a listing of all contracted and credentialed Providers, in a DFPS-approved format including a description of additional contracting and credentialing activities scheduled to be completed before the Operational Start Date.
- 3) Prepare and implement a staff training curriculum and a provider training curriculum, and provide documentation demonstrating compliance with training requirements (e.g., enrollment or attendance rosters dated and signed by each attendee or other written evidence of training.)
- 4) Submit a comprehensive proposal setting forth its fee schedule and comprehensive plan to provide purchase adoption services.
- 5) Develop and submit to DFPS the SSCC's proposed complaint and appeals processes.

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

- 1) Demonstrate the ability to satisfactorily administrator the requirements of delivering foster care services and services for relative and kinship caregivers, including the contractor's ability to provide:
 - a) case management services for children and families;
 - b) evidence-based, promising practice, or evidence-informed supports for children and families; and

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- c) sufficient available capacity for inpatient and outpatient services and supports for children at all service levels who have previously been placed in the catchment area.
- (C) As part of the readiness review process, the single source continuum contractor must prepare a plan detailing the methods by which the contractor will avoid or eliminate conflicts of interest. The department may not transfer services to the contractor until the department has determined the plan is adequate.
- (D) If after conducting the review process, the department determines that a single source continuum contractor is able to adequately deliver foster care services and services for relative and kinship caregivers in advance of the projected dates stated in the timeline included in the contract with the contractor, the department may adjust the timeline to allow for an earlier transition of service delivery to the contractor.
- (E) During the Readiness Review for either Stage, DFPS may request from the SSCC certain operating procedures and updates to documentation to support the provision of services. DFPS will assess the SSCC's understanding of its responsibilities and the SSCC's capability to assume the functions required under the Contract, based in part on the SSCC's assurances of operational readiness, information contained in its Proposal and subsequent Provider's Manual, and in documentation submitted by the SSCC.
- (F) The SSCC is required to promptly provide a Corrective Action Plan or Risk Mitigation Plan as requested by DFPS in response to Operational Readiness Review deficiencies identified by the SSCC or by DFPS or its agent. The SSCC must promptly alert DFPS of deficiencies, and must correct a deficiency or provide a Corrective Action Plan or Risk Mitigation Plan no later than 10 calendar days after DFPS's notification of deficiencies. If the Contractor documents to DFPS's satisfaction that the deficiency has been corrected within 10 calendar days of such deficiency notification by DFPS, no Corrective Action Plan is required.

Section 5.02 Assurance of System and Operational Readiness.

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

Article VI. Turnover Requirements

Section 6.01 Introduction.

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

Section 6.02 Turnover Plan.

Twelve months after the start of the Contract, the SSCC must provide a Turnover Plan covering the turnover of the records and information maintained to either DFPS or a subsequent contractor. The Turnover Plan will be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. DFPS must approve the Turnover Plan.

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Section 6.03 Transfer of Data and Information.

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

- (A) Data, information, and services necessary and sufficient to enable DFPS to map all SSCC Program data from the SSCC's system(s) to the replacement system(s) of DFPS or a successor contractor, including a comprehensive data dictionary as defined by DFPS.
- (B) All necessary data, information, and services will be provided in the format defined by DFPS
- (C) The SSCC must provide all of the data, information, and services mentioned in this section using its best efforts to ensure the efficient administration of the contract. The data and information must be supplied in media and format specified by DFPS and according to the schedule approved by DFPS in the Turnover Plan. The data, information, and services provided as detailed in this section must be provided at no additional cost to DFPS.
- (D) All relevant data and information must be received and verified by DFPS or the subsequent contractor. If DFPS determines that data or information are not accurate and complete, then DFPS reserves the right to hire an independent contractor to assist DFPS in obtaining and transferring all the required data and information and to ensure that all data and information comply with applicable state and federal law. The reasonable cost of providing these services will be the responsibility of the SSCC.

Section 6.04 Turnover Services.

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

- (A) The least disruption in the delivery of Services children, youth and families who are being served by the SSCC during the transition to a subsequent vendor.
- (B) Cooperation with DFPS and the subsequent contractor in notifying stakeholders, including the community, members of judiciary, providers and others of the transition, as requested and in the form required or approved by DFPS.
- (C) Cooperation with DFPS and the subsequent contractor in transferring information to the subsequent contractor, as requested and in the form required or approved by DFPS.
- (D) DFPS must approve the Turnover Plan, which must include at a minimum:
 - 1) The SSCC's approach and schedule for the transfer of data and information, as described in this Section.
 - 2) The quality assurance process that the SSCC will use to monitor Turnover activities.
 - 3) The SSCC's approach to training DFPS or a subsequent contractor's staff in the operation of its business processes.

DFPS is not limited or restricted in the ability to require additional information from the SSCC or modify the Turnover Plan as necessary, including requiring the SSCC to submit an updated Turnover Plan at

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any point during the term of the contract based on performance or financial issues identified as a result of contract monitoring.

Section 6.05 Post-Turnover Services.

Thirty (30) days following Turnover of operations, the SSCC must provide DFPS with a Turnover Results Report documenting the completion and results of each step of the Turnover Plan. DFPS will not consider Turnover completed until DFPS approves the Turnover Plan. If the SSCC does not provide the required data or information necessary for DFPS or the subsequent contractor to assume the operational activities successfully, the SSCC agrees to reimburse DFPS for all reasonable costs and expenses, including: transportation, lodging, and subsistence to carry out inspection, audit, review, analysis, reproduction, and transfer functions at the location(s) of such records; and attorneys' fees and costs. This section does not limit DFPS's ability to impose remedies or damages as set forth in the Contract.