

Professional Home Based Care Questions

New Question Submitted 2/26/18:

1. Are multiple agencies going to be considered for this program?

Response: We do not have an agency minimum or maximum requirement for this project. Our decision-making will, in part, be informed by the recruitment goals submitted in each proposal balanced by the number of total children we know who will be needing this service. We are invested in the PHBC agencies being successful and therefore ensuring that as a group they do not over-build this capacity. Examples may be but are not exclusive to: Two agencies who each build on average 43 PHBC beds or 6 agencies who each build on average 15 beds. The proposals submitted will determine the appropriate number of agencies needed to meet the need.

Questions submitted 2/16/18:

1. Is this level pertaining to foster homes? Can I get details of what behaviors meet this level and how do we go about acquiring this level for a client?

Response: Yes. This level is pertaining to foster homes. Please refer to page 4 and 5 of the RFI for details on the potential behaviors, levels of functioning and characteristics exhibited by children who will be served in PHBC.

2. This reads as if it is for single family homes, is this correct?

Response: Yes

3. Is the provider required to complete the FSNA with the biological parents? If yes, will this be done for the permanency option even if it is not the biological parents?

Response: No. The provider is not required to complete the FSNA with the biological parents.

4. Will trauma assessment and the FSNA have to be completed throughout the program like the CAN's? If yes what is the schedule?

Response: The agency should select the trauma assessment they will use and the schedule they are recommending for its completion. As stated above, the FSNA is not required. There is no change to the procedure for the completion of the CANS or its schedule of completion.

5. Is there a trauma assessment OCOK is partial to?

Response: No. We are interested in a provider determining the best trauma assessment for their model.

6. Is there is a broad spectrum of detail regarding the discussion of program model, is there a preferred page range for the information response?

Response: There should be sufficient detail in the agency's response to give a full understanding of your program model. Excessive detail is not required.

7. Permanency is an important part of this program. A permanency caregiver and a secondary permanency option must be identified early in the process. How will OCOK ensure this happens and CPS is on board?

Response: Permanency planning will be central to this process. OCOK will partner with providers and CPS in order to identify a permanency caregiver and that a secondary

permanency option is established for every child. Agencies should articulate in their response their approach in ensuring that permanency is a central part to this process.

8. Will there be concurrent planning for permanency options?

Response: Yes

9. What is the role of OCOK and the department if the permanency option is not engaging or if risk factors prevent moving forward?

Response: OCOK will facilitate Permanency Planning process meetings to ensure that there is a team approach to staffing cases and the development of permanency plans and concurrent planning remain central to the program. OCOK acknowledges that CPS or other team members have authority or some level of influence on the decision for permanency. However, agencies should outline in their response what strategies they will use to prepare a child/family for permanency ensuring that all members of the Permanency Planning Team are engaged along the way.

10. Will the CPA be a part of the Utilization Management reviews?

Response: Yes. YFT will continue to complete Utilization Management Reviews and CPA's will continue to be a part of the process. The rate for PHBC however will remain the same during the duration of the PHBC placement regardless of the YFT determined level. This allows OCOK to ensure that children chosen to be placed in the PHBC program were appropriate and informs our on-going assessment in that regard.

11. Regarding limiting the number of biological children in a foster home: I would like to encourage OCOK to be open to the strengths of the family in order to not limit resources. I

have many examples but in one case a family with four biological children took very high risk children and did amazing because of their children. Their children were highly engaged and were the reason the family was so successful meeting the needs of a child with significant delays and behavioral issues. She was on her way to a long term institution but actually was adopted by this family. The now adult daughter cares for her adopted sister since her parents took ill. Will there be flexibility in this area?

Response: OCOK is supportive of determining on a case by case basis in partnership with the agency what the most appropriate number and type of placements should be in each PHBC home. We understand there are a variety of factors that influence each decision including the ages and behaviors of each child, the mix of behaviors among the children and the level of experience and skills that the foster parent have. If the agency is advocating for flexibility in this area, they should address how safety and stability would be ensured in their written response. Providers should be aware that placement stability for the home and the agency will be measured each quarter. If an agency is not performing on this measure as expected, corrective action must be implemented by the provider.

12. 3 Day respite - is this 3 nights?

Response: Yes

13. Planned vacancy after placements – Again I am asking if there is flexibility in the rule. If the family does not want a break and is identified as a good match for a child who is hospitalized ready for discharge would you consider placement? Again hard and fast rules can limit much needed resources unnecessarily.

Response: Yes. Placements could be considered on a case by case basis during the vacancy period. However, it is

the responsibility of the agency to ensure that placement disruption is mitigated. Therefore, if they intend to provide this flexibility to their families, they must also provide in their written response how they will assess to ensure that their families are not becoming over-whelmed and outline their additional strategies to address any concern in this regard.

14. The RFI specifically talks about discharging the child from this level of care to their biological or other relative, but we do not see any reference to discharging to any other permanency solution, like adoption. Will OCOK only refer children to this level of care for whom reunification is the permanency plan?

Response: No. OCOK is supportive of whatever type of permanency is in the child's best interest and is approved by CPS and the courts.

15. The RFI describes PHBC to last 9 to 12 months and also states that it is the intention of the level of care that children discharge from this level of care to permanency. Will there be contract action taken against PHBC providers if children in their care discharge to other than permanency or if the child is not discharged by the 12 month; given that DFPS and the Courts determine discharge to permanency and not CPAs?

Response: No. There is no specific contract action regarding this. However, OCOK will be holding the agency accountable to their program model and efforts to drive the process toward permanency.

16. Can the stay at home parent be a work from home parent?

Response: Yes, but only with a written plan for each home ensuring that the stay at home parent will still be able to

provide the level of supervision needed as outlined in the child's service plan without disruption in the child's placement. They must be available 24/7 if needed with no delay to the child when they are out of the home such as during school, approved events, visits, etc.

17. At the top of page 3 of the RFI there is a "Trauma Assessment" that is listed as a required assessment. Is this a specific assessment tool? Who performs this assessment?

Response: OCOK is not mandating the specific assessment tool. Agencies should be including their choice of assessment in their plan. The agency will be providing the assessment.

18. Can you please indicate which of the required assessments must be performed by the PHBC Contractor and which assessments you expect to be performed by other entities. For example, it is our understanding that the FSNA is only performed by DFPS at this time. Does this RFI require that the PHBC contractor perform the FSNA?

Response: The PHBC Agency will be responsible to complete a trauma assessment of their choice that compliments their model and will continue to complete the CANS every 90 days as they are currently doing. The FSNA will continue to be completed by DFPS.

19. We understand that the maximum PHBC placements at any time is 2. Can the PHBC foster home care for non-PHBC foster children in addition to the PHBC children at the same time so long as the ratio stays within their license and minimum standards?

Response: OCOK is supportive of determining on a case by case basis in partnership with the agency what the most appropriate number and type of placements should be in

each PHBC home. We understand there are a variety of factors that influence each decision including the ages and behaviors of each child, the mix of behaviors among the children and the level of experience and skills that the foster parent have. However, the guiding principle here for our PHBC children will be to ensure that they stabilize in their placement and that the agency prioritizes the child's need for stabilization, close supervision and intensive treatment over the family's request to have more placements. If the agency is advocating for flexibility in this area, they should address how safety and placement stability would be ensured in their written response. As mentioned above, placement stability will be a quarterly measure for all providers of PHBC level services.

20. How do biological and adopted children play into the ratio of children in the home?

Response: Same answer as above. The agency must submit a written plan to OCOK documenting how all the children will remain safe in the home and placement stability will be maintained.

21. Page 4 of the RFI discusses that an agency must "Provide 3 days a month respite for PHBC parents". Does this mean that they agency must enforce that the PHBC parent uses these 3 days each month or only that the agency makes 3 days available to the parents each month?

Response: It is the goal of the PHBC to provide the best possible, effective and appropriate care in a foster home. The agency has the responsibility to assess each family's effectiveness in providing PHBC. The need for respite should be part of that ongoing assessment. The need for respite should have a specific plan for how to provide it for each family every month. The agency should make this

assessment every month and discuss it with the treatment team.

22. On page 4 of the RFI, under Requirements of Agencies the RFI states that the agency must provide “planned vacancy period” from filling a vacant bed for at least two weeks after successful discharge; however, the RFI also allows for the possibility that OCOK will approve a 3rd child to be placed into a home if a discharge is pending. This seems to indicate that in specific situations the planned vacancy will not be required? Is the planned vacancy a contract requirement and how will these two statements work together in practice?

Response: This would not be a contract requirement. Agencies should indicate how they are assessing the family’s need for a planned vacancy period and document reasons why they are not utilizing this option and accepting a new placement.

Questions Received After the Call:

1. If a sibling at a lower level of care is placed in the PHBC home for sibling reunification, will the lower rate be automatically raised to the PHBC rate?

Response: No – YFT will continue to establish the rate for the sibling at the appropriate level.

2. I know the bio parents are involved in the team meetings and we are encouraging reunification. What kind of additional interaction do you expect? Monitoring visits?

Response: It is expected that the agency will include in their proposal how they will determine what level of

interaction with the birth parents is necessary for reaching permanency.