

**SECTION B: SUPPLIES OR SERVICES AND PRICE/COST**

**B.1** The Government of the District of Columbia, Child and Family Agency (CFSA), Contracts and Procurement Administration (CPA), hereinafter referred to the “District” anticipates awarding multiple Human Care Agreements “HCA” to “Provider(s)” or “Contractor(s)” to provide Case Management and Family Based Foster Care Services, pursuant to Section 306a of the Procurement Practices Act as supplemented by Section 2(d) of the HCA Amendment Act of 2000 D.C. Law 13-155, D.C. Official Code §2-354.06.

**B.2** The HCA is not a commitment by the District to purchase any quantity of a particular service covered under this HCA. Providers who are awarded HCA’s will be eligible to receive task orders from the District to provide Case Management and Family Based Foster Care Services. The District is obligated only to the extent that task orders are made pursuant to the HCA.

**B.4 PRICE SCHEDULE**

<b>B.4.1 BASE YEAR – CLIN NOS. 0001 THROUGH 0006</b>					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0001	Traditional Case Management	\$ _____	365	\$ _____	\$ _____
0003	Administrative Rate	N/A	N/A	N/A	\$ _____
0004	Cost Reimbursement	N/A	N/A	N/A	\$ _____
0005	Teen Parent with 1 Child	N/A	N/A	N/A	\$ _____
0006	Teen Parent with 2 Children	N/A	N/A	N/A	\$ _____
TOTAL CLIN NOS. 0001 AND 0006					\$ _____

<b>B.4.2 BASE YEAR – CLIN NOS. 0007 THROUGH 0012</b>					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0007	Therapeutic Case Management	\$_____	365	\$_____	\$_____
0009	Administrative Rate	N/A	N/A	N/A	\$_____
0010	Cost Reimbursement	N/A	N/A	N/A	\$_____
0011	Teen Parent with 1 Child	N/A	N/A	N/A	\$_____
0012	Teen Parent with 2 Children	N/A	N/A	N/A	\$_____
<b>TOTAL CLIN NOS. 0007 THROUGH 0012</b>					\$_____

<b>B.4.3 BASE YEAR – CLIN NOS. 0013 THROUGH 0016</b>					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0013	Specialized Case Management	\$_____	365	\$_____	\$_____
0015	Administrative Rate	N/A	N/A	N/A	N/A
0016	Cost Reimbursement	N/A	N/A	N/A	N/A
<b>TOTAL CLIN NOS. 0013 THROUGH 0016</b>					\$_____

The Provider shall enter the maximum quantity specified in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.

NOTE:

Teen parent with 1 child rate is 1.5 x the per diem

Teen parent with 2 children is 1.75 x the per diem

The Provider may submit a combined budget if the Provider is proposing to provide multiple services.

**B.5 ADMINISTRATIVE RATE**

The District will pay the Provider a monthly administrative rate as defined in the “Budget Package” instructions. This pre-negotiated rate will be paid monthly without regard to number of children placed during the month. This rate is subject to quarterly reconciliation and will be adjusted, if required. The Budget Package instructions are provided for guidance only. The District and the Contractor will finalize the costs at negotiations.

**B.6 CASE MANAGEMENT PER DIEM**

The District will pay the Provider for the actual number of children placed with the Provider over the course of a month, based on the Case Management Per Diem rate proposed in Section B.4 of this HCA. The Case Management Per Diem rate will be paid per child, per day and invoiced to the District on a monthly basis, per the instructions outlined in Section G and the “Budget Package” instructions. The Provider need only provide the services outlined in Section C of the HCA to be paid the Case Management Per Diem rate. The Case Management Per Diem rate is a pre-negotiated rate between the Provider and the District government.

**B.8 COST REIMBURSEMENT**

The District will reimburse the provider for the actual cost incurred as identified in the Cost Reimbursement CLIN, Section G, and the “Budget Package” instructions. Cost reimbursement invoices shall be submitted on a monthly basis to the Business Services Administration and shall be accompanied by supporting documentation to show actual expenditure.

**B.9 COST REIMBURSEMENT CEILING**

B.9.1 Cost reimbursement ceiling for this HCA is set forth in Section B.4.

B.9.2 The costs for performing this HCA shall not exceed the cost reimbursement ceiling specified in Section B.4.

B.9.3 The Contractor agrees to use its best efforts to perform the work specified in this HCA and to meet all obligations under this HCA within the cost reimbursement ceiling.

- B.9.4 The Contractor must notify the CO, in writing; whenever it has reason to believe that the total cost for the performance of this HCA will be either greater or substantially less than the cost reimbursement ceiling.
- B.9.5 As part of the notification, the Contractor must provide the CO a revised estimate of the total cost of performing this HCA.
- B.9.6 The District is not obligated to reimburse the Contractor for costs incurred in excess of the cost reimbursement ceiling specified in Section B.4, and the Contractor is not obligated to continue performance under this HCA (including actions under the Termination clauses of this HCA), or otherwise incur costs in excess of the cost reimbursement ceiling specified in Section B.4, until the CO notifies the Contractor, in writing, that the estimated cost has been increased and provides revised cost reimbursement ceiling for performing this HCA.
- B.9.7 No notice, communication, or representation in any form from any person other than the CO shall change the cost reimbursement ceiling. In the absence of the specified notice, the District is not obligated to reimburse the Contractor for any costs in excess of the costs reimbursement ceiling, whether such costs were incurred during the course of performance or as a result of termination.
- B.9.8 If any cost reimbursement ceiling specified in Section B.4 is increased, any costs the Contractor incurs before the increase that are in excess of the previous cost reimbursement ceiling shall be allowable to the same extent as if incurred afterward, unless the CO issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.
- B.9.9 A change order shall not be considered an authorization to exceed the applicable cost reimbursement ceiling specified in Section B.4, unless the change order specifically increases the cost reimbursement ceiling.
- B.9.10 Only costs determined in writing to be reimbursable in accordance with the cost principles set forth in rules issued pursuant to Title VI of the D.C. Procurement Practices Act of 1985 shall be reimbursable.
- B.10 A provider responding to this solicitation must submit with its response, a notarized statement detailing any subcontracting plan required by law. Responses to this solicitation shall be deemed nonresponsive and shall be rejected if the provider fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted in accordance with section H.9.1.

## **SECTION C: SCOPE OF SERVICE FOR CASE MANAGEMENT AND FAMILY BASED FOSTER CARE SERVICES**

### **C.1 BACKGROUND**

- C.1.1 The Government of the District of Columbia's Child and Family Services Agency (CFSA, or the Agency) is charged with protecting children and youth from abuse and neglect; and, for those needing to be removed from their homes, ensuring a foster care placement that can effectively support children and youth in achieving their goals of safety, permanence, and well being.
- C.1.2 CFSA plans to purchase performance based, case management and family based foster care from private Agencies, or Providers, utilizing family based foster homes for care of children and youth that have been removed from their natural home due to abuse and/or neglect. CFSA continues to prioritize family based foster care for young and older children alike.
- C.1.3 All children and youth deserve a permanent home and the nurture and support of a loving family. CFSA expects family based foster care Providers to achieve timely permanency goals for children and youth referred for case management and foster care services.
- C.1.4 Providers of family based foster care services shall provide children and youth with a set of high quality services that include a safe and stable foster care placement with a structured treatment environment that fosters positive child and youth development, and inter-sibling relationships, and proactive case management work that succeeds in achieving permanence. CFSA expects that family based foster care agencies will meet outcomes as established in this scope of work and will complete requirements set forth by the Adoption and Safe Families Act (ASFA, H.R. 6893), the LaShawn A. v. Gray Implementation and Exit Plan (IEP), and Fostering Connections to Success and Increasing Adoptions Act (Public Law 105-89) and CFSA policies.
- C.1.5 Providers of family based foster care programs shall identify and be responsive to the individual needs of the child or youth to include the individual needs of the child or youth in a sibling group and the group as a whole and the related service needs of the child's family from the point of initial placement through achievement of his/her service plan and permanency goals. CFSA expects Providers to address the case management needs of children and youth with minimal, if any, placement moves.
- C.1.6 This HCA places special emphasis on the establishment and attainment of permanence plans for every child, as well as meeting desired outcomes for safety and well-being.
- C.1.7 Achievement of established outcomes set forth in Section C.3 will be monitored on a monthly basis. Every Provider will be monitored on three (3) levels to include; general HCA and scope of work requirements, federal outcomes, and performance based outcome measures.

## **C.2 CONTINUUM OF PERMANENCY**

- C.2.1 CFSA will measure Provider Agencies' ability to provide a safe and stable care environment, and achieve permanency and well being goals for children and youth, through a set of outcomes and performance indicators.
- C.2.2 The Provider shall deliver trauma informed case management services as adopted and trained by CFSA that achieves permanency for children and youth and their families through continuous and effective assessment, concurrent case planning and teaming efforts. The Provider shall follow CFSA guidance on permanency planning as outlined in the CFSA policy and the "Out-of-Home Practice Operation Manual (POM)".
- C.2.3 Providers shall seek kin from the onset of their involvement in the case, whether it is an initial removal or a replacement. Maternal and paternal kin shall be encouraged to remain involved in the lives of the children, even if they cannot be a placement resource. Kin who are interested in becoming placement resources shall be encouraged to plan for the entire sibling group or identify other kin resources who may share the responsibility while ensuring the continuity of relationships between siblings, and be licensed as quickly as possible, through the emergency temporary kinship process, if possible.
- C.2.4 The Providers shall achieve the full range of permanency goals (reunification, guardianship, legal custody, adoption) for children and youth through its own case management and service resources, and obtain full licensure to perform the duties required to achieve the permanency goals, including a Maryland adoption license for agencies that operate in Maryland. CFSA will continue to offer Providers technical assistance.
- C.2.5 The Provider shall collaborate in CFSA permanency strategies. The Provider's permanency planning and efforts shall include where appropriate, and defined, the development of permanent connections between children and youth and a significant individual in their lives that can serve as a permanent resource for achievement of the permanency goal. Also, CFSA will assign an Independent Living Specialist from the Office of Youth Empowerment (OYE) to assist the Provider with permanency efforts for older youth.
- C.2.6 The Provider shall recruit, train and support a pool of foster family homes that provide an environment capable of meeting the unique needs of youth placed in their care including all aspects of well-being (education, health and social and behavior management), and providing stability while the child or youth's permanency goals are achieved. The Provider's foster parents shall have the capacity and receive the guidance necessary to manage the emotional and behavioral functioning of each child, youth(s) or children, in their care, and assist them in making progress towards his/her goals.

## **C.3 PERFORMANCE OUTCOMES AND INDICATORS**

- C.3.1 The Provider shall ensure case management and supportive services that achieve the established outcomes for children and youth in family based foster care and their families as outlined in this section.

C.3.2 The Providers shall develop and implement a quality assurance (QA) system that collects data to measure progress on the outcomes and indicators defined by the federal government for child welfare, those required by the Exit Plan, and any additional benchmarks established by CFSA. The Provider's QA system must comply with the Federal Administration for Children and Families' guidelines.

C.3.2.1 Safety Outcomes

C.3.2.1.2 Reduce the incidence of child abuse and/or neglect in foster care.

C.3.2.1.2.A Performance Indicator: Of all children in foster care during the reporting period, 100% shall be free from harm while in a foster home.

C.2.3.1.B Performance Indicator: 95% of children/youth served shall maintain placement stability.

C.2.3.1.C 85% of children/youth served will remain with the same caregiver 30 days following end of initial service.

C.3.2.2 Permanency Outcomes

C.3.2.2.1 Increase permanency for children in foster care.

C.3.2.2.1.A Performance Indicator: At least 50% of children served by the Provider shall achieve permanence through reunification, adoption, or guardianship throughout the 12 months of the contract year.

C.3.2.2.1.B Performance Indicator: At least 65% of sibling groups of children and youth entering care shall be placed in a single foster family home or in a cooperative foster family arrangement where sibling groups of children and youth have demonstrated continuity of their sibling relationship. The provider shall make every effort to prioritize kin placements, where possible.

C.3.2.2.2 Reduce the number of children/youth who re-enter foster care within 12 months of exiting foster care.

C.3.2.2.2.A Performance Indicator: Of all children who exited foster care, less than 10% shall re-enter care within 12 months of their exit.

C.3.2.2.3 Reduce time in foster care to adoption.

C.3.2.2.3.A Performance Indicator: 90% of children shall have their adoptions finalized within 12 months of being placed in a pre-adoptive home.

C.3.2.2.3.B Performance Indicator: 90% of the children and sibling groups of children and youth shall have their guardianship (kin and foster family) finalized within 12 months of being placed in the home where guardianship is the established goal at the time of placement.

C.3.2.3 Well-Being Outcomes

C.3.2.3.1 Health

- C.3.2.3.1.A Performance Indicator: 95% of children entering foster care shall receive an initial health screening from CFSA's Clinical and Health Services Administration (CHSA).
  - C.3.2.3.1.B Performance Indicator: 85% of children entering foster care shall receive a comprehensive health assessment within 30 days of entering foster care.
  - C.3.2.3.1.C 90% of children entering foster care for the first shall receive a mental health screen within 10 days of entering foster care.
  - C.3.2.3.1.D Performance Indicator: At least 58% of youth entering foster care shall have a dental evaluation within 30 days of entering care (may not apply to youth having received a dental exam within 6 months of entering foster care).
- C.3.2.4 Education
- C.3.2.4.1 At least 85% of the children 0-5 years of age entering foster care and placed in a private agency home shall ensure documentation of a developmental screening by the CHSA or the Office of Well-Being and the results documented in CFSA's SACWIS (Statewide Automated Child Welfare Information System) known as FACES.
    - C.3.2.4.1.A Performance Indicator: 60% of youth 18-21 years of age in their care for at least six months shall have completed high school or equivalent at the time of exit from foster care.
    - C.3.2.4.1.B Performance Indicator: At least 30% of youth 18-21 years of age and in college shall graduate prior to their exit from foster care.
    - C.3.2.4.1.C Performance Indicator: 30% of youth 18-21 years of age and enrolled in vocational education or employed shall complete vocational training/or receive industry certification prior to exit from foster care.
    - C.3.2.4.1.D Performance Indicator: The Provider shall monitor the reading proficiencies of third and eighth graders and the math proficiency of eighth graders for all children placed in their care. For those children performing at a level below the acceptable minimum standards, the Provider shall ensure that they receive educational services.
    - C.3.2.4.1.E Performance Indicator: The Provider shall assist all youth between the ages of 15-21 in their care for 6 months or more to achieve the identified CFSA youth benchmarks appropriate for the age and as incorporated in their case plan. (see attached CFSA Youth Benchmarks).

C.3.2.5 Placement Stability

- C.3.2.5.A Performance Indicator: 80% of children shall have two or fewer placements once they are placed with the Provider; or, if they have been in care for 25 months or more, they shall have two or fewer placements in the past 12 months.

**C.4 TARGET POPULATIONS**

- C.4.2 The Provider shall provide one or more of the following types of family based foster case services:

- C.4.2.1 The Provider of Traditional Family Based Foster Care shall serve those children and youth ranging in ages from birth through twenty-one (21) that have experienced trauma due to prior exposure to abuse and neglect and/or foster care placements but do not present conditions requiring Therapeutic Care. This care shall be provided in licensed, foster family homes. The foster parent shall participate in all counseling and therapy sessions with the child or youth:
- Assist with the execution of the required behavior management plan as directed by the treatment team;
  - Support the stability of youth in the educational setting as needed;
  - Intervene with the treatment team when the youth experiences a mental health, behavioral, or emotional crisis for the purpose of improving or stabilizing the child.
- C.4.2.2 The Provider of Therapeutic Family Based Foster Care shall serve those children and youth ranging in age from birth through twenty-one (21) that present the need for a more therapeutic milieu as supported by an Axis I diagnosis and CFSA approved clinical justification using evidence based practice approaches. The foster parent shall participate in all counseling and therapy sessions with the child or youth as required by the clinician:
- Assist with the development, execution, and monitoring of the required behavior management plan;
  - Support the stability of youth in the educational setting as needed;
  - Intervene with the treatment team when the youth experiences a mental health, behavioral, or emotional crisis for the purpose of improving or stabilizing the child.
- C.4.2.2.1 Foster parents shall be trained as part of the treatment team to stabilize and address the behavioral and mental health needs in order to step down the youth/child to a lower level of care. 70 % of children/youth served by the agency shall be stepped down to a lower level of care within six (6) months in preparation for achieving permanency.
- C.4.2.2.2 The Provider shall, within a period of six (6) months or less, stabilize the child or youth, and effectively transition the child or youth to a less therapeutic level of care, if clinically appropriate. CFSA shall not sustain the rate of pay for therapeutic care beyond the period of six (6) months, unless the continued need for placement in this more intense level of care and service is demonstrated through documented assessments using a valid tool implemented regularly made by the CMSW, and included as part of the child or youth's case plan. Approval to continue services in a Therapeutic Family Based Foster Care home beyond the initial six (6) months must be obtained from the CHSA.
- C.4.2.3 The Provider of Teen Parent Family Based Foster Care shall serve pregnant and parenting teens and their children in licensed, foster family homes. CFSA also seeks Providers that can serve pregnant and parenting teens who are in need of therapeutic care, and are not developmentally appropriate for congregate care independent living programs. Services to ameliorate the conditions that brought the child or youth into foster care, prepare the teen parent to appropriately care for his/her dependent child(ren). The Provider shall also assist the teen parent and their dependent child(ren) achieve permanency and stability in a family-like setting.

- C.4.2.3.1 Providers of Teen Parent Family Based Foster Care shall use an evidence based parenting model that will prepare the pregnant or parenting teen to assist their dependent children to achieve age-appropriate health, education and social benchmarks. Providers are also expected to support the pregnant or parenting teen to acquire the educational and vocational benchmarks necessary to care for themselves and their children after leaving foster care. The Provider of teen parents shall ensure that 100% of teen parents are linked to evidence based parenting classes specific to their needs. The foster parents shall be trained to support the growth and development of teen parents and their children to encourage improved parenting skills.
- C.4.2.4 The Provider of Specialized Family Based Foster Care shall serve those children and youth ranging in age from birth through twenty-one (21) years that present conditions of developmental disabilities and/or medical fragility (life threatening illness or chronic health conditions), and their families, and link them to adult services prior to exiting foster care.
- C.4.2.5 All family based foster care Providers shall serve lesbian, gay, bisexual and transgendered children and youth within Traditional, Therapeutic and Specialized Care programs that promote permanency and stability for these youth. All family based providers shall provide crisis stabilization services through use of CFSA's contractor.
- C.4.2.6 CFSA seeks innovative approaches to accommodating the placement of siblings together within family based homes.
- C.4.2.7 CFSA seeks innovative approaches to increase visitations between parent and children and sibling visitation.
- C.2.4.8 The contractor shall serve a wide range of children and youth in terms of cognitive and behavioral functioning. Behaviors include those typical of children and youth having suffered abuse and neglect, or previously identified as having a mental health diagnosis and who require a short term crisis stabilization and structured programming with mental health supports for crisis stabilization. The Provider shall use CFSA's crisis stabilization contractor to provide on-site, clinical intervention as well as have [access](#) to community based crisis teams available 24 hours a day, 7 days a week.

## **C.5 DEFINITIONS**

- C.5.1 Abscondance – The child or youth is absent from an approved placement due to escape, runaway or truancy status.
- C.5.2 Adoption – A Family Court terminates a child or youth's legal rights and duties toward his/her natural parents and substitutes similar rights and duties toward adoptive parents. A financial subsidy may or may not be involved.
- C.5.3 Adoption Services – Services provided to facilitate the adoption of children. Services may include recruitment, licensing, home study, training, and retention of adoptive parents.
- C.5.4 Agency – The DC Child and Family Services Agency, or CFSA
- C.5.5 Bed Hold – Maintaining a bed for a youth away in abscondance, a hospital, or college. The bed hold rate is 100% of the room and board per diem during the time a child is away in college. The bed

hold rate for abscondance and hospital stays shall be 100% of the room and board per diem for up to 5 days and 50% of the room and board per diem for the next 25 days.

- C.5.6 Axis 1 Diagnosis – Outlined by the Diagnostic and Statistical Manual of Disorders (DSM), includes all psychiatric diagnoses with the exception of personality disorders and mental retardation.
- C.5.7 Behavior Management Plan – A written document that targets the specific problematic behaviors of a child/youth, and the identified interventions in the placement setting that will encourage and support the child/youth in decreasing or eliminating the inappropriate behaviors that are interfering with success.
- C.5.8 Case Management – The process by which a case plan is continuously assessed, developed, implemented, and revised accordingly toward the achievement of the goals and objectives outlined in the case plan for the child or youth and his/her family.
- C.5.9 Case Management Responsibility – Responsibility for managing a case for a child or children that have been placed in out-of-home care as a result of abuse/neglect. This responsibility is assigned by CFSA.
- C.5.10 Case Managing Social Worker (CMSW) – The CFSA Social Worker, or Provider Agency’s Social Worker, assigned to a child or youth placed in foster care. The CMSW is responsible for the child and family assessment, development and implementation of a case plan to meet the child or youth’s permanency goal. The CMSW acts as lead, and works in collaboration with identified service providers (health, mental health, education, etc.) to ensure the individual needs of the child or youth are being met through the prompt and effective delivery of services to fulfill the case plan requirements, and the comprehensive case plan.
- C.5.11 Case Managing Agencies – Child placing agencies that are responsible for case management and foster care services.
- C.5.12 Case Plan – A written document developed by the CMSW for a child or youth that has a child abuse or neglect case with CFSA. The plan outlines the goals and objectives for the child and family, and the timeframes for achieving these goals. Goals and objectives should be behaviorally-based, not service-based, and should address health, mental health, educational, and other needs. Case plans are reviewed periodically to assess progress and identify barriers to meeting the plan’s goals and objectives. Also, for purposes of Medicaid reimbursement, the case plan must be updated whenever significant change occurs in the child or family’s needs and services. The case plan should aggregate all planning documents, including treatment plans for children designated as therapeutic and youth transition plans (YTP) for teens.
- C.5.13 Case Notes – Documentation of activities that support the implementation of the Case Plan. Each engagement between the child or youth and the Case Managing Agency Social Worker or other Agency personnel is documented in the case notes and ties back to the goals in the Case Plan. The case notes should contain the how, what, why and when of the Social Worker’s or other Agency personnel’s engagement with the child or youth. The notes should also indicate whether the child or youth refused services.
- C.5.14 Crisis: A sudden onset of behavior or emotionality that may disrupt placement or put placement at risk of disruption.

- C.5.15 Child – An individual aged between birth and puberty. Since age varies for the onset of puberty, in this document a child is generally considered to be an individual under the age of fifteen (15).
- C.5.16 Child Abuse – Physical or mental injury of a non-accidental nature, sexual abuse or sexual exploitation, or negligent treatment or maltreatment of a child caused or allowed by a person responsible for his or her welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.
- C.5.17 Child Placing Agency – An agency licensed to provide “child placing” or “family based foster care” which includes foster home recruitment and licensing, case management and placement services.
- C.5.18 Choice Provider – A mental health service provider with special designation by the DC Department of Health.
- C.5.19 Concurrent Planning – The process of working towards reunification while simultaneously establishing an alternative or contingency back-up plan, with concurrent rather than sequential planning efforts in order to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family.
- C.5.20 Confidentiality – The safeguarding of information regarding children, youth and families in accordance with the Health Information Portability and Accountability Act (HIPAA) laws, and all federal and District laws governing confidentiality.
- C.5.21 Core Service Agency – A mental health service provider qualified by the DC Department of Mental Health that provides Medicaid-reimbursable services.
- C.5.22 Developmental Disability – A chronic disability of a person five years of age or older that is attributable to a mental and/or physical impairment manifested before age 22; likely to continue indefinitely; and results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency.
- C.5.23 Facilitate – To coordinate actions that ensure access to the services and case activities outlined in each child or youth’s case plan. The Provider’s “facilitation” ensures services are fully implemented for children and youth.
- C.5.24 Family-based Foster Care – Foster care provided in a foster family home environment. Foster family home means the home of an individual or family (not group home owned and operated by an entity/corporation) located in the District of Columbia licensed in accordance with DCMR Chapter 60 regulations. Foster family homes in other jurisdictions are licensed by regulations governing such care in the respective jurisdiction.
- C.5.25 Family Team Meeting (FTM) – Scheduled meeting that includes birth parents, foster families, pertinent professionals and other significant individuals in planning for the safety, care and placement of the child. Trained staff facilitates these meetings to develop or amend the case plan in all cases of initial removal of a child from his/her natural home, any changes in placement for the child, or transitions related to permanency.

- C.5.26 Family Responsibility – Provider has primary case management responsibility for child(ren) in care and their foster families to ensure timely reunification, kinship guardianship and/or adoption occurs. This includes all case planning, court responsibility and supports to siblings remaining in the natural home or placed in other foster care settings. Family Responsibility requires the provider to deliver services consistent with CFSA’s Policy and POM (e.g., comprehensive assessment, concurrent planning, teaming, family engagement including paternal relatives, permanency with kin). The Provider shall ensure that the CMSW or a designee attend the FTM to the greatest extent possible.
- C.5.27 Fictive kin – Non-blood related individuals that perform activities and hold relationships common to those of family members. These individuals are considered significant members of the child and family’s life.
- C.5.28 Foster care – Continuous twenty-four (24) hour care and supportive services provided for a minor in the legal custody or guardianship of CFSA while the child needs substitute care out of the natural home.
- C.5.29 Guardianship – A relative adult, a godparent, or significant member of the child’s life that obtains custodial rights to a child/youth through the Family Court.
- C.5.30 Human Care Agreement (HCA) – A written agreement for the procurement of education or special education, health, human, or social services pursuant to DC Official Code, Section 2-303.06a, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally or physically ill, unemployed, or minors in the custody of the District of Columbia.
- C.5.31 Individualized Education Plan (IEP) – The written plan developed for the child or youth that identifies and outlines educational needs and services, and is incorporated into the Case Plan.
- C.5.32 Individualized Family Service Plan (IFSP) – The written document that guides the early intervention process for children with disabilities and their families in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). The plan contains information about the services necessary to facilitate a child’s development and enhance the family’s capacity to facilitate the child’s development. Family members and service providers work as a team to plan, implement, and evaluate services tailored to the family’s unique concerns, priorities, and resources.
- C.5.33 Legal Custody – An adult obtains custodial rights of a child/youth through the Family Court, and no financial subsidy is involved.
- C.5.34 Mandatory Reporter – An individual involved with children or youth as per professional role that is required to report abuse and neglect.
- C.5.35 Medically Fragile – Children or youth with significantly debilitating medical conditions that impair daily functioning and require close medical supervision.
- C.5.36 Mental Health Service Provider – May be one of the following: a Department of Behavioral Health Cores Service Agency (CSA); a CFSA contracted vendor; a Crime Victims mental health provider; or a mental health provider through the Health Services for Children with Special Needs (HSCSN) network.

- C.5.37 Out-of-Home Care – Synonymous term for foster care.
- C.5.38 Performance-Based HCA – A method of contracting for services that specifies outcome measures or other performance measures that must be met by the contracted Provider, and links contract renewals to performance.
- C.5.39 Permanency – The provision of a permanent living arrangement for a child based on the Federal Adoptions and Safe Families Act (AFSA) requirements. Also the process by which a child in CFSA foster care, and his/her family, benefits from case planning, periodic reviews, and other procedural safeguards to ensure that the child enters care only when necessary and appropriately placed, and is returned home or to a permanent living situation in a timely fashion.
- C.5.40 Permanent or “Lifelong” Connection – An enduring connection established between the youth and at least one adult committed to a safe, stable and supportive relationship in order to provide lasting support and guidance to the youth as he/she transition from foster care to self-sufficiency. This is a permanent connection that should last beyond the youth’s involvement with CFSA. The adult may or may not be a family member.
- C.5.41 Post-Permanency Period – The period of time following achievement of the permanency goal for the child during which the CMSW with case management responsibility continues monitoring and supportive activities to ensure safety, well-being, and continued success with permanency.
- C.5.42 Provider Agencies (Providers) – Licensed, private agencies providing group or family based foster care and/or case management services as per a HCA between the Provider Agency and CFSA.
- C.5.43 Quality Assurance – The process for identifying gaps in services, evaluating and tracking the completeness and accuracy of service delivery based on compliance with statutory and regulatory requirements, and examining and monitoring the performance of staff.
- C.5.44 Qualified Provider – A Provider of human services that has received a HCA as per a review process of organizational qualifications to deliver services.
- C.5.45 Respite Care – Supportive services that are designed to provide resource parent(s), guardian(s) and/or children, with a period of temporary, short term, planned or unplanned relief from the ongoing care arrangement, thereby reducing the possibility of crisis and/or disruption of the placement. Respite care is agency -arranged (CFSA or private), and provided by licensed, approved respite care resources. Respite care does not constitute a placement change, and the plan must be for the child to remain in or return to the placement scenario prior to the respite care period.
- C.5.46 Reunification – The positive conclusion of providing care and guidance to children in CFSA custody whereby they are reunited with their family or legal guardian. The case is no longer open with the court; however, in cases where the child/youth is reunified under protective supervision of the court, monitoring of the case continues for a defined period while the child/youth remains in the home.
- C.5.47 Safety – Protection from or absence of imminent danger, harm or injury.
- C.5.48 Specialized Family Based Foster Care – Foster care in family based foster homes for children and youth with developmental disabilities and/or conditions of medical fragility.

- C.5.49 Sibling Group: Children and youth who have an established emotional and psychological bond and have identified themselves as siblings through the biological sharing of parents, past foster, kin or adoptive relationships.
- C.5.50 Structured Decision-Making - An approach to child protective services that uses clearly defined and consistently applied decision-making criteria of screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.
- C.5.51 Task Order – An order for services placed against an established human care agreement.
- C.5.52 Teaming – A group of professionals representing various aspects of the child or youth’s well-being interests from a health, mental health, educational, life and social skills, and permanence perspective that collaborate toward meeting the needs of the child or youth and their family through assessment and service planning and delivery. CFSA’s teaming process is a shared decision-making approach that is coordinated and primarily led by the CMSW. In most instances, it is the CMSW who leads the engagement process and the formulation of the team. There may be occasions in which another facilitator leads the team’s planning efforts. In cases such as that of an older youth, or a family nearing permanency, another member of the team may naturally or voluntarily assume the role of team leader. In each of these scenarios, the CMSW retains primary responsibility for the direction and management of the case, including ensuring decisions made by the team are carried out by the responsible party.
- C.5.53 Teen Parent Family Based Foster Care – Foster family home care for pregnant and parenting teens and their dependent children.
- C.5.54 Therapeutic Family Based Foster Care – Foster family home care for children and youth that present Axis One conditions requiring more intensive supervision and therapeutic care.
- C.5.55 Traditional Family Based Foster Care – Foster family home care for children and youth presenting emotions and behaviors typical of those having suffered abuse/neglect warranting removal from their natural home.
- C.5.56 Treatment Plan – The written plan identifies and outlines the treatment needs for a child or youth designated as therapeutic. This plan shall include the specific services needed by the child or youth to meet their treatment goals that will lead to stabilization and a step down into a lower level of care, including the scope, frequency and duration of the services needed. Documentation of the service shall include: the name of the child and Medicaid number (if available); name of Provider and professional credentials; the service provided, and the time, date, place, and length of the service; and a note describing how the services relates to the treatment goal and what progress has been made since the previous plan. The treatment team should document the child or youth’s progress towards stepping down and a recommendation as to whether or not step-down can occur.
- C.5.57 Units of Service – Term used for the purpose of billing for services delivered by a Provider to a client, in this case a child or youth placed in care by CFSA. Units defined in 15-minute increments of service or more.

- C.5.58 Well Being – The healthy physical, emotional, intellectual, and spiritual development and existence of a human being.
- C.5.59 Youth – An individual in age between the onset of puberty and early adulthood. Definitions vary of the specific age range that constitutes youth, but for the purposes of this document, the age range for a youth is age fifteen (15) to twenty one (21).
- C.5.60 Youth Transition Plan (YTP) – The written, comprehensive plan that focuses on independent living skills consistent with those specified in the OYE Youth Benchmarks document, goals, objectives, strategies, services and resources to address the assessed strengths and need areas of a CFSA child or youth. The YTP shall be incorporated into the case plan.
- C.5.61 Crisis Stability Team: A community based crisis team which delivers comprehensive crisis management services to immediately respond, effectively screen, provide early intervention to children/youth who are experiencing an acute crisis, identify services and alternatives that will minimize distress, and aid in their stabilization in the community.
- C.5.62 Crisis Plan: A plan that identifies a child’s psycho-social, behavioral, educational, emotional and psychiatric needs of the child/youth and outlines specific strategies to address the needs and stabilizes the child/youth in the current placement.

## **C.6 CASE MANAGEMENT**

### **C.6.1 Case Management Responsibility**

- C.6.1.1 Once assigned by CFSA, the Provider shall retain responsibility for case management services and supports until the child’s case plan goals have been met, or the child has achieved permanency through reunification, legal guardianship, a finalized adoption, or if child moves to a new foster home. The Provider shall refer all youth in their care to OYE on their 20<sup>th</sup> birthday to begin final transition planning process in preparation for their independence.
- C.6.1.2 The primary role of the CMSW is to assess the needs of the child and family, and to work towards achieving permanency for children that come into foster (or out-of-home) care, identify and coordinate all services for the child, youth or family necessary to achieve this goal, as well as ensure the safety and well-being of the child during his/her foster care stay. The CMSW shall work with the child’s family to address the safety and risk issues that brought the child to the attention of CFSA.
- C.6.1.3 Case management services for non-court involved children that are not living in the family home, are not included as part of the services outlined in this solicitation.
- C.6.1.4 Further definition of Provider case management responsibilities may be developed during the term of HCA that may modify portions of this role. Such changes will be established as policy or through CFSA’s Administrative Issuances (AI’s) for family based foster care, and therefore inherent to the expectations of Case Managing Family Based Foster Care Agencies.
- C.6.1.5 The Provider’s CMSW shall provide assessment, case and service planning, as well as implementation of services for each child assigned to the caseload.

- C.6.1.6 In addition to case and service planning activities pertinent to each child on a caseload, a Provider (referred to as “Provider A”) shall be assigned family responsibility to manage permanency and support efforts for the natural family under one or more of the following scenarios:
- C.6.1.6.1 The only child in out-of-home (foster) care is placed in one of Provider A’s foster homes.
  - C.6.1.6.2 There are children placed with multiple agencies (last resort), but Provider A’s placed child (or children) has a goal of reunification.
  - C.6.1.6.3 The child first entering care had been placed with Provider A, and siblings subsequently entered the system and had to be placed with an alternate Provider Agency due to Provider A’s inability to accommodate them with a foster home placement.
  - C.6.1.6.4 There are children placed with multiple agencies that all have a goal of reunification, but Provider A has the most children with the goal of reunification.
  - C.6.1.6.5 The same number of children are placed with multiple agencies that all have a goal of reunification, but Provider A has the youngest child with the goal of reunification.
  - C.6.1.6.6 The child first entering care had been placed with Provider A, and siblings subsequently entered the system and had to be placed with an alternate Provider Agency due to Provider A’s inability to accommodate them with a foster home placement.
  - C.6.1.6.7 If goal of child with agency with Family Responsibility (FR) changes away from reunification, the original guidelines for FR assignment will be utilized to determine to which agency family responsibility is transferred.
  - C.6.1.6.8 If there are no children with the goal of reunification, FR remains with the agency that most recently had a child with the goal of reunification.
  - C.6.1.6.9 If another child comes into care, the agency with FR should be the first priority to receive the new child.
  - C.6.1.6.10 If the new child does not go to the agency with FR, FR will be transferred to the agency with the new child, if no other child has the goal of reunification
  - C.6.1.6.11 If a new in-home case is opened on the family, the agency with FR will service the family, even if no children have the goal of reunification.
  - C.6.1.6.12 If the agency with FR no longer has any children in care with the family, and there are no agencies with children with the goal of reunification, FR will be transferred to the agency with the youngest child with the goal of guardianship.
  - C.6.1.6.13 If no agency has a child with the goal of guardianship, FR will be transferred to the agency with the youngest child.
  - C.6.1.6.14 Any time there is a transfer of FR, the transfer staffing policy will be followed.

- C.6.1.6.15 If both parent(s) have been TPR'd (Termination of Parental Rights), the agency will maintain FR. No children in the family living in the household should be end dated in FACES.
- C.6.1.6.16 All youth placed in ILP shall be case managed by OYE, unless they have younger siblings in the care of the provider in which case FR will be retained by the provider.
- C.6.1.6.17 All youth placed in traditional group homes or as deemed clinically appropriate will be transferred to CFSA to case managed
- C.6.1.6.18 All youth placed in a Psychiatric Residential Treatment Facility (PRTF), without an identified Foster Home within 90 days of discharge from the PRTF will have Case Management transferred to CFSA.
- C.6.1.6.19 All youth placed in therapeutic group homes will be managed by the provider who has FR, unless deemed clinically appropriate to be transferred to CFSA.
- C.6.1.7 The CMSW with primary responsibility for the family shall act as the lead author of case plan documents and court reports as it relates to permanency planning, and shall team with any other CMSWs with case management responsibility for siblings in the planning efforts and preparation of documents.
- C.6.1.8 During periods in which a child may be temporarily placed with an alternate Provider (for example, a stay in a Residential Treatment Center), the Provider with case management responsibility for the child shall maintain this role in support of the child and family, and resume placement responsibility within its own foster home array, but still needs Placement Services Administration approval. Specifically, the Provider will recruit or develop a foster home for the child placed in the PRTF, 90 days prior to the scheduled discharge date. The identified foster parents(s) will participate in the treatment planning, have visits with the child while placed in the PRTF, and when appropriate have the child visit the foster home prior to discharge. If appropriate the Family Link meeting with the birth parents will occur prior to discharge. CFSA will allow the Provider to bill the empty bed rate for 60 days prior the scheduled discharge date. CFSA will impose Liquidated Damages when compliance to the timeline is not met. The Provider's business plan should reflect consideration of this responsibility.
- C.6.1.9 If in the course of working with the natural family, the CMSW determines there is an imminent risk of removal based on concerns for the safety and well-being of any children that might be residing in the natural home, the CMSW shall follow the Mandated Reporter protocol. The CMSW shall call the CFSA Hotline, or the appropriate local CPS, to report any suspected neglect or abuse warranting further investigation, and indicate that this is a report from a Provider Agency involved with the family. CFSA shall prioritize such reports in response to the Provider's preliminary assessment.
- C.6.1.10 If removal of children occurs under circumstances, CFSA's Placement and Kinship Administration would seek to place siblings together with the original Provider of case management services.
- C.6.2 Case Managing Social Worker's (CMSW's) Role

- C.6.2.1 The Provider's CMSW shall serve as the "driver" of the case plan that guides, determines and documents progress on the child and family's case as it relates to permanency; and to the safety and well-being of the child during foster care. The CMSW tracks and receives reports from all services in which the child and/or family is involved.
- C.6.2.2 The CMSW's role includes continuous assessment, case and business planning, and implementation, teaming, court and other case related administrative responsibilities.
- C.6.2.4 The CMSW shall have primary responsibility for documentation of all case related activities including, but not limited to, the case plan, business plan, education plan, health plan, family business plan, case notes, and court reports.
- C.6.3 Practice Model
  - C.6.3.1 The CMSW shall adhere to CFSA's POM.
  - C.6.3.2 A Family Team Meeting (FTM) will be scheduled by CFSA's Family Team Meeting Unit in conjunction with CPS within 72 hours of the placement of the child that will lead to an initial Case Plan.
  - C.6.3.3 In addition to FTMs held at the time a child is removed, FTMs are also required at the following junctures: when families are at-risk of children entering foster care and when the agency is considering a goal of Another Planned Permanent Living Arrangement (see APPLA policy). Additionally, FTMs may be held at other critical junctures in the case. The Provider shall ensure that the CMSW refers families for FTMs as required by policy and shall attend FTMs for all children under their care.
- C.6.4 Achieving Permanence and Developing Life-Long Resources
  - C.6.4.1 The CMSW shall provide case management activities for the child and family to assure the conditions bringing the child into care are being resolved in such a manner as to establish and support achievement of the permanency goal for the child.
  - C.6.4.2 The CMSW shall actively pursue reunification as the initial goal by meeting regularly with birth parents, developing a clear plan, making timely referrals for services, and ensuring children maintain their bond through weekly visitation.
  - C.6.4.3 The CMSW shall ensure that a Family Link/Icebreaker occurs with the foster parent and birthparent, when appropriate.
  - C.6.4.4 The CMSW shall seek permanent resources for the child beginning with identification of family members or fictive caretakers or significant "life-long" resources for the child, in the event the goal for reunification cannot be realized with the natural parent(s).
  - C.6.4.5 The CMSW shall complete social work activities from the perspective that all children and youth deserve and can achieve permanence; and fully document (in case notes) all efforts to achieve permanence through reunification, guardianship, adoption, or long-term permanent connections, regardless of age, physical, emotional, or health conditions of the child or youth in care.

- C.6.4.6 The CMSW shall cultivate permanent resources in the event reunification cannot be realized with the natural parent(s). In addition to working with kin, fictive kin, the foster family, or an adoptive family, the CMSW shall cultivate relationships that may serve as “life-long” resources for the child, despite not being able to serve as a permanent placement resource. CFSA will support the permanency efforts of Provider Agencies by lending the assistance of a Permanency Specialist to collaborate with CMSWs in this endeavor.
- C.6.5 Placement Stability
- C.6.5.1 The CMSW shall ensure that a child or youth is placed in a foster care home environment that is safe, stable, creates a curative and nurturing environment, and supports achievement of well-being goals while the permanency goal is being pursued.
- C.6.5.2 The CMSW shall be the guiding force of the service plan while the child is in placement. The CMSW shall visit the child regularly in placement to ensure continued safety and well-being; and to proactively address any threats to placement stability via assessment and implementation of supports and/or interventions.
- C.6.5.3 The CMSW shall engage the foster parent in progress and development of the child and communicate any training, support or other assistance the foster parent may require to sustain the stable placement of the child.
- C.6.5.4 The CMSW shall request a placement stability staffing through the assigned CFSA Resource Development Specialist (RDS) worker for children/youth to resolve significant, emerging issues, and to avoid disruption of the child’s placement. The Placement stability staffing shall occur prior to the submission of the replacement request.
- C.6.5.5 The Provider shall only make request for a change in a child’s placement in accordance with those conditions outlined in the Intake and Admissions Section, as placement stability is a well-being outcome for children and youth placed in foster care. As part of the continuous assessment and planning for each child, any placement move will be based solely on the observed, significant progress, or lack thereof, over time that warrants a planned placement change to assure the safety, progress or development of the child.
- C.6.5.6 All placement changes shall have the approval signature of the Provider’s Program Director with prior approval of CFSA’s Placement and Kinship Services Administration (including foster home changes within the same Provider Agency).
- C.6.5.7 All placements, including changes of setting within the same Provider Agency, shall occur through the CFSA’s Placement and Kinship Services Administration.
- C.6.6 Visitation
- C.6.6.1 The CMSW shall ensure completion of all required visits in accordance with the Implementation and Exit Plan requirements.

- C.6.6.2 The CMSW shall utilize visitation to ensure safety, sustenance of important relationships, well being, and achievement of permanence in a timely manner. The team for the child or youth shall develop a regular and frequent schedule of parent-child and child-sibling visits as part of the case plan, and coordinate implementation with the caregiver.
- C.6.7 Court Activities
- C.6.7.1 The CMSW shall be responsible for attending court hearings to represent the case to the court that effectively advises the court on the case plan for permanency, safety and well-being as per the “teaming” that has collectively made such decisions.
- C.6.7.2 The CMSW shall have a draft court report prepared and submitted to the CFSA’s Assistant Attorney General (AAG) at least five (5) business days before the filing deadline, which is ten (10) business days prior to the hearing. Court reports shall be timely, comprehensive, and address the following:
- C.6.7.2.1 Any unresolved orders and services;
- C.6.7.2.2 Engagement with the foster caregiver, service providers, school, and other family members that moves the child toward permanency. Summary of work that has taken place since the last review in keeping with the case plan and permanency goal that outlines reasonable efforts toward achievement of the permanency goal;
- C.6.7.2.3 Update on services that advance well-being for the child or youth.
- C.6.7.2.4 Between scheduled hearings, the CMSW shall be in regular contact with all team members, specifically the foster parent, birth family members, and any other relatives, service providers, school, Guardian Ad Litem (GAL) and the AAG. The CMSW shall notify birth parents and resource family members of all hearings, and encourage them to participate in court hearings.
- C.6.7.2.5 The CMSW shall prepare any interim reports needed as a result of an emergency, change in placement, abscondance, or arrest; when the Agency receives a new allegation of abuse or neglect; or any other event the court may need to know about before the next hearing. The CMSW should consult with the AAG to determine whether an emergency hearing is warranted.
- C.6.7.2.6 If the CMSW is proactively addressing the needs of the case, the Superior Court should not be issuing any court orders directing services for children and families. In the event of a court order, the CMSW shall ensure that the team implements these orders and accounts for their status. If the CMSW encounters difficulties implementing the order, the CMSW shall consult with his/her supervisor and the AAG immediately.
- C.6.7.2.7 If the CMSW wishes to modify an order, contact shall be made with the AAG to determine whether or not the Agency can seek modification, additional time to comply, or request that the order be vacated.
- C.6.7.2.8 The CMSW may need to testify at various evidentiary hearings throughout the life of a court case. The CMSW shall be fully prepared with strong documentation that has been updated regularly in FACES.

- C.6.7.2 Engagement with the foster caregiver, service providers, school, and other family members; Summary of work that has taken place since the last review in keeping with the case plan and permanency goal that outlines reasonable efforts toward achievement of the permanency goal;
- C.6.8 Post-Permanency Period Support and Closure of Case Management Responsibility
- C.6.8.1 Once the permanency goal has been achieved for a child, the CMSW may shift the case into a post-permanency period during which time the CMSW shall continue to monitor and provide supportive activities to the child and any individuals pertinent to the success of the permanency plan.
- C.6.8.2 In cases of reunification, the Provider shall continue to monitor the safety of the child to ensure the child is stable in the home for up to six (6) months during which period support services shall be provided to the child and family. Provider shall begin the transition of families to the collaborative and/or other appropriate community based resources no later than three (3) months prior to case closure.
- C.6.8.3 In cases of adoption or guardianship, the case management responsibilities extend through finalization of the adoption or guardianship, and the referral and connection of the adoptive or guardianship family with the Post Permanency Center for post-permanency services.
- C.6.8.4 When a youth exits the system to live independently, the case management responsibilities will include the establishment of a “lifelong connection”, and a comprehensive plan that includes work, housing, education, and other necessary life skills. The Provider shall continue support services up to six (6) months after the youth exits foster care. The Provider shall engage youth with community based support (e.g. collaborative, CASA, OYE or other CFSA designated resource) at least 3 months prior to exit from foster care if the youth is not already being served by other community agencies.
- C.6.8.5 CFSA expects the Provider to maintain case management responsibility until permanency has been achieved for the child, or children, from a particular family. If extenuating circumstances (as defined in this section) require a transfer of case management responsibility, a transfer staffing must take place before the case is officially transferred.
- C.6.8.6 The Provider shall adhere to CFSA policy on case transfers and staffing for transfer of cases from CFSA to a Provider, or from one Provider to another. The required tasks for an initial case transfer may be accomplished within a FTM; however, a supplemental meeting specifically focused on the administrative tasks associated with case transfer is often needed.
- C.6.8.7 The Social Worker initiating a transfer must complete all required FACES fields of data prior to the Transfer Staffing, as well as the electronic transfer. Case plans must be completed if due within thirty (30) days of a transfer. While a child may be placed with the receiving Agency, the Social Worker initiating transfer is responsible for entering data into FACES until the case has been transferred electronically to the receiving Agency.

## **C.7 CHILD WELL-BEING**

- C.7.1 The Provider shall meet the needs of the child as designed in the case plan via a collaborative effort between CMSW, service providers, family members, and Foster Parent(s). In the design of the case plan, the CMSW shall include a service plan with components for the following:

- C.7.1.1 Daily routine and schedule;
  - C.7.1.2 Behavior management;
  - C.7.1.3 Mental health services and supports, such as individual and group counseling, crisis intervention, medication management;
  - C.7.1.4 Health care services and coordination;
  - C.7.1.5 Educational and vocational support services;
  - C.7.1.6 Therapeutic recreation;
  - C.7.1.7 Life and social skills development;
- C.7.2 The Provider shall administer a monetary allowance system for children and youth placed in care, as is developmentally appropriate. The Provider shall describe fostering of banking/savings skills. The Provider should outline the costs associated with allowances in its budget submission. All costs and policies shall be aligned with CFSA related protocols.
- C.7.3 Mental Health Services and Supports
- C.7.3.1 The CMSW, in consultation with CFSA's CHSA shall address the mental health needs and plans for each child in collaboration with the DC Department of Behavioral Health (DBH), via a network of Choice Providers or Core Service Agencies. The Provider shall assist in the facilitation of assessment and provision of the mental health services as outlined in a child or youth's case plan.
  - C.7.3.2 The Provider shall have staff trained in mental health crisis intervention to support foster parents when children or youth may have episodes warranting clinical and/or behavioral intervention. If the Provider's staff is unable to stabilize the child or youth, the Provider may utilize a DBH designated provider for the provision of timely, home-based relief for children and adolescents in crisis. This service provides in-home assistance when appropriate, and assesses whether a child's behavior poses a danger, requiring possible psychiatric inpatient hospitalization. The Provider shall notify CFSA's CHSA of mental health crises for consultation and further support.
  - C.7.3.3 The Provider shall ensure that caregivers accompany children/youth to all mental health appointments and participate in services as appropriate (e.g. Family therapy).
  - C.7.3.4 The Provider shall be knowledgeable about the array of services available through the DBH (i.e., Evidenced Based Practices, CBI, PRTF, etc.) to ensure that the maximization of services is utilized.
  - C.7.3.5 The Provider shall ensure that children/youth entering, or re-entering care receive a mental health screen through the DBH co-located staff at CFSA within 10-days of entry into foster care and a Diagnostic Assessment within 7-days of enrollment into a DBH Choice Provider or Core Service Agency.
  - C.7.3.6 The Provider shall ensure that the CMSW consistently teams with the Nurse Care Manager (NCM), on all assigned cases to the NCM Program.
  - C.7.3.7 The Provider shall ensure that the CMSW immediately notifies and provides to the CHSA medical and/or mental health court orders.

- C.7.3.8 The Provider shall ensure transportation to and documentation of any individual or group mental health counseling or psychotherapy services obtained, in accordance with a child or youth's case plan, that includes face-to-face intervention by an appropriate clinician such as Psychiatrist, Psychologist, licensed professional counselor, LICSW, LGSW, under the supervision of a Board Certified Psychiatrist or Psychologist.
- C.7.3.9 The Provider shall ensure children and youth have access to trauma informed individual and group counseling (no more than 8 children or adolescents to 1 professional) that is psycho-educational in nature to address, but not be limited to, the following topics:
- C.7.3.9.A Grief, loss and separation counseling - to assist the child with abnormal or complicated grief, loss and separation reactions to help separation, prolonged grief, and/or address masked somatic or behavioral symptoms as a result of the grief response.
- C.7.3.9.B Anger management techniques and training – to assist in managing “anger”, which is a normal, natural reaction to situations that cause disappointment, hurt, frustration, sadness, and other negative emotions.
- C.7.3.9.C The Provider shall ensure staff are trained to respond to in mental health crisis intervention and to support foster parents when children or youth may have episodes warranting clinical and/or behavioral intervention. If the Provider's staff is unable to stabilize the child or youth, the Provider may utilize the designated Department of Behavioral Health Provider, for the provision of timely, home-based relief for children and adolescents in crisis. This service provides in-home assistance when appropriate, and assesses whether a child's behavior poses a danger, requiring possible psychiatric inpatient hospitalization. The Provider shall notify CFSA's CHSA of mental health crises for consultation and further support.
- C.7.4 Health Care Services shall be provided in accordance with CFSA policy.
- C.7.4.1 The CMSW shall coordinate all prevention, routine and emergency health care with CFSA's CHSA. All services shall be initiated with DC Medicaid Providers to the extent possible, and follow the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) requirements issued from the Department of Health Care Finance and the American Academy of Pediatrics.
- C.7.4.2 The Provider shall coordinate all preventive, routine and emergency healthcare needs for each child or youth with CFSA's, CHSA or the youth's current provider and incorporate the relevant information into the case plan.
- C.7.4.3 The CMSW shall follow CFSA's referral process to access medical services and for communicating appointment outcome information to CFSA's CHSA.
- C.7.4.4 The Provider shall follow CFSA's guidelines for securing, in a timely manner, all medically recommended health and therapeutic services including, but not limited to, behavior management, medication management, physical, occupational, and/or speech therapy, glasses, hearing aids, prosthetic devices, and corrective physical and dental devices.

- C.7.4.5 The CMSW and the CHSA shall facilitate the provision of physician-prescribed in-home nursing and/or assist with the acquisition of any other specialized health services in accordance with the case plan.
- C.7.4.6 The CMSW shall refer all pregnant youth and other special health populations to the CHSA, who will coordinate, with the CMSW, appropriate community-based prenatal care through a Medicaid Obstetric and Gynecological Provider for all youth in need of and seeking such services.
- C.7.4.7 The Provider shall ensure an emergency protocol that establishes which professional staff facilitate transport and accompany the child or youth to the nearest medical facility, as well as provide the facility with Medicaid information. The Provider or CFSA staff shall remain with the child for the duration of any emergency treatment. The Provider shall notify the CMSW as soon as possible. The Provider shall notify the CHSA through the 24 hour on-call phone: 202-498-8456 or through the CFSA Hotline. The Provider shall not consent to treatment. In a true life-threatening emergency, treatment will be initiated by the emergency room staff.
- C.7.4.8 The Provider shall embed CFSA's policy in its training plan, including a module that prepares foster parents on health care topics to include, but not limited to, the following: Early Periodic Screening, Diagnosis, and Treatment (EPSDT), HIV/AIDS, communicable diseases, universal precautions, nutrition, diabetes, dental/oral care, asthma, medication administration and management, consent to treat, and well child care.
- C.7.4.9 The Provider shall follow CFSA's guidelines for youth affected by HIV and AIDS.
- C.7.4.10 The Provider shall ensure that all children/youth receive a pre-placement screening prior to each change of placement except for circumstances outlined in the CHSA and Respite Care Administrative Issuances.
- C.7.4.11 The Provider shall ensure that all children/youth entering or re-entering care will receive a comprehensive physical examination and a dental examination within 30 days of entry into care. The Provider shall include the bio-parent in this process in an effort to obtain a medical history and to inform the parent of their child's/youth's health care treatment plan while in foster care. All 30-day comprehensive physical examinations shall occur at CFSA's CHSA with no exceptions.
- C.7.4.12 The Provider shall ensure that all children birth to 3 years is referred to the CHSA for a developmental screen upon entry or re-entry into care.
- C.7.4.13 The Provider shall ensure that the CMSW consistently teams with the Nurse Care Manager to provide updates and monitoring of care for children/youth enrolled into the NCM Program.
- C.7.4.14 The Provider shall ensure that the CMSW notify and engage the Special Needs Liaison regarding all children/youth receiving SSI, with chronic medical diagnoses, and/or has multiple medical needs to maximize the utilization of services.
- C.7.5 Educational and Vocational Services

- C.7.5.1 The Provider shall provide services that support the youth in the achievement of the youth benchmarks as identified by the OYE Youth Benchmarks and specified in his/her individualized case plan.
- C.7.5.2 The Provider shall be responsible for meeting the educational and vocational needs of all children/youth placed in its care. The Provider shall arrange for and ensure that each school-aged resident attends an educational or vocational program in accordance with all applicable federal, state and local laws and the child/youth's case plan and any Individualized Education Plan (IEP). The Provider shall ensure that all children remain in their school of origin when it is in his/her best interest to do so, as required by federal and local laws. The Provider should consult with the CFSA Education Resource Specialists in the Office of Well-Being to assist with best interest planning and decision-making, and for any educational supports and guidance needed.
- C.7.5.3 The Provider shall have primary responsibility for enrolling and transporting all school-age children and youth to educational, extra-curricular, vocational and/or mentoring activities; unless otherwise provided by the school district, another community-based service provider, or arranged by CFSA, to address a specialized educational need as defined in the service plan.
- C.7.5.4 The Provider shall comply with CFSA policy regarding educational planning for children/youth in care such as educational assessment and out-of-state school enrollment and tuition. Specifically, the Provider shall comply with CFSA's Administrative Issuance (CFSA-09-21) regarding Completion of Education Assessments. The assigned CMSW shall complete an Education Assessment form for every school-aged child/youth aged 5-18 years of age within 30 days of placement in foster care to be reviewed and approved by the assigned Supervisory Social Worker. Educational information must be entered on the Client Education Screen in FACES, as well as on the Educational Assessment form. Educational information should be updated in FACES at critical points such as school placement change, the end of each marking period, any new or updated IEP, and whenever the Education Assessment is updated.
- C.7.5.5 The Provider shall engage the child or youth, his/her birth parent, foster or other educational decision-maker in all education planning and decision-making activities. The Provider may consult with a CFSA Education Resource Specialist if a child/youth does not have a parent or educational decision-maker to act on his/her behalf.
- C.7.5.6 The Provider shall be a member of the child's educational team and convene and/or participate in teaming meetings with the child's teacher and other school personnel, the child/youth and his/her parent, foster parent or other educational decision-maker.
- C.7.5.7 The Provider shall ensure that youth who are no longer required to attend school under the District of Columbia's or local jurisdiction's Compulsory Education Law receive directly, or are appropriately linked to, continuing education or other resources and services aimed at preparing the young person for economic independence, such as a vocational training program.
- C.7.5.8 The Provider shall maintain the children or youth's educational records; including, but not limited to, report cards, educational and standardized testing and Individualized Family Service Plans (IFSP) or Individualized Education Plans (IEP's). The Provider shall make copies of all educational information available to CFSA on a monthly basis; or more often if the Provider receives pertinent information between monthly reviews.

- C.7.5.9 The Provider shall ensure that all children and youth in need of Special Education receive assessment by the assigned school, or another authorized Special Education evaluator approved by the District of Columbia Public Schools (DCPS). In a timely fashion, the Provider shall ensure participation in all meetings held at the child or youth's local school in order to develop and/or enhance the IEP. The parent or educational decision maker shall be involved in initiating, developing, and authorizing educational plans and services for youth.
- C.7.5.10 The Provider shall comply with education policies set forth by DCPS and CFSA regarding the provision of special education services and other guidance on a variety of education-related topics. The CFSA Education Resource Specialist is available for consultation and assistance in this area.
- C.7.5.11 The Provider shall ensure foster parents facilitate educational enrichment programs and activities for children and youth, to include early learning and preschool programs.
- C.7.5.12 The Provider shall identify staff oversight and responsibility for educational planning and services (e.g., attendance at school conferences, provision of school supplies, assistance with homework, and routine contact with teachers) for children and youth placed in care. The Provider's business plan shall also include description of the educational equipment provided to youth to assist and enrich educational endeavors such as provision of computers, adequate study areas, in-home tutoring (paid or non-paid), and other assistance.
- C.7.5.13 The Provider shall ensure that child/youth are provided free community based interventions such as tutoring, mentoring and other educational advocacy and other related supports services. If free community based interventions are unavailable, the Providers shall secure these services through the use of cost reimbursable funds, with prior written approval by CFSA's Office of Well Being. The Provider shall document the provision and quality of the service required and the extent to which the services are needed for each child/youth.
- C.7.5.14 The Provider shall ensure children and youth presenting any educational limitations, and or meeting criteria listed below, receive tutorial or other services to improve academic performance:
- C.7.5.14.A Two or more grade levels behind age-appropriate academic performance;
  - C.7.5.14.B Reporting grades of D's or F's;
  - C.7.5.14.C Services recommended by IEP;
  - C.7.5.14.D Services recommended by school;
  - C.7.5.14.E Services recommended by a psychological evaluation, or;
  - C.7.5.14.F Services recommended by the case plan.
- C.7.5.15 The Provider shall inform and document for CFSA all pertinent educational information for the purposes of data collection, monitoring, and inclusion in case records and pertinent education and service plans.
- C.7.5.16 The Provider shall link youth to vocational services as per any service objectives set forth in the child or youth's service plan. These services shall include vocational assessment and training programs and linkage to the CFSA's Office of Youth Empowerment (OYE).
- C.7.5.17 The Provider shall monitor the child/youth's progress on a monthly basis. Services will cease if no evidence of improvement is reported within three (3) months.

C.7.6 Therapeutic Recreation

C.7.6.1 The Provider shall ensure foster parents facilitate recreational programming for children and youth that includes positive, pro-social recreational activities that reduce the risk of engaging in antisocial behaviors, and serves as a protective factor as they permanently transition from foster care to the community.

C.7.6.2 Foster parents shall endeavor to access recreational activities that spark the child or youth's interest, enhance self-confidence, nurture the development of hobbies, and may serve as a long-term activity. Participation in music, arts and sports is encouraged.

C.7.7 Life and Social Skills Training and Development

C.7.7.1 The Provider shall ensure that children and youth are adequately prepared by foster parents, and/or the Provider Agency, in life and social skills, and related development activities. The Provider should reference 29 DCMR Chapter 62 Section 6270 for a comprehensive listing of curriculum and program topics. The goal should be for development of these skills within the youth's family based foster care setting, and not via a transfer to a congregate care setting to achieve independent living goals.

C.7.7.2 The Provider shall facilitate employment assistance and job coaching for youth.

C.7.7.3 The Provider shall assure that all youth have access to life skill development and career opportunities well in advance of transition to adulthood and/or independence.

**C.8 FOSTER FAMILY HOMES: RECRUITMENT, LICENSING, TRAINING AND SUPPORT**

C.8.1 Recruitment of Foster Family Homes

C.8.1.1 The Provider shall actively recruit a pool of diverse and stable foster homes within the District of Columbia (DC) or in neighboring jurisdictions within 50 miles of the DC border.

C.8.1.2 The Provider shall collaborate with CFSA in any joint recruitment efforts of foster and Adoptive parents toward the development of a District-wide recruitment strategy.

C.8.1.3 The Provider shall recruit and retain a full array of foster family homes able to accommodate a wide range of ages, ethnic groups, and emotional and behavioral functioning of children and youth. The care and service needs of some children and youth may shift in depth throughout the term of placement, based on the child's growth and development. A comprehensive, diverse, well trained foster parent pool is essential to assure the required nurture and care of all cases managed by the Provider Agency.

C.8.1.4 The Provider of foster family care to CFSA children or youth placed outside the District of Columbia, shall ensure children or youth are able to maintain relationships with their biological parents, extended families, friends, schools, place of worship, and other connections in their communities of origin.

- C.8.1.5 The Provider shall recruit potential foster and adoptive parents that express an interest and commitment to the care of abused and neglected children, the willingness to work with birth families, and a demonstrated capacity to meet the permanency needs of the children and youth in their care.
- C.8.1.6 The Provider shall have foster family homes able to accommodate children 0 to 21 years of age, children and youth with special needs, sibling groups, and children and youth that are lesbian, gay, bisexual or transgendered.
- C.8.1.7 The Provider shall implement an annual recruitment plan to assure a continuous pool of diverse and well trained foster parents.
- C.8.2 Foster Family Home Licensing
- C.8.2.1 The Provider shall assure that children are only placed in licensed, trained, foster homes for children and youth ages 0-20 at the designated capacity.
- C.8.2.2 The Provider shall ensure that all foster family homes are fully licensed in accordance with the regulations governing foster care in the jurisdiction in which they are located and serve children and youth. The Provider shall adhere to any regulations governing the care of Traditional, Therapeutic or Specialized Family Based Foster Care populations in the respective licensing jurisdiction.
- C.8.2.3 The Provider of DC-based services shall ensure all DC foster family homes are licensed in accordance with Title 29 DCMR Chapter 60. CFSA is the licensing entity for foster homes located in the District of Columbia.
- C.8.2.4 The Provider shall ensure that foster family home licensing is renewed as per the regulations. In the District of Columbia, the Provider shall ensure this re-evaluation and license renewal takes place every (2) years to determine the continued ability of each foster family/home to meet the requirements.
- C.8.2.5 Providers in surrounding jurisdictions shall conduct a re-evaluation and renewal process according to regulations in the licensing jurisdiction, but at a minimum of every two (2) years.
- C.8.2.6 The licensing and training of recruited foster and adoptive parents shall be completed within 120 days for Maryland homes and 150 days for DC homes.
- C.8.2.7 As part of the home study process, the Provider shall ensure that each applicant and any other person eighteen (18) or older residing in the home comply with the requirements for a Criminal Records Check. A criminal records check shall be performed once every two (2) years as part of the re-evaluation and license renewal process.
- C.8.2.8 The Provider shall ensure that a Child Protection Register Check be performed on any household member eighteen (18) years or older once every year.
- C.8.2.9 The Provider shall report to the CFSA Hotline any and all suspicions of abuse or neglect perpetrated by foster parents. Children may be removed from the home during this period. If substantiated, the license will be immediately terminated.

- C.8.2.10 Agencies will have a system for evaluating foster parents on an annual basis that assesses the quality of interventions and support for the children in their homes.
- C.8.3 Foster Parent Training
- C.8.3.1 The Provider shall prepare foster and/or adoptive parents to meet the foster and/or adoptive care needs of the children served by its agency.
- C.8.3.2 The Provider shall prepare and require foster parents to accept children and youth as they present a need for placement on a twenty-four (24) hour a day, seven day a week basis in accordance with parameters set forth by licensing regulations and the task order agreement for capacity, age range, and gender. These foster parents shall be prepared to accommodate the placement needs of children and youth, and minimize any use of “emergency homes” that will require a subsequent placement change.
- C.8.3.3 The Provider shall assist and require foster parents to have a pre-approved back-up child care plan to accommodate readiness for 24-hour placement requirements.
- C.8.3.4 The Provider shall develop a process by which to provide respite care for foster parents in situations in which there is an emergent need (health, medical, family emergency, etc.), or within the provision of the child’s case plan. The provider shall follow the guidelines of CFSA’s Respite Care AI or Policy. The Provider shall record respite care placements into the FACES system for tracking and accurate payment to resource parents. Instructions on how to record this data will be provided prior to the contract start date. All respite care shall be reported per child on the quarterly expenditure reports.
- C.8.3.5 The Provider shall support foster and/or adoptive parents in securing required licensure of homes.
- C.8.3.6 The Provider shall ensure that foster parents receive training that includes, at a minimum, 30 hours of pre-service training; and subsequently, 15 hours of annual in-service training. The Provider shall include in its business plan the specifics of this training, and the model to be used. CFSA requires the use of nationally recognized training models. The Provider shall also include training on behavior management protocol to ensure appropriate methods of discipline are being employed by foster parents.
- C.8.3.7 The Provider shall detail the additional training that will be provided to foster and adoptive parents that provide care to parenting teens and their children; Therapeutic and Specialized Care populations; and gay, lesbian, bisexual and transgendered children/youth.
- C.8.3.8 The Provider shall assure specialized training that prepares foster parents for the needs of youth preparing for adulthood.
- C.8.3.9 The Provider shall assure foster parents are trained and competent to support biological family members in the reunification process through modeling, coaching and facilitation of visitation when appropriate.

- C.8.3.10 The Provider shall only make foster family homes eligible for placement of children/youth after licensing and pre-service training, including any specialized training needed.
- C.8.3.11 Therapeutic foster parents will be trained to develop skills in the following core competencies:
- C.8.3.11.1 Core Competency Area 1: Child and adolescent development, the impact of disrupted attachment and trauma on cognitive and emotional development, and other underlying causes of complex behaviors.
  - C.8.3.11.2 Core Competency Area 2: The goals, structure and statutory requirements of the systems that serve children and youth in therapeutic foster homes.
  - C.8.3.11.3 Core Competency Area 3: Skill and capacity to work collaboratively as a team to develop, implement, evaluate and continually modify case goals and treatment plans.
  - C.8.3.11.4 Core Competency Area 4: Skill and capacity to develop and apply age-appropriate, strength-based behavior management techniques that address the underlying causes of problem behaviors; model and teach appropriate social skills to replace maladaptive behaviors; teach age-appropriate daily living skills; and reduce crises via de-escalation techniques.
  - C.8.3.11.5 Core Competency Area 5: Work positively with the child's family of origin or prospective guardianship or adoptive family to achieve permanency for the child when this is the identified goal.
  - C.8.3.11.6 In Service training hours for foster parents begin on the renewal date for full licensure. To maintain a current license, foster parents shall complete a minimum of 30 hours of in service training for a 2 year license. For homes with two foster parents, each parent shall have the required training hours.
- C.8.4 Foster Parent Supports
- C.8.4.1 The Provider shall support foster parents in the provision of quality care to children and youth that ensures a curative environment that is safe, nurturing, and well-equipped to facilitate services needed to attain the child's goals and objectives.
  - C.8.4.2 The Provider shall assess the needs of foster parents to sustain placement of the child in the home, and devise a support system that is responsive to these needs. This system shall include home visits, telephone contact, specialized training or other in-home supports as needed. The business plan shall provide an overview of this support system, and details determine and implement this support.
  - C.8.4.3 The Provider's foster parents shall have the capacity to manage and improve emotional and behavioral functioning of children and youth to enable progress toward his or her goals, especially according to those target populations identified in the Provider's business plan. The Provider shall support foster parents in serving children and youth presenting challenging behaviors and emotional crises, and shall utilize staff to assist and/or intervene in the home.
  - C.8.4.4 The Provider shall establish a problem solving system that addresses issues and challenges brought to the attention of the Provider by and about foster parents. This system should include strategies such as foster parent support groups, an Ombudsman, and/or appeal process.

C.8.4.5 Foster Parent Support shall be guided by the mission of the District of Columbia Child and Family Services Agency (CFSA) which is to promote the safety, permanency and well-being of children and families in Washington, D.C.

C.8.4.6 Regular contact shall be maintained between the provider staff and resource parents to continuously assess their needs and provide or link them to services in order to promote placement stability, well-being and permanency for the child/youth in their home.

## **C.9 FOSTER FAMILY HOME CARE REQUIREMENTS**

### **C.9.1 Intake and Admission**

C.9.1.1 The Provider shall have a clear protocol to admit children and youth into its program on a 24-hour-a-day, 7 day-a-week basis, for each day of the year, including holidays. The protocol shall include a clear process for contacting the chain of command for accessing staff and /or making placements after normal business hours, weekends and holidays.

C.9.1.2 CFSA's Placement and Kinship Administration has sole authority for making placement referrals that includes placements within the Provider's own placement network. The Provider shall accept all children and youth referred by the Placement and Kinship Administration according to the target population, programs and capacity for which the Provider is contracted by CFSA. CFSA shall assess Liquidated Damages for contractor's failure to accept placements.

C.9.1.3 The Provider shall establish policies and protocols for admission and intake that include submission of accurate and complete Interstate Child Placement Compact (ICPC) packets to CFSA's ICPC Office prior to, or within 48 hours or 2 business days of making or changing a placement, for any child who will be placed outside the District of Columbia.

C.9.1.4 The Provider shall ensure CFSA's Placement and Kinship Services Administration has 24 hour access to the staff person responsible for intake and placement, who has authority to make placement decisions on a daily basis, including weekends.

C.9.1.5 The Provider shall ensure that CFSA is provided with daily census information that is accessible and any vacancies among its licensed foster homes Monday through Friday. If children are placed in one or more of its foster homes during the weekend, the Provider shall ensure that CFSA's placement staff is aware of the change in its census and available vacancies on the following Monday.

C.9.1.6 On a weekly basis, the Provider shall report to the Contract Administrator (CA) and Placement and Kinship Services Administration the number of vacancies and contracted vacancies for whom there are available slots, the licensed capacity of its vacant homes, and the names and dates of placement for each child placed in the program.

C.9.1.7 The Provider shall only discharge children and youth from a program as part of a planned change as per the case plan and one or more of the following circumstances. A formal conference must take place in coordination with the CMSW and the CFSA's Placement and Kinship Services Administration:

- C.9.1.7.1 The child or youth has progressed in functioning and/or development, and is ready for a less restrictive level of care;
- C.9.1.7.2 The child or youth is in need of a more intensive, therapeutic program based on the child's functioning, the CMSW's assessment, and the Program Director's approval;
- C.9.1.7.3 The child or youth is to be reunified with family or relatives;
- C.9.1.7.4 The child or youth is to be adopted;
- C.9.1.7.5 The child or youth has adequately met his/her independent living goals and is ready to leave foster care.
- C.9.1.7.6 A formal teaming conference must take place among representatives from the Provider Agency (to include the CMSW), the CFSA CHSA and the CFSA Placement and Kinship Services Administration.
- C.9.1.7.7 The Provider agency (to include the CMSW) shall participate in a formal teaming conference with representatives from CFSA's CHSA and Placement and Kinship Services Administration.
- C.9.1.8 If the Provider is requesting a placement shift to a more intensive, therapeutic program, the child or youth must meet the established criteria for therapeutic placement that includes, among other criteria, one or more DSM IV diagnoses, at least one of which is an Axis 1 diagnosis (excluding adjustment disorder). The Provider shall also produce documentation to CFSA of all progress notes, behavior management techniques employed by the program, crisis intervention and support services applied, and any relevant documents from mental health professionals. The CFSA Placement Administration will make the determination as to the need for therapeutic care.
- C.9.2 Foster Home Care
  - C.9.2.1 The Provider shall ensure that foster family homes provide the basic services outlined in 29 DCMR Chapter 60, or the respective licensing guidelines for the jurisdiction in which services are provided. The Provider shall ensure foster care fulfills the requirements outlined in this scope of work.
  - C.9.2.2 The Provider shall ensure coordination of care and support services between the assigned CMSW and foster parents for children and youth placed in its care. The elements of well-being outlined elsewhere in this solicitation shall serve as a road map for meeting the child's needs for positive physical, social and emotional development.
  - C.9.2.3 The Provider shall ensure that foster parents support the goals and objectives of the case and service plan. Foster parents shall have primary responsibility for implementing daily structured programming, behavior management, and any transportation to required appointments. In some cases, the CMSW may be involved in transportation to service appointments or visits. The Provider shall ensure that coordination fully supports completion of visits and appointments.
- C.9.3 Types of Foster Care and Specific Requirements
  - C.9.3.1 Traditional Family Based Foster Care
    - C.9.3.1.1 The Provider of Traditional Family Based Foster Care shall ensure that foster parents are adequately prepared to care for children and youth with emotional and behavioral conditions that are typical of those having experienced abuse and neglect, but do not present an Axis 1 diagnosis.

- C.9.3.1.2 The Provider shall comply with the case management and placement parameters outlined below as per the LaShawn v. Bowser Implementatoin and Exit Plan (Exit Plan), and any more stringent regulatory guidelines set forth in the jurisdiction in which foster care is being provided.
- C.9.3.1.2.1 Case management maximum of fifteen (15) per CMSW.
- C.9.3.1.2.2 Placement of no more than three (3) foster children in a two-parent foster family home at any one time;
- C.9.3.1.2.3 No more than six (6) children living in a two-parent foster family home, to include the family's natural children in the count;
- C.9.3.1.2.4 Placement of no more than three (3) children under the age of six (6) in a two-parent foster home;
- C.9.3.1.2.5 Placement of no more than two (2) children a single parent foster family home, for a total of no more than three including parent's natural children.
- C.9.3.1.3 The Provider may only deviate from these parameters with written approval from CFSA's Contracts Monitoring Division for DC foster family homes and MD's Social Service Administration for MD foster family homes.
- C.9.3.1.4 The Provider shall ensure the capacity of foster homes within its array to welcome and accommodate those children and youth that are lesbian, gay, bisexual or transgendered.
- C.9.3.2 Teen Parent Family Based Foster Care
- C.9.3.2.1 The Provider shall include foster parents in its foster family home array that are willing to accept placement of pregnant and/or teen parents with children.
- C.9.3.2.2 The Provider shall endeavor to sustain a child or youth's placement with her existing foster family in the event she becomes pregnant by bolstering supportive services to stabilize the placement.
- C.9.3.2.3 The Provider shall secure high quality, community-based prenatal and postnatal counseling, other reproductive health services, and adoption services, if desired, for pregnant teens and teen parents.
- C.9.3.2.4 The Provider shall include the following as part of its service delivery to pregnant and parenting teens:
- C.9.3.2.4.1 Placement of parent and child in the same foster family home;
- C.9.3.2.4.2 Modeling and instruction on appropriate parenting skills and techniques;
- C.9.3.2.4.3 Training in the stages of child development, age appropriate expectations of dependent children, and age appropriate behavior modification and discipline techniques;

- C.9.3.2.4.4 Instruction in appropriate child care, including time management, food preparation, and proper nutrition;
- C.9.3.2.4.5 Instruction in accessing and utilizing community resources to support the youth and their children in growth and development, e.g., medical services, child care and educational services;
- C.9.3.2.4.6 Appropriate involvement of the non-custodial parent in the child's life;
- C.9.3.2.4.7 Supporting for the teen parent in achievement of educational/vocational goals; and,
- C.9.3.2.4.8 Preparation for independent living that is comparable to services available to non-parenting youth.
- C.9.3.2.5 The Provider shall adhere to case management and placement parameters set forth for Traditional populations, and take dependent children into consideration.
- C.9.3.2.6 The CMSW shall refer all pregnant youth to the CHSA, who will coordinate, with the CMSW, appropriate community-based prenatal care through a Medicaid Obstetric and Gynecological Provider for all youth in need of and seeking such services.
- C.9.3.2.7 The Provider shall secure high quality, community-based prenatal and postnatal counseling, other reproductive health services, and adoption services, if desired, for pregnant teens and teen parents.
- C.9.3.3 Therapeutic Family Based Foster Care
  - C.9.3.3.1 The Provider of Therapeutic Family Based Foster Care shall ensure that CMSWs and foster parents are adequately prepared to care for this population of children and youth that present more challenging emotional and behavioral conditions common of an Axis 1 diagnosis.
  - C.9.3.3.2 The Provider shall facilitate training to CMSWs and foster parents specific to case management and care of this population that aligns with the section pertaining to Foster Parent Training. The business plan shall include details of the training plan, topics, and credentialed trainers specific to caring for children and youth with an Axis I diagnosis.
  - C.9.3.3.3 The Provider shall ensure that the following case management and placement parameters are adhered to when accommodating children and youth in Therapeutic Family Based Foster Care:
    - C.9.3.3.3.1 Case management maximum of ten (10) cases per CMSW. There should never be more than 10 therapeutic children on a caseload. If the cases are mixed (therapeutic and traditional or therapeutic and community), the therapeutic cases will count as two each, and the remaining case can be either traditional and/or community, but shall not exceed 15 total cases (i.e., a social worker with 2 therapeutic cases can only have 11 additional cases added to his/ her caseload).
    - C.9.3.3.3.2 Placement of no more than two (2) Therapeutic foster children in a two-parent Therapeutic foster family home, and no more than four (4) children to include parent's natural children.

- C.9.3.3.3 Placement of no more than one (1) Therapeutic child in a single parent home, and no more than three (3) children in the home to include natural parent's own children.
- C.9.3.3.4 The Provider may only deviate from these parameters with written approval from CFSA's Contracts Monitoring Division for DC foster family homes and MD's Social Service Administration for MD foster family homes.
- C.9.3.4 Specialized Family Based Foster Care
  - C.9.3.4.1 The Provider of Specialized Family Based Foster Care shall ensure that CMSWs and foster parents are adequately prepared to case manage and care for this population of children and youth that present conditions of developmental disabilities and/or medical fragility.
  - C.9.3.4.2 The Provider shall facilitate training to CMSWs and foster parents specific to case management and care of this population that exceeds the minimum training requirements outlined for Traditional Family Based Foster Care. The business plan shall include details of the training plan, topics, and credentialed trainers specific to caring for children and youth with development disabilities and/or medically fragile conditions.
  - C.9.3.4.3 The Provider shall ensure that foster family homes providing Specialized Care for children and youth with medically fragile conditions are fully equipped with any and all medical equipment and/or in-home nursing assistance as specified in the child or youth's individualized health plan (IHP).
  - C.9.3.4.4 The Provider shall adhere to the case management and placement parameters outlined for Therapeutic Care.

## **C.10 GENERAL REQUIREMENTS**

### **C.10.1 Service Integration/Linkage**

C.10.1.1 The Provider shall develop formal relationships and agreements with other CFSA service providers, District agencies serving children, youth and families, and community-based organizations. The services shall be appropriate to the age, gender, sexual orientation, cultural heritage, developmental and functional level, as well as the learning ability of each youth. The Provider shall demonstrate evidence of such a service network via sub-contracts, formal service agreements, and/or memoranda of understanding among members of the service network.

### **C.10.2 Cultural and Linguistic Competence**

C.10.2.1 The Provider shall ensure culturally competent services that ensure staff and foster parents understand and are familiar with the youth's culture, reinforce positive cultural practices, and acknowledge and build upon ethnic, socio-cultural and linguistic strengths. The Provider shall endeavor to employ staff and recruit foster parents representative of the community served.

C.10.2.2 The Provider shall have the capacity to provide linguistically competent services through staff that are fluent in the languages spoken by the children and youth being served, or from another source providing such services. The Provider shall have the capacity to serve hearing impaired clients.

### **C.10.3 Community-Based Services**

C.10.3.1 The Provider shall support foster families in assisting children and youth in maintaining connections with schools, churches, friends and families, as appropriate. The Provider shall develop and maintain linkage that strengthens the relationship with the child/youth's home communities, and/or the community in which he/she may be residing upon discharge.

C.10.3.2 The Provider shall develop a community-based network of services and affiliations that will facilitate supportive services for children/youth and their families in the community of origin, community of placement, and/or community where a potential kinship care or family-based foster care provider resides.

C.10.3.3 The Provider shall implement a model or practice that supports children and youth in becoming involved in community-based services.

C.10.3.4 The Provider shall ensure that children and youth develop skills for living successfully in the community. Foster parents shall make community resources available to children and youth, and encourage participation and involvement in community based programming. Volunteer civic activities, use of public agencies/services such as the local library and health clinic, and recreational activities at a local gym or community center are some examples of such skills. The Provider shall include a description of the model for developing community connections in its business plan, and the community resources it plans to utilize.

C.10.3.5 The Provider shall ensure that every child or youth has an opportunity to participate in religious services of his/her choice, or to refrain from religious practice if so desired. The Provider shall

ensure foster parents make meal choices or alternatives available that respect the religious practices of children and youth.

- C.10.3.6 The Provider shall link children or youth with organizations that can provide education and support services for any gay, lesbian, bisexual, transgendered and questioning children and youth in need of these services.
- C.10.4 Transportation
- C.10.4.1 The Provider shall ensure transportation for children/youth to all:
- C.10.4.1.1 Routine and emergency medical and mental health appointments;
  - C.10.4.1.2 Daily school/educational, extra-curricular and vocational activities; including transportation expenses incurred to take dependent children to and from day care provider;
  - C.10.4.1.3 Recreational activities;
  - C.10.4.1.4 Community activities;
  - C.10.4.1.5 Family activities and visits;
  - C.10.4.1.6 Reviews, court appearances, and conferences.
- C.10.4.2 The Provider shall ensure vehicles include all safety devices required by law and meet all other requirement for the vehicle and the driver to include but not limited to vehicle registration, vehicle inspection, Commerical Driver's License (CDL), as applicable.
- C.10.4.3 The Provider shall ensure that its transportation protocol includes provisions for safe transport and transfer of children and youth from the care and supervision of one approved adult to another. Such protocol should include documented signature by the individual(s) relinquishing supervision of the child or youth for the purposes of the transport, the individual(s) assuming supervision post-transport, as well as the signature and identity of the transportation carrier and driver. The Provider shall transport to school any child/youth that is maintained in their school of origin.
- C.10.5 Mandatory and Unusual Incident Reporting
- C.10.5.1 The Provider must report any alleged child abuse, neglect or other risk to residents' health and safety to the CFSA Hotline (202-671-SAFE).
- C.10.5.2 The Provider shall follow the procedures and requirements outlined in 29 DCMR Chapter 60 licensing regulations for mandatory reporting of unusual incidents, abuse, neglect or other risks to the foster child's health or safety and in accordance with CFSA policy on unusual incidents and critical events. The Provider must also file an unusual incident report any time the resident and/or staff has engaged in an event that is significantly distinct from normal routine or procedure of the resident, the program, the staff, or any person relevant to the resident.
- C.10.6 Quality Assurance and Data Collection Requirements
- C.10.6.1 The Provider shall develop and maintain a quality assurance system that collects and assesses, at a minimum, the data indicated in Section B outlining the outcome specifications and Exit Plan benchmarks and federal guidelines. As part of its business plan, the Provider shall submit an overview of its quality assurance and/or continuous quality improvement system. CFSA will monitor

this system and data pertinent to the quality of care of CFSA children and youth. The Provider will amend or modify this system when necessary to allow for consistent measurement of outcomes.

- C.10.6.2 The Provider shall work collaboratively with CFSA in further development of indicators and outcome measures in the areas of safety, permanence and well-being.
- C.10.6.3 The Provider shall make its quality assurance system and data available for CFSA review, and respond to any data requests made by CFSA in regard to children and youth cared for as per this agreement.
- C.10.6.4 The Provider shall comply with the requirements for progress note documentation regarding children and youth placed by CFSA (see Section C.10.7 for details of documentation requirements).
- C.10.7 Recordkeeping and Documentation Requirements
  - C.10.7.1 The Provider shall ensure that all child and family information and documentation is entered into the FACES system and the case record. The CMSW shall input completed case plans, case and progress notes, documentation of required visits, and service plans and updates on all aspects of the case.
  - C.10.7.2 The Provider shall receive and maintain an up-to-date paper case record on each child or youth in its care that stores the case plan information, to include all aspects of service planning, treatment, progress notes, and other information pertinent to the child or youth in a manner conducive to managing care and audit review. The case record must be maintained in the red classification record. All closed records shall be returned in the red classification folder in proper order to CFSA's Closed Record files.
  - C.10.7.3 The Provider shall ensure that monthly reviews and updates to the case plan include detailed notes on the child or youth's progress, and/or lack thereof, for inclusion in the case plan and case record.
  - C.10.7.4 The Provider shall document on a weekly basis all case and progress notes on case management, treatment and service delivery that fully outline the care provided to the children and youth. This documentation must be made available to CFSA on a monthly basis, or as needed, to support potential (monthly) Targeted Case Management claims. The Provider shall include summary notes on date of service, the service providers and their credentials, the nature and extent of services, duration of the service units of service, and locations of service. The Provider's documentation shall include at a minimum, the following information each time a service is rendered:
    - C.10.7.4.1 Name of child/youth;
    - C.10.7.4.2 Child's Medicaid number or other identifier;
    - C.10.7.4.3 Child's Social Security Number
    - C.10.7.4.4 Name of provider and credentials/qualifications;
    - C.10.7.4.5 Date of service;
    - C.10.7.4.6 Location of service;
    - C.10.7.4.7 Type of service, i.e. Client Intake, Assessment, Case Planning, Service
    - C.10.7.4.8 Coordination and Monitoring and Case Plan Reassessment;
    - C.10.7.4.9 Duration of service;

- C.10.7.4.10 Progress notes describing what service was provided, why the service was provided and indicating how the service or intervention is assisting the child/youth in meeting their case plan goals;
- C.10.7.4.11 Other notes as required by scope of practice.
- C.10.7.5 The Provider shall ensure that all case notes remain in the child's treatment folder as part of the case record; and submit another copy with the invoice for services.
- C.10.7.6 The Provider shall adhere to Medicaid regulations that require each claim to Medicaid include a Medicaid enrolled child/youth; a provider that meets Medicaid eligibility as a licensed provider of the healing arts or under the supervision of a licensed provider if allowed in the District as part of the scope of practice; and be a Medicaid eligible service.
- C.10.8 Information Management System Requirements
  - C.10.8.1 The Provider shall meet the following requirements specified by CFSA's Child Information Systems Administration (CISA) for the purpose of meeting the data collection and documentation requirements.
    - C.10.8.1.1 Intel Core2 Duo, 3.00 GHz, 4 GB RAM
    - C.10.8.1.2 Windows 7 Professional / Home Edition Internet Explorer 8, Adobe Acrobat Reader 9.0 required for viewing reports that are printed in .pdf format.
    - C.10.8.1.3 Microsoft Office 2007 or 2010 or Word Viewer. This is required to view reports/forms printed in .doc or .docx format
    - C.10.8.1.4 Fax Viewer (Windows Fax Viewer) only required for those PCs that need to view scanned documents.
    - C.10.8.1.5 High speed Internet Connection
  - C.10.8.2 FACES.NET Access and Information
    - C.10.8.2.1 The Provider is required to maintain updated placement and foster family home information in FACES.NET that allows placement staff to access pertinent information electronically.
    - C.10.8.2.2 The Provider shall ensure that all staff responsible for managing FACES information participate and complete training initial and ongoing FACES.NET training, and have access to the security level necessary to perform his or her job.
    - C.10.8.2.3 The Provider shall ensure that each CMSW, and respective Social Work Supervisor, responsible for data entry of case management and foster family home information into FACES have access to the computer hardware and software requirements.
    - C.10.8.2.4 The Provider shall ensure that FACES.NET is the information system of record for all case data as well as quality assurance, outcomes and scorecard measures.

- C.10.8.2 The Provider shall enter all contact/case notes pertaining to social work service delivery into the CFSA information system within 72 hours of completion of an activity. The case notes shall adhere to requirements pertaining to Recordkeeping and Documentation.
- C.10.8.3 Technology Support
- C.10.8.3.1 The Provider shall have the capacity for technology support via staff with expertise in the FACES.NET application and management of on-line reports. These staff shall be responsible for providing functional assistance to its own agency staff, and participate in CFSA design sessions and enhancement meetings.
- C.10.9 Business Plan and Budget
- C.10.9.1 The Provider shall develop a written business plan that addresses and fully describes how the tasks and requirements specified in this HCA will be accomplished. The business plan shall include a detailed budget that includes all costs associated with operating the program.
- C.10.10 Recordkeeping and Documentation Requirements
- C.10.10.1 The Provider shall send to the Case Manager preparatory documents prior to the scheduled case plan review meeting, and a summary update to the plan following the review for inclusion in the CFSA case record. The Provider shall ensure that these monthly reviews and updates to the case plan include detailed notes on the child or youth's social, behavioral and educational or employment progress, and/or lack thereof, for inclusion in the CFSA case record.
- C.10.10.2 The Provider shall establish and maintain an up-to-date record on each child or youth in its care. The record shall include all service planning, treatment, progress notes, with detail information on educational and career goals and current standing and other information pertinent to the child or youth in a manner conducive to managing care and audit review.
- C.10.10.3 The Provider shall maintain for a minimum of 2 years and be prepared to submit to CFSA's Business Services Administration (BSA) all case plans (signed), treatment plans (signed) and progress notes on treatment and service delivery that fully outline the care provided to children and youth. The Provider shall ensure that medical necessity is documented for each client, and that all summary notes contain dates, start/end times and duration of service, the service provider's name and their credentials, the type, nature and extent of the service, units of service, and place of service. The Provider shall ensure that all such summary notes are up-to-date and available for monthly review by CFSA's BSA.

## **SECTION H: SPECIAL HUMAN CARE AGREEMENT REQUIREMENTS**

### **H.17 LIQUIDATED DAMAGES**

**H.17.1** If the Contractor fails to meet the timelines referenced in sections C.6.1.8, the contractor shall, in place of actual damages, pay to the District liquidated damages equal to the case management rate paid to the contractor. The percentage of the case management rate that may be retained as liquidated damages will be tied to the reasonable efforts made by the Contractor as described in section H.17.2.

**H.17.1.1** If the Government terminates this contract in whole or in part under the Default clause, the Contractor is liable for liquidated damages accruing until the Government reasonably obtains delivery or performance of similar supplies or services. These liquidated damages are in addition to excess costs of repurchase under the Termination clause.

**H.17.2** Reasonable Efforts for Child Specific recruitment:

In order for the Provider to demonstrate reasonable efforts for child specific recruitment, and receive the case management rate, the following reasonable efforts must occur and be supported through verifiable documentation;

**H.17.2.1** The contractor shall develop an Individual recruitment plan for each child/youth placed in a PRTF. The individual recruitment plan shall include, but not be limited to the following:

H.17.2.1.1 Documentation of completed Case Mining, as trained by CFSA's Diligent Search Unit;

H.17.2.1.2 Completed diligent searches for any identified potential placement resources; and

H.17.2.1.3 Evidence of the recruiter's interview with the child or youth; and

H.17.2.1.4 Evidence of the specific target audience for the specific child

**H.17.2.2** In addition to the Case Management Rate, once the child specific foster home is identified; the provider will receive an empty bed rate beginning atleast 60 days prior to discharge of the youth.

H.17.2.2.1 At a minimum, the following activities shall occur at least 60 days prior to discharge.

H.17.2.2.1.1 The social work team and foster parent(s) shall participate in treatment planning and discharge planning meetings;

H.17.2.2.1.2 The social work team and foster parent(s) shall visit the youth at the PRTF at least two times, and if appropriate have the youth visit with the foster parent in the home; and

H.17.2.2.1.3 If appropriate, the Family link meeting with the birth parent shall be held prior to the child/youths discharge.

H.17.2.2.1.4 The placement is expected to be appropriate and stainable. However if the placement disrupts within 90 days, the Provider will incur Liquidated damages.

## **L.1 PRE-SOLICITATION CONFERENCE**

**A pre-solicitation conference will be held at 10:00 AM to 12:00PM on January 7<sup>th</sup>, 2016, in Conference Room 2203A, CFSA Main Building (Use CFSA Entrance), 200 I Street, S.E. Washington, D.C. 20003.** The purpose of the conference is to provide a structured and formal opportunity for the District to accept questions from Offerors on the pre-solicitation document. Offerors attending the pre-solicitation conference must complete the pre-solicitation conference attendance roster.

Prospective Offerors may ask questions at the pre-solicitation conference, but the District is under no obligation to provide answers verbally. Any verbal answers provided at the pre-proposal conference are intended solely for discussion and do not represent CFSA's final position. All oral questions will be answered in writing and published as an amendment on OCP's website at [www.ocp.dc.gov](http://www.ocp.dc.gov).

## **L.1 PRE-SOLICITATION WRITTEN SUBMISSION DATE AND TIME, AND LATE SUBMISSIONS, LATE MODIFICATIONS, WITHDRAWAL OR MODIFICATION OF PROPOSALS AND LATE PROPOSALS**

### **L.1.1 Pre-Solicitation Submission**

All written responses must be submitted no later than **January 18, 2016, by 2:00 P.M. EST**. Responses submissions shall be sent or hand delivered to the following:

D.C. Child & Family Services Agency  
Contracts and Procurement Administration  
200 I Street, S.E., Suite 2031  
Washington, D.C. 20003  
Attn: Jamie L Morton, Contract Supervisor

If hand-delivering, Offerors are cautioned to **USE ONLY THE 2nd Street, S.E. Entrance**, also known as the CFSA/ CFSA *Clinic* entrance. **DO NOT GO TO THE LOADING DOCK OR MAIN LOBBY.** This is a secured access building and CFSA will ensure that staff is present at this location to ensure timely receipt of proposals. Contractors are cautioned to allow sufficient time to locate parking. Contractors assume the risk for ensuring the proposals are received prior to the date and time set for the receipt of proposals. If the contractor uses an entrance other than 2nd Street, S.E., CFSA does not guarantee that it will be able to reach the location in sufficient time to ensure timely receipt.