

DHS Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.



Office of Provider Management

Practice Matters
October 30, 2013



Georgia Department of Human Services

Welcome



Who's In Attendance ?

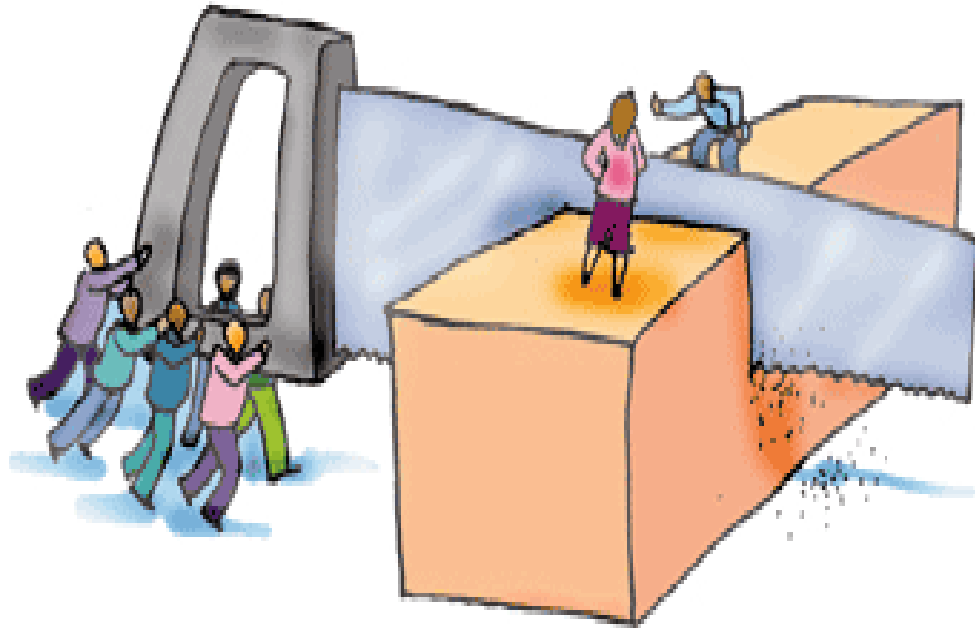


Tightening the link...

- Successful partnerships require constantly tightening the link between sharing a vision and actively pursuing it.
 - State Office
 - Regional / County Offices
 - Other State Agencies
 - Community Partners



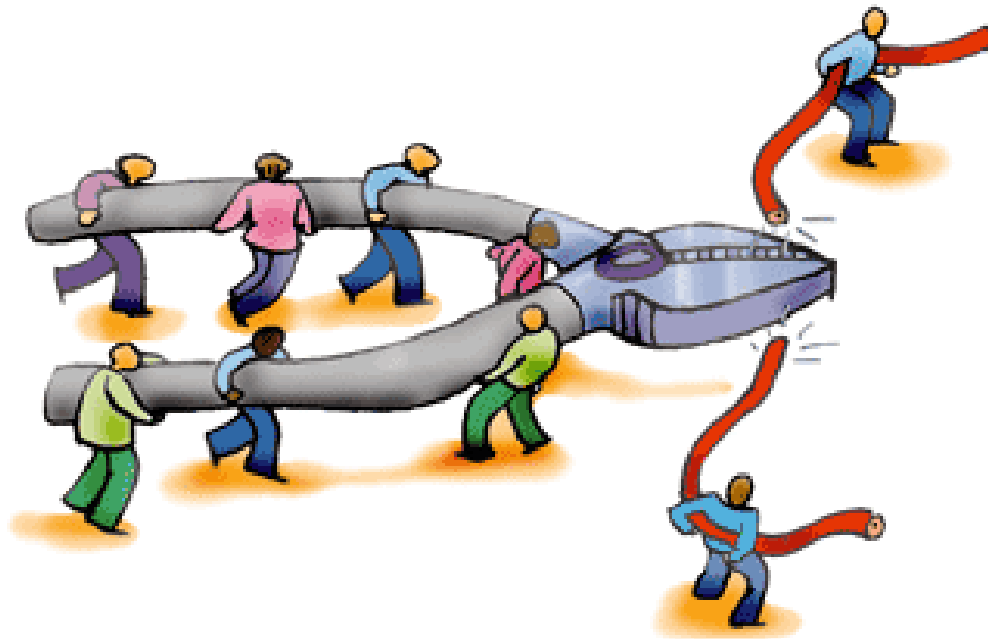
Trouble-shooting...



- Partners have to find ways to hack through differences.
 - Identify barriers
 - Be Inclusive
 - Willing to share resources and power

Shared Responsibility...

- Partnerships suffers if partners feel cut off from outcomes.
 - Shared responsibility reconnects us.



AGENDA

- Dr. Sharon Hill
- OPM/RCC Standardize Plan
- Data Snapshot
- Safety Response System
- Credit Reports for Youth
- Kinship Project
- Ted Talk
- Juvenile Code
- Amerigroup CMO Overview
- RBWO Match Tool/Wrap-Up





Dr. Sharon Hill

Division Director

OPM/RCC Standardization Project



Intake Referral

RCC

- The agency must document an intake referral that includes a social, health, educational, family, behavioral and personal development history in order to determine the needs and if placement is appropriate

OPM

- Providers must have clear criteria for admissions and must evaluate each referral for service against those criteria. Providers must have a written intake process which includes the steps and processes used to evaluate the appropriateness of admissions and support the decision made.

Solution: A Common Referral form has been developed and is in the review process to assist agencies with gathering uniform information from DFCS and DJJ referrals. However, this form is not intended to meet the requirements of the referral and intake requirements of the CCI and CPA rules with regard to admissions and acceptance of a referral.

7-day Service Plan

RCC

- No Requirement

OPM

- The 7-day ISP (Initial Service Plan) is an extension of the admissions assess; determines immediate needs of the child which may include supervision, necessary contacts, precautions, safety measures, health, behavioral mgmt, educational, vocational, personal, social, family visits / contact, placement adjustments, court, and other appointment.

Solution: No Conflict/ No Changes Needed

Individual Service Plan

RCC

- Within 30 days, the agency shall assess the needs of the resident in the areas of health, RBWO, education, family, personal, social, vocational, behavioral

OPM

- Within 30 days, a comprehensive ISP must be developed that documents the needs of the child and the steps and measures to meet those needs (content differs)

Solution: An ISP is in addition to an assessment and not equivalent to or in place of an assessment. RCC has requirements for the contents of the assessment that are separate and distinct from the requirements of the service plan.

However, Standardized forms for the service plans were created and are posted at www.gascore.com on the home page for your use.

72 Hour Screening

RCC

- Physical, CBC, UA, vision, hearing, updated immunizations (if necessary) within 72 hrs or 1 year prior.-clarify documentation accepted if 72 hours cannot be met and emphasize this requirement is only when a provider cannot obtain documentation of a physical in past year.

OPM

- No requirement

Solution: RCC will waive the current requirement for the CBC and UA as long as there is not a physician recommendation for either test and as long as the EPSDT has been completed, including any recommended lab work, and all are properly documented in the case file.

Annual Exams

RCC

- Annual Physical / Semi-annual dental

OPM

- Medicals: Follows the EPSDT Schedule by child's age
- Dentals: At least two annual dental screenings per year

Solution: No Conflict/ No Changes Needed

Foster Parents and Other Household Members

RCC

- CPA-VDRL on foster parents and children 16 years and older residing in home.

OPM

- VDRL not required

Solution: The VDRL requirement has been removed from the new CPA rules that are currently in draft format.

ILP / TLP Supervision and Personal Hygiene Supplies and Chemicals Rules

RCC

- No rules related / Certain rules and guidelines related to hazards to health and safety and 24 hour supervision

OPM

- Graduated Independence Policy to be released in March applies to all youth ages 14 and up as assessed to be appropriate.

Solution: Providers were going to create a committee to formulate rules for ILP's. In the meantime, RCC has a waiver process in place where facilities can identify each rule which they consider to inhibit their ability to meet the needs of an ILP program, identify the steps that will be taken to meet the intent of the rule and request a waiver of that rule through the waiver application and process, which can be found on our website.

Foster Parent Training

RCC

- **CPA:** Foster: Specific Pre-service training topics to be completed. Additional 15 hours of annual training required for foster parents. RCC calculates training from the date of approval.

OPM

- **CPA-Foster:** Must complete an approved pre-service training curriculum. Additional 10 (going to 15 hours) hours of annual training required for foster parents and the training is required on a calendar year with it being prorated for the first year.

Solution: RCC has moved to a calendar year requirement in the new CPA rules that are currently in draft format.

CCI Staff Training

RCC

- CCI-CPR, First Aid and ESI training do not count toward the 24 hours of required annual training for staff.

OPM

- Silent on the matter but can add that CPR, First Aid and ESI training **does not** count toward 24 hours of training required .

Solution: Standard 13.23: ESI, First Aid and CPR do not count toward the annual training requirement.

ESI Usage in Foster Homes

RCC

- May be administered by the foster and prospective adoptive parents when appropriate

OPM

- May not be utilized by CPA staff or foster parents

Solution: OPM will facilitate an internal discussion regarding this matter by 12/31/13.

Discharge Documentation

RCC

- Criteria to be documented: Who discharged to, services provided, goals, accomplishments, problems, assessed needs not met and why

OPM

- Specific criteria to be documented: placement, progress, challenges, supports for next placement, circumstances leading to discharge, actions to prevent, reasons for disruption, services needed for next placement, details of transfer

Solution: Standardized forms were created and are posted at www.gascore.com for your use.

Placement Disruption

RCC

- Providers feel caught between DFCS wanting them to keep a child that is outside their normal scope of services and RCC citing if they keep a child whose needs are not being met. Clarify documentation needed under these circumstances.

OPM

- Providers feel caught between DFCS wanting them to keep a child that is outside their normal scope of services and RCC citing if they keep a child whose needs are not being met. Clarify that discharge recommendations should be made jointly with provider and how to assess when discharge is necessary and how to access assistance to be able to meet child's needs.

Solution: Standardized forms were created and are posted at www.gascore.com for your use.

Since the implementation of this process, we have not had any RCC surveyors question the appropriateness of a placement and therefore we have not had an opportunity to test this process.

CCI Criminal Record Checks

RCC

- Prior to serving as an employee other than a director, a person must submit to a preliminary record check application and receive a satisfactory determination. If there is an unsatisfactory determination, the person must submit to a fingerprint record check.

*But, the employee can start working with the satisfactory local preliminary

OPM

- For the positions having direct care / treatment / custodial responsibilities, applicants shall undergo a criminal history investigation which shall include a fingerprint record check pursuant to Section 49-2-14 of the official code of GA. Repeat criminal record checks are required at least every 5 years
- Satisfactory OIG (GCIC/NCIC) check need to be received before beginning employment.

Solution: RCC is considering adding the requirement for fingerprint checks to be completed every 5 years.

Standard 1.3: Providers must have a DHS, OIG Fitness Determination Letter for all applicable staff and volunteers in FY15 this will be required before beginning work in a child caring capacity.

Incident Reporting

RCC

- A detailed written summary shall be made regarding any serious occurrences involving children in care to RCC via email or fax in the required form within 24 hours
- A copy of any report regarding child abuse sent to the child welfare agency of the county, police authority or district attorney shall be filed with RCC.
- A detailed investigative report to prevent future similar incidents shall be provided to RCC within five working days.

OPM

- Providers must report via the GA SCORE system any Significant Events as soon as possible but within 24 hours of the incident.

Solution: No Conflict / No Changes Needed

CCI Ratios

RCC

- RCC does not provide ratios

OPM

- DFCS provides minimum staff / child ratios for day and overnight staff.

Solution: No Conflict / No Changes Needed

Bedroom Capacity

RCC

- **Foster homes**-no more than 6 children under the age of 19/no more than 2 children in a double bed and only if they are of the same sex and under 5 years/no child over one year sleeps in the room of an adult/Children over three years of age of different sexes do not share a bedroom
- **CCI**-Boys and girls of any age shall sleep in separate sleeping areas

OPM

- No more than six (6) children under the age of 16 (RCC does not specify age), including the children of the foster family (RCC allows up to 6 children unrelated to the foster parents) shall be placed in a foster home.
- No more than two (2) children under two (2) years of age, including the children of the foster family, may be placed in a foster home. (Not an RCC requirement)
- Only bedrooms shall be used as sleeping space for children.
- Each non-related child must have a separate bed. (RCC does not specify this)
- A maximum of two (2) children may sleep in a double or larger bed if they are siblings (RCC does not restrict to siblings, but does restrict to children under 5 years of age and of the same sex) and are of the same sex.
- No child shall sleep in a bed with an adult. (This is captured by the under 5 restriction above)
- A child over one (1) year of age cannot sleep in the bedroom of an adult.
- A maximum of three (3) children to share a bedroom is preferable. (Not specified by RCC) The suitability of children sharing a room should be assessed based on the background/history of the children.
- Children age five (5) years (RCC states 3 years) and older and of different sexes shall not share a bedroom.

Bedroom Capacity Solution

Solution: Standard 11.13: remains the same for CPA's

Standard 12.31 Providers must follow RCC rules regarding separate sleeping areas for male and female residents.

FY15 RBWO Minimum Standards will adopt the rule as a Standard that for **CCI**, Boys and girls of any age shall sleep in separate sleeping areas.

RCC will consider aligning the sleeping arrangements rules with the current OPM requirements for the CPA rule revisions that are currently in draft format.

Waivers

RCC

- A waiver approval to DFCS standard does not equate to a waiver of an RCC rule and vice versa.

OPM

- A waiver approval to an RCC rule does not equate to a waiver of a DFCS standard and vice versa.

Solution: Standards 13.30: RBWO Standards and contract deliverables may only be waived by the OPM Director. Waivers from RCC and/or county or regional DFCS directors are not valid waivers of RBWO standards or deliverables.

CPA Home Studies

RCC

- Compare qualitative standards with DFCS

OPM

- Compare qualitative standards with RCC

Solutions: Draft of CPA home study requirements will be shared with OPM and Providers prior to the rules being officially adopted.

Inter-Rater Reliability

RCC

- Better consistency is needed between surveyors with regard to interpretation and enforcement of the rules

OPM

- Better consistency is needed between specialist with regard to interpretation and enforcement of the standards

Solution: OPM and RCC provided staff training on rating, add supervisory level QA reviews and continue to request provider feedback.

Communication and Customer Service

RCC

- Consistent and timely notification about rule revisions and updates to interpretive guidelines is needed in order to ensure providers have the most current information.

OPM

- Consistent and timely notification about revisions and updates to standards is needed in order to ensure providers are clear about policies, expectations and any changes.

Solution: Providers receive E-blasts via GA+SCORE from OPM regarding policy/process changes, events, training etc.

RCC Provides mass mail-outs whenever there is a significant rule change.

Coordinate Schedules for OPM Specialist and ORCC Surveyors

RCC

- Visits are often made by both DFCS and RCC on the same incident/complaint or to the same foster home and attempts should be made to conduct those visits jointly. Need to explain the differences in the two investigations.

OPM

- Visits are often made by both DFCS and ORCC on the same incident/complaint or to the same foster home and attempts should be made to conduct those visits jointly. Need to explain the differences in the two investigations.

Solution

Solution: Scheduling conflicts as well as the number of visits required makes it difficult to coordinate visits between both parties.

OPM's priority during every visit is quality of care and safety concerns.

When RCC conducts a RL or an investigation, we are looking for whether or not the rules and regulations were in compliance as opposed to whether or not abuse occurred or whether or not the placement is the best placement for the child. Due to RCC's focus being different from OPM's, we often need a different line of questioning for interviews and we oftentimes need to view different documentation than OPM. Additionally, the requirement that all of RCC's visits be unannounced makes it difficult to coordinate with other agencies. Surveyors may be in an area and conduct the visit impromptu or in conjunction with another visit.

WHAT ARE YOU
THINKING?

