

## **Unaccompanied Refugee Minor Request for Proposal Attachment A**

### **Program Focus and Name-Foster Care & Independent Living**

An Unaccompanied Refugee Minor (URM) youth is a child granted URM status under the age of 18 who is alone in the U.S. without a parent or relative who is able to provide care. The URM program provides a comprehensive and coordinated set of activities designed to place and supervise children in out of home placement.

URM supervision includes the provision of services as detailed throughout this Agreement and when necessary the referral for additional services that will enhance the child's and the family's functioning. URM supervision ensures the youth will receive services in a culturally and linguistically sensitive manner.

URM supervision includes developing and implementing a treatment plan and service agreement to comply with the Foster Care Manual which facilitates permanency planning according to the following guidelines:

1. Reunification, when possible and safe for the family.
2. Adoption, when in the best interest of the child and termination of parental rights has occurred.
3. Guardianship, when in the best interest of the child and potential reunification is ruled out.
4. Permanent Placement with a Fit and Willing Relative.
5. Another Planned Permanent Living Arrangement (AAPLA).

### **Credentials**

The Grantee shall assure that all staff performing functions under this Agreement, including Grantee employees, volunteers and/or subcontractors, are appropriately screened, credentialed, and trained in accordance with licensing rule. Additional staff requirements are identified in Section 2.10 d. of this Grant.

### **Compliance Requirements**

The Grantee shall comply with the following requirements:

1. The Grantee shall comply with all federal regulations policy; 45CFR part 400-Subpart H-Child Welfare Services.
2. Record data and information on clients served and services provided utilizing the Global Michigan Refugee Services Data Management System (DMS) in Salesforce. Agency users will be registered for and utilize MiLogin to access the DMS.
3. The Grantee shall comply with all applicable MDHHS policy in the Children's Foster Care (FOM), Guardianship (GDM), Service Requirements Manual (SRM), Interstate Compact (ICM), Native American Affairs (NAA) and Adoption (ADM) Manuals and MDHHS policy amendments (including interim policy bulletins).

4. Throughout the term of this Agreement, the Grantee shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including interim policy bulletins) and applicable Administrative Codes to social service staff. The Grantee shall ensure that social service staff complies with all applicable requirements. MDHHS policies, amendments and policy bulletins, are published on the following internet link: <http://www.michigan.gov/mdhhs>. Administrative Codes are published at on the following internet link: [http://michigan.gov/lara/0,4601,7-154-35738\\_5698-118524--,00.html](http://michigan.gov/lara/0,4601,7-154-35738_5698-118524--,00.html)
5. The Grantee shall comply with the Office of Global Michigan/MDHHS non-discrimination statement: Office of Global Michigan/MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.
  - a. The above statement applies to all Office of Global Michigan/MDHHS supervised children, and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for Office of Global Michigan/MDHHS supervised children, including Office of Global Michigan/MDHHS supervised children assigned to a Granted agency.
6. The Grantee shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Grantee shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building relationships with families and children by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the perspective of family/child centered practice.
7. The Grantee shall ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.
8. The Grantee shall ensure worker participation in the department's federally-required Random Moment Time Study (RMTS) in order to determine the amount of time spent on various activities. Based on these results, Office of Global Michigan determines the amount of worker time that can be charged to various funding sources. Failure to ensure workers meet RMTS training requirements and provide timely and accurate RMTS survey responses may result in recoupment of funding or other corrective actions, as set forth in this Agreement.
9. The Grantee shall assure the coordination of all services based on an assessment of the parent's needs. The Grantee shall utilize Care Connect 360 (CC360) to assure the coordination and provision of all treatment services required based on an assessment of each child's needs and shall execute and comply with the terms of the CC360 Data Use Contract. Treatment services include, but are not limited to the provision of counseling/therapy for each child. The Grantee shall ensure the provision of all medical, dental and behavioral health services required based on an assessment of each child's needs. The Grantee may utilize Medicaid (or private insurance) reimbursable services to comply with this requirement. If a counseling or therapy service is not available or accessible for each child, the Grantee is responsible for the direct provision of the service.
10. The Grantee shall designate an individual to act as a point of contact for the Health Liaison Officer (HLO) and forward the individual's name to the Health Analyst within the central office MDHHS Child Welfare Medical Unit. The point of contact shall be familiar with current case assignments and have authority to ensure follow-up by the Grantee's staff.

11. Under 1973, PA 116, as amended by 2015 PA 53, the Grantee has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Grant limits or expands the application of this Public Act.
12. Compliance with MDHHS Implementation, Sustainability, and Exit Plan
  - a. The Grantee shall ensure compliance with all applicable provisions and requirements of *Dwayne B. v. Snyder, et al.*, 2:06-cv-13548, Implementation Sustainability and Exit Plan.
13. Prudent Parent Expectations
  - a. The Grantee shall ensure prudent parent expectations are followed as outlined in FOM 722-11, Prudent Parent Standard & Delegation of Parental Consent.
14. Caseload Ratios
  - a. The Grantee shall maintain the following caseload ratios:
    - i. Foster care workers will have a caseload assigned to them of no more than thirteen (13) children, as their regular, ongoing caseload. A regular, ongoing caseload will be defined as the cases assigned to a specific worker for ongoing casework responsibility, not cases being temporarily covered for the purposes of worker leave or departure. Even in cases of temporary coverage, an assigned caseload shall not exceed fifteen (15) children at any time. A mixed caseload comprised of more than one program type shall not exceed the prorated total equal to one full caseload.
    - ii. Foster care/social services supervisors shall supervise no more than five (5) foster care/social services staff at any time.
15. In addition, PAFC's will work collaboratively with Local MDHHS and Office of Global Michigan in the following ways:
  - a. Local MDHHS and PAFC partners will work with Public Consulting Group (PCG) in completing the establishment of fair rates.
  - b. Local MDHHS and PAFC's will work collaboratively to establish a joint protocol for an annual rate review process and will engage in said process.

#### Additional Compliance Provisions

1. 1984 Public Act, 114, as amended being M.C.L. 3.711 et seq., Interstate Compact on the Placement of Children.
2. b. 1975 Public Act 238, as amended, being M.C.L. 722.621 et seq., Child Protection Law.
3. 1982 Public Act 162, as amended, being M.C.L. 450.2101 et seq., Michigan Nonprofit Corporation Act.
4. 1994 Public Act 204, as amended, being M.C.L. 722.921 et seq., Michigan Children's Ombudsman Act.
5. 1973 Public Act 116, as amended, being M.C.L. 722.111 et seq., Michigan Child Care Organization Act.
6. 1939 Public Act 288, Chapter X, being M.C.L. 710.1 et seq., Michigan Adoption Code.
7. 1984 Public Act 203, as amended, being M.C.L. 722.951 et seq., Michigan Foster Care and Adoption Services Act.
8. The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).

9. The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 et seq.
10. 1976 Public Act 453, as amended, being M.C.L 37.2101 et seq., Elliott-Larsen Civil Rights Act.
11. Fostering Connections to Success Act of 2008
12. Preventing Sex Trafficking and Strengthening Families Act, Federal PL 113-183
13. Social Security Act, 42 USC 671(a)(20)
14. Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Security Policy located on the following link: <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>
15. 2017 Public Acts 246 through 255, Michigan Opioid Laws

### **Compliance with ICWA Requirements**

The Grantee shall provide case management services in accordance with the “Active Efforts” requirements established in the ICWA; Public Law 95-608 being 25 U.S.C 1901 et seq. These requirements include but are not limited to the following:

1. Establish an American Indian child as a member of a Tribe in accordance with ICWA and as defined in the MDHHS Native American Affairs (NAA) manual.
2. Provide “Active Efforts” case management services in with in accordance with ICWA and as defined in the NAA manual.
3. Provide placement of American Indian children in accordance with “Placement Priorities” as established in ICWA and defined in the NAA manual.
4. Provide “Expert Witness” testimony in accordance with ICWA and as defined in the NAA manual.
5. Provide services to American Indian families within the context of their culture and ethnicity.

Maintaining knowledge in the following:

- a. How culture and rituals influence parenting decisions.
- b. Determine what services and supports will be most effective.
- c. Knowledge and respect of tribal practices.

### **Services to be Provided**

#### *Service 1: Foster Home Licensing Data Entry*

The Grantee shall document all recruitment and licensing activities into the tracking system identified by the Office of Global Michigan.

#### *Service 2: Service Standards for 90-day Parental Reunification*

Parental Reunification is a court-ordered placement where the child is reunited from an out-of-home placement to the care of the parent or guardian from whom he or she was displaced or separated. The child remains under court supervision during the 90-day Reunification period with the Office of Global Michigan/MDHHS retaining placement care and custody.

1. When reunion becomes possible following arrival of a parent(s) in the United States, the Grantee will assist children and parents in the reunification process, as necessary for up to 90 days.
2. Within 24 hours after the Grantee has knowledge of the parent's presence in the United States, the Grantee will inform Office of Global Michigan and local MDHHS office staff.
3. Exceptions to the 90 day timeframe include:
  - a. Extension of the 90 day period for particularly difficult cases, by Office of Global Michigan and ORR Director approval, with the objective of encouraging family reunion and strengthening the family relationship.
  - b. In instances where reunification with a parent in the U.S. is not in the child's best interest, with Office of Global Michigan and ORR Director approval.
4. Any exception requests must be submitted to Office of Global Michigan within 5 business days after the Grantee has knowledge of the parent's presence in the United States.
5. The Grantee shall provide the following services to children during 90-day parental reunification:
  - a. Assist in preparing the parent, child, and caregiver for the transition to reunification. See FOM 722-7B.
  - b. A Family Team Meeting prior to placement of a child in the parental home to develop a transition plan with the parent, caregiver and child, if age appropriate. The Grantee shall have Family Team Meetings quarterly until case closure. See FOM 72206B.
  - c. Complete a new Family Assessment of Needs and Strengths, Child Assessment of Needs and Strengths, and Safety Assessment and safety Plan. See FOM 722-8A, 722-8B and 7229B. d) Continue case worker visit expectations as required in FOM 7226H.
  - d. Maintain support services until case closure. The Grantee shall document services needed to continue to meet the child's needs and identified providers for such services to provide continuity of services. See FOM 722-7B.
  - e. Continue assessing and monitoring of the case plan and safety

### ***URM Specific Services***

#### *Service 3: New Arrival Orientation and Independent Living Classes*

1. Facilitate new arrival orientation to include but not be limited to:
  - a. Defining roles of people involved in each URM youth's case: youth, foster parent, caseworker, supervisor, court, immigration, school, et cetera.
  - b. Health, hygiene and safety (healthy living, 9-1-1 , emergency services).
  - c. Healthy relationships and appropriate boundaries
  - d. States of adjustment and culture shock.
  - e. Important laws and customs in the U.S. (driving, currency, legal status).
  - f. Learn about local community and Michigan features (local resources, public transportation, library, post office, seasons, sports teams, Great Lakes, etc.).
2. Facilitate an Independent Living Class in coordination with other federal and state programs to include but not be limited to:
  - a. Higher education information (applying to college, FAFSA, ETV).
  - b. Employment services (job applications, career exploration, interviewing skills, work place culture, retention, school to work programs, local employment programs).

- c. Daily living skills (meal plan, food preparation, shopping, personal hygiene, laundry).
  - d. Communication skills (active listening, group participation, conflict resolution, response to peer pressure).
  - e. Accessing community resources (public transit, social services, employment services, health care, housing programs), money management (banking basics, budgeting, balancing a checkbook, online banking, bill paying, credit card issues).
  - f. Thoroughly complete 90 day discharge with youth. Make sure DHS-902 form is completed and placed in case file.
  - g. Youth rights and responsibilities (immigration status, legal consequences, of substance use/abuse, signing contracts housing).
3. Administer a pre and post-test to evaluate successful completion of the course. Ensure pre and post-test is uploaded in MiSACWIS.

*Service 4: Case Management of Sub-Grantee Oversight*

1. In instances when youth are placed outside of the URM provider agreements with the Office of Global Michigan, The Grantee shall provide case management services as follows:
  - a. Complete home visit at the URM's residence as outlined in FOM policy.
  - b. Send initial and updated youth service plans to MDHHS Local Office URM monitors per policy.
  - c. Local office URM monitors to collaborate with sub-grantee facility on youth's treatment plan.
  - d. Local office URM monitors to collaborate with contracted facility regarding youth's discharge from the facility and secure the youth's next placement within the community.
  - e. Ensure the Granting agency is providing culturally and linguistically appropriate services.
  - f. Ensure immigration services for adjustment of status are provided.
  - g. Ensure Federal reporting as stipulated by ORR are completed within given time frames.
  - h. Ensure provider agency continues oversight of youth case, obtaining updated reports, attending court, providing URM specific services (interpretation, immigration legal services, culturally sensitive services such as maintaining heritage, family contact, et cetera).

*Service 5: Mentoring*

1. The Grantee shall document all mentor recruitment activities, and:
  - a. Obtain a central registry clearance, ICHAT, a confidentiality agreement and a copy of the mentor's driver's license/identification (mentor's must be at least age 18 and not participating in the URM program) to be filed in the mentors file.
  - b. Provide and document 8 hours of initial mentoring training to include the following topics:
    - i. Overview of URM foster care.
    - ii. Positive youth development.
    - iii. Independent Living preparation and goal setting.
    - iv. Mentor role(s)/responsibility.

- v. Appropriate boundaries for mentor and youth relationship.
- vi. How to maintain positive and productive relationships.
- vii. Program requirements and expectations for mentor candidates.
- c. Communicate and document the mentor's hours spent with the URM youth quarterly and place a copy in the URM's file.
- d. Develop community and internal resources for free or low-cost opportunities/activities to nurture mentor/mentee relationships.
- e. Maintain a record of mileage vouchers (mentor can be reimbursed for travel expenses in accordance with Office Global Michigan volunteer reimbursement rates).
- f. Grantee shall complete and document a mentoring referral when appropriate. Referral must be completed and documented for **any** youth entering IL placement. If youth declines, worker must document that on the referral and place it in the case file.

*Service 6: Legal Services*

1. Provide or make referral for URM to necessary immigration legal services for status adjustment.
  - a. Immigration physical exam.
  - b. Attorney retainer fees.
  - c. Costs to obtain documents.
  - d. Document continued immigration legal services for youth in reports and case file.
  - e. URM PAFC staff will complete at least 4 hours of immigration/legal training annually.

*Service 7: Mental Health*

1. Refer client for an Initial Mental Health Screening. To be provided by a trained clinician to include no less than a minimum of 2 hours session time.
  - a. Provide or refer URM youth to therapy as needed.
  - b. Provide or refer foster families and/or youth to behavioral specialist for one-on-one support in an effort to preserve placements and mediate familial difference as needed.

*Service 8: Refugee Specific Foster Parent Recruitment, Retention and Training*

1. Facilitate recruitment events and recruitment of foster parents.
2. Develop a plan for foster parent retention.
3. Provide and document, annually, 2 hours of foster parent training beyond the basic foster parent training curriculum that includes:
  - a. Information on the youth's cultural background, customs of their country of origin, and how it relates to the URM program.
  - b. Different types and needs of URM youth.

*Service 9: Cultural Preservation*

1. Create case specific treatment plans for URM youth to connect youth with youths' own culture. This may include:

- a. Matching youth with a mentor, or foster family who share the same language or cultural background
- b. Connecting the youth with community cultural activities linked to the youth's country of origin.
- c. Maintain contact with appropriate family members
- d. Ensure that any sub-contracted facility is providing culturally and linguistically appropriate URM services.

*Service 10: Staff Training*

1. Child Welfare Training Requirements

- a. The Grantee shall ensure that staff hired or promoted to a foster care social services position complete the Office of Workforce Development and Training (OWDT) foster care Pre-Service Institute (PSI) training within 112 days.
- b. Staff transferring to a foster care social service position from another children's services position that has successfully completed the PSI training in that program, shall attend and complete OWDT-foster care private agency Program Specific Transfer Training (PSTT) within six months of assuming the foster care position.
- c. The Grantee shall ensure that first line supervisors hired or promoted to a foster care supervisor position complete OWDT foster care New Supervisor Institute (NSI) within 112 days of hire/promotion.
- d. Supervisors transferring to a foster care supervisor position that has successfully completed the NSI, shall attend and complete the OWDT foster care NSI PSTT within six months of assuming the foster care supervisor position.
- e. Staff who conduct any functions related to the certification of foster homes must attend and pass the five-day class on certifying foster homes, investigating and handling complaints against foster homes.
- f. Supervisors who have not attended certification training as a certification staff person are to attend the five-day certification and complaint investigation training prior to supervising the certification of foster homes.
- g. All social service and certification workers must complete a minimum of 32 in-service training hours per calendar year. All first line social service and certification supervisors must complete a minimum of 16 in-service training hours per calendar year.
- h. The Grantee shall follow the requirements in MDHHS policy Services Requirements Manual 103 "Staff Qualifications and Training."

2. OWDT: Registration Process

- a. The Grantee shall register staff for training through the Learning Management System (LMS). In some cases, OWDT will provide a form to be completed and provided to OWDT, who will then perform the registration function within LMS.
- b. The Grantee supervisor and/or the Grantee training facility coordinator can register Grantee staff directly for in-service training. To cancel or change training registration, the Grantee will need to make the changes in the LMS directly, unless the trainee was registered by OWDT. The Grantee will need to contact the help desk at MDHHSTraining@michigan.gov for changes to registrations completed by OWDT.



- c. All training completed externally shall be added to the LMS so that it may be included in in-service training hour calculations. The name of the training, a short description, the total number of hours spent in training, and the completion date must be documented in LMS. All qualified training shall be training that improves child welfare practice.
    - d. Confirmations, with specific details on times and locations, will be emailed to the Grantee/trainee by OWDT at least seven days before the training commences.
  - 3. Training Documentation
    - a. The Grantee shall maintain training documentation which verifies registration and successful completion of training. Additionally, the Grantee shall maintain documentation of the completion of required in-service training for both social service staff and social service supervisory staff.
  - 4. Completion of Security Awareness Training (SAT)
    - a. The Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client fingerprint-based criminal history record information (CHRI) under this Grant to successfully complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter. Documentation of successful SAT completion is to be located in the personnel record.
    - b. Security awareness training is located through the Learning Management System or on the following link:  
[https://dhhs.michigan.gov/course212/Fingerprint\\_Security\\_Awareness\\_Training/story.html](https://dhhs.michigan.gov/course212/Fingerprint_Security_Awareness_Training/story.html)
  - 5. In-Service Training
    - a. The Grantee shall ensure that each individual social services staff receives a minimum of 32 hours of qualifying in-service training on an annual basis.
    - b. The Grantee shall ensure that each individual social service supervisor receives a minimum of 16 hours of qualifying in-service training on an annual basis.
    - c. The Grantee shall ensure that each individual certification worker receives a minimum of 32 hours of qualifying in-service training on an annual basis (SRM103).
    - d. The Grantee shall ensure that each individual certification supervisor receives a minimum of 16 hours of qualifying in-service training on an annual basis (SRM 103).
      - i. All qualified training shall be training that improves child welfare practice.

### *Service 11: Relative Licensing*

The Grantee may elect to facilitate the licensure of relative caregivers providing care to children in out-of-home placements that are under the direct care and supervision of MDHHS. Facilitation of licensure includes but is not limited to the following activities:

1. Accept referrals of unlicensed relative caregivers from MDHHS, for possible licensure as a foster family home, based on the Grantee's capacity to complete the licensing process as outlined in foster care policy.
2. On forms provided by MDHHS, and when requested by MDHHS or the Office of Global Michigan, the Grantee shall report to MDHHS and/or the Office of Global Michigan a minimum of monthly

on the number and characteristics of unlicensed relative homes and the children in those homes, and on progress in licensing the homes.

*Service 12: Adoption and Foster Care Analysis Reporting System Requirements*

The Grantee shall enter all child and family information into the Michigan Statewide Automated Child Welfare System (MiSACWIS) to enable MDHHS to comply with Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements. Failure to comply with this reporting requirement shall result in a penalty for the Grantee as specified in Section 3.1 7. of this Grant.

*Service 13: MiTEAM Requirements*

The Grantee shall designate a Program Manager, Supervisor or child welfare staff person in each office location to act as a MiTEAM Liaison with MDHHS to:

1. Participate in Practice Support Trainings and Practice Support Networking Meetings.
2. Convey the MiTEAM Specialist information and activities to agency administration.
3. Be responsible for contributing to policy and program development and sustainment.
4. Maintain knowledge and expertise of all policies and programs impacting the local office.
5. Gather and analyze information to identify local trends where case practice may be negatively impacted by policies, procedures or programs.
6. Recommend modifications to policies and procedures that would better assist caseworkers in achieving identified outcomes.
7. Consult with their assigned MiTEAM Analyst in MDHHS Central Office.
8. Respond to questions and share updates related to MiTEAM.
9. Advocate for MiTEAM and the importance of continued growth around caseworker's knowledge and skills to improve safety, permanency and well-being.
10. Compile reports completed by supervision, complete MiTEAM Liaison Report and send the report to the assigned MiTEAM Analyst, on the schedule determined by MDHHS.

The Grantee shall ensure that all child welfare caseworkers:

1. Complete each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
  - a. In the order recommended,
  - b. Including participation in the Individual Field Application Exercises discussed with their supervisor,
  - c. Complete the caseworker self-assessment exercise as conducted by their supervisor, and
  - d. Join in the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS.

- e. Staff hired during the Enhanced MiTEAM Training Cycles shall join in the training as scheduled and develop a plan with their supervisor, to complete missed modules and activities as stated above.
- f. For each staff person hired after the Enhanced MiTEAM Cycles have ended, develop a plan to complete modules and activities as stated above.
2. Apply the MiTEAM competencies and Key Caseworker Activities during everyday contact with team members, including families and professionals.
3. Have their competencies reviewed by their supervisor using the MiTEAM Fidelity Tool.

The Grantee shall ensure that all child welfare supervisors and/or program managers:

1. Complete each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
  - a. In the order recommended, and
  - b. Join the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS.
2. Apply the MiTEAM competencies during every day contact with staff and team members, including families and professionals.
3. Conduct the caseworker self-assessment exercise with each caseworker on their staff.
4. Ensure each staff person hired during the Enhanced MiTEAM Training Cycles joins the training as scheduled and develop a plan, to complete missed modules and activities as stated above.
5. Ensure each staff person hired after the Enhanced MiTEAM Training Cycles have ended, develops a plan to complete modules and activities as stated above.
6. Review competencies as demonstrated by their staff using the MiTEAM Fidelity Tool.

The Grantee shall ensure that the child welfare director:

1. Review each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/michigan/default.aspx>
  - a. In the order recommended, and
  - b. Encourage supervision and staff participation in the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS
2. Support the practice of applying MiTEAM competencies during everyday contact with staff and team members, including families and professionals.

### **Key Performance Indicator Outcomes**

During the period of this Grant, the Grantee shall work toward the achievement of the Key Performance Indicators (KPI) listed below. For purposes of the annual Grant compliance reviews, compliance with KPIs shall be assessed based on the prior twelve months indicator of the most recent Children's Services Agency – Monthly Management Report in which the Grantees review occurs.

If a Grantee is not meeting the KPIs listed below, the Grantee shall include in its annual assessment and written plan (as required by R 400.12207, Staff Responsibilities) specific activities the Grantee shall complete to demonstrate improvement in the KPI measures. The Grantee shall submit the written plan to the Grantee's Analyst by October 1st of each year.

Official KPI data shall come from MDHHS via MiSACWIS. The Grantee shall conduct validation activities on an ongoing basis to assure the KPI measures have been entered in MiSACWIS accurately. The Grantee shall

1. Medical – Initial
  - a. No fewer than 85% of children supervised by the Grantee will have an initial medical examination within 30 days of removal (ISEP Item 6.43).
2. Medical – Periodic (Well Child)
  - a. Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive periodic medical examinations and screenings according to the guidelines set forth by the American Academy of Pediatrics (ISEP Item 6.47).
3. Medical – Yearly (14 Months)
  - a. Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive yearly (up to 14 months from the previous exam) medical examinations and screenings (FOM 801 Policy).
4. Dental - Initial
  - a. No fewer than 90% of children supervised by the Grantee shall have an initial dental examination within 90 days of removal unless the child has had an exam within six months prior to placement or the child is less than four years of age (ISEP Item 6.44).
5. Dental – Yearly
  - a. No fewer than 95% of children supervised by the Grantee shall have a dental examination at least every 12 months (FOM 801 Policy).
6. Worker-Child Visits
  - a. No fewer than 85% of the children supervised by the Grantee with a permanency goal of reunification, the child's caseworker shall have face-to-face contacts with the child's parent(s) in accordance with the guidelines in the ISEP (ISEP Item 6.40).
7. Parent-Child Visits
  - a. No fewer than 85% of children supervised by the Grantee with a goal of reunification shall have at least twice-monthly visitation with their parent(s) in accordance with the guidelines in FOM 722-06I Policy.
8. Children's Foster Care Service Plans – Timely Case Plans
  - a. No fewer than 95% of children supervised by the Grantee shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in the ISEP (ISEP Items 6.31 and 6.32).
9. Children's Foster Care Timely Case Service Plan Approvals
  - a. No fewer than 95% of children supervised by the Grantee shall have a case service plan approved within 14 days of case worker submission to the supervisor for review (FOM 722-09 Policy).
10. Supervisor Oversight

- a. No fewer than 95% of children supervised by the Grantee shall meet at least monthly with each assigned case worker to review the status and progress of each case on the workers caseload (ISEP Item 6.30)

### **Cost Reporting**

The Grantee shall submit annual financial cost reports based on the state's fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this Grant to OGM/MDHHS clients for the reporting period. Costs for non-MDHHS children are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually and will be due November 30 of each fiscal year. The Grantee must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by Office of Global Michigan. Reports shall be submitted electronically to MDHHS-Foster-Care-Audits@michigan.gov and a copy to the Office of Global Michigan with the subject line: PAFC Cost Report.

Failure to meet reporting responsibilities as identified in this Grant may result in Office of Global Michigan withholding payments until receipt of annual financial cost report. Office of Global Michigan may withhold from current payments an amount equal to five percent of the Grantee's reporting year Office of Global Michigan revenue (not to exceed \$60,000) until the required filing is received by the Department. MDHHS may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. Office of Global Michigan may terminate the Grant if the Grantee is ninety (90) days delinquent in submitting the required annual financial cost report.

### **Service Documentation**

The Grantee agrees to maintain program records required by Office of Global Michigan, program statistical records required by Office of Global Michigan, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, Office of Global Michigan.

### **Private Agency MiSACWIS**

The Grantee shall ensure that private agency staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the "MiSACWIS application." The Grantee shall ensure that staff follow the MiSACWIS requirements for CPA contracts which are found at:

[http://www.michigan.gov/documents/dhs/Private\\_Agency\\_MiSACWIS\\_for\\_CPA\\_Contracts\\_464663\\_7.pdf](http://www.michigan.gov/documents/dhs/Private_Agency_MiSACWIS_for_CPA_Contracts_464663_7.pdf)

For all agency assigned cases in MiSACWIS, the Grantee shall enter all case management activities, including payments and all required documentation per policy in MiSACWIS.

## **Child Protection Law Reporting Requirements**

1. The Grantee shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a child in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
2. Failure of the Grantee or its employees to report suspected abuse or neglect of a child to MDHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination of the Grant.
3. Failure of the Grantee or its employees to report suspected child abuse or neglect two or more times within a one-year period shall result in a review of the Grant agency's violations by a designated Administrative Review Team, which shall include the Director of CSA and the Director of DCWL or its successor agency, that shall consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and included license revocation and Grant termination.

## **The Division of Child Welfare Licensing (DCWL)**

DCWL shall be responsible for review of the Grantee's compliance with the Grant and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Grant or court order. If the ACR or Special Investigation reveals that the Grantee has not complied with the requirements of this Grant or court order, the following procedures shall be implemented:

1. DCWL shall notify the Grantee of the Grant or court noncompliance. This notification shall occur verbally during an exit conference, and be followed with a written report of the findings. The Grantee may request a meeting to discuss and examine the identified Grant or court noncompliance.
2. Following the identification of the Grant or court noncompliance, DCWL will request the Grantee submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
3. After the Grantee's CAP has been reviewed and approved by DCWL, the Grantee's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
4. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the Grantee or to cancel the Grant. If either recommendation is made, a meeting will be convened with the director of the contracted agency, the division director of DCWL and the CSA director or designee to provide the Grantee with the opportunity to provide documented information on why the moratorium or cancellation of the Grant should not occur.
5. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the Grantee to remedy cited violations and comply with any agreed on CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's Grant. Final decisions regarding the cancellation of a Grant shall be made by the CSA director.

### **Corrective Action Requirements**

If a program review by Office of Global Michigan reveals a lack of compliance with the requirements of this Grant, the Grantee shall:

1. Meet with Office of Global Michigan to discuss the noncompliance.
2. Prepare a corrective action plan within 30 days of receiving Office of Global Michigan' written findings.
3. Achieve compliance within 60 days of receipt of Office of Global Michigan' approval of the corrective action plan (unless other time frames are agreed to in writing by OGM) or Office of Global Michigan may terminate this Grant, subject to the standard Grant terms.

### **Criminal Background Check**

As a condition of this Grant, the Grantee certifies that the Grantee shall, prior to any individual performing work under this Grant, conduct or cause to be conducted for each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with:

1. Clients under this Grant, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.
  - a. Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.
  - b. The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.
  - c. The National Sex Offender Public Website address is <http://www.nsopw.gov>.
2. Children under this Grant, a Central Registry (CR) check.
  - a. Information about CR can be found at [http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7119\\_50648\\_48330-180331--00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--00.html)

The Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Grant to timely notify the Grantee in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Grantee shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Grant or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Grantee further certifies that the Grantee shall not submit claims for or assign to duties under this Grant, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Grantee that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Grantee must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. As indicated in CPA Licensing Rule R400.12212 the Grantee may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Grant.

If MDHHS determines that an individual provided services under this Grant for any period prior to completion of the required checks as described above, MDHHS may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

### **Program Focus and Name-Independent Living Plus**

Independent Living Plus (ILP) is an intervention to meet the youth's specific ILP needs and goals until he/she is able to step down to the less restrictive environment foster care offers. ILP is a program that provides staff supported housing and services for youth ages 16 through 19 who, because of their individual needs and assessment, are not initially appropriate for general Independent Living (IL) foster care. These youth may have a demonstrated history of unsuccessful foster care placements. This program is also designed as a post-placement resource for youth in which all of the following apply:

1. Youth leaving residential foster care who cannot return home.
2. Youth who cannot be placed into a family foster home.
3. Youth for whom adoption is not planned.
4. Youth who have demonstrated a capacity for and willingness to learn independent living skills in a supervised, structured ILP program prior to transitioning into another living arrangement.

ILP shall not be used as a long-term placement option but should be a transitional temporary intervention. ILP serves to meet the youth's specific independent living needs and goals until he/she can step down to IL foster care. The duration of ILP program will vary as determined by the youth's assessment of needs and strengths. The ILP program shall not last longer than twelve months of initial intake without an approved exception from MDHHS Program Office and shall not surpass the youth's 20th birthday. The ILP exception request is submitted using the DHS-786 and must document the specific reasons as to why the youth cannot step down to a less restrictive placement. A copy of the youth's most recent CLSA and DHS-181 approved by the local MDHHS must be included. An extension request should not be submitted if a youth is currently AWOLP.

The Grantee will continue to provide the youth with foster care case management after the youth transitions to an IL foster care setting or collaborate with other agencies to provide general IL foster care case management.

### *Placement Criteria*

1. Based on the living arrangements of the youth prior to being identified as a refugee, asylee, victim of Human Trafficking, Special Immigrant Juvenile Status (SIJS) or Cuban-Haitian Entrant eligible for resettlement in the U.S. as a URM.
2. Staff Supported Housing Requirements:



- a. The Grantee shall negotiate monthly rent with the youth. This amount may not exceed 35% of the youth's IL stipend.
  - b. Provide staff supported housing which may include, but is not limited to:
    - i. A campus-style complex
    - ii. An apartment complex
    - iii. A group home setting
3. Staff supported housing must include:
- a. Staff on site for a minimum of 16 hours per day from 3:00 p.m.-7:00 a.m. during scheduled school days.
  - b. Staff on site for a minimum of 16 hours per day during non-school days (i.e. holidays, summer break, and weekends). These hours are not restricted to 3:00 pm-7:00 am. The Grantee must submit a modified schedule to the MDHHS Program Office for approval of non-school days.
  - c. A minimum of one on-duty direct child care contact staff for every 10 youth in placement.
  - d. Grantee provided furnishings for the home which may be new or used but must be in good working condition and must include but are not limited to the following:
    - i. A stove, microwave and refrigerator
    - ii. Kitchen furnishings (pots, pans, cooking and eating utensils)
    - iii. A dining table and chairs
    - iv. A telephone (landline or cellular)
    - v. Living room furniture
  - e. Each youth will have a separate bedroom which must include, but is not limited to, in good condition:
    - i. A bed with bed linens and pillow
    - ii. Desk or table with a chair
    - iii. Bookshelf
    - iv. Dresser
4. Host Home Requirements:
- a. Host Homes may be used as an alternative to staff-based housing.
  - b. Expectations of the Host Home placement shall be discussed and agreed upon in a transition meeting with the Grantee and Host Home if the Host Home will be a change of placement for the youth. The following topics must be included in the Grant:
    - i. Physical description of space: The Host Home shall provide furnishings for the home which may be new or used but must be in good working condition and must include, but are not limited to:
      - 1. A stove, microwave and refrigerator
      - 2. Kitchen furnishings (pots, pans, cooking and eating utensils)
      - 3. A dining table and chairs
      - 4. A telephone (landline or cellular)
      - 5. Living room furniture
    - ii. Each youth will have a separate bedroom which must include, but is not limited to, in good condition:
      - 1. A bed with bed linens and pillow

2. Desk or table with a chair
  3. Bookshelf
  4. Dresser
- iii. Non-discrimination against the youth based on race, religion, national origin, gender, disability, or sexual orientation.
  - iv. Expectations, roles, and responsibilities of both the youth and Host Home adult. This includes:
    1. Frequency of services and provider visits/meetings
    2. CLSA completion as necessary
    3. Per diem and payments, if applicable
    4. Approval from the Grantee in the event that a Host Home adult is unavailable and alternate care is required
  - c. Host Homes adults shall undergo Children Protective Services and background checks and meet the placement standards outlined in FOM 721.
  - d. Host Home adults shall be at least 21 years of age.
  - e. Host Home adults shall provide an atmosphere where ILP learning can take place that includes, but is not limited to:
    - i. Displaying positive role modeling behaviors
    - ii. Utilizing teachable moments that provide the youth opportunities to engage in healthy risk taking, fostering both positive and negative consequences
    - iii. Establishing progressive and appropriate expectations based on needs and age of the youth.
  - f. Host Home adults must reside in the home.
  - g. Host Home adults shall be accessible by phone during the hours of 3:00 p.m. through 6:00 p.m. When the host home adult cannot be available, another adult must be identified who the youth can contact. The alternative adult must be someone other than a case worker with the assigned agency.
  - h. Host Home adults shall be in the home during the hours of 6:00 p.m. through 7:00 a.m. during scheduled school days. When the host home adult cannot be available another adult may be identified to supervise. This person must be approved by the agency, including CPS and background checks as described in (c) above to provide substitute supervision.
  - i. Host Home adults shall be accessible by phone during flexible hours on non-school days (i.e. holidays, summer break, and weekends), or provide an alternative contact as described in (g) above. The Grantee must submit a modified schedule to the MDHHS Program Office for approval for non-school days.
  - j. There shall be no more than four youth living in a Host Home at a time.
  - k. Approval from the Grantee in the event that a Host Home adult is unavailable and alternate care is required.

## **Credentials**

The Grantee shall assure that all staff performing functions under this Grant, including Grantee employees, volunteers and/or subcontractors, are appropriately screened, credentialed, and trained.

## Staff Training and Qualifications

1. Child Welfare Training Requirements
  - a. The Grantee shall ensure that staff hired or promoted to a foster care social services position complete the Office of Workforce Development and Training (OWDT) foster care Pre-Service Institute (PSI) training within 112 days.
2. Staff transferring to a foster care social service position from another children's services position that has successfully completed the PSI training in that program, shall attend and complete OWDT-foster care private agency Program Specific Transfer Training (PSTT) within six months of assuming the foster care position.
3. The Grantee shall ensure that first line supervisors hired or promoted to a foster care supervisor position complete OWDT foster care New Supervisor Institute (NSI) within 112 days of hire/promotion.
4. Supervisors transferring to a foster care supervisor position that has successfully completed the NSI, shall attend and complete the OWDT foster care NSI PSTT within six months of assuming the foster care supervisor position.
5. Staff who conduct any functions related to the certification of foster homes must attend and pass the five-day class on certifying foster homes, investigating and handling complaints against foster homes.
6. Supervisors who have not attended certification training as a certification staff person are to attend the five-day certification and complaint investigation training prior to supervising the certification of foster homes.
7. All social service and certification workers must complete a minimum of 32 in-service training hours per calendar year. All first line social service and certification supervisors must complete a minimum of 16 in-service training hours per calendar year.
8. The Grantee shall follow the requirements in MDHHS policy Services Requirements Manual 103 "Staff Qualifications and Training."
9. OWDT: Registration Process
  - a. The Grantee shall register staff for training through the Learning Management System (LMS). In some cases, OWDT will provide a form to be completed and provided to OWDT, who will then perform the registration function within LMS.
  - b. The Grantee supervisor and/or the Grantee training facility coordinator can register Grantee staff directly for in-service training. To cancel or change training registration, the Grantee will need to make the changes in the LMS directly, unless the trainee was registered by OWDT. The Grantee will need to contact the help desk at MDHHSTraining@michigan.gov for changes to registrations completed by OWDT.
  - c. All training completed externally shall be added to the LMS so that it may be included in in-service training hour calculations. The name of the training, a short description, the total number of hours spent in training, and the completion date must be documented in LMS. All qualified training shall be training that improves child welfare practice.
  - d. Confirmations, with specific details on times and locations, will be emailed to the Grantee/trainee by OWDT at least seven days before the training commences.
10. Completion of Security Awareness Training
  - a. Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client

fingerprint-based criminal history record information (CHRI) under this Grant to successfully complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter.

- b. Documentation of successful SAT completion is to be located in the personnel record.
- c. Security awareness training is located through the Learning Management System or on the following internet link:

[https://dhhs.michigan.gov/course212/Fingerprint\\_Security\\_Awareness\\_Training/story.html](https://dhhs.michigan.gov/course212/Fingerprint_Security_Awareness_Training/story.html)

- 11. The Grantee shall maintain training documentation to verify successful completion of all required training. Additionally, the Grantee shall maintain documentation of the completion of required in-service training for both social service staff and social service supervisory staff.
- 12. The ILP Coach:
  - a. Must possess a minimum of an Associate degree or minimum of 60 semester hours or 95 quarter hours in a related field of study.
  - b. Must have a valid State of Michigan driver's license and a reliable vehicle available.
  - c. May not have more than 10 ILP children assigned at any given time.
  - d. Must maintain a flexible work schedule that allows for the provision of ILP support services during non-typical business hours.
  - e. Must complete a weekly ILP log documenting actions and tasks related to a specific goal or outcome along with hours spent with each child.

## **Compliance Requirements**

The Grantee shall comply with the following requirements.

- 1. The Grantee shall comply with all federal regulations policy; 45CFR part 400 Subpart H-Child Welfare Services.
- 2. Record data and information on clients served and services provided utilizing the Global Michigan Refugee Services Data Management System (DMS) in Salesforce. Agency users will be registered for and utilize MiLogin to access the DMS.
- 3. The Grantee shall comply with all applicable licensing rules, MDHHS policy Children's Foster Care Manual (FOM), Guardianship (GDM), Services Requirements Manual (SRM), Interstate Compact (ICM), Native American Affairs (NAA), Adoption Manuals (ADM) and MDHHS policy amendments including interim policy bulletins.
- 4. Throughout the term of this Grant, the Grantee shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including interim policy bulletins) and applicable Administrative Codes to social service staff. The Grantee shall ensure that social service staff complies with all applicable requirements.
- 5. MDHHS policies, amendments and policy bulletins, are published on the following internet link: <http://www.michigan.gov/dhs>. Administrative Codes are published at on the following internet link: [http://michigan.gov/lara/0,4601,7-154-35738\\_5698-118524--,00.html](http://michigan.gov/lara/0,4601,7-154-35738_5698-118524--,00.html)
- 6. The Grantee shall comply with the Office of Global Michigan/MDHHS non-discrimination statement:

- a. The Office of Global Michigan and Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.
  - b. The above statement applies to all Office of Global Michigan/MDHHS supervised children, and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for Office of Global Michigan/MDHHS supervised children, including Office of Global Michigan/MDHHS supervised children assigned to a Granted agency.
7. The Grantee shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Grantee shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building trust-based relationships with families and children by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the perspective of family/child centered practice.
8. The Grantee shall comply with MDHHS initiatives and programs as requested and/or applicable. These include, but are not limited to the following programs:
  - a. National Youth in Transition Database (NYTD)
  - b. 2) Michigan Youth Opportunities Initiative (MYOI)
9. Compliance with MDHHS Implementation, Sustainability, and Exit Plan:
  - a. The Grantee shall ensure compliance with the applicable requirements of the Dwayne B. v. Snyder, et al., 2:06-cv-13548, Implementation, Sustainability, and Exit Plan.
10. Under 1973, PA 116, as amended by 2015 PA 53, the Grantee has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Grant limits or expands the application of this Public Act.
11. Prudent Parent Expectations, the Grantee shall ensure prudent parent expectations are followed as outlined in FOM 722-11, Prudent Parent Standard & Delegation of Parental Consent.

*Additional Compliance Provisions*

The Grantee shall comply with the provisions of:

1. 1984 Public Act, 114, as amended being M.C.L. 3.711 et seq., Interstate Compact on the Placement of Children.
2. 1975 Public Act 238, as amended, being M.C.L. 722.621 et seq., Child Protection Law.
3. 1982 Public Act 162, as amended, being M.C.L. 450.2101 et seq., Michigan Nonprofit Corporation Act.
4. 1994 Public Act 204, as amended, being M.C.L. 722.921 et seq., Michigan Children's Ombudsman Act.
5. 1973 Public Act 116, as amended, being M.C.L. 722.111 et seq., Michigan Child Care Organization Act.
6. 1939 Public Act 288, Chapter X, being M.C.L. 710.1 et seq., Michigan Adoption Code.
7. 1984 Public Act 203, as amended, being M.C.L. 722.951 et seq., Michigan Foster Care and Adoption Services Act.
8. The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).

9. The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 et seq.
10. 1976 Public Act 453, as amended, being M.C.L 37.2101 et seq., Elliott-Larsen Civil Rights Act.
11. Fostering Connections to Success Act of 2008
12. Preventing Sex Trafficking and Strengthening Families Act, Federal PL 113-183
13. Social Security Act, 42 USC 671(a)(20)
14. Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Security Policy located on the following link: <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>
15. 2017 Public Acts 246 through 255, Michigan Opioid Laws

### *Compliance with ICWA Requirements*

The Grantee shall provide case management services in accordance with the “Active Efforts” requirements established in the ICWA; Public Law 95-608 being 25 U.S.C 1901 et seq. These requirements include but are not limited to the following:

1. Establish an American Indian child as a member of a Tribe in accordance with ICWA and as defined in the MDHHS Native American Affairs (NAA) manual.
2. Provide “Active Efforts” case management services in with in accordance with ICWA and as defined in the NAA manual.
3. Provide placement of American Indian children in accordance with “Placement Priorities” as established in ICWA and defined in the NAA manual.
4. Provide “Expert Witness” testimony in accordance with ICWA and as defined in the NAA manual.
5. Provide services to American Indian families within the context of their culture and ethnicity.  
Maintaining knowledge in the following:
  - a. How culture and rituals influence parenting decisions.
  - b. Determine what services and supports will be most effective.
  - c. Knowledge and respect of tribal practices.

### **Services to be Provided**

#### *Service 1: Treatment Services*

1. Treatment services shall be provided based on the CLSA including, but not limited to:
  - a. The provision of counseling therapy
  - b. Independent living skills training
  - c. 24/7 availability in the event of a crisis or emergency
  - d. Daily in-person supervision with youth
  - e. Coordination for education and/or job skills opportunities

#### *Service 2: Case Management*

1. Case management services shall include the following
  - a. Service coordination, monitoring and oversight
  - b. Communication with the MDHHS monitor

- c. Compiling and submitting required reports, forms and payments per MDHHS foster care policy
- d. Crisis intervention and referral to mental health services
- e. Writing regular reports to the court and attendance to all court hearings
- f. Interpretation for the youth, as required/necessary
- g. Immigration referrals as needed for adjustment of status
- h. Referral for, or assist youth with, connections, activities, or services for the maintenance of cultural and/or religious heritage
- i. Ensure all documents including but not limited to DHS-181 and pre/post-test are uploaded in MiSACWIS

*Service 3: Legal Services*

1. Legal services shall include the following:
  - a. Provide or make referral for URM to necessary immigration legal services for status adjustment. Allowable immigration costs for adjustment of status include
    - i. Immigration physical exam
    - ii. Attorney retainer fees
    - iii. Costs to obtain documents
  - b. Document continued immigration legal service for youth in reports and case files
  - c. URM PAFC staff will complete at least 4 hours of immigration/legal training annually

*Service 4: Mentoring*

1. The Grantee shall document all mentor recruitment activities
  - a. Obtain a central registry clearance, ICHAT, a confidentiality agreement and a copy of the mentor's driver's license/identification (mentor's must be at least age 18 and not participating in the URM program) to be filed in the mentors file
  - b. Provide and document 8 hours of initial mentoring training to include the following topics:
    1. Overview of URM foster care.
    2. Positive youth development.
    3. Independent Living preparation and goal setting.
    4. Mentor role(s)/responsibility.
    5. Appropriate boundaries for mentor and youth relationship.
    6. How to maintain positive and productive relationships.
    7. Program requirements and expectations for mentor candidates.
  - c. Communicate and document the mentor's hours spent with the URM youth quarterly and place a copy in the URM's file.
  - d. Develop community and internal resources for free or low-cost opportunities/activities to nurture mentor/mentee relationships.
  - e. Maintain a record of mileage vouchers (mentor can be reimbursed for travel expenses in accordance with the Office of Global Michigan volunteer reimbursement rates).
  - f. Grantee shall complete and document a mentoring referral when appropriate. Referral must be completed and documented for any youth entering IL placement. If youth declines, worker must document that on the referral and place it in case file.

### *Service 5: Family Team Meeting*

Family Team Meeting coordination and coordination with applicable agencies supervising siblings, including transportation for visitations.

### *Service 6: Case Acceptance and Treatment Plan*

The Grantee shall complete the following:

1. A face-to-face interview with each youth within 72 hours of acceptance of the case.
  - a. Within 14 days of case acceptance:
    - i. Consult with last placing agency (if applicable) to obtain:
      1. A list of services provided to the youth
      2. An exit assessment if
    - ii. Determine the youth's educational functional levels in reading, math, etc. Collaborate with the youth's current and/or last school to gain the youth's reading level and assess educational needs.
    - iii. Ensure that all youth have completed the CLSA within 14 days of acceptance of case. Upload all CLSA in MiSACWIS
  - b. An Updated Service Plan (USP) or Permanent Ward Service Plan (PWSP)/ILP Plan and Grant utilizing information from the last placement and results of intake assessment as its basis.
    - i. The USP or PWSP/ILP Plan and Grant for each youth are to be assessment driven. Services that are necessary to accomplish the goals outlined in the plan shall be provided by the Grantee. The USP or PWSP/ILP Plan and Grant for each youth shall have the following clearly defined:
      1. Results of assessment
      2. Goals to be accomplished
      3. Services to achieve goals
      4. Time frame to achieve each goal
      5. Time frame for achievement of all goals
      6. Criteria for placement and/or discharge
      7. Maintain copies of ILP Plan and Grant and all subsequent USP/ILP Plan and Grants in the youth's case file.
  - c. Within 30 calendar days of intake:
    - i. Complete an ILP Plan and Grant (DHS-181) based on the intake, life skills assessment, and the youth's input and goals with obtainable timeframes.
      1. At a minimum, the ILP Plan and agreement shall include:
        - a. An educational goal and/or employment goal.
        - b. Strategies to meet the youth's mental health needs.
        - c. Additional goal setting areas include:
          1. Community resources
          2. Budget and Financial management
          3. Mentoring through adult connections other than Case Manager



4. Family support and healthy marriage/relationship education
5. Health care
6. Housing education and home management training
7. Legal rights
8. Personal hygiene
9. Family planning, pregnancy and teen parenting (if applicable)
10. Substance abuse prevention
11. Sexual responsibility
12. Maintain copies of ILP Plan and Grant and all subsequent USP/ILP Plan and Grants in the youth's case file.
13. Cultural heritage connections

2. Provide the youth's Life Skills Coach a copy of the youth's ILP Plan and Grant, which includes areas of need related to the IL skills.
  - d. A review of the ILP Plan and agreement with the youth, along with a quarterly update to reflect the youth's progress, needs and goals. This does not replace the semi-annual Transition Plan Report as required per MDHHS policy.
  - e. A minimum of four monthly contacts with the youth. This shall consist of at least two face-to-face contacts, of which, one will be in the youth's residence. Each face-to-face contact shall be a minimum of one hour. Remaining required contacts may be conducted in person or via telephone conversation for any length of time. Phone messages, texts, e-mails or social media contacts do not replace a required contact but can be utilized.
  - f. Community interactions which promote opportunities to develop IL skills.
  - g. Life Skills training that will assist the youth in gaining self-sufficiency, including applicable CLSA pre and post-testing. The Grantee shall document the ability of the youth to demonstrate these skills through real life applications. Grantee shall upload pre and post-test in MiSACWIS
  - h. A minimum of 4 hours per week of IL instruction upon completion of the CLSA and IL Plan and agreement. Seventy-five percent of the IL instruction time per month must be practical hands-on instruction as opposed to classroom, worksheet, or online instruction. In addition, 10% of the IL instruction time must be community based.
  - i. Quarterly meetings with the case manager, youth, life skills coach, and any supportive persons identified by the youth to review the CLSA and the pre and post test results.
  - j. Provision of transportation for youth that allows them to participate in IL activities.
  - k. Monitoring of youth activities and model appropriate behaviors.
  - l. Assure youth are making progress towards the goals in outlined in their ILP Plan and Grant as measured by the post-test.
  - m. A 3-month and 6-month follow-up post discharge from ILP. Information regarding the youth's housing, education, employment and connections to other adults must be documented.

## **Adoption and Foster Care Analysis Reporting System Requirements**

The Grantee shall enter all child and family information into the Michigan Statewide Automated Child Welfare System (MiSACWIS) to enable MDHHS to comply with Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements. Failure to comply with this reporting requirement shall result in a penalty for the Grantee as specified in Section 3.1 f. of this Grant

## **MiTEAM Requirements**

The Grantee shall designate a Program Manager, Supervisor or child welfare staff person in each office location to act as a MiTEAM Liaison with MDHHS to:

1. Participate in Practice Support Trainings and Practice Support Networking Meetings.
2. Convey the MiTEAM Specialist information and activities to agency administration.
3. Be responsible for contributing to policy and program development and sustainment.
4. Maintain knowledge and expertise of all policies and programs impacting the local office.
5. Gather and analyze information to identify local trends where case practice may be negatively impacted by policies, procedures or programs.
6. Recommend modifications to policies and procedures that would better assist caseworkers in achieving identified outcomes.
7. Consult with their assigned MiTEAM Analyst in their local Business Service Center.
8. Respond to questions and share updates related to MiTEAM.
9. Advocate for MiTEAM and the importance of continued growth around caseworker's knowledge and skills to improve safety, permanency and well-being.
10. Compile reports completed by supervision, complete MiTEAM Liaison Report and send the report to the assigned MiTEAM Analyst, on the schedule determined by MDHHS.

The Grantee shall ensure that all child welfare caseworkers:

1. Complete each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
  - a. In the order recommended,
  - b. Including participation in the Individual Field Application Exercises discussed with their supervisor,
  - c. Complete the caseworker self-assessment exercise as conducted by their supervisor, and
  - d. Join in the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS.
  - e. Staff hired during the Enhanced MiTEAM Training Cycles shall join in the training as scheduled and develop a plan with their supervisor, to complete missed modules and activities as stated above.
  - f. For each staff person hired after the Enhanced MiTEAM Cycles have ended, develop a plan to complete modules and activities as stated above.

2. Apply the MiTEAM competencies and Key Caseworker Activities during everyday contact with team members, including families and professionals.
3. Have their competencies reviewed by their supervisor using the MiTEAM Fidelity Tool.

The Grantee shall ensure that all child welfare supervisors and/or program managers:

1. Complete each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/Michigan/default.aspx>
  - a. In the order recommended, and
  - b. Join the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS.
2. Apply the MiTEAM competencies during everyday contact with staff and team members, including families and professionals.
3. Conduct the caseworker self-assessment exercise with each caseworker on their staff.
4. Ensure each staff person hired during the Enhanced MiTEAM Training Cycles joins the training as scheduled and develop a plan, to complete missed modules and activities as stated above.
5. Ensure each staff person hired after the Enhanced MiTEAM Training Cycles have ended, develops a plan to complete modules and activities as stated above.
6. Review competencies as demonstrated by their staff using the MiTEAM Fidelity Tool.

The Grantee shall ensure that the child welfare director:

1. Review each training module on the MiTEAM Virtual Learning Site, located at <https://michigan.csod.com/client/michigan/default.aspx>
  - a. In the order recommended, and
  - b. Encourage supervision and staff participation in the Enhanced MiTEAM Training Cycle activities according to the schedule set by MDHHS.
2. Support the practice of applying MiTEAM competencies during everyday contact with staff and team members, including families and professionals.

### **Expected Program Performance Outcomes**

The Grantee shall work toward the achievement of the performance measures listed below.

1. Timely provision of services:
  - a. 100% of all youth accepted to the ILP program will have face-to-face contact with a case manager within 72 hours of acceptance.
  - b. 100% of youth will have a CLSA completed within 14 days of acceptance of the case.
  - c. 100% of youth will have a written ILP Plan and Grant within 30 days of the acceptance of the case.
2. Increase the number of youths who have a safe and stable place to live:
  - a. 100% of youth will be provided safe and stable housing while participating in the ILP program.

- b. 95% of youth participating in ILP program will have a plan for housing identified on the ILP Plan and agreement prior to transitioning out of ILP and into another appropriate IL placement.
  - c. 70% of youth who received room and board assistance will continue to have safe and stable housing 6 months after transitioning out of the ILP program.
- 3. Increase the number of youths who complete educational goals.
  - a. 100% of youth without a high school diploma or GED will have an educational goal to work towards completion of either a high school diploma or a GED.
  - b. 70% of youth who identify post-secondary education as a goal will be working towards completing that goal as defined in the ILP Plan and Grant.
- 4. Increase the number of youths who receive career preparation.
  - a. 90% of youth who identify an employment goal will be working towards that goal as defined in the ILP Plan and agreement.
- 5. Increase the number of youths who have supportive relationships.
  - a. 85% of youth will be able to identify two or more supportive relationships prior to transitioning out of ILP and into another appropriate IL placement.
- 6. Increase opportunities for youth to practice independent decision making and problem-solving skills in the community.
  - a. 80% of youth will participate in at least one community activity or leadership opportunity.
- 7. Increase the number of youths with an active savings or Individual Development Account (IDA).
  - a. 90% of youth will have at least one savings or IDA account with available funds prior to transitioning out of ILP.
- 8. Increase the number of youths who can demonstrate competency in life skills.
  - a. 85% of youth will demonstrate competency in all applicable areas of the CLSA prior to transition out of ILP.
- 9. Increase the number of youths who maintain healthy mental health.
  - a. 100% of youth with a history or present concern for mental illness will be referred for mental health assessment.
  - b. 80% of youth determined through assessment to have a mental health diagnosis will participate in recommended mental health treatment or intervention.
  - c. 100% of youth prescribed psychotropic medication will participate in regular medication reviews and psychiatric consultation to monitor the prescribed medication.

### **Cost Reporting**

The Grantee shall submit annual financial cost reports based on the state's fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this Grant to Office of Global Michigan/MDHHS clients for the reporting period. Costs for non-MDHHS children are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Grantee must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS.

Reports shall be submitted electronically to [MDHHS-Foster-Care-Audits@michigan.gov](mailto:MDHHS-Foster-Care-Audits@michigan.gov), with a copy to the Office of Global Michigan URM Analyst with the subject line: ILP Cost Report.

Failure to meet reporting responsibilities as identified in this Grant may result in Office of Global Michigan/MDHHS withholding payments until receipt of annual financial cost report. Office of Global Michigan/MDHHS may withhold from current payments an amount equal to five percent of the Grantee's reporting year MDHHS revenue (not to exceed \$60,000) until the required filing is received by the Department. Office of Global Michigan/MDHHS may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. Office of Global Michigan may terminate the Grant if the Grantee is ninety (90) days delinquent in submitting the required annual financial cost report.

### **Service Documentation**

The Grantee agrees to maintain program records required by Office of Global Michigan and/or MDHHS, program statistical records required by Office of Global Michigan and/or MDHHS, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, Office of Global Michigan//MDHHS

### **Private Agency MiSACWIS**

The Grantee shall ensure that private agency payment staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the "MiSACWIS application." Requirements for MiSACWIS for CPA Grants may be found at [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_7199---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html).

For all agency assigned cases in MiSACWIS, the Grantee shall enter all case management activities, including payments and all required documentation per policy in MiSACWIS.

### **Reporting Requirements**

#### *Child Protection Law:*

1. The Grantee shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a child in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
2. Failure of the Grantee or its employees to report suspected abuse or neglect of a child to MDHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination of the Grant.

#### *Caseload Tracking:*

1. The Grantee shall report caseload ratios on a quarterly basis to Office of Global Michigan/MDHHS showing compliance as required in the Implementation, Sustainability, and

Exit Plan for foster care supervisors and foster care case workers and in a format as determined by MDHHS.

#### *Standard Reporting Requirements*

1. The Grantee shall submit an ILP Tracking Sheet monthly, in a format provided by Office of Global Michigan. The monthly report is due within 15 days following the reporting period. The reports are to be sent to the Office of Child Welfare Policy and Programs: Education and Youth Services Unit, Attention: EYS Manager for approval to Child-Welfare-Policy@michigan.gov the subject line should read "ILP Monthly Tracking".

#### **The Division of Child Welfare Licensing (DCWL)**

DCWL shall be responsible for review of the Grantee's compliance with the Grant and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Grant or court order. If the ACR or Special Investigation reveals that the Grantee has not complied with the requirements of this Grant or court order, the following procedures shall be implemented:

1. DCWL shall notify the Grantee of the Grant or court noncompliance. This notification shall occur verbally during an exit conference and be followed with a written report of the findings. The Grantee may request a meeting to discuss and examine the identified Grant or court noncompliance.
2. Following the identification of the Grant or court noncompliance, DCWL will request the Grantee submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
3. After the Grantee's CAP has been reviewed and approved by DCWL, the Grantee's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
4. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the Grantee or to cancel the Grant. If either recommendation is made, a meeting will be convened with the director of the Granted agency, the division director of DCWL and the CSA director or designee to provide the Grantee with the opportunity to provide documented information on why the moratorium or cancellation of the Grant should not occur.
5. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the Grantee to remedy cited violations and comply with any agreed-on CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's Grant. Final decisions regarding the cancellation of a Grant shall be made by the CSA director.

### **Corrective Action Requirements**

If a program review by Office of Global Michigan reveals a lack of compliance with the requirements of this Grant, the Grantee shall:

1. Meet with Office of Global Michigan to discuss the noncompliance.
2. Prepare a corrective action plan within 30 days of receiving Office of Global Michigan' written findings.
3. Achieve compliance within 60 days of receipt of Office of Global Michigan' approval of the corrective action plan (unless other time frames are agreed to in writing by Office of Global Michigan) or the Office of Global Michigan may terminate this Grant, subject to the standard Grant terms.

### **Criminal Background Check**

As a condition of this Grant, the Grantee certifies that the Grantee shall, prior to any individual performing work under this Grant, conduct or cause to be conducted for each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with:

1. Clients under this Grant, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.
  - a. Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.
  - b. The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.
  - c. The National Sex Offender Public Website address is <http://www.nsopw.gov>.
2. Children under this Grant, a Central Registry (CR) check.
  - a. Information about CR can be found at [http://www.mi.gov/MDHHS/0,1607,7-124-5452\\_7119\\_48330-180331--,00.html](http://www.mi.gov/MDHHS/0,1607,7-124-5452_7119_48330-180331--,00.html).

The Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Grant to timely notify the Grantee in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Grantee shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Grant or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Grantee further certifies that the Grantee shall not submit claims for or assign to duties under this Grant, any employee, subcontractor, subcontractor employee, or volunteer based on a determination

by the Grantee that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Grantee must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. As indicated in CPA Licensing Rule R400.12212 the Grantee may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Grant.

If the Office of Global Michigan determines that an individual provided services under this Grant for any period prior to completion of the required checks as described above, the Office of Global Michigan may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.



## **Program Focus and Name-Parent/Baby**

The Parent/Baby Residential Program provides a discharge-focused, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program with community linkages, provided through non-coercive, coordinated, individualized care, and interventions with the aim of moving individuals toward a stable, less intensive level of care or independence. Interventions should be evidence-based and include trauma-focused interventions.

The Parent/Baby Program must offer an intensive array of services to meet the short term and longer-term needs of pregnant and parenting youth in the Michigan child welfare system. Research has shown that successful programs incorporate three elements that offer a pregnant and parenting youth the supports needed to succeed: socialization, nurturing and support, structure, and discipline. To best support pregnant and parenting youth in Michigan, the program must be designed as a continuum of care approach. The continuum may consist of three levels. Level 1 is highly structured with 24-hour supervision. Level 2, a step down to a less restrictive living situation where the level of supervision is decreased, and the youth obtains more responsibility for managing his/her own money. Level 3 includes a step to a less restrictive non-residential setting. The tiered level approach encourages youth participation and investment in the program while working on their long-term goal of being self-sufficient.

The Parent/Baby Program service delivery can be offered in several different modalities. Ideally, the program should provide a continuum of services to allow the youth to transition from a residential/group home setting to a non-residential setting. The approach should include supervision, staffing, home settings, and basic program standards.

The objectives of Parent/Baby Program type are:

- a. Youth will acquire skills necessary to successfully maintain placement in a less restrictive home setting.
- b. The youth will engage in educational or vocational programming while participating in the program.
- c. Youth and infants/toddlers will be monitored and assessed for special health and/or mental health care needs and developmental delays.
- d. Pregnant and/or parenting youth will demonstrate appropriate expectations of their infants/toddler's behavior and needs.
- e. The youth will understand typical child development.
- f. The youth will have a supportive adult connection upon discharge to assist with transitioning from the program into independence or to next placement.
- g. Children of parenting youth will remain with the parent without substantiated reports of abuse or neglect.
- h. The youth will demonstrate an ability to prioritize the child's needs above their own.
- i. The youth will have the ability to reflect on their own parenting strengths and challenges.

### Eligibility

The Parent/Baby Program is available to URM youth ages 13 and older who are pregnant and/or parenting and the youth's infants/toddlers. The Grantee must have the ability to serve both pregnant and parenting youth and the youth's infant/toddler(s).

### Symptomology

The youth presents risk in school, home and/or community. The youth has presented risk to self, others, and property. The youth has exhibited a behavior(s) that has interfered with his/her ability to function adequately in a less restrictive setting. Such behaviors could include, but may not be limited to: aggressive episodes, stealing or petty theft; vandalism; inappropriate social interactions (threatening behavior, inappropriate language, disruptive school behavior, consistent failure to adhere to rules, incorrigibility in not following adult directives), and/or reactions to past trauma, which results in maladaptive behaviors.

### Services

The Grantee must ensure access to the following services:

- a. Interventions through infant mental health or Early On must be provided as needed and/or recommended for at-risk infants/toddlers.
- b. Intensive school supports services e.g., testing, monitoring, tutoring.
- c. Transportation Assistance - Assist the parenting youth in accessing necessary transportation to obtain or maintain employment, attend school or vocational training, attend medical appointments and therapy appointments.
- d. Access to Mentors - Encourage and develop opportunities for pregnant and parenting youth to be matched with mentors in the community that will provide additional support and a potential long-term connection.
- e. Recreational Activities - Provide recreation activities defined as a planned, age appropriate, regular, and recurring set of staff-supervised leisure time events designed to support the youth's treatment plan. These recreational activities must be supported by appropriate supplies and equipment that are well maintained and in useable condition.

The Grantee must:

- a. Provide activities which must contain a variety of physical, intellectual, social and cultural opportunities indoors and outdoors.
- b. Assign a minimum of one staff for every eight youth/infants to directly supervise the activities.
- c. Parenting Skills Training - Parenting Skills Training and interactive training activities must be utilized in accordance with the outcomes specified in the case service and treatment plan, including youth development, improvement and reinforcing of age appropriate social, communication and behavioral skills. Classes and referrals must address issues which include, but are not limited to:
  - (i) Infant care/early infant brain development.
  - (ii) Stages of growth in infants.
  - (iii) Safe Sleep.
  - (iv) Infant/toddler safety.
  - (v) Parenting preparation.

- (vi) Child development.
- (vii) Child health care.
- (viii) Infant/toddler emotional and social needs.
- (ix) Child management skills and positive discipline.
- (x) Parent/child roles and communication.
- (xi) Responsible fatherhood.
- (xii) Developing secure attachment.
- (xiii) Securing appropriate childcare.
- (xiv) Stress management and coping skills.
- (xv) Domestic violence.
- (xvi) Changes in parent mood and awareness of surroundings under the influence of recreational drugs or alcohol.
- (xvii) How to access community resources.

In addition to parenting classes, programming must address specialized bonding and attachment sessions and activities to promote secure attachments between the parent and infant. Research indicates early attachments lay the foundation for social, emotional, and academic skills. Interactive parenting activities must include opportunities to capitalize on teachable moments with the adolescent parent, promote the value of family literacy with teaching nursery rhymes, songs, etc. and offer various interactive play activities that engage both the youth and baby.

- a. Community Referrals - Referrals must be made to community resources such as Early Head Start, Early On, Parent Infant Program, Infant Mental Health or other in-home programs and documented in the service plan. Research has shown that participation in this type of programming is linked to several positive impacts on parenting, child development, and economic self-sufficiency.
- b. Childcare Assistance - The youth must be provided assistance in obtaining appropriate childcare while they are participating in programming to enhance their self-sufficiency. Childcare can be provided on site or off site by a licensed childcare provider. The Grantee must ensure the infant/toddler childcare is of high quality that promotes the child's social, emotional, cognitive, and verbal development.
- c. Outreach to Fathers/Mothers - Unless documented that it would be contrary to the best interest of the child and/or parent or if required in a court order, the grantee will make extensive efforts to engage fathers/mothers to foster involvement in the infant/toddler's life and to assist the pregnant/parenting youth in obtaining a supportive support network. The program must allow for the father's/mother's select participation in parenting skills trainings, visitations with child and child-parent activities. The father/mother should be encouraged to attend prenatal and/or well-baby medical appointments.

Staffing Ratio

The Grantee must:

- a. Provide a minimum of one on-duty direct care worker for every eight youth, infant/toddler during waking hours.

- b. Maintain a minimum of one on-duty direct care worker for every twelve youth, infant/toddler during sleeping hours. All of these staff must be awake during this period. Room checks must be conducted at variable intervals of no more than every 15 minutes between checks during sleeping hours.

The staffing ratio includes the youth infant/toddler.

#### Additional Staff Training Topics

The Grantee must provide the following training topics:

- a. Medical, physical, and psychological aspects of pregnancy.
- b. Prenatal and postnatal care.
- c. Infant and toddler development.
- d. Safe Sleep practices.
- e. Childcare.
- f. Parenting skills training techniques.
- g. Attachment theory.

#### Reporting

The Grantee must include youth in the development of the treatment plan. The treatment plan must:

- a. Assist the youth in preparation and transition to adult living and responsible parenting.
- b. Include outcomes identified through the Independent Living assessments.
- c. Identify the youth's educational and/or vocational goals.
- d. Outline the youth's other personal goals.

In addition to the youth's goals, the treatment plan must address the following:

- a. The infant's/toddler's daily needs, establishing daily exclusive time with the infant, providing stimulating development and educational activities with the infant.
- b. The infant's/toddler's daily routine or schedule.
- c. The youth's coordination and arrangement of medical care for the infant and other necessary services.
- d. The youth's participation in parenting skills classes.

## **Program Focus and Name-Treatment Foster Care**

Treatment Foster Care (TFC) is a family-based service that provides individualized treatment for children and their families. TFC services are directed towards diverting children from placement in a residential setting or assisting a child after discharge from a residential setting. The treatment foster family is viewed as the primary focus of intervention with children in their care. It is a family setting that seeks to integrate with, rather than replace treatment services provided outside of the home. Treatment will be delivered through service interventions provided by treatment foster care program staff and external resources with the child, identified permanent placement (including parents when reunification is the permanency planning goal) and treatment foster parents.

The length of TFC will be variable and at all times be determined on an individual, case-by-case basis relative to each child's specialized needs and service plan. Discharge planning shall begin at the time of placement within the treatment foster home.

TFC shall not be used as a long-term placement option but should be an intervention, which serves to meet a child's specific treatment needs until he/she is able to step down to a lower level of placement as determined by the family's MDHHS service plan and the child's treatment plan.

The grantee shall ensure all services are delivered in a culturally and linguistically appropriate manner, including but not limited to interpreting/translation services.

Legal Services: Provide or make referral for necessary immigration legal services to URM's. Allowable immigration costs for adjustment of status include:

1. Immigration physical exam
2. Attorney retainer fees
3. Costs to obtain documents

The Grantee shall become a member of the national Family Focused Treatment Association within 6-months of execution of this Contract.

The Grantee shall participate in meetings in Lansing, Michigan with the Michigan Department of Health and Human Services to be held at least one time per year. MDHHS shall be responsible for working with the Grantee to set an agenda and schedule each meeting.

The Grantee shall provide Office of Global Michigan/MDHHS with copies of its program statements for the program covered under this agreement. The program statement shall comply with the requirements of MDHHS DCWL standards specific to the license listed in Section 2.4 above and with all federal laws.

The Grantee shall inform Office of Global Michigan/MDHHS of any changes made to the program statement at any point during the term of this grant and provide copies of the new statement to Office of Global Michigan/MDHHS.

## **Credentials**

The Grantee shall assure that all staff performing functions under this Agreement, including grantee employees, volunteers and/or subcontractors, are appropriately screened, credentialed, and trained in accordance with licensing rule. Additional staff requirements are identified in Section 2.10 i. of this grant.

## **Compliance Requirements**

The Grantee shall comply with the following requirements:

1. The Grantee shall comply with all applicable DHHS policy Children's Foster Care Manual (FOM) Guardianship (GDM), Confidentiality (SRM 131), Fingerprints (SRM 200), Interstate Compact (ICM), and Adoption (ADM) Manuals and MDHHS policy amendments (including Communication Issuances) and all applicable provisions in the Implementation, Sustainability, and Exit Plan.
2. Throughout the term of this Grant, the Grantee shall ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including Communication Issuances) and applicable Administrative Codes to social service staff. The Grantee shall ensure that social service staff complies with all applicable requirements.
3. The Grantee shall comply with the requirements as outlined in Title 45, Code of Federal Regulations Part 400, Subpart H.
  - a. MDHHS policies, amendments and Communication Issuances, are published on the following internet link: <http://www.michigan.gov/mdhhs>. Administrative Codes are published at on the following internet link: [http://michigan.gov/lara/0,4601,7-154-35738\\_5698-118524--,00.html](http://michigan.gov/lara/0,4601,7-154-35738_5698-118524--,00.html)
4. The Grantee shall comply with the LEO & DHHS non-discrimination statement:
  - a. Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.
  - b. The above statement applies to all MDHHS supervised children, and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for DHHS supervised children, including DHHS supervised children assigned to a contracted agency.
5. The Grantee shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Grantee shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building relationships with families and children by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the perspective of child centered/family practice.
6. The grantee shall ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.
7. The Grantee shall ensure worker participation in the department's federally required Random Moment Time Study (RMTS) in order to determine the amount of time spent on various activities. Based on these results, MDHHS determines the amount of worker time that can be charged to various funding sources. Failure to ensure workers meet RMTS training

requirements and provide timely and accurate RMTS survey responses may result in recoupment of funding or other corrective actions, as set forth in this Grant.

8. The Grantee shall assure the provision of all treatment services required based on an assessment of each child and parents' needs. Treatment services include but, are not limited to the provision of counseling/therapy for each child. The Grantee shall ensure the provision of all medical, dental and behavioral health services required based on an assessment of each child's needs. The Grantee may utilize Medicaid (or private insurance) reimbursable services to comply with this requirement. If a counseling or therapy service is not available or accessible for each child, the Grantee is responsible for the direct provision of the service.
9. Under 1973 PA 116, as amended by 2015 PA 53, the Grantee has the sole discretion to decide whether to accept or not accept a referral from MDHHS. Nothing in this Grant limits or expands the application of this Public Act.
10. Compliance with DHHS Implementation, Sustainability, and Exit Plan
  - a. The Grantee shall ensure compliance with the applicable requirements of the Implementation, Sustainability, and Exit Plan
11. Prudent Parent Expectations
  - a. The Grantee, within the constraints of the agency's Grant, shall incorporate normalcy activities into foster care programming. These activities must comply with the reasonable and prudent parent standard to help children develop skills essential for positive development.
12. Additional Provisions
  - a. The Grantee shall comply with the provisions of:
    - i. Act Number 114 of the Public Acts of 1984, as amended, and known as the Interstate Compact on the placement of children;
    - ii. Act Number 238 of the Public Acts of 1975, as amended, and known as the Child Protection Law;
    - iii. 3) Act Number 162 of the Public Acts of 1982, as amended, and known as the Nonprofit Corporation Act;
    - iv. 4) Act Number 204 of the Public Acts of 1994, as amended, and known as the Children's Ombudsman Act;
    - v. 5) Act Number 116 of the Public Acts of 1973, as amended, and known as the Child Care Organization Act;
    - vi. 6) Chapter X of Act Number 288 of the Public Acts of 1939, as amended, and known as the Adoption Code;
    - vii. 7) Act Number 203 of the Public Acts of 1994, as amended, and known as the Foster Care and Adoption Services Act;
    - viii. 8) Public law 13-382, Section SS 1-54, title the Multiethnic Placement Act of 1994 (MEPA) as amended by Public law 104-188, Section 1808, the Small Business Job Protection act of 1996, known as the Interethnic Adoption Provision (IEAP).
    - ix. The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 et seq.
    - x. 1976 Public Act 453, as amended, being M.C.L 37.2101 et seq., Elliott-Larsen Civil Rights Act.

- xi. Fostering Connections to Success Act of 2008
  - xii. Preventing Sex Trafficking and Strengthening Families Act, Federal PL 113-183
  - xiii. Social Security Act, 42 USC 671(a)(20)
  - xiv. Federal Bureau of Investigation (FBI), Criminal Justice Information Services (CJIS) Security Policy located on the following link:  
<https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>
  - xv. 2017 Public Acts 246 through 255, Michigan Opioid Laws
  - xvi. 45 Code of Federal Regulations, Part 400 Subpart H
13. Completion of Security Awareness Training (SAT)
- a. The Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who is authorized to have access to client fingerprint-based criminal history record information (CHRI) under this Grant to successfully complete security awareness training (SAT) within six months of appointment to a position with (CHRI) access and every two years thereafter. Documentation of successful SAT completion is to be located in the personnel record.
  - b. Security awareness training is located through the Learning Management System or on the following link:  
[https://dhhs.michigan.gov/course212/Fingerprint\\_Security\\_Awareness\\_Training/story.html](https://dhhs.michigan.gov/course212/Fingerprint_Security_Awareness_Training/story.html)
14. Record data and information on clients served and services provided utilizing the Global Michigan Refugee Services Data Management System (DMS) in Salesforce. Agency users will be registered for and utilize MiLogin to access the DMS.

## **Services to be Provided**

### *Service 1: TFC Treatment Team*

1. The Grantee shall establish a TFC treatment team for each TFC child entering TFC placement and demonstrate active efforts to maintain the same treatment team as long as the child remains in TFC placement. At a minimum, the treatment team must consist of the following:
  - a. A TFC case manager who provides FC Supervision.
  - b. A TFC supervisor.
  - c. A TFC behavioral aide.
  - d. A TFC parent(s).
  - e. The child in placement.
  - f. A birth parent(s) or other identified permanent caregiver for the child.
  - g. A MDHHS or Placement Agency Foster Care (PAFC) staff, with family responsibility.
  - h. A mental health worker (therapist).
  - i. Other appropriate community members such as school personnel, the child's Lawyer Guardian Ad Litem (LGAL) and other advocates for the child/family.
2. The Grantee shall ensure that the TFC treatment team meets at a minimum, twice during the first thirty calendar days of the child's placement in TFC. Thereafter, the Grantee shall ensure that the TFC treatment team meets at a minimum once every thirty calendar days. A pre-placement team meeting will occur whenever possible prior to placement.



3. The Grantee shall ensure that TFC treatment team meetings are documented in the case record and shall include the following for each TFC meeting:
  - a. Meeting date.
  - b. The names and titles of each TFC team member in attendance.
  - c. The child's progress on treatment goals, as identified in the Comprehensive Treatment Plan, which was completed prior to or at the time of the child's placement into the TFC program. The report of progress shall include but not be limited to identification of successes as well as barriers and plans for resolution.
  - d. The TFC parent's compliance with the child's treatment plan and associated treatment interventions, including but not limited to identification of successes as well as barriers and plans for resolution.
  - e. The birth parents or permanent caregiver's compliance with the treatment plan and parenting time plan, including but not limited to, identification of successes as well as barriers and plans for resolution.
  - f. Update from the Behavioral Aides, on the success and challenges of implementing the treatment plan for the child.
  - g. Update from the Treatment Foster Care Case Manager on the success and challenges related to the child's progress in the TFC program.
  - h. Update from the mental health worker.
  - i. Input from others involved in the case.
  - j. Update of changes to treatment plan for the child, if appropriate.
  - k. Signature and date of all in attendance at the Treatment Team meeting, on a Treatment Team meeting document form created by the Grantee.

The Grantee shall ensure the youth placed in TFC is assessed for a CAFAS score within 30 days of placement, if a CAFAS was not administered in the 90 days prior to placement

4. The Grantee shall seek clinical services through CMH for children who have a Serious Emotional Disturbance (SED) or make therapeutic arrangements to ensure the provision of individual clinical therapy sessions, psychiatric and psychological services, as necessary to ensure that the child's mental health needs have been assessed and addressed. All mental health needs, including therapy/counseling, assessment, psychiatric and psychological services, medication reviews, etc. must be documented in each service plan and contained in the case record.

Note: The Grantee shall transfer children to the Community Mental Health (CMH) for mental health services once the CMH services are in place. The Grantee shall provide mental health services for a transition period until the CMH case is opened. The Grantee shall contact the Child Welfare Medical Unit designated staff if there is difficulty accessing mental health services through CMH.

5. The Grantee shall ensure that trauma informed treatment will be provided to all children in TFC.
6. The Grantee shall request and/or access quarterly or ongoing therapy reports noting the child's identified goals and progress updates from the mental health therapist.
7. The Grantee shall utilize the Addendum functionality in MiSACWIS to document additional items needed for the quarterly TFC service plan, i.e. behavioral and activities planning family identification and activities and respite plan.

8. The Grantee shall recruit, train, certify for licensure and provide supportive services to TFC parents and their families, to ensure that there are an adequate number of qualified and appropriately trained TFC families available to fulfill the terms of this grant.
9. The Grantee shall document in the Initial Foster Home Adoption Evaluation and all subsequent foster family renewal and annual assessments, that the family is able to provide a supportive and nurturing environment, including developmentally appropriate structure and supervision, as well as teaching and guidance necessary to foster the child's relationship building and skill development.
10. The Grantee shall document in the Initial Foster Home Adoption Evaluation and all subsequent foster family renewal and annual assessments, that the family is able to provide a supportive and nurturing environment, including developmentally appropriate structure and supervision, as well as teaching and guidance necessary to foster the child's relationship building and skill development.

### *Service 2: Staff Qualifications and Requirements*

The Grantee shall provide qualified, trained staff sufficient to adequately fulfill the terms specified in this Grant and as well as those required in the R.400.12205 and R.400012206 of the Licensing Rules for Child Placing Agencies.

The TFC Supervisor shall:

1. Possess a minimum of a Master's Degree in a human service field and a minimum of two years of experience in the placement/treatment of children and families. The TFC supervisor shall be qualified to provide clinical supervision to the TFC case manager.
2. Have experience in providing supervision to staff that provide foster care services, must be knowledgeable of MDHHS foster care policies and procedures, family therapy theories and treatment philosophies, and local community resources.
3. Be knowledgeable of MDHHS foster care policies and procedures, family therapy theories and treatment philosophies, as well as knowledgeable of local resources.
4. Have supervisory responsibility for no more than five TFC case managers at any given time. A TFC supervisor with fewer than five (5) case managers may supervise case managers from other programs. The total hours of the mixed caseload for the TFC Supervisor shall not exceed 1.0 FTE.
5. Provide weekly clinical supervision to the TFC case manager, which shall be documented in such a fashion that it is easily accessible for review.
6. Have a flexible work schedule that allows for the provision of TFC support and supervision during non-typical business hours.
7. Complete 30 hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Family Focused Treatment Association program standards that includes a section on providing trauma-informed care and that has been approved, in writing by the Office of Child Welfare Policy and Programs Child Welfare Medical Unit, prior to assuming any supervision responsibilities.
8. Complete a minimum of 24 hours of annual training that meets the requirement of the Family Focused Treatment Association.

The TFC Case Manager shall:

1. Possess either a Master's Degree in a human services field or a Bachelor's Degree (B.A., B.S., or a B.S.W) in a human services field with two years' experience working with children and families in foster placement, with experience in assessment and development of services plans.
2. Have experience with children and families with multiple problems and overall ability to relate to and engage with children and families in resolution of these problems.
3. Have weekly contact with the TFC behavioral aide (or equivalent staff to assist his/her understanding of the TFC child's treatment plan, and his/her role in achieving the child's goals of acquiring developmental and therapeutically appropriate daily living and social skills, and recreational and leisure activities.
4. Have a caseload of no more than eight TFC children at any given time. Note: A TFC case manager with less than a full TFC caseload may have additional responsibilities; the total hours of the mixed caseload for the TFC Case Manager shall not exceed 1.0 FTE.
5. Communicate not less than monthly with each child's mental health provider to monitor each TFC child's progress in treatment and to ensure coordination of services to the child.
6. Coordinate and collaborate with the educational system, having contact with the child's school at least monthly.
7. Review behavior logs completed by the TFC family on at least a monthly basis.
8. Have a flexible work schedule that allows for the provision of TFC case work services during non-typical business hours.
9. Complete 30 hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Family Focused Treatment Association program standards and that has been approved, in writing by the Office of Child Welfare Policy and Programs –Child Welfare Medical Unit, prior to assuming any case management responsibilities. (Exception: if a TFC family has begun the training hours and placement would be appropriate, a placement can occur while the foster parents complete the additional training hours. Submission of a DHS-975 for exception should be submitted to MDHHS-TreatmentFosterCare@michigan.gov.).
10. Complete a minimum of 24 hours of annual training that meets the requirement of the Family Focused Treatment Association.
11. Complete the Child Welfare Training Institute 8-week Foster Care Training or Foster Care Specific Transfer Training, if said training has not already been completed, prior to assuming any case management responsibilities.
  - a. Registration Process:
    - i. The Grantee shall register all staff required to attend OWDT training by each individual staff member through the Learning Management System.
    - ii. The Grantee supervisor and/or the Grantee training facility coordinator can register Grantee staff online for any training. To cancel or change training registration, the Grantee will need to directly contact OWDT by telephone or email.
    - iii. Confirmations, with specific details on times and locations, will be emailed to the Grantee/trainee by MDHHS at least seven days before the training commences.

The TFC Behavioral Aide shall:

1. Possess a minimum of a high school diploma, although an Associate's degree is preferred.
2. Have the capacity to implement treatment plans, goals and behavioral interventions as established by the TFC treatment team.
3. Have a valid State of Michigan driver's license and have a reliable insured vehicle available to provide transportation as necessary.
4. Have no more than ten TFC children assigned at any given time. (1 FTE TFC behavioral aide: 10 children).
5. Have a flexible work schedule that allows for the provision of TFC behavioral support services during non-typical business hours.
6. Complete 30 hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Family Focused Treatment Association program standards that includes a section on providing trauma informed care and that has been approved, in writing by the Child Welfare Medical Unit prior to assuming any case responsibilities.
7. Complete a minimum of 24 hours of annual training that meets the requirement of the Family Focused Treatment Association.

TFC Parent Requirements, the Grantee shall ensure the following:

1. TFC parent(s) are in compliance with Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children.
2. TFC parent(s) are licensed by the State of Michigan – Division of Child Welfare Licensing, prior to accepting a child for placement.
3. At least one TFC parent shall be 25 years of age and neither partner in a couple can be younger than 21. A one parent TFC family may be utilized if the parent is at least 25 years of age, has appropriate community and family supports and meets all other requirements.
4. TFC parent(s) shall have no more than four total children (birth, adoptive, foster care, relatives, guardian, etc.) in the home. No more than three shall be foster care children. No more than one shall be a TFC child.

Note: The home may accept two TFC children if one foster parent does not work outside the home. At the time a TFC child is placed, foster children residing in the home shall not require additional care of the foster parent beyond a Determination of Care (DOC) supplemental level I. Additionally, all children residing in the home shall be four years of age or older. Exceptions to this section should be explained on a DHS-975 and submitted to MDHHS-TreatmentFosterCare@michigan.gov, and Office of Global Michigan URM analyst.

TFC parent(s) must do the following:

1. Participate in the TFC treatment team meetings.
2. Assist the child in maintaining contact with his/her family, as appropriate and specified in the court order and treatment plans.
3. The TFC foster parent must be willing to meet with the birth or permanent caregiver as detailed in Section I., subsection I.1. Birth Parent/Permanent Caregiver Contact.
4. Work with the referring agency (MDHHS or URM provider), to support the permanency goal for the child.

5. Accept and cooperate with the intense level of involvement and supervision from the TFC program staff, recognizing the impact that the frequent involvement may have on their family life.
6. Successfully complete 30 hours of treatment foster care pre-service training using a curriculum that aligns with the requirement of the Family Focused Treatment Association program standards and that has been approved, in writing by the Office of Child Welfare Policy and Programs –Child Welfare Medical Unit, prior to accepting a child for placement.
7. Work with the birth/planning family teaching intervention strategies and provide supportive parenting time (may be provided through a therapist).
8. Successfully complete all other required orientation and training requirements as established by the Licensing Rules for Foster Family Homes and Foster Family Group homes for Children.
9. Complete training that explains “What is Trauma-Informed Parenting” and provides information on a trauma-informed home environment.
10. Complete a minimum of 24 hours of annual training that aligns with the requirement of the Family Focused Treatment Association.
11. TFC parents will complete daily behavior logs or checklists for the child in their care.

The Grantee shall make available to the foster parent 36 hours of respite per month.

1. Respite shall include both planned and crisis respite.
2. The TFC behavioral aide may be considered respite for the TFC foster family, as the TFC behavioral aide is expected to accompany the child to community outings and recreational activities for a specified block of time, without the TFC foster parent.
3. Respite providers must be approved by the TFC team and the providers must know what the child’s treatment plan and goals are and be able to continue work on these goals while they are providing the respite services.
4. The Grantee shall develop a respite plan for each TFC child and the plan must be reviewed, documented and updated, as necessary, every quarter in the Updated Service Plan.

The Grantee shall develop formal and informal supports for the TFC parent(s), including the establishment of a TFC support group that meets at least one time per month. The Grantee shall maintain documentation that the TFC group was offered to all TFC foster care parents.

The Grantee will complete an annual evaluation of their TFC parents, as well as provide regular on-going feedback.

### *Service 3: Foster Care Service Standards - Contacts*

In addition to providing the TFC services described above, the Grantee shall also provide foster care services to all children placed under this contract, as follows:

1. The Grantee shall ensure that TFC program staff provides consultation and/or supervision according to the following guidelines:
  - a. Child Contact
    - i. The TFC case manager must have face to face contact with the TFC child, a minimum of two times per month, with one of these contacts occurring at the

TFC family home. During the face to face contact, individual time must be spent with the TFC child, which allows:

1. The TFC child to have a private conversation with the TFC case manager, where he/she is free to share special concerns.
  2. Allows the TFC case manager to directly assess the TFC child's current emotional/mental health, physical health, safety and general well-being.
  3. Allows the TFC case manager to directly assess the TFC child's progress based on the treatment plan
- ii. The TFC case manager or behavioral aide must work with the TFC child on at least a weekly basis, to implement the treatment goals established by the TFC treatment team, and to monitor the TFC child's progress on said treatment goals.
- b. Birth Parent/Planning Family Contact
- Contact requirements when the TFC child's goal is reunification with the birthparent or placement with an identified planning family.

Note: It is the referring agency's responsibility to identify a planning family. Contact with the planning family may occur at any of the following locations but not limited to; team meetings, birth family visits, in the community, etc.

- i. The TFC foster parent must have face to face contact with the birth parent or planning family on at least a monthly basis. Every other month, these face to face contacts shall occur separate from the TFC treatment team meetings.
  1. The purpose of this meeting is to allow the following:
    - a. Discuss the specifics of the treatment plan and goals.
    - b. Assist the parent/planning family with the implementation of the treatment goals as identified in the case service plans to support the child's safe placement with the parent or planning family.
    - c. Assess the parents' or planning family functioning to assist the treatment team in determining the treatment goals for a safe placement of the child back with the parents or with the planning family.
    - d. Provide an opportunity for parenting time "coaching" to assist the birth parent or planning family in developing the knowledge base and skills necessary to have positive interactions with the child.
- ii. The TFC case manager must meet with the birth parent or the permanent caregivers no less than one time per month. During these contacts the TFC case manager will review the child's progress in the TFC program, discuss interventions being used with the child and evaluate the birth parent or permanent caregiver's ability to implement the interventions, address the concerns of the birth parent or permanent caregiver related to their ability to accept the child into their home determine what services are needed to support the return of the child.

- iii. The TFC case manager must facilitate a meeting between the mental health worker and the birth parent or planning family no less than one time per month, to ensure that they are aware of the interventions being used to achieve the treatment goals for the child. This contact shall include assisting the birth parents/permanent caregiver in developing the knowledge and skills necessary to appropriately implement the intervention.
- c. Foster Parent Contact
  - i. The TFC case manager shall have two face-to-face contact with the TFC parent, one of which is to be in the foster home.
  - ii. The TFC case manager or behavioral aide shall have at least weekly contact with the TFC parent to provide regular support and assistance.
  - iii. The TFC case manager or behavioral aide shall have twice weekly contact with the TFC parents, to ensure that they are aware of the interventions being used to achieve the treatment goals for the child. This contact shall include assisting the TFC parents in developing the knowledge and skills necessary to appropriately implement the intervention.
- d. Sibling Contact
  - i. The Grantee shall assure that siblings have face-to-face visits no fewer than one time per month, unless compelling reasons to the contrary are documented in the ISP, USP, or PWSP.
- e. Parenting Time
  - i. The Grantee shall assure that parenting time occurs not less than mandated by FOM policy 722-06I, unless the court has ordered a revised parenting time schedule for the family. The Grantee shall offer and provide transportation assistance and a flexible visitation schedule (outside of routine business hours) to facilitate parenting time.
  - ii. If the parents are substantially addressing barriers, parenting should be expanded to allow the opportunity to practice taught interventions.

#### *Service 4: Reporting*

The Grantee shall complete all reports using MISACWIS. The Grantee shall forward all Service Plans to the referring or monitoring MDHHS local worker within 5 days after the due date. For youth being serviced through the Adoption Subsidy Medical Contract, this section does not apply. Reporting should be consistent with the requirements in AAM 640.

1. The Grantee shall complete an Initial Service Plan within 30 calendar days after initial placement of the child (FOM-722)
  - a. The ISP shall include monitoring children who remain at home, whether or not they are court wards. This shall include the mandatory reporting of suspected neglect or abuse to Children's Protective Services. The plan shall summarize the service needs of these children and how these needs are being met as specified in MDHHS' FOM.

2. The Grantee shall complete the Updated Service Plan (USP) within one hundred and twenty (120) calendar days of the child(ren's) initial out-of-home placement and at least every ninety (90) calendar days thereafter (FOM-722).
3. The Grantee shall complete a Comprehensive Treatment Plan within 30 days and review and update the plan every 30 calendar days thereafter.
4. Grantee shall provide written notice to MDHHS' local office and to the parent, when appropriate, in advance of any placement change, except in cases where the foster parent requests emergency removal, in which case, the MDHHS local office/Office of Global Michigan shall be notified on the next working day. A conference to discuss the placement change shall be held upon request of MDHHS local office.
  - a. If it is necessary to move a child from one foster home placement to another, the Grantee shall prepare and submit an Action Summary (DHS-69) to MDHHS local office responsible for ongoing supervision or monitoring within 15 calendar days of the replacement. Preparation and submission of a replacement report does not alter the Updated Services Plan requirements above.
5. The Grantee shall complete the TFC Discharge Report (DHS-979) within 15 calendar days of discharge from the TFC program. The TFC Discharge Report shall be sent to MDHHS-TreatmentFosterCare@michigan.gov..
6. Immediately of the Grantee being made aware of a child's absence from their approved placement (AWOLP – absent without legal permission) the Grantee shall notify MDHHS local office and Office of Global Michigan and document said notification in the case record.
  - a. The Grantee shall notify the court of jurisdiction and the parents, if appropriate, within 24 hours and document such notification in the case record.
  - b. The Grantee shall conduct a diligent search for the child within the first 48 hours of the child being placed on AWOLP status and document the efforts of the search in the case record.
  - c. The Grantee shall conduct a diligent search for the child each quarter (90 days) that the child remains AWOLP and document the efforts of the search in the Updated Service Plans. (FOM-722)
7. Within 30 days of a child leaving care, the Grantee shall prepare and submit to the MDHHS local office an Action Summary (DHS- 69) including a narrative termination summary and the reason for termination. (FOM-722)
8. When the Grantee has full family responsibility the Grantee shall prepare and submit to MDHHS' local office every 90 days a summary report of aftercare services provided to the child in her/his own or relative home as required by FOM 722.
9. The Grantee shall prepare and submit to MDHHS' local office an Updated Service Plan within 10 working days of permanent wardship as required by FOM 722.
10. The Grantee shall report any serious injury or illness of a child to the MDHHS local office and parent (if applicable) within 24 hours of the incident and confirm the information in writing within five working days. The incident report must include the time and date of the incident, the cause of the injury or illness, methods used to alleviate the injury/illness, and the actions taken to prevent future injury/illness if applicable.
  - a. The death of a child shall be reported immediately to the MDHHS local office, Office of Global Michigan, the parent or next of kin, and the Division of Child Welfare Licensing.



The Grantee shall confirm notification in writing to MDHHS local office and the Division of Child Welfare Licensing, and Office of Global Michigan within five working days.  
(FOM-722)

11. The Grantee shall submit a written report covering the findings of a foster parent licensing non-compliance, involving an abuse/neglect complaint to MDHHS' local office referring worker within five working days of completion of the investigation.
12. The Grantee shall submit court reports to the MDHHS local office monitoring worker five working days prior to the date the report is due to the court.
13. The Grantee shall maintain client case files in accordance with the licensing rules for child placing agencies.
14. The Grantee shall provide 24-hour emergency back-up social services staff to the foster child(ren), foster parent(s)/kinship caregiver, and parent or guardians.
  - a. If the MDHHS local office does not comply with the responsibilities outlined in Section II of this Contract, entitled MDHHS Responsibilities, the Grantee shall notify the MDHHS local office director and Office of Global Michigan URM analyst. If the dispute is not resolved at the Office of Global Michigan, or Local Office Director level within 60 days, the Grantee shall contact the local office director's chain of command within MDHHS.

#### *Service 5: Primary Family Responsibility*

1. The Grantee shall assume primary family and placement responsibility in the following two situations:
  - a. The only child placed in out of home placement is the child who has been placed in the TFC program.
  - b. There are other siblings placed with the Grantee in either their foster care program (non-TFC), and the Grantee already has full family responsibility for the case.
2. If the only child in placement with the Grantee is the child placed in the TFC program, and there are other siblings in foster care placement with another contracted child placing agency under contract with MDHHS, the agency with the other siblings shall assume primary family and placement responsibility
  - a. The TFC program shall still assume participation in case planning, case services, MiTEAM meetings, FTMs, court hearings, or other case related needs.
  - b. In cases where the Grantee does have primary family responsibility, the Grantee shall provide the following aftercare services:
    - i. During the first month of a child's return home, the Grantee's social services worker shall make no fewer than one in-person contact with the parent(s) and child each week. These contacts shall occur within the family residence.
    - ii. The period of weekly contacts may be extended up to ninety days as determined by MDHHS.
    - iii. During the second month of the child's return home, and for all subsequent months, the social services worker shall make no fewer than one in person contact, twice monthly with the parent(s) and child. These contacts shall occur within the family residence.

- iv. Provide all needed services to a family unit for the purpose of reunification and/or permanency planning. Services shall include placement planning and preparation, service referrals for parents and children, the arrangement and facilitation of family visitations (including the provision of transportation as needed) as well as court responsibility.
  - v. Cooperate in matters relating to any legal or court activities concerning the child and family. The Grantee shall:
    - 1. Notify treatment foster parents of scheduled court hearings.
    - 2. Attend all court hearings. Prepare for and provide court testimony, recommendations, and reports.
    - 3. Submit all court reports/materials for review and/or approval no later than five working days prior to the due date for submission to the court.
3. Primary family responsibility shall continue until the referring agency agrees to resume direct care responsibility or one of the following occurs:
- a. Wardship is dismissed on all children in the family.
  - b. Termination of parental rights of both parents either through involuntary termination (Act 220, P.A. 1935, as amended) or through voluntary release (MDHHS under Act 296, P.A. 1974, as amended). Although the Grantee's family responsibility ends, services to the ward(s) shall continue.
  - c. Child is placed in residential and there are no other siblings who continue in foster care placement under the Grantee's supervision, or siblings who are wards residing with the parents/relatives. Family responsibility returns to the MDHHS local office.
  - d. MDHHS and Office of Global Michigan approves, in writing, the transfer of family responsibility to another child placing agency.
  - e. Child reaches age 19 and there are no other siblings under the supervision of the Grantee who are in a foster care placement, or as wards residing with the parents/relatives.
  - f. Child dies and there are no other siblings who continue in foster care placement, or as wards residing with the parents/relatives. The Grantee shall continue to provide and document aftercare services to the child and family until one of the following occurs:
    - i. In cases where the Grantee does not have primary family responsibility, the Grantee is responsible for the individual TFC child's case management and must provide updated service plans to the Child placing Agency that has primary family responsibility, for inclusion in their service plans.
    - ii. Special circumstances requiring deviation from this Agreement may be negotiated between the local office and the Grantee, on a case by case basis, using the Individual Service Contract (DHS-3600), with the approval of the Purchased Services Division. The purpose of the DHS-3600 is to acknowledge that the Grantee has accepted service responsibility. The DHS-3600 shall not be used to permanently modify this Contract.

The Grantee shall have a written behavior management policy that identifies appropriate and specific methods of behavior management for foster children, in compliance with Child Placing Agency Rule 400.12406. The Grantee shall include behavior management as a component of regular foster parent training, in compliance with Child Placing Agency Rule R 400.12312(3).

#### *Service 7: Emergency Protocol*

The Grantee must have a crisis intervention protocol which incorporates the following and the Grantee shall be compliance with its protocol at all times:

1. Twenty-four/seven access to Grantee staff/personnel for parents, relatives, foster parents or guardians.
2. Evening and weekend phone "call back time" of 30 minutes or less.
3. Requirement for Grantee staff to make face-to-face contact immediately upon of receiving an emergency call from the birth parents, relatives, planning family or treatment foster parents, if an emergency call is related to the safety and well-being of a foster child, including potential placement disruption.
4. A requirement for a social service worker to make emergency home calls in situations including, but not limited to, psychiatric hospitalizations and serious injuries, et al. Such emergency calls are not included in the number of required home calls the Grantee must provide for specialized foster care.

#### *Service 8: Wardrobe*

The Grantee shall assure that each child has an adequate wardrobe while in placement as well as at the time of discharge, as defined by the Clothing Inventory Checklist (DHS-3377). When a child is absent, the Grantee shall have a process in place to keep the child's wardrobe and possessions safe until claimed by the child or MDHHS. If the possessions are not claimed within 90 days, the Grantee shall return the possessions to MDHHS at MDHHS local office discretion.

#### *Service 9: Medical and Dental Care*

The Grantee shall maintain a Medical Passport (DHS-221) for each child according to the guidelines set forth in FOM-801. In addition to emergency medical care, the Grantee shall assure that each child receives routine medical and dental care according to the following guidelines (for youth being served through the Adoption Subsidy Medical Contract, legal parents remain responsible for all medical and dental care):

1. Has a physical examination within 30 calendar days of initial placement.
2. Has a physical examination every 14 months after the initial 30 day physical examination.
3. Has current immunizations.
4. Has a dental examination within 90 calendar days of initial placement for children 3 years of age and older, unless the child has had one in the 6 months preceding placement.

5. Has a dental examination annually after the initial 90 day dental examination.

The Grantee shall enter the above-mentioned medical and dental examination reports/information in MiSACWIS within five working days of completion. The Grantee shall document all medical information in the health screens of MiSACWIS and forward the updated Medical Passport to the MDHHS local office monitoring worker no less than every six months.

#### *Service 10: Education*

1. The Grantee shall assure that a child of school age is enrolled into a school program no later than five school days after placement into foster care. Prior education assessments must be requested within 30 days of foster care placement and be considered in assessing the current educational needs of the child. Documentation of diligence in requesting records must be included in the case file.
2. The Grantee shall coordinate with the last school of record and the new school to ensure the child does not lose any academic credits.
3. The Grantee shall have monthly contact with the school and document the dates and content of those contacts in the service plans.

#### *Service 11: Transportation*

The Grantee shall assure the provision of transportation for parenting time (if applicable), participation in training sessions and support groups, as well as other routine transportation which parents would normally provide for their own child (e.g., medical and dental appointments, school conferences, school activities, extracurricular activities and sports). This includes transportation to assist the parent in participation of court ordered activities. This includes transportation between counties if the TFC home is in a county other than the referring county.

#### *Service 12: Adoption and Foster Care Analysis Reporting System Requirements*

The Grantee shall enter all child and family information into the Michigan Statewide Automated Child Welfare System (MiSACWIS) to enable MDHHS to comply with Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements. Failure to comply with this reporting requirement shall result in a penalty for the Grantee as specified in Section 3.1 of this Agreement.

#### **Expected Program Performance Outcomes**

During the contract period, the Grantee shall achieve the outcomes listed below. Data on these performance outcomes must be provided to the Child Welfare Medical Unit designated staff one year from the start of the contract and yearly thereafter.

1. No child will be a victim of substantiated abuse or neglect during TFC placement. (Safety)

2. No child will be a victim of substantiated abuse or neglect within six months after discharge from TFC. (Safety)
3. One hundred percent of planning families will be actively involved in treatment planning within 30 days of entry into the program if applicable. (Permanency).
4. Ninety percent of children in TFC will maintain placement in one treatment home for the duration of their TFC program placement. (Permanency)
5. Eighty five percent of children in TFC will not need placement in a more restrictive setting (i.e. hospitalization, residential, youth facility) while receiving services in TFC. (Permanency)
6. Ninety five percent of children in TFC will improve in educational goals as outlined in the child's treatment plan (Well-Being)
7. Seventy five percent of children in TFC will improve mental health functioning as demonstrated by an improved/ reduced CAFAS score by 20 points or more, within 9 months of entry into program. (Well-Being)
8. Eighty percent of children in TFC will be returned to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within 12 months of entry. (Permanency)
9. Ninety percent of children in TFC will be discharged to a less restrictive setting (own home, relative, guardian, adoptive home, foster home, unrelated caregiver) within nine months of entry. (Permanency)
10. Eighty five percent of children in TFC discharged to a less restrictive setting will maintain the same less restrictive placement for at least one year after discharge (Permanency).

### **Cost Reporting**

The Grantee shall submit annual financial cost reports based on the state's fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this Grant to MDHHS clients for the reporting period. Costs for non-MDHHS children are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Grantee must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS and Office of Global Michigan. Reports shall be submitted electronically to MDHHS-Foster-Care-Audits@michigan.gov with the subject line: TFC Cost Report, with a copy to the Office of Global Michigan URM Analyst.

Failure to meet reporting responsibilities as identified in this Agreement may result in Office of Global Michigan withholding payments until receipt of annual financial cost report. Office of Global Michigan may withhold from current payments an amount equal to five percent of the Grantee's reporting year MDHHS revenue (not to exceed \$60,000) until the required filing is received by the Department. Office of Global Michigan may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. Office of Global Michigan may terminate the contract if the Grantee is ninety (90) days delinquent in submitting the required annual financial cost report.

### **Service Documentation**

The Grantee agrees to maintain program records required by MDHHS, program statistical records required by MDHHS, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, LEO/MDHHS.

### **Private Agency MiSACWIS**

The Grantee shall ensure that private agency payment staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the "MiSACWIS application." Requirements for MiSACWIS for CPA contracts may be found at [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_7199---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html)

For all agency assigned cases in MiSACWIS, the Grantee shall enter all case management activities, including payments and all required documentation per policy in MiSACWIS.

### **Child Protection Law Reporting Requirements**

1. Child Protection Law:
  - a. The Grantee shall ensure that all employees who have reasonable cause to suspect child abuse or neglect shall report any suspected abuse or neglect of a child in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
  - b. Failure of the Grantee or its employees to report suspected abuse or neglect of a child to MDHHS shall result in an immediate investigation to determine the appropriate corrective action up to and including termination of the contract.
2. Caseload Tracking:
  - a. The Grantee shall report caseload ratios on a quarterly basis to MDHHS showing compliance as required in the Implementation, Sustainability, and Exit Plan for foster care supervisors and foster care case workers and in a format as determined by MDHHS.
3. Standard Reporting Requirements
  - a. The Grantee shall submit a monthly report, in a format provided by MDHHS. The monthly report is due within 30 days following the reporting period. The reports are to be sent to the Child Welfare Medical Unit designee.

### **The Division of Child Welfare Licensing (DCWL)**

DCWL shall be responsible for review of the Grantee's compliance with the Grant and any court orders, via an Annual Compliance Review (ACR) and Special Investigations. DCWL may review, analyze and comment on all activities covered within the terms of the Grant or court order. If the ACR or Special Investigation reveals that the Grantee has not complied with the requirements of this Grant or court order, the following procedures shall be implemented:

1. DCWL shall notify the Grantee of the Grant or court noncompliance. This notification shall occur verbally during an exit conference and be followed with a written report of the findings. The Grantee may request a meeting to discuss and examine the identified agreement or court noncompliance.
2. Following the identification of the Grant or court noncompliance, DCWL will request the Grantee submit a Corrective Action Plans (CAP) to DCWL within 15 days of receiving the written report of findings.
3. After the Grantee's CAP has been reviewed and approved by DCWL, the Grantee's compliance with the CAP shall be reviewed in accordance with time frames established by DCWL in the written notification of acceptance of the CAP.
4. Based on the severity or repeated nature of cited violations, a recommendation may be made by DCWL at any time to place a moratorium on new placements with the Grantee or to cancel the grant. If either recommendation is made, a meeting will be convened with the director of the contracted agency, the division director of DCWL and the CSA director or designee to provide the grantee with the opportunity to provide documented information on why the moratorium or cancellation of the grant should not occur.
5. If a moratorium on new placements is put into place, it shall be for a minimum of 90 days to allow the Grantee to remedy cited violations and comply with any agreed upon CAP. If the cited violations are not corrected during the period of the moratorium or additional serious violations are cited, consideration shall be given to cancellation of the agency's grant. Final decisions regarding the cancellation of a grant shall be made by the CSA director.

### **Corrective Action Requirements**

If a program review by MDHHS reveals a lack of compliance with the requirements of this Grant, the Grantee shall:

1. Meet with MDHHS/Office of Global Michigan to discuss the noncompliance.
2. Prepare a corrective action plan within 30 days of receiving MDHHS' or Office of Global Michigan's written findings.
3. Achieve compliance within 60 days of receipt of MDHHS' or Office of Global Michigan's approval of the corrective action plan (unless other time frames are agreed to in writing by MDHHS/Office of Global Michigan) or MDHHS may terminate this Grant, subject to the standard grant terms.

### **Criminal Background Check**

As a condition of this Grant, the Grantee certifies that the Grantee shall, prior to any individual performing work under this Grant, conduct or cause to be conducted for each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with:

1. Clients under this Grant, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.
  - a. Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

- b. The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.
    - c. The National Sex Offender Public Website address is <http://www.nsopw.gov>.
  2. Children under this Grant, a Central Registry (CR) check.
    - a. Information about CR can be found at [http://www.mi.gov/MDHHS/0,1607,7-124-5452\\_7119\\_48330-180331--,00.html](http://www.mi.gov/MDHHS/0,1607,7-124-5452_7119_48330-180331--,00.html).

The Grantee shall require each employee, subcontractor, subcontractor employee or volunteer who works directly with clients or who has access to client information, under this Grant to timely notify the Grantee in writing of criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Grantee shall require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this Grant who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

The Grantee further certifies that the Grantee shall not submit claims for or assign to duties under this Grant, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the Grantee that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Grantee must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. As indicated in CPA Licensing Rule R400.12212 the Grantee may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Grant.

If Office of Global Michigan determines that an individual provided services under this Grant for any period prior to completion of the required checks as described above, Office of Global Michigan may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

## **Residential Qualified Residential Treatment Program (QRTP)**

### Compliance Requirements

- a. The Grantee must comply with requirements of MDHHS policy Children's Foster Care Manual (FOM 912-1) and MDHHS policy amendments, including interim policy bulletins.
- b. Throughout the term of this contract, the Grantee must ensure that it provides all applicable MDHHS policy and MDHHS policy amendments (including interim policy bulletins) and applicable Administrative Rules to social service staff. The Grantee must ensure that social service staff complies with all applicable requirements.



MDHHS policies, amendments and policy bulletins, are published on the following internet link: <https://dhhs.michigan.gov/olmweb/ex/html/>. Administrative Codes are published at on the following internet link:

<https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Health%20and%20Human%20Services&Bureau=All>

- c. MDHHS and the Office of Global Michigan will not discriminate against any individual or group based on race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability.

The above statement applies to all MDHHS supervised children, and to all licensed and unlicensed caregivers and families that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children receiving services in a MDHHS contracted residential intervention program.

- d. The Grantee must provide services within the framework of Michigan's child welfare practice model, MiTEAM. The Grantee must utilize the skills of engagement, assessment, teaming and mentoring in partnering and building trust-based relationships with families and children by exhibiting empathy, professionalism, genuineness, and respect. Treatment planning must be from the family driven, youth guided perspective clearly articulated and identified in the treatment plan. For youth without an identified permanent family, treatment planning must engage supportive adults involved with the youth.
- e. The Grantee must comply with the provisions of 2015 PA 53 once an assignment from MDHHS is accepted by:
  - 1) Engaging in any activity that results in the department being obligated to pay the Grantee for services related to youth the Department referred to the Grantee.

The Grantee acknowledges that it has waived any legal protections under MCL 722.124e, MCL 722.124f, and/or MCL 710.23g to decline to provide such services based on an assertion that to do so would conflict with the Grantee's sincerely held religious beliefs contained within its statement of faith, written policy, or other document adhered to by the Grantee.

- f. The Grantee must ensure compliance with all applicable provisions and requirements of the Dwayne B. v. Whitmer, et al., 2:06-cv-13548, Modified Implementation, Sustainability, and Exit Plan.

- g. Throughout the term of this Grant the Grantee must maintain the capability to provide services 24 hours a day, 365 days a year as specified in the treatment plan for each child and child's family accepted for care.
  
- h. Unless otherwise noted in the agreement, the Grantee must ensure compliance with all provisions of the Family First Prevention Services Act (FFPSA) of 2018 (H.R. 1892) and all requirements of the Qualified Residential Treatment Program (QRTP) established within the Act, MCL 722.111, and MCL 722.13(c).
  
- i. To be certified as a QRTP, the Grantee must be accredited by one or more of the following for the duration of the Contract:
  - 1) Council on Accreditation (COA)
  - 2) Commission on Accreditation of Rehabilitation Facilities (CARF)
  - 3) Joint Commission on Accreditation of Health Care Organizations (JCAHO)
  - 4) Education Assessment Guidelines Leading Towards Excellence (EAGLE)
  - 5) Teaching Family Association (TFA)
  - 6) Other non-profit accreditation organization approved by the US Department of Health and Human Services QRTP listing.
  
- j. The Grantee must submit the Chief Administrator Annual Assessment CWL-4607-CCI annually.
  
- k. The Grantee must implement a MDHHS approved trauma informed practice model. The trauma informed practice model must be re-certified annually during the Chief Administrator Annual Assessment.
  
- l. The following individuals must be provided, without prior notice, access at any time to the Grantee's property to meet privately with youth:
  - 1) MDHHS Children's Services Agency Director or designee
  - 2) MDHHS case workers
  - 3) MDHHS Child Welfare Licensing consultants
  - 4) The youth's attorney or guardian ad litem
  - 5) LEO Office of Global Michigan

The Grantee must provide these individuals access to the Grantee's property, building(s) or part thereof, including the youth's sleeping room.

- m. A lack of MDHHS conducting contract performance monitoring and evaluation or failure of MDHHS to bring to the attention of the Grantee, a lack of compliance in fulfilling its obligations under this Contract, does not relieve the Grantee from its past, current or future obligations, nor penalty for failure to comply with this contract.
- n. The Grantee shall comply with the requirements as outlined in Title 45, Code of Federal Regulations Part 400, Subpart H
- o. Additional Compliance Provisions

The Grantee must comply with the provisions of:

- 1) 1984 Public Act, 114, as amended being M.C.L. 3.711 *et seq.*, Interstate Compact on the Placement of Children.
- 2) 1975 Public Act 238, as amended, being M.C.L. 722.621 *et seq.*, Child Protection Law.
- 3) 1982 Public Act 162, as amended, being M.C.L. 450.2101 *et seq.*, Michigan Nonprofit Corporation Act.
- 4) 1994 Public Act 204, as amended, being M.C.L. 722.921 *et seq.*, Michigan Children's Ombudsman Act.
- 5) 1973 Public Act 116, as amended, being M.C.L. 722.111 *et seq.*, Michigan Child Care Organization Act.
- 6) 1939 Public Act 288, Chapter X and XIIA, being M.C.L. 710.1 *et seq.*, Michigan Adoption Code and Michigan Juvenile Code.
- 7) 1984 Public Act 203, as amended, being M.C.L. 722.951 *et seq.*, Michigan Foster Care and Adoption Services Act.
- 8) The Social Security Act as amended by the Multiethnic Placement Act of 1994 (MEPA); Public Law 103-382, and as amended by Section 1808 of the Small Business Job Protection, the Interethnic Adoption Provision (IEAP).
- 9) The Indian Child Welfare Act (ICWA); Public Law 95-608 being 25 U.S.C. 1901 *et seq.*
- 10) The Michigan Indian Family Preservation Act (MFPA), 2012 PA 565.
- 11) 1976 Public Act 453, as amended, being M.C.L. 37.2101 *et seq.*, Elliott-Larsen Civil Rights Act.
- 12) Fostering Connections to Success Act of 2008
- 13) Preventing Sex Trafficking and Strengthening Families Act, Federal PL113-183
- 14) Social Security Act, 42 USC 671(a)(20)
- 15) 2017 Public Acts 246 through 255, Michigan Opioid Laws
- 16) Rehabilitation Act of 1973, Section 504 Protecting Students with Disabilities
- 17) Free Appropriate Public Education (FAPE) as per the Rehabilitation Act of 1973
- 18) Individuals with Disabilities Act (IDEA)

Services to be Provided

a. Trauma Informed Practice Model

- 1) Services provided under this Grant must be trauma informed, evidence-based, evidence-informed or identified as a promising practice to effect optimal outcomes.
  - a) A child welfare trauma-informed approach understands and recognizes that youth in foster care may have experienced complex trauma, which can significantly harm individual and familial development.
  - b) The Grantee must educate parents and caregivers on the potential developmental impact of trauma.
  - c) The Grantee must screen youth and families for trauma based on requirements in this contract if trauma screening and/or trauma assessment has not been completed.
  - d) The Grantee must refer or provide clinical trauma assessments as necessary, collaborate with mental health providers to link youth to evidence-based and supported trauma services, develop resiliency-based case plans and recognize the necessity of building workforce resiliency both at the individual staff and organizational levels.

b. Primary Focus – Inclusion and Involvement

- 1) The Grantee must ensure the primary focus of residential intervention is to engage and support family members, caregivers, and identified permanent connections to ensure youth can live in the community successfully. The Grantee must build a workforce committed to the importance of permanency and the value of youth residing with family.
- 2) The Grantee must be responsible for collaborating in establishing permanence for the child. Grantees must collaborate with the MDHHS caseworker/URM provider, to identify and engage appropriate family members, caregivers, and permanent connections unless doing so would be harmful in the treatment of the child. Grantees must demonstrate practices that ensure youth and family permanency connections.
- 3) For youth with no identified permanent family, the primary focus will be on permanency.
- 4) Services must be according to each child's assessed needs with interventions aligned with the identified needs and desirable outcomes.
- 5) Resources for evidence-based, evidence-informed interventions and promising practices for engaging and supporting families and supporting youth can be found on the websites listed below, and in other best practice overviews.

- Building Bridges Initiative (BBI); [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)
- American Academy of Pediatrics; <http://www2.aap.org/commpeds/doch/mentalhealth/KeyResources.html>
- SAMHSA's Evidence-Based Practices Resource Center; [www.samhsa.gov/ebp-resource-center](http://www.samhsa.gov/ebp-resource-center)
- California Evidence-Based Clearinghouse for Child Welfare; <https://www.cebc4cw.org/>
- The National Child Traumatic Stress Network; [www.NCTSN.org](http://www.NCTSN.org)
- American Academy of Child and Adolescent Psychiatry (AACAP); [www.aacap.org](http://www.aacap.org).
- Washington State Institute for Public Policy; <http://www.wsipp.wa.gov/BenefitCost?topicid=1>

The Grantee, within the constraints of the agency's Grant, shall incorporate normalcy activities into residential programming. These activities must comply with the reasonable and prudent parent standard to help children develop skills essential for positive development.

c. Residential Intervention

- 1) The Grantee must ensure that each child in their care must be provided with the elements of residential intervention outlined in the MDHHS DCWL Child Caring Institution standards specific to the license listed in Section 2.4. of this Contract.
- 2) The Grantee must incorporate normalcy activities into residential programming such as activities that a youth/family in a community setting would have the ability to participate in. These activities must comply with the Reasonable and Prudent Parent Standard to help youth and families develop skills essential for positive development.

The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a youth's health, safety, and best interests while at the same time encouraging the youth's emotional and developmental growth. The Grantee must use the standard when determining whether to allow a youth in foster care including those participating in residential intervention to participate in extracurricular, enrichment, cultural, and social activities. The Grantee must reference DHS-5331 to assist in determining the appropriate level of approval for such activities.

d. Standardized On-Going Assessment Tools:

- 1) The Grantee must utilize the following assessment tools unless otherwise specified in Attachment A to assess the youth's needs and strengths while in the residential program:

- a) Child Assessment of Needs and Strengths (CANS), Child and Adolescent Needs and Strengths (CANS), or Child and Adolescent Functional Assessment Scale (CAFAS), and
  - b) Casey Life Skills Assessment (CLSA) or Daniel Memorial Assessment (for youth 14 years of age and older).
- 2) The Grantee may utilize additional standardized and reliable assessment tools to assess overall progress in functioning.

Additional program specific assessment tools are identified within each residential foster care program type in Attachment A. The Grantee must administer the assessment tool(s) at the interval indicated by each tool until planned discharge.

- 3) The Grantee must utilize information from visits with the youth and family, treatment team and treatment plans to assess whether the youth is benefitting from treatment
- 4) The range of services specified within each residential intervention program type establishes a range and number of services to be provided. Services provided to each child must be individually determined based on the assessment, and must be documented in the child's treatment plan.

The Grantee shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Grantee's program as directed by the court or caseworker. Children who are Absent Without Legal Permission (AWOLP) are also considered an unplanned discharge.

Throughout the term of this Agreement the Grantee shall maintain the capability to provide services 24 hours a day, 365 days a year as specified in the treatment plan for each child and his/her family accepted for care.

e. Referral and Intake Process

For cases initially placed with the Grantee upon arrival to the U.S, the Grantee will provide the Office of Global Michigan with all opening documentation as well as entered in DMS.

The Grantee must not admit any MDHHS supervised abuse neglect youth who are not assigned by the RPU, or Office of Global Michigan

Co-Location of Residential Intervention Program Youth must not be moved from one residential placement or program to another, even within the same campus/area until the RPU or primary caseworker/agency has completed the re-placement process.

A new referral must be completed when the youth would be best served in a different program with the Grantee. This includes a change of programming (e.g. Mental Health Behavior Stabilization to Substance Abuse) or security level.

1) Referral

- a) The Grantee must accept and act on referrals from RPU upon receipt of a complete referral packet. The referring MDHHS caseworker/URM provider must not be required to complete an application or other Grantee forms for inclusion in the agency case record or agency files or for any other purpose.
- b) The RPU must be notified, within five working days of receipt of a complete referral packet, see Section 1.2, of:
  - i) the desire to set up an initial telephone or face-to-face interview with the youth/family.
  - ii) the rejection (and reason for rejection) or acceptance of the youth for placement, and if accepted,
  - iii) the admission date or status on a waiting list.
  - iv) youth/family or current provider outreach and engagement activities to be offered while they are waiting for placement.

2) Intake

The Grantee must develop an assessment-based treatment plan within 30 calendar days of placement. The treatment plan must be consistent with the short and long-term treatment goals identified in the recommendation from the independent assessor.

The Grantee must document the assessment-based treatment plan on the identified Children's Foster Care Residential Intervention Case Plan.

The Grantee must ensure that licensed/limited licensed clinical personnel (see requirements in Section 2.10.e.2) conduct a bio-psychosocial evaluation or review a recent bio-psychosocial evaluation (within the past year) as outlined in FOM 912.

f. Staffing

The Grantee must provide sufficient staff who are trained to provide and consistently demonstrate effective youth engagement that encourages youth to be empowered, educated, and given a decision-making role in the care of their own lives while creating a safe environment to adequately fulfill the terms of this Contract.

1) Diversity, Equity, Inclusion

The Grantee will recruit and employ a diverse staff reflective of the Grantee's client population.

2) Normalcy

The Grantee must designate individual(s) trained in making decisions using the reasonable and prudent parent standard and who are authorized to consent to the youth's participation in activities. A designated individual(s) is to be onsite to exercise the reasonable and prudent parent standard. The designated individual must take reasonable steps to determine the appropriateness of the activity in consideration of the youth's age, maturity, and developmental level. The designated individual(s) is to consult with social work or treatment staff members who are most familiar with the youth at the residential program in applying and using the reasonable and prudent parent standard.

3) Youth Care

Youth care is defined as those activities necessary to meet the daily physical, social and emotional needs of the youth. Specific direct care staffing ratios are defined within each residential foster care program category within Attachment A.

The Grantee must:

1. Provide a minimum of a half-time (.5 FTE) Educational Specialist position for every eight youth.
2. The Educational Specialist must have a bachelor's degree in human services or education.
3. Assure the availability, within 10 minutes of on-call Grantee support staff or contracted staff for emergency assistance at all times.<sup>4</sup>

4) Staff Education and Experience Qualifications

a.) All program staff must possess the minimum qualifications prior to working with youth outlined in Child Caring Institution Administrative Rules and FOM 912.

All program staff shall possess the following minimum qualifications:

- i. A non-judgmental, positive attitude toward children with mental health and behavioral problems
- ii. Training, education and experience in the area of human services
- iii. Experience working with at risk children and families
- iv. Cultural and ethnic sensitivity, as well as diversity competency
- v. Knowledge of and skills in the area of mental health, substance abuse, child sexual behavior and child development
- vi. Ability to engage with, and relate to, children with multiple problems



vii. Skills in crisis intervention, assessment of potentially violent situations and short-term goal setting

b.) Therapy must be provided by one of the following who is trained/certified in evidence-based trauma informed treatment:

- i. Licensed Master's Level Social Worker
- ii. Licensed Master's Level Counselor
- iii. Limited License Master's Level Psychologist
- iv. Licensed Psychologist, Ph.D.
- v. Limited License Master's Level Counselor or Limited License Masters Level Social Worker under the supervision of a Licensed Counselor or a Licensed Masters Level Social Worker, Licensed Psychologist, PhD, or Psychiatrist.
- vi. Psychiatrist trained to work with youth and families; Board Certified in Child/Adolescent Psychiatry is preferred.

If therapy services are subcontracted, the Grantee must ensure the subcontracted provider has the appropriate credentials outlined in this Contract in addition to training, experience and a conceptual approach to youth and families consistent with the intent of this contracted service.

The Educational Planner/Permanency Planning Specialist must have a bachelor's degree in a human services field or education.

#### 5) Staff Training Requirements

The Grantee must choose a training practice model that fully operationalizes the values of family-driven, youth-guided, trauma-informed, permanency, strong involvement with the home communities, and culturally and linguistically competent care.

The training model must have an urgent focus on permanency practices and engaging and working with families in their homes and communities towards successful and sustained reunification.

The Grantee must provide 50 hours of training during a new hire's first year of employment.

The Grantee must provide a minimum of 40 hours within the first 30 calendar days of employment. Sixteen of the 40 hours must occur prior to direct care staff having contact with children. The remaining hours must be completed prior to the end of the first year of employment.

a) Orientation must include topics identified in R400.4128, as well as the Child Protection Law, Mandated Reporting Requirements, Family/Child/Youth Engagement, interpersonal-communication, appropriate discipline, crisis

intervention, effects of trauma, secondary trauma, MiTEAM Case Practice Model Overview, youth handling and de-escalation techniques and basic group dynamics.

- b) A minimum of 25 hours per year of staff development training must be provided to direct care staff following the first year of employment.
- c) All program staff must be provided with training on the topic of engaging youth and family to ensure ongoing development and support of knowledge and skills in this area. This does not have to be accomplished solely through traditional classroom or online training methods.
- d) Based on the assessment of a staff persons identified training needs, annual training topics shall be selected from but not limited to the areas identified in R400.4128 and the following:
  - a. Working as part of a team.
  - b. Relationship building.
  - c. Family/Child/Youth Engagement.
  - d. Understanding and analyzing problem behaviors.
  - e. Positive Behavior Support.
  - f. Setting Clear Limits.
  - g. Interpersonal communication.
  - h. Appropriate discipline, crisis intervention, and children handling and de- escalation techniques.
  - i. The significance of the birth family, value of visitation, importance of attachment and strengthening family relationships, impact of separation, grief and loss issues for children in foster care, and child's need for permanency.
  - j. Understanding and recognizing the emotional and behavioral issues and/or physical needs of abused/neglected children.
  - k. Medication Management: Administration, monitoring, recording, secure storage, medication side effects and procedure for reporting side effects, medication reviews and process for obtaining informed consents for medication changes.
  - l. Cultural competency.
  - m. Effects of trauma.
  - n. Suicide prevention and/or intervention.
  - o. Child Development.
  - p. Trauma informed practices.
  - q. Strength-based interventions and interactions.
  - r. Defusing threatening behaviors.
  - s. Solution focused assessment and case planning.
- e) All program staff must be provided with trauma-focused program training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed, or promising practice treatment model.

- f) Based on the assessment of a staff persons identified training needs, annual training topics must be selected from, but not limited to, the areas identified in licensing rule R400.4128 and FOM 912:
- g) All program staff must be trained to serve as a role model to youth for appropriate social skills, prioritizing needs, negotiation skills, accessing local resources, hygiene and grooming preparation, food preparation and anger management.

g. Reporting

- 1) The Grantee must develop and submit to the MDHHS caseworker/URM provider responsible for placement: all service plans, case summaries, incident reports, arrests, death notifications and other reports as required in FOM 912 and the MDHHS DCWL standards specific to the Grantee's license specified in Section 2.4 of this Contract. Service Plans must be completed for the age appropriate treatment plan.
- 2) The Grantee must submit a photo of the child to the MDHHS caseworker/URM provider responsible for placement taken at the time of placement. A copy of the photo must be maintained in the child's file and replaced with a new photo annually or sooner with any significant physical changes.
- 3) A transitional discharge plan must be established within 30 days of placement and submitted to the primary caseworker/agency responsible for placement. Efforts toward discharge, including updated action steps, must be discussed during quarterly Family Team Meetings (FTMs) at a minimum.

h. Restraint and Seclusion

- 1) The Grantee must implement strategies to prevent, reduce, and eventually eliminate the use of restraint and seclusion, and promote cultures of care that are family-driven, youth-guided, trauma informed and responsive, and culturally and linguistically competent.
- 2) The Grantee must follow restrictions, debriefing requirements, and reporting requirements as outlined below as well as in FOM 722-02B.
- 3) The Grantee must report the use of restraint and seclusion/isolation within 24 hours to MDHHS and 12 hours to the child's parent or legal guardian. The Grantee must follow the incident reporting requirements outlined in FOM 722-02B.

- 4) The Grantee must not use Positive Peer Culture, peer-on peer restraint, chemical restraint, or any form of corporal punishment.

i. Critical Incidents

- 1) The Grantee must document any incidents required by Michigan Administrative Code, R 400.4150 and MDHHS policies in MiSACWIS, including, but not limited to:
  - a) Death or suicide.
  - b) Attempted suicide.
  - c) Serious injury or illness requiring inpatient hospitalization.
  - d) Behavior resulting in contact with law enforcement.
  - e) Corporal punishment.
  - f) Physical restraint.
  - g) Mechanical restraint
  - h) Seclusion.
  - i) AWOL/Escape.
  - j) Allegations of sexual abuse or sexual harassment.
- 2) The Grantee must notify all appropriate parties as required by Michigan Administrative Code, R 400.4150 that are not notified electronically through the MiSACWIS:
  - a) Licensing consultant.
  - b) MDHHS juvenile justice specialist.
  - c) Non-MDHHS state or local governmental agency.
  - d) Parent(s)/Legal Guardian(s).
  - e) Law Enforcement.

j. Family Team Meetings

Family team meetings are an essential component of MiTEAM and serve as the primary forum for collaborative case planning for the youth and family. The overall goals of the family team meetings are used to plan and review for the youth ensuring the youth receives an appropriate array and quantity of services necessary to stabilize him/her clinically and behaviorally and to prepare him/her to succeed in less restrictive community-based settings after discharge. The Grantee and youth must participate in quarterly family team meetings.

- 1) The Grantee must incorporate relevant planning goals/action steps regarding the child from previous family team meetings into the Grantee developed initial case plan due 30 days from admission.
- 2) The Grantee must coordinate with the primary worker/agency, a Pre-Meeting Discussion with the youth at least 24 hours prior to the family team meeting. The Grantee must participate with the youth in person or via phone conference for all family team meetings when appropriate for the youth to participate.

- 3) The Grantee must work with the youth, family, treatment team, MDHHS caseworker/URM provider and local Community Mental Health (CMH) provider to assist the youth in developing meaningful connections to the youth's family, community, and other non-family resources. These ties provide assistance and connections with caregivers to help meet the youth's relationship needs.

k. Legal or Court Related

- 1) The Grantee must cooperate with the MDHHS caseworker/URM provider responsible for placement of the youth in matters relating to any legal or court activities concerning the youth. These activities may include, but are not limited to:
  - 2) Transportation of the youth to and from court hearings.
    - a) Supervision of the youth during transport or while present at the hearing.
    - b) Court testimony, recommendations, and reports to the court as requested by the court.
  - 3) Safety of the youth must always be a priority concern when considering the youth's transportation needs. If determined that a youth is presenting safety concerns and is unable to be safely transported to a court hearing, the Grantee must immediately notify the youth's Legal Guardian Ad Litem (LGAL) and the URM provider responsible for the youth's placement.
  - 4) Provide or make referral for URM necessary immigration legal services for status adjustment. Allowable immigration cost for adjustment of status include;
    - a. Immigration physical exam
    - b. attorney retainer fees
    - c. cost to obtain documents.
    - i. Documents continued immigration legal services for youth in reports and case files.
    - ii. URM PAFC staff complete at least 4 hours of immigration/legal training annually.

l. Absent Without Legal Permission

- 1) The Grantee must have a clearly defined process for determining when a youth is absent without legal permission (AWOLP) from the placement. The process must delineate how the facility and grounds are searched, what personnel will be involved in the search, and how the determination will be made that the youth is AWOLP from the placement.

Once determined that a youth is AWOLP from the placement, the Grantee must:

- a) **Immediately** notify law enforcement agencies that the ward under their care has failed to return at the expected time.

- b) **Immediately** file a missing person report with law enforcement.
- c) **Immediately** notify the local office the primary caseworker/agency responsible for placement or designee of the child's AWOLP status.

- 2) The Grantee and the MDHHS caseworker/URM provider are expected to discuss the factors that led to the youth leaving placement, the plan to alleviate these factors, and the activities of the youth while AWOLP, including if the youth was a victim of trafficking so that appropriate services and treatment can be implemented. It is imperative that the Grantee and the MDHHS caseworker/URM provider communicate regarding any service needs subsequent to an AWOLP youth being trafficked consistent with SRM 300 Human Trafficking of Children and the MDHHS Human Trafficking of Children Protocol.

m. Independent Living Preparation

Independent living preparation is defined as a comprehensive and coordinated set of activities that will assist all youth in preparing for a state of independence or self-sufficiency in areas of housing, employment, financial and personal care.

- 1) The Grantee must provide independent living activities for all youth aged 14 and older which must include but are not limited to: budgeting and money management; employment seeking skills; communication skills; relationship building; establishing health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.

Grantee shall complete and document a mentoring referral when appropriate. Referral must be completed and documented for any youth stepping down from residential placement. If youth decline, caseworker must document that on the referral and place it in the case file.

- 2) The Grantee must identify independent living activities in the child's DHS-365 and DHS-366 regularly following the child's 14th birthday, according to the FOM 722-03C, Older Youth: Preparation, Placement, and Discharge. For youth with developmental disabilities that will challenge independence, the Grantee must provide relevant adult self-care, daily living skills, community engagement and mobility skills within the domains.

n. Individual or Group Therapy

The Grantee must provide at least weekly direct therapy services for each child individually and/or in group sessions. If the child is provided with group therapy, then at least one session out of four must be an individual therapy session. Individual and/or group therapy shall be provided in accordance with the child's treatment needs as identified in the child's service plan.

o. Inclusion and Involvement of parents, other family members, or caregivers

Families (including incarcerated parents) and placement caregiver(s) must be included as extensively as possible from the beginning of the admission process through discharge, transition, and aftercare. Families and caregiver(s) must be supported and involved in all aspects of the youth's/family's treatment and transitional/discharge planning. Family and caregiver(s) involvement must remain the center of the youth's programming. All services must be provided in a manner that ensures youth, families and placement caregiver(s) receive comprehensive, culturally competent interventions.

The Grantee must, in accordance with each youth's individual treatment plan:

- 1) Include the family (birth, relative, identified adult support and/or permanent caregiver) in the development of the DHS-365 and specifically document the family's involvement in the service plan.
- 2) Provide a method to ensure the opportunity for daily contact between family and youth, when safe and therapeutically indicated for the youth to have contact with their family.
- 3) Provide family therapy to include children, parents, caregivers, or other supportive adults when appropriate and not already occurring through another provider. Provision of family therapy should be based on the child and family permanency goals and treatment plans developed by the foster care caseworker.
- 4) Provide transportation and flexible hours to meet the family's time schedule to facilitate the family's accomplishment of the treatment goals. Transportation is defined as any travel, including travel for family visitation, required by the youth or family for treatment purposes which occurs in the Grantee's geographic area to be served, that may not reasonably be provided by the parents or other funding source. The Grantee must coordinate/collaborate with the MDHHS/URM provider responsible for placement to resolve transportation and location barriers. If the distance of a family from the agency is identified as a barrier, describe the agency's plan to reduce the

barrier to ensure ongoing family contact as outlined in the FOM 722-06I, Maintaining Connections Through Visitation and Contact. The primary emphasis should be working with the family in their home and community.

- 5) Provide an identifiable area for family visits or family contact when safe via phone or virtual platform, which offer privacy and comfort when it is safe and in the best interest of the youth to do so.
- 6) In collaboration with the primary caseworker/agency responsible for placement, ensure weekly sibling involvement and visitation and other required sibling interaction as outlined in FOM 722-06I, Maintaining Connections through Visitation and Contact. Provide supported intervention, based on the youth's treatment needs, to encourage and strengthen sibling relationships unless the primary caseworker/agency indicates it should not occur.
- 7) Include a specific plan to address the family's needs, to assist the family in meeting the needs of the youth in placement, and to attain the family goals, as well as delineation of roles of the Grantee, assigned caseworkers, and family to accomplish these goals. The Grantee must coordinate with the primary caseworker/agency responsible for placement to identify, recruit and prepare any identified family for eventual placement or involvement with the youth.
- 8) Not withhold family contact (in any form) as a method of discipline
- 9) Ensure the child is present for identified special recruitment activities for youth available for adoption without an identified permanent family. If age appropriate, the youth must also be involved in adoption recruitment and planning activities. If there are safety concerns or other identified treatment concerns, the Grantee must consult with the assigned primary caseworker/agency responsible for placement.

p. Religion and Cultural

- 1) The Grantee must respect the religious preference of the youth and the child's parent(s) or legal guardian and allow for participation in compliance with FOM 722 and administrative rule.
- 2) The Grantee must ensure each youth is afforded opportunities to attend religious services or activities in the child's religious faith of choice. The Grantee must arrange for or ensure reasonable means are provided for transportation of a youth to services or activities on or off site. Safety of the youth must always be a priority concern when transporting and supervising youth.

The Grantee must not require or coerce a youth to participate in religious services or activities, must not discipline, discriminate against, or deny privileges to any youth who



chooses not to participate. The Grantee must recognize and take into consideration the racial, cultural, ethnic, and religious backgrounds of a youth when planning various activities or religious activities.

The Grantee shall ensure all services are provided in a culturally and linguistically appropriate manner. This will include but not be limited to interpretation/translation services, access to cultural orientation, and URM mentoring program services. Referral for, or assist youth with, connection, activities, or services for the maintenance of cultural and/or religious heritage.

q. Education

- 1) The Grantee must ensure every youth is provided with appropriate educational services. Such services must be provided in accordance with the requirements set forth in the FOM and MDHHS Division of Child Welfare Licensing standards for the license specified in Section 2.4 of this Contract, and as detailed in the MISEP.

In addition, the Grantee must:

- a) Collaborate with the youth's identified school to screen for possible educational disabilities; and if a disability is suspected, refer the youth for an Individual Education Program Team (IEPT) evaluation within the first 30 calendar days to assess, plan and place the youth in the most appropriate educational/vocational program.
- b) Request prior educational assessments within 30 calendar days of placement to assist in assessing the current educational needs. Documentation of diligence in requesting records must be included in the youth's file.
- c) Initiate an exit review of the educational plan, outlining educational needs, at least 30 calendar days prior to discharge and forwarded to the primary caseworker/agency responsible for placement.
- d) Assure that program staff is available for the school to contact in crisis situations to assist in managing the crisis or to call for assistance.
- e) Provide or arrange structured educational and/or vocational activities for youth suspended from or expelled from school, or who have passed their General Education Development (GED) test, (i.e., structured homework time, additional reading or writing activities, online educational programming, independent study assignments and independent living skills). This must include Free Appropriate Public Education (FAPE) to all students with disabilities.
- f) Take an active role in monitoring and maintaining school progress (including documenting a minimum of weekly contact with the school monitoring the youth progress) for youth whether they attend a structured school program or not. Interventions may include, but are not limited to, obtaining school assignments,

monitoring completion of homework, supporting test preparation, capturing, and reporting grades and test scores when and where available, and additional tutoring.

- g) Provide tutorial services to a youth, as necessary, based on the youth's Individualized Education Plan (IEP) or treatment plan. Tutorial staff must have appropriate educational credentials to provide tutorial services. Appropriate educational credentials are determined by the Grantee's educational specialist. Tutorial services must not be a substitute for special education and related services.
- h) Provide advocacy and service planning for youth that are expelled or suspended including actively engaging the youth's family in the advocacy and planning process.
- i) Be in compliance with Michigan's Department of Education rules and requirements if they operate a school on the Grantee's grounds.
- j) Whenever possible, maintain enrollment in the youth's school of origin.
- k) Assess the family's educational background and capacity to support the youth's education service needs and coordinate with the primary caseworker/agency to refer family members to relevant adult education programming as indicated, when appropriate.

r. Medical and Dental Care

- 1) The Grantee must assure that each youth receives routine and non-routine medical and dental care as required in the FOM 801, Health Services for Foster Children and the MDHHS DCWL standards for the license specified in Section 2.4 of this contract and as detailed in the MISEP. The Grantee must provide all medical and dental information to the assigned primary caseworker/agency responsible for placement to facilitate maintenance of the Medical Passport (DHS-221). In addition, the Grantee must assure that specific health care is provided, including:
  - a) Rehabilitative, physical, or dental procedures by medical personnel, as necessary.
  - b) Utilization of enrolled Medicaid providers or a board-certified physician or dentist volunteering their time for health procedures.
  - c) Provision of medication as prescribed by a treating physician. The Grantee must have a Standard Operating Procedure for dispensing and storage of medication.
  - d) Special diets provided as needed and regularly reassessed utilizing appropriate specialized personnel. Any child who is determined to be obese/underweight must have a plan to address their weight, health, and well-being.

e) Registered or licensed nursing staff on-site and/or available 24/7. The nursing staff must always be available within 60 minutes to the Grantee at all times. The Grantee may sub-contract the nursing services required in this Contract.

2) The Grantee must forward the above DCWL required examination reports to the URM provider within five working days of completion.

s. Wardrobe/Personal Possessions

The Grantee must assure that each youth has an adequate wardrobe as defined by and documented on the Clothing Inventory Checklist (DHS-3377) while in placement and upon leaving placement. When the youth is absent or at the conclusion of the placement, the Grantee must have a process in place to keep the youth's wardrobe and possessions safe until claimed by the youth or primary caseworker/agency. If the possessions are not claimed within 90 calendar days, the Grantee may dispose of the items at its discretion.

t. Recreation Activities

The Grantee must provide daily access to appropriate recreation activities as defined by MDHHS DCWL standards for the license specified in Section 2.4 of this Contract.

u. Behavioral Health Services

The Grantee must provide the following in accordance with the treatment plan for each individual youth. The costs of these elements may be billed to the youth's medical insurance provider if the service is covered. If not, the costs are to be covered by the per diem reimbursement rate:

1) Psychological Services

Psychological services are defined as various professional activities or methods, provided by a licensed Masters Social Worker, licensed Professional Counselor, licensed psychologist or a limited licensed psychologist, including therapy with youth individually or in groups, consultation with staff, administering and interpreting psychological tests and work with families.

a) The Grantee must provide psychological services to an individual youth on an as needed basis, per the youth's Residential Initial Treatment Plan or Residential Updated Treatment Plan.

b) The Grantee must provide psychological testing as necessary for assessment and treatment planning. Only professionals trained to administer and interpret

psychological tests and whose license includes psychological testing in the scope of practice must be allowed to provide this service.

- c) The Grantee must provide psychological consultation to staff as necessary to assist staff in understanding the youth's background or needs, test results, implications for treatment and interventions most appropriate for the youth/family.

## 2) Psychiatric Services

Psychiatric services are defined as various professional activities or methods, performed by a licensed physician with expertise in mental/behavioral health care as evidenced by:

- a) Certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology (ABPN), or
- b) Certification in general psychiatry by the ABPN and clinical experience with children and adolescents.
- c) Services may include diagnostic assessment, individual psychotherapy with evaluation and management, medication review with minimal psychotherapy, individual or group therapy with the resident(s) and consultation with agency staff. Telehealth may be used when a local psychiatrist is not available. If telehealth is utilized the provider must follow general clinical guidelines for this technology. All services (in-person or telehealth) must be HIPAA compliant.
  - i. The Grantee must provide psychiatric services to an individual youth, on an as needed basis, according to the youth's treatment plan. The Grantee must engage the parent(s), medical and educational staff and any other relevant individuals involved in the youth's treatment in the initial and ongoing evaluation process.
  - ii. The Grantee must provide psychiatric consultation or supervision of Grantee staff as necessary to assist staff in understanding the results of the psychiatric evaluation(s), implications for the child's treatment and identification of treatment interventions most appropriate for the child.
  - iii. Psychotropic Medication must be prescribed or adjusted by a child/adolescent psychiatrist or psychiatrist with experience working with children and adolescent youth or the child's primary care physician if a psychiatrist is not available via telepsychiatry. For URMs under court jurisdiction, the child's caseworker must be engaged in consultation with family court. Appropriate consent must be obtained for administration to a child of each psychotropic

medication. The Grantee shall follow FOM 802-1, Psychotropic Medication in Foster Care.

- iv. Within 15 calendar days of the youth's admission, if necessary, from the youth's treatment plan, the psychiatrist must assess the youth and coordinate with the licensed clinical personnel completing the psychosocial assessment. The psychiatrist must review the youth's medication history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.
- v. After the first 45 calendar days of a youth's placement, the psychiatrist must review the youth's current medical and psychiatric needs and prescription or adjustment of medications and dosage as necessary.
- vi. Within 24 hours of admission, a telephone call between the nursing staff of the accepting and referring programs (residential or hospital) at a minimum is to be held. The conversation must include:
  - a. A review and reconciliation of all medications.
  - b. The supply of medication that is accompanying the youth, including medications, prescriptions, or refills available to fill or transfer.
  - c. The overall health status of the youth, including current treatment and any diagnostic work up that will not be complete at the time of transition.
  - d. A list of any ongoing laboratory or other monitoring required because of current treatment; for example, complete blood counts required for individuals taking clozapine.
    - i. The nurse from the receiving program will document the call as a nursing note that will be kept in the youth's record.
    - ii. Within 24 hours of the youth's entry to the receiving program, the nurse from the receiving program will reconcile the information documented during the nursing call and the transmission packet supplied when the youth comes to the program, contacting the referring program nurse to resolve any discrepant information. The reconciliation process will be documented in a nursing note.
    - iii. When a youth is admitted from a community placement, the nurse from the receiving program will review the transmission packet supplied on admission and resolve any discrepant information or questions with the nursing staff from the transferring program(s) by the first business day following admission. Any conversation/correspondence will be

documented as a nursing note that will be kept in the youth's record.

v. Transitional Service Following Discharge

Transition and discharge planning must begin at the time of admission. The Grantee must develop an initial transition/discharge plan within 30 days of placement. A review of the transition/discharge plan must be completed within 30 days of intervention and every quarter thereafter.

These plans must be created in collaboration with the youth for any needs that should be covered through community-based services and coordinate with the primary foster care caseworker to ensure the appropriate referrals are made post discharge.

The Grantee must ensure the youth's discharge plan is reviewed and updated during quarterly team meetings. The child will be engaged with their Lawyer Guardian ad Litem (LGAL) and/or other supportive adult should be included during all subsequent family team meetings following admission.

1) Medical and Mental Health Instructions at Discharge

When a youth is transitioning out of the Grantee's residential facility, the Grantee must provide a health packet 5 days prior to transition to the youth's new treatment team including the residential/shelter facility (if applicable), psychiatric, and primary care providers. The health packet must include:

- a) A complete list of the youth's medications including those used routinely and on an as needed basis. This list must be generated from the medication administration record used to administer medications and must be reviewed and reconciled by the Grantee's nurse. This list must be generated and reconciled no more than 48 hours before discharge.
  
- b) A list of the medications supplied on discharge including (as applicable):
  - i. Prescriptions for medications sent with the youth (minimum 30-day supply).
  - ii. Prescription refills (minimum 30-day supply) available for transfer from the pharmacy at discharge.
  - iii. Medications supplied in packaging (minimum 30-day supply).
  - iv. If a youth is taking Clozapine and the pharmacy will not dispense a 30-day supply, the prescription should include refills sufficient to provide a 30-day supply once Clozapine Risk Evaluation and Mitigation Strategy (REMS) - required lab work is obtained/documented.

- c) Copies of psychiatric care documentation including the initial psychiatric evaluation, all medication review documents and any related documents (e.g. documented correspondence about psychiatric care).
- d) Copies of medical examinations including comprehensive (annual) health examinations, and acute care visits.
- e) Copies of laboratory and all other diagnostic studies conducted while the youth was in the Grantee's care.
- f) Assessment documents including those conducted as part of the intake process, and any assessments conducted for the purposes of treatment planning.
- g) Initial and two most recent updated treatment planning documents from the residential intervention program.
- h) A statement for each youth receiving psychotropic medication, including the name of the youth's next treating psychiatrist/primary care physician, date of last medication review, date of last signed informed consent, date of medication review following discharge (within five days of discharge), and date the psychiatric information was provided to the next psychiatrist/primary care physician.
- i) The packet may be sent by fax to the appropriate recipients, or paper copies may be transferred by the caseworker or other person transporting the youth to the next placement. Document the transmission of the packet.
- J) When any youth is transitioning from one residential intervention program to another, within 24 hours of discharge, a telephone call between the nursing staff of the accepting and referring programs (residential or hospital) at a minimum is to be held to discuss the items as listed in section 2.10,u,2),c),vi. Psychiatric Services.
- k) When a youth transitions from the Grantee's residential program to a hospital (general medical or psychiatric), the Grantee's nurse will contact the hospital nursing staff (emergency department or floor/unit to which the youth is admitted) to coordinate care. This conversation must include:
  - i. A review and reconciliation of all medications.
  - ii. The overall health status of the youth, including current treatment and any diagnostic work up in progress at the time of transition.

- iii. A list of ongoing laboratory or other monitoring required because of current treatment; for example, complete blood counts required for individuals taking clozapine.
- l) The Grantee's nursing staff will communicate with consulting physicians/health care providers (general health and psychiatric) within one business day of any of the following transition events:
- i. From inpatient medical or psychiatric care to the residential program.
  - ii. From the residential program to an emergency department for potential admission for medical or inpatient psychiatric care.
  - iii. From another clinical site to the residential program.
- m) The communication between the Grantee's nursing staff and consulting physicians/health care providers must include:
- i. A summary of the nurse to nurse consultation.
  - ii. Status of the youth, including any concerns, e.g. level of alertness, side effects, ongoing diagnosis or treatment that will need attention/orders prior to psychiatric evaluation.
  - iii. Review of current medication supply/needs prior to scheduled psychiatric evaluation.
- n) The Grantee's nurse to consulting physician/health care provider communication can occur via direct phone call, voicemail to the consulting physician/health care provider, fax, or HIPAA-compliant email. The manner of communication will be documented in the nursing note, as will any subsequent communication between the Grantee's nurse and the consulting physician/health care provider.
- o) The Grantee must ensure the communication is documented as a nursing note and will be co-signed by the physician/health care provider within five business days, either by fax transmission of a paper health record, or by electronic signature within an electronic health record. The document must be kept in the youth's health record.

Note: If the youth is hospitalized in a psychiatric hospital, once stabilized it is expected that the youth would return to their residential intervention program unless there is documentation as to why this cannot occur.

## 2) Planned Discharge



In addition to aftercare requirements outlined in Section 2.11, and medical and mental health requirements outlined above, the Grantee must provide the following transitional services to children discharged from the program in a planned discharge:

- a) Submit a discharge service plan to the RPU or URM provider responsible for placement, which complies with the requirements of the MDHHS DCWL standards specific to the Grantee's license specified in Section 2.4 and also contains a summary of services provided during care.
- b) Maintain communication and coordination with CMH (if involved) or coordinate with MDHHS caseworker/URM provider at least 180 days prior to discharge to make a referral to Community Mental Health (CMH) for assessment and case management/wraparound services and continue coordination with CMH until discharge. If the child does not meet eligibility requirements for CMH services, maintain transitional psychosocial services as outlined in section 2.11 until the youth is scheduled to attend an initial appointment with a community based psychosocial service provider. Document services needed to continue to meet the youth's needs and identified providers for such services to provide continuity of services.

### 3) Unplanned Discharge

An unplanned discharge must be defined as occurring when the Grantee requests removal of the child from placement, within 30 days, prior to the child successfully achieving the treatment goals due to one of the following:

#### a) Maximum Benefit Reached

A Grantee may request a discharge when a youth does not benefit from or has reached maximum benefit of the specific residential's programming.

#### b) Safety Concerns for Youth, Peers, and/or Staff

A Grantee may request a change in placement due to documented incidents of risk or serious harm to youth, peers, or staff and efforts to reduce the risk have been exhausted.

### 1. Grantee Responsibilities

- d. When a URM is Title IV-E, and the Grantee is requesting the unplanned discharge of a youth in their program due to one of the outlined reasons, a request for discharge within 30 days must be submitted in writing to the foster care caseworker and RPU and must include the following:
  - I. Youth identifying information.
  - II. A detailed explanation of the youth's behaviors.

- III. A detailed explanation as to the circumstances that exist at the facility that prevents the Grantee from continuing care of the youth
- IV. History of actions taken to address youth's treatment needs
- V. Evidence that a FTM was held with the foster care caseworker, Supervisor, RPU, and parent or involved family member within 30 days of the request to explore alternatives to replacement which might include:
  - Explore options to change milieu (unit, peers)
  - Changes in staffing ratio (including request for 1:1 – dependent on staff availability and expedited approval from DCWL)
  - Modifications of the treatment/behavior plan or program structure
  - Additional psychiatric consults/screening
  - Access to additional outside services if indicated which might include inpatient or partial hospitalization, occupational therapy, Primary Care Physician (PCP) or dietician consults, speech, and language services
  - Exploration of IEP amendments for additional services or change in school setting
  - Exploration of reunification or placement with a fit and willing relative
  - Other suggestions surfaced from the FTM.
- e. The Grantee must continue services to the child for up to 30 calendar days following written request to the primary foster care caseworker and RPU to discharge the child from placement. A youth must not be moved to another program or facility without going through the RPU placement process, when URM youth is Title IV-E.
- f. The Grantee will provide RPU with all documents necessary for referral to the independent assessor.

## 2. MDHHS Responsibilities

Following the receipt of a request from a Grantee for unplanned discharge of a youth within 30 days, MDHHS must do the following:

- a. Respond acknowledging receipt of the request for new placement within 2 business days to ensure the health and safety of the youth and the well-being of other youth in the program.
- b. Schedule a meeting with the Grantee, foster care caseworker and/or supervisor, and RPU staff to review documentation submitted in order to determine if the concerns can be mitigated, identify the specific treatment needs of the child, and if mitigation is not possible identify alternative placement needs.

- c. RPU will make a referral for URM youth when Title IV-E to the independent assessor within 1 business day of decision to move youth.
- d. Arrangements will be made with the Grantee to move the child within 30 days.
- e. When unplanned discharge is being requested because the youth poses a threat of harm to self or others, the Grantee may request and be approved to provide 1:1 staffing ratio. The request for 1:1 staffing must be requested in writing to DCWL by email or fax from the RPU or primary foster care caseworker/agency after consultation and a written request for 1:1 from the Grantee.

### Aftercare Services

- a. Aftercare services must be provided for each youth who received residential services contracted by Office of Global Michigan . Aftercare services must continue for a duration of 90 days post discharge and must be provided to youth who are discharged into a community setting; this excludes discharge to another CCI, adult foster care, shelter, hospital, detention, or jail.

Aftercare services are not required to be provided if the youth was in the Grantee's care for 14 days or less, or if the independent initial assessment determines that the youth should be serviced in the community and that youth is discharged from the Grantee's care within 30 days of entry.

The Grantee must collaborate with CMH, MDHHS permanency resource monitors and education planners, community providers, family members, RPU staff and the MDHHS caseworker/URM provider to partner in activities such as FTMs, conducting ongoing relative search efforts, and identifying mentors for the youth and the family.

- e. The Grantee must:
  - a) Be responsible for assessing the youth for any needs that should be covered through community-based services and coordinating with the primary foster care caseworker to ensure the appropriate referrals are made post discharge.
  - b) Participate in treatment team meetings, if appropriate.
  - c) Maintain regular, minimum of monthly, contact with other service provider for updates on the youth.
  - d) Ensure initial contact with the assigned primary foster care caseworker prior to discharge.

- f. Assessments and Reports

The Grantee must complete a residential aftercare report at 30, 90 and 180 days after a youth's discharge from the facility. All reports must include any clinical assessments

and treatment goals. The reports are due to MDHHS caseworker/URM provider no more than 15 days after completion.

### Program Performance Objectives

During the contract period, the Grantee will be responsible for tracking performance objectives using the CCI Dashboard. In addition to the performance objectives below, other performance objectives may be developed by MDHHS in collaboration with the Contactor.

The Grantee shall submit the data quarterly on the template provided by MDHHS. This data will be used for the purpose of identifying trends and establishing future outcome measures.

Performance Objectives for contract compliance:

- a. Substantiated allegations of maltreatment by staff of the provider
- b. Use of restraints and seclusion
- c. The percentage of all children supervised by the Grantee who have planned discharge within nine months of placement.
- d. The percentage of children who have a planned discharge to a less restrictive setting.
- e. The percentage of children discharged from the Grantee's program due to AWOLP status.
- f. The percentage of children with a documented need on the Child Assessment of Needs and Strengths (or CAFAS) who show an improved score at time of discharge. The improved score must be on at least one of the top three identified needs at the time of admission.
- g. For children functioning below grade level, what percentage meet or exceed at minimum of one of the educational goals defined in their treatment plan or their IEP, if applicable.

### Audit Requirements

#### Grantee/Vendor Relationship

This Contract constitutes a Grantee/vendor relationship with MDHHS. The Grantee must immediately report to the MDHHS Bureau of Audit any audit findings of fraud, ongoing concern, financial statement misstatement, or accounting irregularities, including noncompliance with provisions of this Contract.

### Financial Audit Requirements

#### a. Required Audit or Audit Exemption Notice

Grantees must submit to the Department either a Single Audit, Financial Statement Audit, or Audit Exception Notice as described below. If submitting a Single Audit or Financial Statement Audit, Grantees must also submit a Corrective Action Plan for any audit findings that impact MDHHS-funded programs, and management letter (if issued) with a response.

1) Single Audit

Grantees that are a non-profit organization and that expend \$750,000 or more in federal awards during the Grantee's fiscal year, must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of Title 2 Code of Federal Regulations, Subpart F.

2) Financial Statement Audit

Grantees exempt from the Single Audit requirements with fiscal years that receive \$750,000.00 or more in total funding from the Department in State and Federal grant funding must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).

3) Audit Exemption Notice

Grantees exempt from the Single Audit and Financial Statement Audit requirements (1 and 2 above) must submit an Audit Exemption Notice that certifies these exemptions. The template Audit Exemption Notice and further instructions are available at <http://www.michigan.gov/mdhhs> by selecting Inside MDHHS menu, then MDHHS Audit, then Audit Reporting.

b. Due Date and Where to Send

The required audit and any other required submissions (i.e. Corrective Action Plan and management letter with a response), or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Grantee's fiscal year by e-mail to the Department at [kalisj@michigan.gov](mailto:kalisj@michigan.gov). The required submissions must be in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

c. Penalty

1) If the Grantee does not submit the required Single Audit or Financial Statement Audit, including any management letter and applicable corrective action plans within nine months after the end of the Grantee's fiscal year, the Department may withhold from the current funding an amount equal to five percent of the audit year's contract funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount withheld as a penalty if delinquency reached 120 days past due. The Department may terminate the contract if the Grantee is 180 days delinquent in meeting the audit requirements.

2) Failure to submit the Audit Exemption Notice, when required, may result in withholding from the current funding an amount equal to one percent of the audit year's funding until the Audit Exemption Notice is received.

d. Other Audits

The Department or federal agencies may also conduct or arrange for “agreed upon procedures” or additional audits to meet their needs.

Cost Reporting

The Grantee must submit annual financial cost reports based on the state’s fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports must contain the actual costs incurred by providers in delivering services required in this contract to MDHHS clients for the reporting period. Costs for non-MDHHS youth are not to be included. Reports will be submitted using a template provided by MDHHS. The financial reports must be submitted annually, and will be due November 30 of each fiscal year. The Grantee must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by MDHHS. Reports must be submitted electronically to [MDHHS-Foster-Care-Audits@michigan.gov](mailto:MDHHS-Foster-Care-Audits@michigan.gov) with a copy to the Office of Global Michigan URM staff, with the subject line: RFCAN Cost Report.

Failure to meet reporting responsibilities as identified in this contract may result in MDHHS withholding payments until receipt of annual financial cost report. MDHHS may withhold from current payments an amount equal to five percent of the Grantee’s reporting year MDHHS revenue (not to exceed \$60,000) until the required filing is received by the Department. MDHHS may retain withheld funds as a penalty if delinquency reaches sixty (60) days past due. MDHHS may terminate the contract if the Grantee is ninety (90) days delinquent in submitting the required annual financial cost report.

Service Documentation

The Grantee agrees to maintain program records required by LEO and MDHHS, program statistical records required by MDHHS and the Office of Global Michigan, and to produce program narrative and statistical data at times prescribed by, and on forms furnished by, MDHHS.

Private Agency MiSACWIS

The Grantee must ensure that residential payment staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the “MiSACWIS application.” Requirements for MiSACWIS for CCI contracts may be found at [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_7199---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199---,00.html)

Billing

The Grantee must submit through the MiSACWIS system the bi-weekly roster for any youth in the Grantees care per the instructions within the MiSACWIS system. The billing must only indicate the units of service provided by the Grantee and must be submitted to MDHHS within 30 days from the end of the billing period.

No original request for payment submitted by the Grantee more than one year after the close of the two week billing period during which services were provided must be honored for payment.

When the Grantee's financial records reveal that payment for a youth has not been provided by MDHHS within 30 days of receiving all necessary documentation, the Grantee will seek payment resolution by contacting the direct supervisor of the assigned MDHHS worker in writing. Any concerns over a payment authorization or issuance that cannot be resolved within 30 days of the written notice must be reported to the MDHHS County Director for immediate resolution. The Grantee will apprise MDHHS Federal Compliance Division of any ongoing, unresolved payment concerns.

The Grantee must submit invoices in DMS no later than the 15<sup>th</sup> of the following month.

#### Fees and Other Sources of Funding

- a. The Grantee guarantees that any claims made to MDHHS under this Contract must not be financed by any source other than MDHHS under the terms of this Contract. If funding is received through any other source, the Grantee agrees to deduct from the amount billed to MDHHS the greater of either the fee amounts, or the actual costs of the services provided.
- b. The Grantee may not accept reimbursement from a client unless the Contract specifically authorizes such reimbursement in the "Grantee Responsibility" Section. In such case, a detailed fee scale and criteria for charging the fee must be included. If the Grantee accepts reimbursement from a client in accordance with the terms of the Contract, the Grantee must deduct these fees from billings to MDHHS.
- c. Other third-party funding sources, e.g., insurance companies, may be billed for contracted client services. Third party reimbursement must be considered payment in full unless the third-party fund source requires a co-pay, in which case MDHHS may be billed for the amount of the co-pay. No supplemental billing is allowed.

#### Recovery of Funding and Repayment of Debts

- a. Recovery of Funding

If the Grantee fails to comply with requirements as set forth in this Contract or fails to submit a revised payment request within allotted time frames established by MDHHS in consultation with the Grantee, MDHHS may require the Grantee to reimburse payments made under this Contract which MDHHS has determined that the Grantee was not entitled. If the Grantee becomes aware of any situation involving payments received under this Contract to which the Grantee was not entitled, the overpayment amount must be repaid to MDHHS within 30 days of the Grantee becoming aware. The Grantee is liable for any cost incurred by MDHHS in the recovery of any funding.

Upon notification by MDHHS that repayment is required, or upon any other awareness of an overpayment to the Grantee, the Grantee must make payment directly to MDHHS within 30 days or MDHHS may withhold future payments made under this or any other contract(s), between MDHHS and the Grantee.

If the Grantee fails to: (1) correct noncompliance activities identified by MDHHS, (2) submit revised billings as requested as part of a Corrective Action Plan when required; or (3) remit overpayments or make arrangements to have the overpayments deducted from future payments within 30 days, such failure must constitute grounds to terminate immediately any or all of MDHHS' contracts with the Grantee. MDHHS must also report noncompliance of the Grantee to Michigan's Department of Technology, Management and Budget. Such report may result in the Grantee's debarment from further contracts with the state of Michigan.

b. Repayment of Other Amounts due MDHHS

By entering into this Contract, the Grantee agrees to honor all prior repayment agreements established by MDHHS with the Grantee or Grantee's predecessors. In the absence of a repayment agreement for amounts due MDHHS, the Grantee agrees to make monthly payments to MDHHS at an amount not less than 5% of any outstanding balance and to begin on the date this Contract is executed. If any of these required payments are made more than 30 days past the due date, MDHHS may reduce or withhold future payments made under this or any other contract(s) between MDHHS and the Grantee.

The payment reduction will be made at the amount originally established in the repayment agreement or at an amount not less than 5% of any outstanding balance effective on the date this Contract is executed.

Child Protection Law Reporting Requirements

- a. The Grantee must ensure that all employees who have reasonable cause to suspect child abuse or neglect must report any suspected abuse or neglect of a youth in care to MDHHS for investigation as required by Public Acts of 1975, Act Number 238.
- b. Failure of the Grantee or its employees to report suspected abuse or neglect of a youth to MDHHS must result in an immediate investigation to determine the appropriate corrective action up to and including termination of the contract.



- c. Failure of the Grantee or its employees to report suspected child abuse or neglect two or more times within a one-year period must result in a review of the contract agency's violations by a designated Administrative Review Team, which must include the Director of CSA or designee and the Director of DCWL or designee or its successor agency, that must consider mitigating and aggravating circumstances to determine the appropriate corrective action up to and included license revocation and contract termination.

#### Corrective Action Requirements

If a program review by MDHHS reveals a lack of compliance with the requirements of this Contract, the Grantee must:

- a. Meet with MDHHS to discuss the noncompliance.
- b. Prepare a corrective action plan within 15 days of receiving MDHHS' written findings.
- c. Achieve compliance within 60 days of receipt of MDHHS' approval of the corrective action plan (unless other time frames are agreed to in writing by MDHHS) or MDHHS may terminate this Contract, subject to the standard contract terms.

#### Criminal Background Check

- a. As a condition of this Contract, the Grantee certifies that the Grantee must, prior to any individual performing work under this Contract, conduct or cause to be conducted for each adult working in the Child Caring Institution, either an employee, subGrantee, subGrantee employee:
  - 1) A criminal records check, including fingerprints-based checks of national crime information databases and a National and State Sex Offender Registry check.  
The Michigan Public Sex Offender Registry web address is <http://www.mipsor.state.mi.us>.  
The National Sex Offender Public Website address is <http://www.nsopw.gov>.
  - 2) A Central Registry (CR) check.  
Information about CR can be found at [http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7119\\_50648\\_48330-180331--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html)
  - 3) Clients under this Contract, or who has access to client information, an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry check.  
Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.
- b. The Grantee must require each employee, subgrantee, subgrantee employee; or volunteer who works directly with clients or who has access to client information; under this Contract to timely notify the Grantee in writing of criminal convictions (felony or

misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.

Additionally, the Grantee must require each new employee, employee, subgrantee, subgrantee employee or volunteer who works directly with clients under this Contract or who has access to client information and who has not resided or lived in Michigan for each of the previous ten (10) years to sign a waiver attesting to the fact that they have never been convicted of a felony or identified as a perpetrator, or if they have, the nature and recency of the felony.

- c. The Grantee further certifies that the Grantee must not submit claims for or assign to duties under this Contract, any employee, subgrantee, subgrantee employee, or volunteer based on a determination by the Grantee that the results of a positive criminal records check (fingerprint based or ICHAT) and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.
- d. The Grantee must have a written policy describing the criteria on which its determinations must be made and must document the basis for each determination. As indicated in CPA Licensing Rule R400.12212 the Grantee may consider the recency and type of crime when making a determination. Failure to comply with this provision may be cause for immediate cancellation of this Contract.
- e. If MDHHS determines that an individual provided services under this Contract for any period prior to completion of the required checks as described above, MDHHS may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.