

Georgia IV-E Program Improvement Plan

Section 1. General Information

Safety requirements were not satisfactorily met for caregiver staff of child caring institutions (CCI) in which children were placed during periods in the PUR. Violations were found in the following four policy areas of the state licensing agency: (1) no evidence of a criminal background check (CRC) for all staff of the facility, (2) CRCs not completed prior to the child's placement, (3) initial CRCs accepted that were greater than 12 months old, and (4) required five-year CRC re-check not completed timely, if at all. Of the eleven error cases, nine had violations in one or more of the listed safety requirements related to criminal record checks.

A more robust quality assurance process is needed regarding implementation of safety policies and IV-E requirements for provider agencies. The Office of Provider Management reviewed a 30% sample of employee criminal records check during annual reviews however this was insufficient to ensure compliance. Each child caring institution must strengthen thorough tracking and monitoring systems to assure all safety requirements and other policy requirements related to IV-E eligibility are met. Providers and DFCS units charged with monitoring providers need increased understanding of existing policies, the quality assurance process and the importance of IVE compliance. Incomplete knowledge and understanding was demonstrated as multiple parties were unsure of the requirements and had difficulty producing clear evidence to demonstrate compliance. A significant number of new private providers were onboarded to meet increasing placement demands however clear tracking and monitoring of 100% of IVE requirements was lacking. Lastly, multiple agencies within DHS are responsible for ongoing quality assurance including the Rev Max Unit, the Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL). Training and collaboration between the monitoring entities needs to be strengthened to ensure all policies are being followed. The strategies outlined in this performance improvement plan align with the state's current CFSR PIP and APSR findings. The CFSR PIP requires the Office of Provider Management to monitor private agency staff completion of new worker training and certification within six months of employees' hire date. The IVE requirements are a key component of training and certification, thus in addition to increased quality reviews and tracking the new staff training and certification provides an additional measure for ensuring IVE compliance.

Several issues related to court orders were widely observed in the cases. Reviewers had difficulty locating removal orders in the provided records. Incomplete eligibility files resulted in the inability of state and federal staff to adequately review records in a timely manner. For some cases, the state was unable to retrieve the needed court documentation from the counties during the review week, and needed additional time to secure the documents. It appears that there is not a clear understanding of the underlying tenets of the courts' judicial oversight over whether the agency has made reasonable efforts to either prevent removal (or whether it was not required), or to finalize the permanency plan. In virtually all court orders, all three options are shown as applicable to a child's circumstances whether they fit or not or whether they are consistent with other information in the order, the agency's report to the court, and/or the case record. Since the last review, the state and CIP

has worked with Special Assistant to the Attorney General (SAAG) attorneys who represent DFCS and judges to strengthen the quality of court orders to ensure that they are more child specific. However, more work needs to be done in this area.

Since the last review, DFCS, the state and the Court Improvement Initiative have worked with SAAGs who represent DFCS and judges to strengthen the quality of orders as to child specifics. During this same period, the number of children entering foster care has increased significantly along with the number of case reviews and permanency hearings. With a greater number of hearings being held, additional orders required for more children in care, the additional responsibility of SAAGs representing DFCS for Child Abuse Registry appeals and the request of SAAGs to attend CHINS hearings on behalf of DFCS has created multiple priorities and demands for SAAGs' time and attention. Additional work and collaboration with the Court Improvement Initiative and the Judicial Committee for Model Court Orders will strengthen the model orders and provide a more clear understanding of reasonable efforts to prevent removal required or are not required and a more clear understanding of the agency specifics required for finalization of a permanency plan.

The creation of the Revenue Maximization Unit (Rev Max Unit), including the Quality Assurance Unit, has led to increased program performance and program operations in overseeing the IV-E processes since initiated. To achieve a higher program performance, the Rev Max quality assurance process requires a more thorough and broader based review process utilizing a knowledge of safety and IV-E requirements for provider agencies along with other points of eligibility that include a model eligibility record, model court orders based on child and agency specific reasonable efforts at the appropriate time of the case under consideration and a clear understanding of the point at which all eligibility requirements are met for IV-E reimbursement. The Rev Max Unit along with its Quality Assurance (QA) Unit will strengthen its collaboration and coordination with all provider monitoring agencies within DHS, including Office of Provider Management, Residential Child Care Licensing and Rev Max regional teams to assure that all provider policies are being followed. Along with this expanded QA role, Rev Max staff will receive refresher training on IV-E court order requirements in support of better understanding for eligibility decisions. The Rev Max QA Unit will assess and revise the IV-E review tool and the QA process to provide a more comprehensive IV-E review to include all points of eligibility to ensure agency IV-E compliance.

Georgia's State Automated Child Welfare Information System (SACWIS), known as SHINES, does not automatically provide important alerts such as changes in the status of a license or household that affects reimbursability. Case managers notify Rev Max of a child's placement change but there is no tracking or notification for changes in a placement status. For reimbursability reviews, every placement and its status is reviewed at every six (6) month case review by Rev Max. During this 6 month look back at every placement and status, there are frequently multiple re-rates after the fact. The SHINES team and programmatic subject matter experts (SMEs) have agreed to reduce the number of placement statuses and automating alerts/tasks actions when a placement status changes. The desired outcome from SHINES is a recognition and validation of required elements for full approval status and for re-evaluation when elements are entered into SHINES. The SHINES alert/task functionality will automatically generate notification of all status changes to Rev Max of a home in which there is a current placement. There will be a system display of "No" for reimbursability on the Home Information page in the "Home Approval" section, placement information subsection when full approval or re-evaluation elements have not been met. This automated feature will allow for review and follow-up for Rev Max IV-E

reimbursability at the time a placement status is changed. Case managers will be aware of the placement status on the Home Information page. Generation of an exception report will provide for monitoring and follow up to assure full approval and reevaluation for compliance.

Section 2. Program Improvement Plan Implementation

A. Program Performance Issue #1: Safety requirements were not satisfactorily met for caregiver staff of child caring institutions (CCI) in which children were placed during periods in the PUR. Deficits in oversight, review & tracking were noted.

B. Program Goal Issue #1: A robust system of quality assurance at all levels will be demonstrated

C. Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
1. OPM will develop and require a quality assurance plan for all CCI providers. The plan will address initial and ongoing tracking of criminal records requirements; safety screenings (i.e. Department of Corrections (DOC), Pardon's and Parole (PP) & Sex Offender Registry (SOR) and IVE requirements.	1. OPM & CCIs	1. March 30, 2017	1. Quality Assurance plans will be uploaded to GA+SCORE for OPM to provide ongoing monitoring through desk reviews. 25% of provider will have implemented the plans each quarter for a total of 100% compliance by year end.	1. Quality Assurance Plan	

C. Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
2. OPM comprehensive quality assurance review tools will be assessed/revise to assure all safety & IVE requirements are included.	2. OPM	2. April 30, 2017	2. OPM will generate data from revised comprehensive reviews to demonstrate increased performance in safety requirements compliance. The goal is to have 25% of providers in compliance each quarter therefore by December 2017 all providers will be in compliance. (Quarter 1: Jan-Mar; Quarter 2: Apr-June; Quarter 3: July-Sept; Quarter 4: Oct-Dec)	2. Quality Assurance Review tools	

C. Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
3. OPM will modify the review process by adding a 100% review of safety requirements.	3. OPM	3. 11/30/2017	<p>3. OPM will generate review results of 100% of staff safety screenings and criminal records checks via desk reviews.</p> <p>After 100% audit by March 2017, OPM will decrease ongoing checks to 50% by June 2017, 30% by September 2017 and 25% by December 2017.</p>	3. Description of review process	

C. Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
4. CCI Providers & OPM will receive training and technical assistance on all IVE requirements pertaining to CCIs; quality assurance monitoring systems and safety requirements policy.	4. OPM; Rev Max	4. 11/30/2017	4. Number of trainings provided by webinar and at existing provider meetings. All 23 of OPM staff will be trained and 198 CCI providers to include Directors & Human Services Professionals (HSP) will be trained (totaling 396 CCI staff members). The training will be offered in Quarter 1 for 100 CCI providers and in Quarter 2 training of the remaining providers.	4. Training curriculum Sign in Sheets from meetings.	

C. Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
5. Quarterly collaborative meetings and data reviews will be held involving Rev Max, OPM and RCCL	5. OPM; Rev Max	5. First meeting by March 30, 2017, ongoing quarterly.	5. Rev Max, OPM & RCCL will utilize the exception report to discuss providers' compliance with safety requirements. Discuss ongoing comprehensive and desk reviews. Feedback loops involving CCLs, Rev Max, OPM, and RCCL will occur to ensure deficits are resolved by the next quarter.	5. Meeting agenda	
6. Meet with GA SHINES & Care Solutions to define requirements for the development of alerts.	6. Care Solutions/GA SHINES	6. 11/30/2017	6. Alerts requirements document will be complete.	6. Requirements Document	
7. Requirements for the creation of exception reports to monitor compliance with IVE requirements will be created.	7. RevMax, OPM & SHINES Team	7. 12/31/2017	7. Exception reports document will be complete.	7. Requirements document.	

Section 2. Program Improvement Plan Implementation

- A. **Program Performance Issue #2:** Court orders did not clearly reflect requirements for reasonable efforts to prevent removal(or reasonable efforts were not required) and reasonable efforts to finalize the permanency plan based on case circumstances and, in a number of records, court orders were unreadable or could not be located.
- B. **Program Goal Issue #2:** 1) Review of model court orders for support of state and federal requirements, best practice for positive outcomes for the child and assure that orders are not compliance driven. 2) Strengthen the role and responsibility of the Revenue Maximization and its Quality Assurance Unit, for increased capacity to review all points of IV-E eligibility.

Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
1. Coordination with Vivian Egan, Sr. Legal Counsel, to identify the authors of non-compliant orders that result in the denial of IV-E eligibility at initial removal and at review.	1. Rev Max Field Program Specialists and Supervisors	1. March 31, 2017	1. 25% of Court orders reflect reasonable efforts that are appropriate based on child's circumstances and case timing each quarter for all court orders to be compliant by March 2018. 2. 25% of Rev Max staff trained quarterly on IV-E requirements for court order language and timeliness	1. Rev Max Monthly IV-E Denial due to Court Order report	

Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
2. Refresher training for all Rev Max staff on IV-E requirements for court orders.	2. Vivian Egan, DFCS Sr. Legal Counsel, Rev Max Training staff	2. September 30, 2017	2. All Rev Max staff will be competent in reviewing IV-E requirements for court orders.	2. Training curriculum and sign-in sheets from sessions	
3. Agency will engage with the Court Improvement Initiative and the Judicial Committee on Model Court Orders for a review of the model court orders to reflect support of state and federal requirements and positive outcomes for the child and are not compliance driven.	3. Beth Locker, CII Liaison, Jerry Bruce, Esq.	3. Ongoing	3. Meeting Notes	3. Court Improvement Initiative quarterly report	
4. Statewide training for Rev Max staff on meeting all points of eligibility for IV-E claims.	4. Rev Max Training staff	4. September 30, 2017	4. 100% of Rev Max staff have been trained on meeting all points of eligibility	4. Training curriculum and sign-in sheets from sessions	

Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
5. Develop and implement a standardized eligibility record for Rev Max.	5. Rev Max Field Program Specialists, supervisors	5. September 30, 2017	5. Percentage of case records reviewed quarterly that meet standardization requirements	5. QA Unit will generate data from reviews to demonstrate record standardization compliance	
6. Rev Max Quality Assurance Unit will assess/revise review tools to assure all points of eligibility are addressed.	6. Rev Max Quality Assurance Unit	6. March 31, 2017	6. QA unit will generate data from 20% comprehensive reviews completed quarterly to demonstrate increased performance in IV-E decisions	6. Revised Quality Assurance Review tool	
7. Rev Max Quality Assurance Unit will assess, revise and expand the Quality Assurance Plan for IV-E eligibility review for all points of eligibility in collaboration, coordination and support of OPM/RCCL reviews.	7. Rev Max Quality Assurance Unit	7. March 31, 2017	7. Quality Assurance Unit will provide data from ongoing quarterly comprehensive reviews of IV-E eligibility to demonstrate a 25% increased accuracy in IV-E decisions	7. Comprehensive IV-E Quality Assurance Plan Report on appropriate IV-E determinations	

Section 2. Program Improvement Plan Implementation

- A. **Program Performance Issue #3:** The system does not provide notification when there are changes in the status of a license or household that will affect eligibility.
- B. **Program Goal Issue #3:** 1) The system will send an alert/task to Rev Max regarding a status change of a FAD home in which there is a current placement. 2) The system will display “no” for reimbursability on the Home Information Page in the Home Approval section, placement information subsection when not in full approval status.

Action Step	D. Responsible Party	E. Target Completion Date	F. Performance Indicator	G. Status Update or Evidence of Completion	H. Completion Date
1. Functional and design requirements for alerts/tasks to indicate when Foster Adopt (FAD) Homes have a status change are complete.	1. Rev Max, GA SHINES, OPM, Candis Jones	1. 08/30/2017	1. Alerts/Task requirements will be implemented in Shines.	1. Alerts/Tasks to indicate when Foster Adopt (FAD) Homes have a status change are present in Shines.	
2. Enhancement system to validate that all safety checks/home approval standards that impact IVE reimbursability status. This includes an indicator of “No” for IVE Reimbursable.	2. Rev Max, GA SHINES, OPM, Candis Jones	2. 07/30/2017	2. Alerts/Task requirements will be implemented in Shines.	2. Alerts/Tasks to indicate safety checks/home approval standards are present in Shines.	