



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602

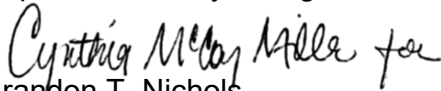


BRANDON T. NICHOLS
Director

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

September 13, 2023

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

From: 
Brandon T. Nichols
Director

EXTRAORDINARY FAMILIES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of Extraordinary Families Foster Family Agency (the Contractor) in September 2022. The Contractor has one office located in the Second Supervisorial District. The office provides services to the County of Los Angeles DCFS and Probation placed children, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 12
PRIORITY 3 2

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and

"To Enrich Lives Through Effective and Caring Service"

Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 7 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Facility and Environment; Permanency; Education and Independent Living Program Services; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the files of the 10 children, and virtually interviewed three to assess the level of care and services they received, seven children (ages 0 to 4 years) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed eight RFH files and four staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor location and RFHs.

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements (2 findings)
 - Special Incident Reports for two children were submitted late in the iTrack system.

Priority 2

- Engagement and Teamwork (9 findings)
 - The Child and Family Team (CFT) members/participants for three children were not identified and documented in the Needs and Services Plans (NSPs) and the Foster Family Agency (FFA) did not document efforts to obtain this information.
 - The FFA did not document efforts to collaborate in the three children's, CFT meetings and the FFA did not obtain copies of the CFT meeting notes.
 - Three Children's NSPs were not in alignment with services identified in the CFT notes.

- Needs and Services Plans (2 findings)
 - Two Children's NSPs were not completed accurately and on time.
- Health and Medical Needs (1 finding)
 - One required follow-up medical examinations was not conducted on time.

Priority 3

- Health and Medical Needs (2 findings)
 - Current court-approved psychotropic medication authorizations are on file, the FFA did not document efforts to obtain monthly/periodic medication monitoring notes and updates for two children.

On November 16, 2022, the Children Services Administrators teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:KDR
LTI:ms

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Vera Rosa, Interim Chief Probation Officer
Public Information Office
Audit Committee
Barnaby Murff, Chief Executive Officer, Extraordinary Families
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY EXTRAORDINARY FAMILIES (FFA)



Corrective Action Plan

2022

GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system Contract, Exhibit A-5, SOW, Part B, Section 10.4(Contract, Exhibit A-5, SOW, Part B, Section 10.4)

Facility

Site 1030

Site 1026

1. Explain the Cause.

Regarding SIR# 817793, the resource parents did not follow the agency's SIR policy and After-Hours Reporting Policy, resulting in erroneously reporting the incident via text message after hours to the case carrying foster care social worker as opposed to directly calling the after-hours line. The case carrying social worker was on vacation when the resource parents reported the incident; the text was not received until the worker returned to work on 6/22/22, as a result. The worker had emailed the resource family prior to leaving for vacation a notice regarding the upcoming vacation and a reminder to use the after-hours line and/or to reach out to the Associate Director of Programs as required to report all incidents. Regarding SIR #796161, the resource parents did not follow the agency's SIR policy and reported the incident a day late. The case carrying social worker reviewed SIR reporting protocols and the requirement to report all incidents to the FFA within one hour of the incident, as documented in the SIR. The worker also provided the resource parents the after-hour protocols if assistance is needed during non-business hours.

2. Corrective Action Taken.

Regarding SIR# 817793, the assigned foster care social worker provided additional education to the resource parents on 6/22/22 regarding timely SIR reporting and the use of the agency after-hours line, which was documented in the SIR. The resource parents reported to understand the requirements. Since then, there have been no SIRs and no concerns. Regarding SIR# 796161, the assigned foster care social worker provided additional education to the resource parents on 2/3/22 regarding timely SIR reporting and the use of the agency after-hours line, which was documented in the SIR. The resource parents reported to understand the requirements. Since then, the resource parents have reported all incidents timely; there have been no other concerns. On 11/15/22, the Associate Director of Programs and Foster Care Supervisor provided training to all Foster Care Social Workers on SIR reporting requirements, including a review of the agency's SIR and After-Hours policy. The Associate Director of Programs explained all social workers will now be required to review SIR reporting requirements with all resource families on their caseloads monthly, and this will be documented on the Monthly Document Checklist (see attachments). The Associate Director will amend the checklist and provide to the team within the week. All social workers reported to understand the requirements. On 11/18/22, the Associate Director of Programs amended the agency's Monthly Document Checklist to include a monthly review of SIR reporting with all approved resource families with children in care.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must review SIR reporting requirements with resource families on their caseload and document as such on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure SIR reporting requirements have been reviewed with all families. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure SIR reporting requirements are reviewed with resource families as required, which may necessitate a corrective action plan. The Quality Assurance Specialist also runs an SIR analysis every 6 months and develops an SIR Performance Improvement Plan at the beginning of each year for the preceding year. This report includes an analysis of reporting trends (frequency, type, reporting timeframe, etc.), strengths, and areas in need of improvement. It further outlines the actions required to remedy any items found out of compliance or in need of improvement. Further, the FFA/Adoption Assistant enters all SIRs into the agency's internal database, which includes a field to indicate whether the SIR was reported timely. The agency also conducts quarterly peer chart and case reviews, which includes an assessment of SIRs reported for each given child chosen in the audit (a random selection of a quarter of all active cases and a quarter of all cases that closed within the last year). If an item is found out of compliance, a corrective action plan is developed and signed by the Foster Care Supervisor. The SIR Policy for Resource Parents and the After Hours Policy will continue to be given to resource parents during their preservice training and at the time a child joins their home. Ongoing reminders and education will continue to be provided regularly (e.g., such as during home visits as needed, if/when the policy is updated, if/when there is a need for corrective action, monthly as required, etc.).

ENGAGEMENT AND TEAMWORK

20. The child's CFT team members/participants are identified and documented in the NSP OR the FFA has documented efforts to obtain the information SOW, Part C, Sections 14.0, 15.5, 19.2, 20.3

Facility

Site 1031

Site 1024

Site 1027

1. Explain the Cause.

The DCFS Statement of Work does not provide guidance or requirements on how often requests to participate in CFTs are required, nor does it specify who must all be included in those requests in addition to the CSW. However, understanding that a CFT must occur (per DCFS policy) within the first 60 days a child joins a home, every 90 days thereafter, and as needed, it is the agency's policy to request CFTs at the time a child joins a resource home, every quarter, and as needed. And this is what was documented and accepted in the last Corrective Action Plan reviewed and approved by DCFS for the 2021 Contract Monitoring Review period. Regarding MG: The child joined the home on 1/14/22. A timely CFT was then held on 1/26/22. A CFT request was then submitted timely (within 90 days of the last CFT) for the upcoming quarter on 4/12/22. A second CFT request was then made timely (within 90 days of the last CFT request) for the upcoming quarter on 7/12/22. The next CFT request would be submitted in October 2022. Regarding NR: The child joined the home on 1/14/22. A timely request to participate in an initial CFT (to be completed within 60 days) was submitted on 2/21/22. Subsequent timely CFT requests were made, two for the upcoming quarter on 4/25/22 and 5/7/22 and one for the following quarter on 7/27/22. The next CFT request would be made in October 2022. Regarding LC: The last CFT occurred on 11/29/21. A timely CFT request was not submitted per agency protocol (a request should have been submitted in February 2021). When it was detected that a CFT had not been requested or completed as required, a CFT was then requested on 3/25/22 and 3/30/22. A CFT request was then submitted for the upcoming quarter on 7/5/22. The next CFT request would be submitted in October 2022.

2. Corrective Action Taken.

On 11/15/22, the Associate Director of Programs and Foster Care Supervisor provided all foster care social workers training on CFT requirements for requests, participation, and documentation, including the following: a. Reviewed/discussed ExtraFam CFT policy b. Reviewed/discussed need to request CFTs at the time a child joins the home (within 60 days), quarterly (every 90 days), and as needed. c. Reviewed/discussed new requirement to include the CSW supervisor and ARA in requests for CFTs. If the CSW does not respond to the CFT request, submit a subsequent request including the CSW supervisor. If the CSW and/or CSW supervisor does not respond to the CFT request, submit a subsequent request including the ARA. These requests should be within the quarter the CFT is required. d. Reviewed documentation requirements for all CFT requests, CFT documentation requests, CFT meeting participation, and CFT participants. All social workers reported to understand the requirements (see attachments). Additionally, the Associate Director amended the Monthly Document Checklist (see attachments) to include a CFT section reminding social workers that 1) an initial CFT is required within 60 days of a child entering care and every 90 days thereafter; 2) CFTs should be in conjunction with the NSP; 3) treatment goals must be discussed; and 4) there should be evidence of ongoing CFT requests, which should include the CSW Supervisor and ARA if the CSW is non-responsive). The checklist also includes documentation of: 1. when the last CFT occurred 2. when the last CFT request was made 3. when the next CFT is due

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must document CFT meetings and requests for each child on their caseload on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure CFTs meetings and requests to participate in CFT meetings are occurring as required. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure CFT requests are submitted as required, which may necessitate a corrective action plan. The Quality Assurance Specialist will continue all initial chart and quarterly peer chart and case reviews to assess for CFT compliance. If a chart is found out of compliance, the Associate Director of Programs will be immediately notified and a corrective action plan will be developed to bring the case back into compliance. All new hires will continue to receive CFT training as a part of their onboarding. All social workers will receive an annual refresher on CFT requirements as a part of their ongoing annual training. The foster care social workers will continue to follow the agency's CFT policy, which outlines all requirements for CFT requests, participation, and documentation. The Foster Care Supervisor and Associate Director of Programs will enforce this policy.

21. The FFA documented efforts to collaborate and participate in the child's CFT meetings OR the FFA obtained copies of the CFT meeting notes SOW, Part C, Sections 14.0

Facility

Site 1031

Site 1024

Site 1027

1. Explain the Cause.

The DCFS Statement of Work does not provide guidance or requirements on how often requests to participate in CFTs are required, nor does it specify who must all be included in those requests in addition to the CSW. However, understanding that a CFT must occur (per DCFS policy) within the first 60 days a child joins a home, every 90 days thereafter, and as needed, it is the agency's policy to request CFTs at the time a child joins a resource home, every quarter, and as needed. And this is what was documented and accepted in the last Corrective Action Plan reviewed and approved by DCFS for the 2021 Contract Monitoring Review period. Regarding MG: The child joined the home on 1/14/22. A timely CFT was then held on 1/26/22. A CFT request was then submitted timely (within 90 days of the last CFT) for the upcoming quarter on 4/12/22. A second CFT request was then made timely (within 90 days of the last CFT request) for the upcoming quarter on 7/12/22. The next CFT request would be submitted in October 2022. Regarding NR: The child joined the home on 1/14/22. A timely request to participate in an initial CFT (to be completed within 60 days) was submitted on 2/21/22. Subsequent timely CFT requests were made, two for the upcoming quarter on 4/25/22 and 5/7/22 and one for the following quarter on 7/27/22. The next CFT request would be made in October 2022. Regarding LC: The last CFT occurred on 11/29/21. A timely CFT request was not submitted per agency protocol (a request should have been submitted in February 2021). When it was detected that a CFT had not been requested or completed as required, a CFT was then requested on 3/25/22 and 3/30/22. A CFT request was then submitted for the upcoming quarter on 7/5/22. The next CFT request would be submitted in October 2022.

2. Corrective Action Taken.

On 11/15/22, the Associate Director of Programs and Foster Care Supervisor provided all foster care social workers training on CFT requirements for requests, participation, and documentation, including the following: a. Reviewed/discussed ExtraFam CFT policy b. Reviewed/discussed need to request CFTs at the time a child joins the home (within 60 days), quarterly (every 90 days), and as needed. c. Reviewed/discussed new requirement to include the CSW supervisor and ARA in requests for CFTs. If the CSW does not respond to the CFT request, submit a subsequent request including the CSW supervisor. If the CSW and/or CSW supervisor does not respond to the CFT request, submit a subsequent request including the ARA. These requests should be within the quarter the CFT is required. d. Reviewed documentation requirements for all CFT requests, CFT documentation requests, CFT meeting participation, and CFT participants. All social workers reported to understand the requirements (see attachments). Additionally, the Associate Director amended the Monthly Document Checklist (see attachments) to include a CFT section reminding social workers that 1) an initial CFT is required within 60 days of a child entering care and every 90 days thereafter; 2) CFTs should be in conjunction with the NSP; 3) treatment goals must be discussed; and 4) there should be evidence of ongoing CFT requests, which should include the CSW Supervisor and ARA if the CSW is non-responsive). The checklist also includes documentation of: 1. when the last CFT occurred 2. when the last CFT request was made 3. when the next CFT is due

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must document CFT meetings and requests for each child on their caseload on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure CFTs meetings and requests to participate in CFT meetings are occurring as required. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure CFT requests are submitted as required, which may necessitate a corrective action plan. The Quality Assurance Specialist will continue all initial chart and quarterly peer chart and case reviews to assess for CFT compliance. If a chart is found out of compliance, the Associate Director of Programs will be immediately notified and a corrective action plan will be developed to bring the case back into compliance. All new hires will continue to receive CFT training as a part of their onboarding. All social workers will receive an annual refresher on CFT requirements as a part of their ongoing annual training. The foster care social workers will continue to follow the agency's CFT policy, which outlines all requirements for CFT requests, participation, and documentation. The Foster Care Supervisor and Associate Director of Programs will enforce this policy.

22. The child's NSPs are in alignment with services as identified in the CFT notes. [SOW, Part C, Sections 14.0, 19.1.2 and Master Contract, Exhibit A, Title 22, 80068.2; 80069.8(k), 88068.2; FFA ILS Chapter 8.8 Section 88289.1; SOW Part C, 14.0 (1-5), 15.1; 19.1.2; & 19.2; Foster Youth Rights Handbook pg.38]

Facility

Site 1031

Site 1024

Site 1027

1. Explain the Cause.

The DCFS Statement of Work does not provide guidance or requirements on how often requests to participate in CFTs are required, nor does it specify who must all be included in those requests in addition to the CSW. However, understanding that a CFT must occur (per DCFS policy) within the first 60 days a child joins a home, every 90 days thereafter, and as needed, it is the agency's policy to request CFTs at the time a child joins a resource home, every quarter, and as needed. And this is what was documented and accepted in the last Corrective Action Plan reviewed and approved by DCFS for the 2021 Contract Monitoring Review period. Regarding MG: The child joined the home on 1/14/22. A timely CFT was then held on 1/26/22. A CFT request was then submitted timely (within 90 days of the last CFT) for the upcoming quarter on 4/12/22. A second CFT request was then made timely (within 90 days of the last CFT request) for the upcoming quarter on 7/12/22. The next CFT request would be submitted in October 2022. Regarding NR: The child joined the home on 1/14/22. A timely request to participate in an initial CFT (to be completed within 60 days) was submitted on 2/21/22. Subsequent timely CFT requests were made, two for the upcoming quarter on 4/25/22 and 5/7/22 and one for the following quarter on 7/27/22. The next CFT request would be made in October 2022. Regarding LC: The last CFT occurred on 11/29/21. A timely CFT request was not submitted per agency protocol (a request should have been submitted in February 2021). When it was detected that a CFT had not been requested or completed as required, a CFT was then requested on 3/25/22 and 3/30/22. A CFT request was then submitted for the upcoming quarter on 7/5/22. The next CFT request would be submitted in October 2022.

2. Corrective Action Taken.

On 11/15/22, the Associate Director of Programs and Foster Care Supervisor provided all foster care social workers training on CFT requirements for requests, participation, and documentation, including the following: a. Reviewed/discussed ExtraFam CFT policy b. Reviewed/discussed need to request CFTs at the time a child joins the home (within 60 days), quarterly (every 90 days), and as needed. c. Reviewed/discussed new requirement to include the CSW supervisor and ARA in requests for CFTs. If the CSW does not respond to the CFT request, submit a subsequent request including the CSW supervisor. If the CSW and/or CSW supervisor does not respond to the CFT request, submit a subsequent request including the ARA. These requests should be within the quarter the CFT is required. d. Reviewed documentation requirements for all CFT requests, CFT documentation requests, CFT meeting participation, and CFT participants. All social workers reported to understand the requirements (see attachments). Additionally, the Associate Director amended the Monthly Document Checklist (see attachments) to include a CFT section reminding social workers that 1) an initial CFT is required within 60 days of a child entering care and every 90 days thereafter; 2) CFTs should be in conjunction with the NSP; 3) treatment goals must be discussed; and 4) there should be evidence of ongoing CFT requests, which should include the CSW Supervisor and ARA if the CSW is non-responsive). The checklist also includes documentation of: 1. when the last CFT occurred 2. when the last CFT request was made 3. when the next CFT is due

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must document CFT meetings and requests for each child on their caseload on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure CFTs meetings and requests to participate in CFT meetings are occurring as required. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure CFT requests are submitted as required, which may necessitate a corrective action plan. The Quality Assurance Specialist will continue all initial chart and quarterly peer chart and case reviews to assess for CFT compliance. If a chart is found out of compliance, the Associate Director of Programs will be immediately notified and a corrective action plan will be developed to bring the case back into compliance. All new hires will continue to receive CFT training as a part of their onboarding. All social workers will receive an annual refresher on CFT requirements as a part of their ongoing annual training. The foster care social workers will continue to follow the agency's CFT policy, which outlines all requirements for CFT requests, participation, and documentation. The Foster Care Supervisor and Associate Director of Programs will enforce this policy.

NEEDS AND SERVICES PLANS

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

23g. Signed by CSW/DPO (or documented efforts to obtain signature))

Facility

Site 1028

Site 1024

1. Explain the Cause.

On 10/26/21, DCFS facilitated a PMIS NSP training for our ExtraFam staff, and in June of 2022 (between 06/21/22 and 06/30/22), DCFS facilitated a "PMIS NSP Automation Refresher Training" for FFA providers. During both trainings, it was discussed that once an NSP is submitted through PMIS, it automatically sends the CSW daily requests for signatures until the NSP is signed, alleviating the need for providers to request NSP signatures from the CSW. In July 2022, the requirement to write and submit NSPs via PMIS was implemented. However, the rollout of the system was not smooth. There were a number of technical errors and unclear requirements the FFAs experienced. On 8/18/22 (AFTER the 2 NSPs in question were submitted), FFAs received the following notice from DCFS: "Due to the Provider Management Information System (PMIS) changes (fixes) that are required, specifically related to the Needs and Services Plan (NSP) due dates, it has been decided it is best that you use the paper version of the NSP as done in past prior to launch of the electronic version. The use of the paper version of the NSP is temporary and will remain in effect until BIS can apply the changes/fixes. If you are currently working on a NSP in PMIS, you can proceed to complete it in PMIS. At this time, the system is not going to generate any new NSP's until BIS applies the changes (fixes). The anticipated re-launch of the electronic version of the NSP is the week of 09/05/22 at which time the changes (fixes) will be implemented." Concerns regarding the submission of NSPs via PMIS were discussed at length with DCFS during a Q&A meeting facilitated by DCFS for providers on 9/14/22 (2 months after the date of the 2 NSPs cited in this contract review). From that meeting, a revised PMIS FAQ was generated and distributed to FFAs on 9/20/22. The FAQ included new information and language as a result of communication with the Community Care Licensing Division and additional information, processes, and timelines for submission of NSPs moving forward. The FAQ was then posted in the Help Section in PMIS for future use. Per the FAQ: "The system automatically e-mails the Children's Social Worker (CSW)/Deputy Probation Officer (DPO) & Supervising Children's Social Worker (SCSW)/Supervising Deputy Probation Officer (SDPO), is there still a requirement to manually follow-up three times regardless of the system sending the notification out? When the Provider approves and submits the NSP in the Provider Management Information System (PMIS), PMIS sends an email to the County CSW/DPO and SCSW/SDPO, with a link to open and log into the PMIS System to review, approve and/or reject the NSP. PMIS will be enhanced to send email notification reminders when NSP's are past due for both Provider and County (5 days past due). In the meantime, if there is a delayed response in approval of the NSP by the CSW, each DCFS regional office has a designated Liaison who will receive the email notifications and follow up with the CSW to ensure timely review and approval of the NSP. Two attempts remain a recommendation at this time. Per the amended Foster Family Agency (FFA) Contract, Statement of Work (SOW), Subsection 19.1.3, Needs and Services Plan, dated November 16, 2021, the prior procedure requiring Contractors to make several attempts to obtain the required signatures, SHALL ONLY BE FOLLOWED UNTIL THE NSP ELECTRONIC SYSTEM IS IN PLACE. Soon to be executed amended Short-Term Residential Therapeutic Program (STRTP) SOW, Section 19.3, Needs and Services Plan also includes the same language. This amendment is expected to be executed by September 2022. (update) The email notification reminders have been completed and has been implemented." As such, it wasn't until after the 2 NSPs in question were submitted that we received direction to resume using the old paper system, and it wasn't until September 2022 that we received a "recommendation" to submit two NSP signature attempts.

2. Corrective Action Taken.

Per the NSP FAQ: "Per the amended Foster Family Agency (FFA) Contract, Statement of Work (SOW), Subsection 19.1.3, Needs and Services Plan, dated November 16, 2021, the prior procedure requiring Contractors to make several attempts to obtain the required signatures, shall only be followed until the NSP electronic system is in place." And as of September 2022, "the email notification reminders have been completed and has been implemented." As such, it is the FFA's understanding that there no longer is a requirement to submit requests for signatures outside of PMIS. However, during the exit conference held on 11/16/22, OHCM stated signature requests through PMIS are not sufficient alone, counter to the written direction provided in the NSP FAQ. Later that same day in the QAS, OHCM wrote in regards to the NSP signature that it is "suggested the FFA continue to make two follow up attempts to obtain the CSW's signature." On 11/15/22, the Associate Director of Programs and Foster Care Supervisor provided all foster care social workers training on NSP reporting requirements and signature requests via PMIS (see attachments). It is the FFAs understanding that signature requests are no longer required, per the NSP FAQ released by DCFS in September of 2022. This should no longer be a concern moving forward.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The Quality Assurance Specialist will continue conducting quarterly chart reviews to ensure all NSPs have been submitted timely and that all signature requests are documented. If a signature request is found missing, the Quality Assurance Specialist will work with the social worker on submitting a signature request until the NSP is signed by DCFS as required.

HEALTH AND MEDICAL NEEDS

43. Required follow-up medical examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1027

Site 1027

1. Explain the Cause.

Regarding the siblings LC and GC (ages 10 and 8, respectively), it appears the resource parents misunderstood the requirements, and the FFA did not catch the error in time. The siblings both received annual well-child exams in March of 2021. One sibling (LC) received a subsequent well-child exam in November 2021, but this documentation was not provided to the agency timely. Per the DCFS SOW, the "CONTRACTOR shall follow Medical/Dental Exams Periodicity Schedule for children." As such, the annual medical requirement does not follow the calendar year, but rather an exam for each year in age (e.g., age 3, age 4, age 5, etc.). Based on dates of birth, one exam should have been completed by July 2023 and one exam should have been completed by November 2023. The FFAs internal Resource Parent Agreement (which includes medical exam requirements) that is reviewed with and signed by all newly approved resource parents did not include the specific requirements for annual exams to follow the CHDP periodicity schedule. Instead, the agreement read, "Children must have immunizations in accordance with their age. For children under age 2, well-baby checkups and immunizations are due at 1, 2, 4, 6, 12, 15, and 24 months old. For children over 2, a complete physical exam needs to be completed at least annually by a Child, Health, Disability, and Prevention (CHDP) provider."

2. Corrective Action Taken.

The Foster Care Supervisor clarified the annual medical exam requirements and CHDP information with the resource parents cited in the contract monitoring review in October 2022. They were further directed to schedule and complete the required well-child exams for both children and to submit the documentation to the FFA timely. The resource parents reported to understand the requirements and have since scheduled the siblings' well-child exams. On 11/16/22, the Associate Director of Programs and Foster Care Supervisor provided a training for all social workers on medical exam requirements (see attachments). All social workers reported to understand. On 12/9/22, the Associate Director of Programs updated its internal Resource Parent Agreement to better clarify the annual medical exam requirements (see attachments). The agreement now reads as follows: "Children must have immunizations and well-child exams in accordance with the American Academy of Pediatrics Periodicity Schedule. For children under age 2, well-child exams and immunizations are due at 1, 2, 4, 6, 12, 15, 24, and 30 months old. For children over 2, a complete physical exam needs to be completed at least annually for each age between 3 and 21 years (e.g., age 3, age 4, age 5, etc.) by a Child, Health, Disability, and Prevention (CHDP) provider." This agreement is reviewed and signed by all newly approved resource parents. On 12/12/16, the Associate Director of Programs provided all approved resource parents education on the medical exam requirements along with a copy of the AAP Periodicity Schedule. See attached for a summary of what was provided. Additionally, the Associate Director of Programs amended the Monthly Document Checklist (see attachments) to include reminders about medical exam requirements. The checklist also includes and checks for: 1. Date of the last exam (if it occurred that month) 2. Date of the next exam

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must document the last completed well-child exam and/or the next well-child exam due on their caseload on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure medical exams are occurring as required. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure medical exams are completed as required, which may necessitate a corrective action plan. The Quality Assurance Specialist will continue conducting quarterly chart reviews to ensure all medical exams have been completed and the respective medical exams have been collected as required. If a medical exam is found missing, the Quality Assurance Specialist will work with the social worker on ensuring the medical exam is completed timely and that the related medical exam form is completed and submitted to the FFA and DCFS, which may include a corrective action plan.

46. Current court-approved psychotropic medication authorizations are on file, or FFA has documented efforts (Contract, Sections 19.1, SOW Part C, Sections 15.1.1, ILS Sections 88487.16(g))

Facility

Site 1031

1. Explain the Cause.

Historically, the agency has served very few children prescribed psychotropic medication, and it is not something the FFA has significant experience in. This likely played a part as to why the exam forms were not collected timely. Additionally, when the exam forms were requested from the prescribing psychiatrist, it took a few months for the provider to finally complete and submit the required documentation.

2. Corrective Action Taken.

The FFA clarified the psychotropic medication review and related exam requirements with the resource parents cited in the contract monitoring review in October 2022. The resource parents reported to understand the requirements. On 11/16/22, the Associate Director of Programs and Foster Care Supervisor provided a training for all social workers on psychotropic medication exam/review requirements (see attachments). This included direction to include the CSW, CSW Supervisor, ARA, and/or OHCM CSA whenever providers are out of compliance with documentation requests. All social workers reported to understand. Additionally, the Associate Director of Programs amended the Monthly Document Checklist (see attachments) to include reminders about psychotropic medication exam/review requirements. The checklist also includes and checks for: 1. Date of the last exam (if it occurred that month) 2. Date of the next exam On 12/12/16, the Associate Director of Program provided all approved resource parents education on psychotropic medication exam/review requirements. Attached is a summary of what was provided.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Monthly, all foster care social workers must document the last completed psychotropic medication exam/review and/or the next psychotropic medication exam/review due on their caseload on the Monthly Document Checklist. These checklists are then submitted to the Quality Assurance Specialist for review to ensure psychotropic medication exam/reviews are occurring as required. If this item is found to be out of compliance, the Quality Assurance Specialist will work with the social worker to ensure psychotropic medication exam/reviews are completed as required, which may necessitate a corrective action plan. The Quality Assurance Specialist will continue conducting quarterly chart reviews to ensure all psychotropic medication exam/reviews have been completed and collected as required. If a psychotropic medication exam/review is found missing, the Quality Assurance Specialist will work with the social worker on ensuring the exam/medication review is completed timely and submitted to the FFA and DCFS, which may include a corrective action plan.