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Overview

The foster group care program requires that providers must meet and maintain certain requirements in order to fulfill minimum contract requirements.

The Department expects providers to achieve and maintain full licensure as a condition of this contract. Therefore, all providers of foster group care services should practice due diligence in learning and following all applicable licensure rules.

While the Department understands that occasional licensing concerns are identified for individual providers, it is the provider's ultimate responsibility to correct or ameliorate deficiencies as quickly and substantially as possible, as these have potential negative consequences for youth placed in foster group care programs.

Licensure Requirements

Legal reference: 441 IAC 152.2(1) Provider Licensure

Providers are encouraged to review the applicable licensure rules on a frequent basis. The Department will enter into a contract with a provider for foster group care services only when the provider's facility has achieved full licensure as follows:

- ◆ A facility providing community-level group care shall be licensed:
 - As a community residential facility pursuant to 441—Chapter 114;
 - As a comprehensive residential facility pursuant to 441—Chapter 115; or
 - Under comparable standards by the state in which the facility is located.
- ◆ A facility providing comprehensive-level group care shall be licensed:
 - As a comprehensive residential facility pursuant to 441—Chapter 115; or
 - Under comparable standards by the state in which the facility is located.
- ◆ A facility providing enhanced comprehensive-level group care shall be licensed:
 - As a comprehensive residential facility pursuant to 441—Chapter 115; or
 - Under comparable standards by the state in which the facility is located.



Health Care for Clients in Group Care

Legal reference: 441 IAC 114.10(6) Health Care

Providers of foster group care services are required to have written procedures for and access to 24-hour emergency and routine medical and dental services. The provision of all medical care must be documented in the client's record.

The facility shall arrange a physical assessment including vision and hearing tests for each client in care within one week of admission unless the client has received an examination within the past year and the results of this examination are available to the facility.

A facility shall schedule a dental examination for each client within 14 days of admission unless the client has been examined within six months before admission and the facility has the results of that examination.

Clients in foster group care are required to have an annual physical and vision examination and dental screenings every six months. When referring Medicaid-eligible clients for "well" visits or physicals, request that these services be billed under Medicaid's "Care for Kids" (EPSDT) program.

Document any service needs identified as a result of the Care for Kids screening and inform the referral worker. Obtain follow-up services under the Medicaid program if the client continues to be Medicaid-eligible. Refer clinical mental health services to the Iowa Plan contractor for service coordination.

If you encounter problems in securing the medically necessary services through the Medicaid program, inform the referral worker. In these situations, you need to work collaboratively with the referral worker to obtain the necessary services through the Medicaid program.



Staffing Requirements

Legal reference:	441 IAC 152.1(234)	Definitions
	441 IAC 152.2(2)	Provider Staffing
	441 IAC 114.8(237)	Staff

Staffing during prime programming time, non-prime programming time, and sleeping time must be sufficient to meet the needs of the group care maintenance needs of the clients served in the program.

Providers of foster group care must provide an appropriate number of staff during prime programming time to meet the child welfare service needs of the clients served in the program. The number and qualifications of the staff will vary depending on the needs of the clients.

“Level of care” means a type of foster group care services that is differentiated by the ratio of staff to clients. There are three levels of foster group care services:

- ◆ Community-level group care (service code D1), which requires a minimum staff-to-client ratio of 1 to 8 during prime programming time;
- ◆ Comprehensive-level group care (service code D2), which requires a minimum staff-to-client ratio of 1 to 5 during prime programming time; and
- ◆ Enhanced comprehensive-level group care (service code D3), which requires a minimum staff-to-client ratio during prime programming time as described below:
 - 1 staff for facilities serving up to 4 children;
 - 2 staff for facilities serving 5 to 7 children;
 - 3 staff for facilities serving 8 to 10 children;
 - 4 staff for facilities serving 11 to 13 children;
 - 5 staff for facilities serving 14 to 16 children;
 - 6 staff for facilities serving 17 to 19 children;
 - 1 staff for every 3 children for facilities serving 20 or more children

“Prime programming time” means any period of the day when special attention, supervision, or treatment is necessary; for example, upon awakening of the clients in the morning until their departure for school, during meals, after school, during transition between activities, evenings and bedtime, and on non-school days such as weekends, holidays, and school vacations.



“Nonprime programming time” means any period of the day other than prime programming time and sleeping time.

There must be at least one readily accessible staff person on duty for each occupied living unit; and there must be an on-call system, operational 24 hours a day, 7 days per week, to provide supervisory consultation. There must be a written plan documenting the on-call system.

Required Documentation

Legal reference: 441 IAC 152.2(7)“b”

You must maintain the following documentation for the foster group care program:

- ◆ A list of all staff and supervisors providing foster group care services and their qualifications.
- ◆ The number of staff hired and terminated in the year to date (your fiscal year).

Staff Qualifications and Training


Legal reference: 441 IAC 114.8(1) Qualifications
441 IAC 114.8(4) Staff Development

At a minimum, all providers of foster group care services must meet the requirements for staff qualifications and training pursuant to 441 IAC 114.8(237) or as identified in appendices to form 470-3052, *Foster Group Care Services Contract*.

You must have and maintain verification in your records that staff providing foster group care services meet the educational and experience requirements to provide these services. All foster group care staff must be at least 18 years of age.

When a GED, high school diploma, or post-secondary education is necessary to meet the minimum education requirements, verification required a copy of the diploma or transcript in your records. For post-secondary degrees, the diploma or transcript should identify the major and the degree conferred.

Qualifications for employment within a foster group care program exclude persons who have a record of a criminal conviction or founded child abuse report. The exception is when the Department has made an evaluation of the criminal offense or founded child abuse **before** the person’s employment and has concluded that the crime or founded child abuse does not merit prohibition of employment.

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You are required to maintain verification in your records of criminal history checks, child abuse registry checks, and sex offender registry checks made at your expense for any staff providing foster group care services.

For a criminal history check, you will need the *State of Iowa Non-Law Enforcement Record Check Request Form A* and *Billing Form Non-Law Enforcement Record Check*. These forms may be obtained from the state Division of Criminal Investigations (DCI):

- ◆ By downloading them from the DCI Web site at:
http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml
- ◆ By calling DCI at (515) 725-6066, or
- ◆ By E-mailing cchinfo@dps.state.ia.us

A criminal history check must be done on each name a person has had, including maiden names, previous married names, or aliases. A \$13.00 fee is required for each name. Payment must be included with the request unless you have established a pre-paid account.

To obtain child abuse registry checks, send a request to the local DHS office using DHS form 470-0643, *Request for Child Abuse Information*.

To obtain the sex offender registry check, search <http://www.iowasexoffender.com>.

If a record of criminal conviction or founded child abuse exists, you may offer the potential employee the opportunity to complete and submit form 470-2310, *Record Check Evaluation*. In its evaluation, the Department shall consider:

- ◆ The nature and seriousness of the crime or abuse in relation to the position sought,
- ◆ The time elapsed since the commission of the crime or abuse,
- ◆ The circumstances under which the crime or abuse was committed,
- ◆ The degree of rehabilitation, and
- ◆ The number of crimes or abuses committed by the person involved.

This evaluation process may take several weeks.



Staff Training

You are required to have a staff development and training program that meets the needs of the various employees responsible for the care and supervision of children placed in the foster group care program. A written staff development plan must be updated annually and must be available for review by department personnel.

At a minimum, the written staff training plan must include the following:

- ◆ Orientation for all new employees, which addresses the philosophy, organization, program practices, and goals of the agency or facility;
- ◆ Training for new employees on job-related tasks and assignments;
- ◆ Ongoing training and provisions for all employees to improve their competency;
- ◆ Mandatory child abuse reporting, pursuant to Iowa Code 232.69.

General areas for staff development and training of foster group care program staff might include, but are not limited to, the following areas:

- ◆ Children's rights, including, but not limited to:
 - Confidentiality,
 - Communication and visitation, and
 - Privacy
- ◆ General health and well-being of children, including, but not limited to:
 - Universal precautions,
 - Standard first aid,
 - Cardio-pulmonary resuscitation (CPR), and
 - Medication management
- ◆ General safety, including, but not limited to:
 - Emergency situations and evacuations and
 - Disaster planning



- ◆ Age-appropriate behavior and discipline of children, such as:
 - Crisis management;
 - Use of physical, mechanical, or chemical restraints; and
 - Control room policies and procedures (as applicable to licensed programs)
- ◆ Food preparation, storage, and handling for facilities

Staff training and development may be accomplished through both formalized and informal opportunities. Individual staff records must contain the records of training sessions attended, including the dates and content of the training. Training may be accomplished in many ways, including, but not limited to:

- ◆ Attendance at staff meetings where training is conducted and documented.
- ◆ Attendance at seminars, conferences, workshops, and institutes.
- ◆ Visiting other facilities where the goal includes collaboration, training, side-by-side instruction, or observation of techniques.
- ◆ Access to consultants.
- ◆ Reading of current literature, including books, monographs, and journals, viewing audio-visual materials, including videotapes and programs, relevant to the facility's services and programs.
- ◆ Attendance or participation in formal educational programs.

Service Provision

Legal reference:	441 IAC 152.2(3)	Services Provided
	441 IAC 114.8(3)	Staff Duties
	441 IAC 114.10(237)	Program Services
	441 IAC 156.1(234)	Definitions

The foster group care program comprises of two primary elements, child welfare service and group care maintenance.

However, clients in a foster group care placement may participate in other necessary programs and services to ensure their overall needs are met. For example, a client may receive various medical services, outpatient mental health services, remedial services, various substance abuse services, educational or vocational services, or other community-based services.



All foster group care facilities are required to either provide or obtain casework services that meet the needs of each individual client's care plan. Casework services may include, but are not limited to:

- ◆ Crisis intervention,
- ◆ Daily living skills,
- ◆ Interpersonal relationships, and
- ◆ Future planning and transitional placement services as required by each client.

In addition, a casework supervisor shall provide in-person, case-specific supervision at the site of your facility for at least one hour per month per caseworker, and must be available for consultation in case of emergencies.

At a minimum, caseworkers are required to develop a care plan for each client that contains goals and objectives with projected dates of accomplishment. The care plan must be developed with input from the client, the referral worker, and the family, unless a reason for noninvolvement is documented in the case record.

As a provider, you have the responsibility of ensuring that the following minimum service elements are provided for each client placed in your foster group care program:

- ◆ Implementing each client's care plan.
- ◆ Documenting quarterly case reviews and semi-annual care plan review and revisions, with input from the client, the referral worker, and the family, unless a reason for noninvolvement is documented in the case record.
- ◆ Monitoring and recording each client's behavior on a daily basis.
- ◆ Supervising the daily living activities of each client, including knowing the whereabouts of each client at all times.
- ◆ Overseeing and maintaining the general health and well-being of each client.
- ◆ Scheduling in-person conferences with each client.
- ◆ Ensuring a supportive atmosphere for each client.
- ◆ Providing leadership and guidance to each client.
- ◆ Coordinating and participating in internal and external activities of each client.
- ◆ Maintaining communication with the referral worker.
- ◆ Providing a mechanism for dealing with day-to-day foster group care operations.



These service elements are grouped into the following activities, which are billable to the Department under the foster group care program:

- ◆ **“Child welfare services”** including age-appropriate activities to maintain a client’s connection to the client’s family and community, to promote reunification or other permanent placement, and to facilitate a client’s transition to adulthood.
- ◆ **“Group care maintenance”** including provision of food, clothing, shelter, school supplies, personal incidentals, daily care, general parenting, discipline, and supervision of clients to ensure their well-being and safety, and administration of maintenance items provided in a group care facility.

Maintenance of Client Service Records

Legal reference: 441 IAC 152.2(6) Maintenance of Service Records
441 IAC 114.11(237) Case Files

You are required to create and maintain confidential, individual client service records for each client in your foster group care program.

Client records, in whatever format, must be available for review at any time during normal business hours by Department personnel, the Bureau of Purchased Services’ fiscal consultant, and state or federal audit personnel.

The Department prefers to review tangible documents. However, if you want Department staff to use your information technology system to access the records, the Department may require assistance if records are to be accessed through a computer. In addition, copies of any record, or portion of any record, must be made available upon request.

Failure to maintain service records or the failure to make service records available to the Department or to its authorized representatives upon request may result in a notice of violation and recoupment of payments.

There are several reasons why record-keeping and case file documentation is an essential part of the work of any professional, provider, or facility:

- ◆ Documentation provides better care coordination for clients.
- ◆ Documentation provides continuity of care if a client returns for services at a later date.
- ◆ Documentation assists clients in the event of litigation in which the client’s mental condition, ability to parent, or treatment is an issue.
- ◆ Documentation should meet the requirements of professional codes of ethics.



- ◆ Documentation protects a professional, provider, or facility in the event of a malpractice suit, a complaint before a licensing board, or a complaint before an ethics committee.
- ◆ Documentation supports reimbursement for services rendered.

The Council on Accreditation defines a “case record” as a written compilation that describes the client and services delivered. The case record can be used as a source of information for quality improvement or other evaluation activities, for research purposes, or to demonstrate accountability to funding bodies.

The National Association of Social Workers (NASW) *Code of Ethics* presents a number of clearly stated standards related to documentation and case file management, including:

- ◆ Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided, and
- ◆ Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

The American Counseling Association (ACA) *Code of Ethics and Standards of Practice* states that counselors maintain records necessary for rendering professional services to their clients as required by laws, regulations, or agency or institution procedures.

Foster Group Care Service Records

At a minimum, each foster group care service record must adequately support the provision of child welfare services and group care maintenance activities. Each record must contain the following:

- ◆ Face sheet, which includes:
 - The client’s full name, date of birth, and birth place
 - The client’s parents’ full names, addresses, and telephone numbers
 - Religious preferences of the client and the parents
 - Identification of who has legal custody and guardianship
 - Name and contact information for the referral worker and agency
- ◆ Referral packet, including:
 - Social history of the client
 - Copy of the client’s physical assessment and immunization history
 - Psychological testing and psychiatric reports, when available
 - Current educational information for the client
 - The referring agency’s case plan for the client



- ◆ Legal documents, including:
 - Placement agreement signed by the parents or custodian of the client
 - Petitions and orders of the court regarding adjudication, custody, or guardianship of the client
- ◆ Psychiatric and psychological reports on the client, when available
- ◆ Medical records, including:
 - Medical and surgical authorizations, signed by the parents, guardian, or contained in the court order
 - Information on past medical history
 - Complete record of medical care received while in the facility
- ◆ Correspondence, including:
 - Correspondence with the referral worker on evaluation activities, including tests and procedures completed
 - Correspondence with the referral worker regarding changes in the case permanency plan, treatment plan, service plan, or requests for authorization for additional services
- ◆ School or educational information, including:
 - Name of school currently attending
 - Grade placement
 - Any specific educational problems or issues, including copies of Individual Educational Plans (IEP)
 - Remedial action recommended
- ◆ Individual client care plan, including quarterly case reviews and semi-annual review and revision of the plan
- ◆ Additional reports, if requested by the referral worker
- ◆ Form 470-3055, *Referral and Authorization for Child Welfare Services*
- ◆ Documentation of billed services
- ◆ Dictation, including:
 - Appropriate notes, including all significant contacts with parents, the referral worker, and other collateral contacts
 - Documentation of individual, in-person conferences with the client, including notations on behavior



- ◆ Discharge summary, which includes information on the release of the client from the facility, including the name, address, and relationship of the person or agency to whom the client was released

If individual case files include service records for services other than foster group care services, you have the responsibility to maintain the client records in compliance with all applicable rules or contracts.

Foster group care client records must be retained for a period of not less than five years following the date of final payment.

If the record is involved in a litigation, claim, negotiation, audit, review, or other action started before the expiration of the five-year retention period, the record must be maintained until the completion of the action and resolution of all issues which arise from it, even if that is longer than the regular five-year period.

If you cease all business operations, or the foster group care contract is terminated or expires, you should work with your contract monitor as to the disposition of client records. The Department is entitled to the possession of all client service records, in whatever format they have been kept by you. However, they must be in a format acceptable to the Department. **Documentation of Billed Services**

Legal reference: 441 IAC 152.2(6)“a”(3) Documentation of Billed Per Diem Services

As a foster group care provider, you are required to create and maintain documentation that accurately reflects the services you provide and appropriately supports the billings you submit to the Department for payment. This documentation shall:

- ◆ Be created by the qualified individual providing the service,
- ◆ Not be subsequently changed by others,
- ◆ Be created contemporaneously to the service provision and before the submission of the service billing, and
- ◆ Be part of the confidential, individual client service record.

The qualified individuals who provided the service should create the documentation required to substantiate your billings to the Department contemporaneous to the service delivery.



The Department's definition of "contemporaneous" is that the documentation is created within a reasonable time from when the activity occurred, such as at the end of each shift, the end of the day, or possibly even the next day. The Department would argue that the creation of documentation on a weekly basis or once per month would **not** meet the definition of contemporaneous.

All documentation of billed services must be created and placed in the client's record before billing for the services. Each record shall contain documentation of the service that is billed. Because foster group care services are billed on a per diem basis, at a minimum, this daily documentation shall identify:

- ◆ The client's first and last name;
- ◆ The month, day, and year the service was provided;
- ◆ The first and last name of the persons who provided the service;
- ◆ A clear description of the specific services rendered, including interventions, actions, and activities performed, which support the provision of child welfare services; and
- ◆ Any problem areas or unusual behavior of the client.

At a minimum, no less than once in every seven calendar days, the documentation must also describe the client's general progress in regard to the client's care plan.

Perhaps the largest portion of foster group care service is supervision of a client; however, there are other significant interventions that should occur under the billable child welfare service component and should be documented in the client's record.

For example, the Department expects providers to maintain the connections to the client's family and community and help the client transition to adulthood. Therefore, activities such as (but not limited to) facilitating visits and teaching independent living skills that the provider should also be documented in the client's record.

The Department expects significant events should be documented in the client's record. If a client is displaying an unusual problem or behavior and a staff member makes an intervention, document in the client's record a description of the event, the date that it happened, what the intervention was, the client's response, the staff response, and the name of the staff member that intervened.



Documentation must be placed in the client's individual treatment record **before** you bill for that service. Do not bill for a service when you do not have documentation of the provision of that service in the client's individual treatment record to adequately support that billing. Payments to the provider for which documentation fails to meet the requirements for compliance shall be deemed overpayments.

Once a billing has been submitted, do not alter, change, or remove this documentation from the client's individual treatment record.

In summary, the documentation of billed services is a recording of the specific services rendered **by the provider**, including those interventions, actions, and activities performed which support the provision of the child welfare services billed.

Since foster group care services are designed to be provided and billed on a per diem basis, the Department requires documentation each day for every client for whom services are billed.

The documentation of billed services is a contractual requirement that justifies payment by the Department for foster group care services and must be placed in the client's individual record before the provider bills for that service.

Daily Logs

Legal reference: 441 IAC 114.10(4) Daily Log

You are required to maintain a daily log, created every calendar day, for your foster group care program. The daily log is a licensing requirement and therefore a contractual requirement for foster group care services.

The purpose of the daily log is to note general progress and any problem areas or unusual behavior for each client. By definition, daily log notations should be made **each day** for **every client**.

The daily log should also be used to record the use of a reserve bed day. Record the type of reserve bed day used (i.e., family visit, hospitalization, or runaway) and note any information regarding support of the client and family during the reserve bed day.



The daily log is not required to be a separate document. It could be included with the documentation of billed services, provided the daily log meets the requirements for documentation of billed services identified in the previous section.

During a review or billing audit, at the provider's request, the Department will consider the daily logs as sufficient to document billed services, as long as they meet the minimum requirements for the documentation of billed services. In such cases, providers may keep only one record of services provided to each client.

When the daily log is a more general communication tool and not part of any client's confidential, individual client record, the daily log is not sufficient to meet the documentation of billed services.

In summary, the daily log is a recording of the general progress in regard to the care plan and any problem areas or unusual behaviors of each client. Entries record performance, events, or day-to-activities of each client.

Care Plans

Legal reference: 441 IAC 114.10(2) Care Plan

Caseworkers develop and revise the plan in collaboration with the referral worker, the client, and the family, unless the plan contains documentation for the rationale for the lack of involvement of one of these parties (e.g., the court has terminated parental rights).

"Collaboration" means working together. In order for all parties to feel ownership and shared responsibility for successful outcomes, they must be actively involved in defining goals and objectives and in identifying how strengths can be used in achieving them. Document in the plan the collaboration that occurred with these parties. Include dates and significant contributions.

Develop the care plan within 30 calendar days of initiating foster group care services. Provide a copy of the initial and revised plans to the referral worker and the family, unless otherwise ordered by the court.

Care plan goals and outcomes for services must be based on the identified special needs of the client, including any special instructions identified on form 470-3055, *Referral and Authorization for Child Welfare Services*.



Service plan goals and objectives should address the child welfare service component of the foster group care services program, including activities to maintain a client's connection to the client's family and community, to promote reunification or other permanent placement, and to facilitate a client's transition to adulthood.

The care or service plans must reflect the services authorized. Plans may include:

- ◆ Strengths and needs of the client and family.
- ◆ Goals, which are statements of outcomes or results to be achieved to meet the special needs of the identified client.
- ◆ Measurable objectives, which are specific and time-limited statements of indicators, level of competence, or accomplishments necessary for progress toward each goal. The objectives should be indicators that progress is being made toward meeting the client's identified needs.
- ◆ Description of the specific planned services to be provided to achieve the objectives, including an indication of where the services are to occur and the frequency of activities or services.
- ◆ Date of initiation of services and the date the care plan was developed.
- ◆ Identification of the staff responsible for providing planned services. For foster group care services provided on a per diem basis, you may use a job title rather than all of the program staffs' names.

If there is a new authorization for continuation of the same level of foster group care services, review and revise the existing plan for consistency with the authorization. When an authorization changes a level of foster group care, you must write a new initial care or service plan. Write a discharge summary for the services previously authorized.



Guidelines for Care or Service Plan Development

Goals are the end result for services. They:

- ◆ Provide guidelines for the direction of services.
- ◆ Are an expected result or condition that takes time to achieve.
- ◆ Are specified in a statement of relatively broad scope.
- ◆ Are related to the identified needs of the client.

Goals assist you, the client, the Department referral worker, and the juvenile court in establishing service priorities. Goals need to look at the whole person: the environment, family, peers, school situation, social context, work experience, and other critical elements.

Questions to ask when determining goal development:

- ◆ To the referring workers and parents when foster group care services are authorized: "What are the special needs of the child that resulted in out of home placement?"
- ◆ To the client: "What would you like to accomplish during your out of home placement? What is not working now?"
- ◆ To the referring workers and other providers: "What is preventing them from achieving safety? How can we assist the client with what needs to be accomplished?"

Goals must be developed in conjunction with the referring worker, the client (if age-appropriate), and the family.

Objectives are the measurable steps taken to accomplish goals. Objectives:

- ◆ Are indicators and observable measurements of change.
- ◆ Are related to the attainment of a specific goal (serve a purpose).
- ◆ Have a specified time for achievement (date specific).
- ◆ Are logical and realistic.
- ◆ Must be clearly written.
- ◆ Use specific, yet simple terms and language.



When writing objectives, ask yourself if the objective:

- ◆ Is a measurable indicator of change.
- ◆ Reflects progress toward the goal.
- ◆ Is understandable and “realistic.”
- ◆ Has a stated and realistic time line.
- ◆ Has a process stated as performance (not effort) wherever possible.

Service activities are the specific steps taken to accomplish an objective. They must:

- ◆ Reflect the service authorized.
- ◆ Use specific, yet simple language.
- ◆ Show who is responsible for the activity.
- ◆ Identify where the services occur.
- ◆ Identify the frequency of activities or services.

Care Plan Review, Reassessment, and Revision

Legal reference: 441 IAC 114.8(3)“c”(1)

Identify qualified people to monitor the services identified in the care or service plan to ensure that the services continue to be necessary, appropriate, and consistent with the special needs and instructions identified on form 470-3055, *Referral and Authorization for Child Welfare Services*.

When reviewing care or service plans for foster group care services, make sure the services provided are consistent with the case permanency plan.

The caseworker should document case reassessments quarterly. Review each care or service plan 90 calendar days from the initiation of service, every 90 calendar days thereafter, and when any changes are made to the needs on form 470-3055, *Referral and Authorization for Child Welfare Services*. Conduct the 90-day review of plans in conjunction with the quarterly progress reports.

Revise the plan when goals or objectives have been achieved, progress is not being made, changes have occurred in the identified needs, or the plan is not consistent with the identified needs.



Revise the plan in collaboration with the referral worker, the client, and the family, unless the plan documents the rationale for the lack of involvement of one of these parties. Provide a copy of all revised care or service plans to the referral worker and the family, unless otherwise ordered by the court.

Quarterly Progress Reports and Case Reviews

Progress reports shall summarize progress and problems in achieving the goals and objectives of the care or service plan. Write the report in conjunction with the service plan review. The report may:


- ◆ Recommend continued services; or
- ◆ Serve as a discharge summary, if it contains the required information for a discharge summary.

Complete the report and send the report no more than 15 calendar days before the report is due or 15 calendar days after the report is due. Provide a copy of all progress reports or case reviews to the referral worker and to the family, unless otherwise ordered by the court.

Discharge/Termination Summary

The discharge summary shall be a concise report that identifies:

- ◆ The reason for discharge,
- ◆ The date of discharge,
- ◆ The recommended action or referrals upon discharge,
- ◆ The service approaches provided, the measurable progress,
- ◆ The result of treatment as it relates to the identified needs, and
- ◆ The name, address, and relationship of the person or agency to whom the client was released.

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Supplemental Documentation

After you have submitted a billing for a service, you may supplement the documentation of billed services placed in each client's individual treatment record only in accordance with the identified procedures for curing documentation deficiencies as allowed and specified in [Documentation Deficiency Cures](#), below.

For examples of certain types of service provision, billing, and documentation errors that always result in a determination that an overpayment has occurred, please see Chapter F, [Overpayment Situations](#).

Documentation Deficiency Cures

Before submitting your billing, documentation is not subject to a billing review. Once you have submitted an invoice for foster group care services to the Department, any client service records and fiscal records related to that service are subject to review.

Between the time your billing is submitted and the time a billing review is initiated, you may have an opportunity to correct some deficiencies in your existing documentation. Once a billing has been submitted, you may acceptably correct or cure a limited number of deficiencies in **existing** documentation, if your actions are taken before a review is initiated.

Once a foster group care billing review has been initiated, no corrective or cure actions are considered appropriate or allowed. You may consider that a review has been initiated on the earliest of the following dates:

- ◆ The date the contract monitor identifies any of the specific client files to be reviewed.
- ◆ The date the contract monitor begins reviewing any files.
- ◆ For unannounced audits, the date a contract monitor begins or attempts to begin such a review.

PLEASE NOTE: Once service documentation is created and a billing is submitted, it **cannot be changed or removed** from the record and must remain as originally created. Documentation deficiencies can be corrected only through supplemental documentation of each item.



Supplemental documentation will be considered only when it meets all of the following requirements:

- ◆ It is identified as a “supplemental record” on a dated, separate piece of paper.
- ◆ It is substantiated by documentation created contemporaneously to the service provision.
- ◆ It identifies the contemporaneously created documentation that is the basis for the supplementation.
- ◆ It contains the full name of the person responsible for the supplemental information.
- ◆ It is created before the initiation of any review.
- ◆ It is filed in the individual client record of the client to which it applies before the initiation of any review.

If any required item was not documented before the submission of a billing, this deficiency cannot be corrected. For example:

Documentation of a day does not show any identification related to the month, day, and year the service was provided. This deficiency cannot be corrected.


However, if documentation for a client contains partial information related to a required item, you may, in a limited number of situations, remedy this deficiency before the initiation of a review. For example:

1. Documentation of a day contains only the month and day of the service, but the year was originally documented incorrectly or is omitted. Based on contextual evidence, you may add a supplemental record that identifies the correct year.
2. Documentation of a day contains only the first name of the qualified person who provided and documented the service. You may add a supplemental record that clarifies the existing information and identifies the full first and last name associated with the partial name.

The following chart provides a summary of what documentation deficiencies may be cured and the acceptable procedures for correcting such deficiencies.



Requirement	Documentation Required	Is cure action allowable if pre-billing documentation is:		Allowable Cure Actions, Comments, or DHS Actions
		...missing?	...partial?	
Client's name	Client's first and last name	No	Yes	Allowable cure actions: You can supply the full name of the client in a supplemental record when only the client's partial name, nickname, or initials were originally documented.
Date of service	Month, day, and year of service provision	No	Yes	DHS action: When the month and date were documented correctly but the year was originally documented incorrectly (such as during January where the previous year was used and it was clear from some contextual evidence this is so), the recorded date of service will be allowed for billing review purposes.
Who provided the service	First and last name of service provider	No	Yes	Allowable cure actions: You can supply the full name of the service provider in a supplemental record when: <ul style="list-style-type: none"> • Only the service provider's illegible signature, partial name, or initials were originally documented. • Only the service provider's professional license type and license number were originally documented.
Description of specific service provided	Clear description of the specific service rendered to the client	No	No	None
Problem areas	Any problem areas or unusual behavior for the client	No	No	None
Description of progress or lack thereof	Notes indicating the client's general progress in regard to the client's care plan entered no less than every seven days	No	Yes	Comment: You may also address progress or lack progress in 90-day reports.
Care plan	Client care plan required for foster group care services	No	No	None

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Maintenance of Financial and Statistical Records

Legal reference: 441 IAC 152.2(7) Maintenance of Financial and Statistical Records
 441 IAC 152.2(8) Special-Purpose Organizations

Maintain sufficient financial and statistical records, including foster group care program and census data, to document the validity of the reports you submit to the Department. These records must include, all revenue and expenses supported by your general ledger, including but not limited to:

- ◆ Payroll information
- ◆ Capital asset schedules
- ◆ All canceled checks, deposit slips, and invoices (paid and unpaid)
- ◆ Audit reports, if any
- ◆ Board of Directors' minutes, if applicable
- ◆ Loan agreements and other such contracts
- ◆ Reviewable, legible census reports and documentation of units of service provided to Department clients that identify the individual clients and are kept on a daily basis and summarized in a monthly report
- ◆ For non-Department clients, sufficient documentation of utilization to establish a complete unit of service count

Financial and statistical records, in whatever format they are kept by your agency, must be available for review at any time during normal business hours by Department personnel, the Bureau of Purchased Services' fiscal consultant, and state or federal audit personnel. The documentation and financial records prepared by your agency must be retained for review for a minimum of five years from the date of report submission or final payment for foster group care services.



Independent Audits

Legal reference: 441 IAC 152.2(7)“d” Independent Audits

When you have an audit conducted, a firm not related to the organization shall conduct the audit. You must submit a copy of the independent audit report to the Department within 30 days of receipt of the report. The Bureau of Purchased Services shall maintain the report and may provide a copy of the report to the fiscal consultant.

Special-Purpose Organizations

Legal reference: 441 IAC 152.2(8) Special Purpose Organizations

As a provider, you may establish a separate, special-purpose organization to conduct certain client-related or non-client-related activities, on behalf of your agency. For example, you may establish a development foundation to assume your organization’s fund-raising activities.

All special-purpose organizations are considered a related party, when one of the following applies:

- ◆ Your agency controls the special-purpose organization through contracts or other legal documents that give your agency the authority to direct the special-purpose organization’s activities, management, and policies.
- ◆ For all practical purposes, your agency is the primary beneficiary of the special-purpose organization’s activities, such as:
 - The special-purpose organization has solicited funds on your agency’s behalf with your approval, and substantially all funds solicited were contributed with the intent of benefiting your agency.
 - Your agency has transferred some of its resources to the special-purpose organization, substantially all of whose resources are held for the benefit of your agency.
 - Your agency has assigned certain of its functions to a special-purpose organization that is operating primarily for the benefit of your agency.



Compliance With Applicable Laws

Legal reference: 441 IAC 152.2(5) Compliance with the Law

You have the responsibility to ensure your agency, employees, agents, and subcontractors comply with all applicable federal, state, and local laws, rules, ordinances, regulations, and orders when performing services under the foster group care contract.

Your agency, employees, agents, and subcontractors must also comply with all federal, state, and local laws regarding business permits and licenses that may be required to carry out the work performed under the contract.

Failure to comply with this responsibility may be cause for the foster group care contract to be canceled, terminated, or suspended in whole or in part and your agency may be declared ineligible for future state contracts or be subject to other sanctions as provided by law or rule.

Civil Rights Laws

You are required to be in compliance with all federal and state civil rights laws and regulations. This may include being required to provide a copy of your affirmative action plan, which contains time-limited goals, and your non-discrimination and accessibility policies regarding services to clients, to the Iowa Department of Management.

You are required to comply with, but not limited to, the following:

- ◆ **Title VI compliance.** Your agency shall comply with Title VI of the 1964 Civil Rights Act, as amended, and all other federal, state, and local laws and regulations regarding the provision of services.
- ◆ **Section 504 compliance.** Your agency shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, and with all federal, state, and local Section 504 laws and regulations.
- ◆ **Americans with Disabilities Act compliance.** Your agency shall comply with the Americans with Disabilities Act of 1990, and with all federal, state, and local laws and regulations regarding the Americans with Disabilities Act.



- ◆ **Nondiscrimination.** Your agency shall carry out all activities under the terms of the foster group care services contract in a manner that does not discriminate against any person because of the person's race, color, creed, national origin, sex, age, religion, political belief, or physical or mental disability.
- ◆ **Age Discrimination Act.** Your agency shall comply with the Age Discrimination Act of 1975, as amended, and with all federal, state, and local laws and regulations regarding the Age Discrimination Act.

Employment

You are required to comply with all federal, state, and local employment laws and regulations; this would include equal employment opportunity and affirmative action, and the use of targeted small businesses as subcontractors or suppliers.

- ◆ **Affirmative action.** Your agency shall apply affirmative action measures appropriate to correct deficiencies or to overcome the effects of past or present practices, policies, or other barriers to equal employment opportunity.
- ◆ **Equal opportunity.** Your agency shall exclude no person from the participation in or receipt of programs, activities or benefits on the grounds of race, color, creed, national origin, sex, age, religion, political belief or physical or mental disability.

Nor shall your agency discriminate against any person in employment or application for employment on the grounds of race, color, creed, national origin, sex, age, religion, political belief, physical or mental disability, or receipt of medical assistance.

Pro-Children Act of 1994

Your agency must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act).

This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by federal programs either directly or through state or local governments.



Drug-Free Workplace

Your agency must operate a drug-free workplace. At a minimum, you must comply with the following requirements:

- ◆ **Publish** a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- ◆ In the statement, **notify** each employee that as a condition of employment, the employee must:
 - Abide by the terms of the statement, and
 - Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five business days after such conviction.
- ◆ **Give** each employee in the foster group care services program a copy of this statement.
- ◆ **Notify** the Department within 10 business days after receiving notice from an employee, or otherwise receiving actual notice, of a drug conviction;
- ◆ **Impose** a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted, as required by 41 U.S.C. § 703;
- ◆ **Establish** a drug-free awareness program to inform employees about:
 - The dangers of drug abuse in the workplace;
 - Your agency's policy of maintaining a drug-free workplace;
 - Any available drug counseling, rehabilitation, and employee assistance programs; and
 - The penalties that may be imposed upon employees for drug abuse violations; and
- ◆ Make a good faith effort to continue to maintain a drug-free workplace.



Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Your agency must agree that neither it, nor its principals, are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the foster group care program by any federal or state department or agency.

Non-Exclusivity and Irrevocable License

If all or a portion of the funding used to pay for foster group care services is being provided through a grant from the federal government, your agency must acknowledge and agree that pursuant to applicable federal laws, regulations, circulars and bulletins, the awarding agency of the federal government reserves certain rights.

These rights include, without limitation, a royalty-free, non-exclusive and irrevocable license to:

- ◆ Reproduce, publish or otherwise use the services developed under the contract and the copyright in and to those services; and
- ◆ Authorize others to use the services developed under the contract and the copyright in and to those services for federal government purposes.

Use of Funds and Lobbying

Your agency must agree that no federally appropriated funds have been paid or will be paid on behalf of your agency to any person for influencing or attempting to influence:

- ◆ An officer or employee of any federal agency,
- ◆ A member of the Congress,
- ◆ An officer or employee of the Congress, or
- ◆ An employee of a member of Congress.

Further, no funds received or expended shall be used in any way to promote or oppose unionization.



Child Abuse Reporting

Your agency is required to have a written policy and procedure that complies with applicable state and local laws for the reporting of child abuse. This includes the requirement for mandatory child abuse reporter training, pursuant to Iowa Code 232.69, for all staff involved in the foster group care services program.

Confidentiality

Your agency shall comply with all applicable federal and state laws and regulations on confidentiality, including rules on confidentiality contained in 441 Iowa Administrative Code Chapter 9. Your agency shall have a written policy and procedure for maintaining individual client confidentiality, including client record destruction.

Iowa Code Chapter 8F

Your agency is required to comply with Iowa Code Chapter 8F, "Government Accountability –Service Contracts." The following provisions apply:

- ◆ As a condition of entering into the foster group care services contract, your agency must certify that it has the information required by Iowa Code subsection 8F.3 and described in the attachment to the *Foster Group Care Services Contract* titled "Iowa Code Chapter 8F Terms."
- ◆ Your agency must agree that it will provide the information described in the attachment to the Department or to the Legislative Services Agency upon request. Your agency cannot impose a charge for making information available for inspection or providing information to the Department or the Legislative Services Agency.
- ◆ An officer and director of your agency or two directors of your agency must sign the required certification. The certification states that your agency is in full compliance with all laws, rules, regulations, and contractual agreements applicable to your agency and the requirements of Iowa Code chapter 8F.



- ◆ Pursuant to Iowa Code § 8F.4, your agency must file an annual report with the Department and the Legislative Services Agency within ten months following the end of your agency's fiscal year (unless the exceptions provided in Iowa Code section 8F.4(1)(b) apply). The annual report must contain:
 - Financial information relative to the expenditure of state and federal moneys for the previous year for the agency's foster group care program. The financial information shall include, but is not limited to, budget and actual revenue and expenditure information for the year covered.
 - Financial information relating to all service contracts with the Department during the preceding year, including the costs by category to provide all contracted services.
 - Reportable conditions in internal control or material noncompliance with provisions of laws, rules, regulations, or contractual agreements included in external audit reports of your agency covering the preceding year.
 - Corrective action taken or planned by your agency in response to reportable conditions in internal control or material noncompliance with laws, rules, regulations, or contractual agreements included in external audit reports covering the preceding year.
 - Any changes in the information covered by your agency's Certification Regarding Compliance with Requirements of Iowa Code Chapter 8F.

In addition, your agency must comply with Iowa Code Chapter 8F with respect to any subcontracts it enters into pursuant to the foster group care contract. Any compliance documentation, including but not limited to certifications, received from subcontractors by your agency must be forwarded to the Department.