



**ITN-ECA-C13-CPA-FY22
Official Response to Written Questions**

These are the official answers to written questions submitted in accordance with the conditions of the ITN				
Questions		Answers		
1.	Annual Data for Traditional CPA contracts for FY17-18 a. Licensed Beds b. Licensed Homes c. Children Served d. Placement Stability		7/1/17	6/30/18
		Licensed Beds	703	793
		Licensed Homes	371	435
		Children Served	614 during the month of July 2017	696 during the month of June 2018
		Placement Stability separated by agency or placement type is not available; overall licensed care data is identified in the ITN.		
2.	Annual Total Cost for Traditional Foster Care in FY17-18	These costs will continue to be paid directly by Eckerd Connects and are not part of the estimated budget amount identified in the ITN.		
3.	Total Cost and Procedure for Enhanced Rates paid by Eckerd for FY17-18	Any rate above the contracted rate must be approved by an Eckerd Connects designee. These costs will continue to be paid directly by Eckerd Connects and are not part of the estimated budget amount identified in the ITN.		
4.	Will costs related to training, mileage, and daycare remain with the agency selected?	Correct. These costs are included in the estimated budget amount identified in the ITN.		
5.	Can you provide the financial snapshot for the amount paid to all CPA's collectively for the youth in Traditional Foster Homes in June 2018?	CPA fees paid for June 2018 were \$193K. These costs are included in the estimated budget amount identified in the ITN.		
6.	What is Eckerd's position on the Agency that wins the	Eckerd Connects encourages collaboration amongst the current licensing agencies.		

	bid contracting with other Agencies?	
7.	<p>Family Place</p> <p>a. Will Eckerd Connects maintain the lease for the Family Place and continue to support the HCFPA, their monthly meetings, and associated resources?</p> <p>b. What is the plan for the office space currently utilized by Eckerd Connects Placement and Licensing Staff, when will the lease for the Family Place end and what is the monthly cost?</p>	<p>a. There are currently no plans to change current practice.</p> <p>b. This space will be utilized by Eckerd Connects. Lease costs are not included in the ITN amount. Eckerd Connects will retain the space and lease for their use.</p>
8.	Provide the Eckerd Connects Recruitment Plan	See Exhibit A
9.	What role will Eckerd Connects play in recruitment subsequent to awarding the ITN?	Any recruitment activities engaged in by Eckerd Connects will be in coordination with the selected provider. Any individuals interested in becoming licensed foster parents will be directed to the selected agency for orientation and all other required licensing activities.
10.	Does Eckerd Connects intend to continue monthly community foster care orientations past the 2/1/2019 date?	No. The provider selected through the ITN will be responsible for foster care orientation activities. Eckerd Connects will partner with the selected provider to provide support, including a location to host orientation activities if requested.
11.	Does Eckerd Connects intend to continue their own licensing of traditional foster homes past the 2/1/2019 date?	No. It is not the intent for Eckerd Connects to directly license foster homes following the transition of the selected provider.
12.	What is Eckerd Connects' recruitment budget?	Recruitment costs are included in the estimated budget amount identified in the ITN. Eckerd Connects is not prescribing a recruitment process and would suggest recommendations to this process be included in written proposals submitted in response to the ITN.
13.	<p>Will Eckerd continue to support C13 efforts to update Professional Parenting to include collaborating with USF for the development of an online component?</p> <p>a. What financial support will Eckerd provide for</p>	Eckerd Connects will continue to support the efforts of an online component to Professional Parenting and will pay for the Circuit 13 cost share of development.

	these efforts as this is a collaborative with C6?	
14.	Will the agency have legal flexibility to own the Professional Parenting Training Curriculum to make timely updates, etc.?	Professional Parenting was purchased with state funding and there is no proprietary ownership of the curriculum.
15.	<p>A shortage of suitable placements for children of all age ranges, including teens with behavioral needs and challenging behaviors, exists in Hillsborough County.</p> <p>a. What are Eckerd Connects' efforts to date to stabilize these youth – contracts, program enhancements, partnerships with external systems and providers?</p> <p>b. Where are the ongoing gaps and unmet needs preventing stability for these youth?</p> <p>c. How many homes and beds does Eckerd estimate are needed to stabilize C13 foster children?</p>	<p>a. Eckerd Connects employs 2 Resource Specialists focused on working with the Case Management Organizations, Placement Providers, Placement Services, community support agencies and the youth in the system of care. These staff work on youth engagement and lead regular teen resource staffings to work together to link the youth to supportive services and to have open communication as to the supports needed for placement stabilization. Eckerd Connects is working with community partners to provide Targeted Case Management services to the youth who agree to work with services as well as mental health services.</p> <p>b. Additional supports for youth who are not able to attend school due to suspension or other reasons for daytime activities. The youth continue struggle with not being able to have their cell phones at their placements.</p> <p>c. Eckerd Connects suggests recommendations for the estimated number and type of licensed care beds needed be included in written proposals submitted in response to the ITN.</p>
16.	<p>Eckerd Connects intends to continue to provide Clinical and Behavioral Health Coordination as well as Utilization Management services, to include oversight of the Out of Home Care rate structure and approval process, psychotropic medications, Child Placement Agreements, Client Related Services through the Purchase of Service (POS) system in CoBRIS.</p> <p>a. Provide program description to include roles/responsibilities for positions and how will the ECA positions partner with Subcontractor.</p> <p>b. What is the Placement ASO budget?</p> <p>c. Will Subcontractor have access to ASO funding for</p>	<p>a. Eckerd Connects will maintain a clinical department comprised of a Clinical Supervisor, SPOAs, a Nurse Care Coordinator, and a Utilization Manager responsible for the oversight of the Purchase of Service system through CoBRIS. An additional Utilization Management position in the Eckerd Connects Quality Department is responsible for the oversight of Child Placement Agreements and Psychotropic Medications. Eckerd Connects will work with the selected provider during the transition period on partnering/responsibilities between the selected provider and the Eckerd Connects clinical department.</p> <p>b. The annual POS budget is \$31,240, which is processed through CoBRIS.</p>

	<p>placement related supports?</p> <p>d. Provide P&P for Placement ASO</p>	<p>c. Yes the subcontractor will have access to POS funds through the CoBRIS for emergency placement related supports.</p> <p>d. See Exhibit B</p> <p>e.</p>
17.	<p>Provide a copy of Eckerd Connects' referenced P&P for Placement that apply to placement services for children in out of home care.</p>	<p>It is recommended that Respondents include recommendations for P&Ps that apply to placement services for children in out of home care in accordance with Florida Statute, Florida administrative Code, CFOP, and any other applicable authorities.</p>
18.	<p>Provide copy of Eckerd Connects P&P for Level of Care and MDT staffings and a Table of Organization for responsible staff.</p>	<p>It is recommended that Respondents include recommendations for P&Ps that apply to levels of care and MDT staffings in accordance with Florida Statute, Florida administrative Code, CFOP, and any other applicable authorities. These are not functions included in the ITN and Eckerd Connects will partner with the selected provider to ensure effective and efficient processes and established.</p>
19.	<p>Provide a copy Eckerd's Table of Organization, salaries and performance status for impacted positions.</p>	<p>See Addendum #1 to the ITN posted on the Eckerd Connects website. Eckerd Connects is not prescribing the # of FTEs or staff structure, which is required to be included in the written proposals to the ITN. TOs, salaries, and performance status of impacted positions within the Eckerd Connects' System of Care will be discussed during the transition period with the selected provider.</p>
20.	<p>How many positions currently, including supervisory, are approved for placement related services overseen by Eckerd Connects that will be related to the responsibilities outlined within the ITN</p> <p>a. What are the previous fiscal year costs for those employees (or estimate total fiscal year costs if all positions were not filled for last fiscal year)?</p>	<p>Eckerd Connects is not prescribing the # of FTEs, salaries or staff structure and is leaving this up to the Respondent to determine.</p>
21.	<p>Will Eckerd Connects or Subcontractor pay Traditional Respite Care costs?</p>	<p>Eckerd Connects will pay respite care costs.</p>
22.	<p>What is the annual cost for Traditional Respite Care?</p>	<p>Eckerd Connects will pay respite care costs.</p>

23.	Foster Parent Mentors are currently under the Lead Agency. Will they be going to the Agency who wins the bid?	Correct. The funding for the Foster Parent Mentors is included in the estimated contract amount identified in the ITN. The Foster Parent Liaison will remain as an independent contractor with Eckerd Connects.
24.	<p>Foster Parent Mentors</p> <ul style="list-style-type: none"> a. Annual Budget b. Program Description c. Roster of Current Mentors 	<ul style="list-style-type: none"> a. Current annual budget for Foster Parents Mentors is \$16,200.00. b. The purpose of this Agreement is to support Eckerd Connects and the Foster Parent Liaison’s shared goals of increasing the overall retention rate of foster parents, increasing placement stability in foster homes, and to educate foster parents on how to successfully navigate through the Eckerd Connects-Hillsborough System of Care. c. Eckerd Connects currently allocates 3 Foster Parent Mentors with the funding identified above, and 2 Mentor positions are currently filled. It is recommended that the Respondents include recommendations of the use of these funds, including roles and responsibilities, in their written proposals. d.
25.	<p>Foster Care background Screening Costs</p> <ul style="list-style-type: none"> a. What is the budget for foster care background screening? b. What were the total # of FTEs and their FY17-18 costs Eckerd Connects utilized for conducting background screens for CPAs? c. Is ECA retaining this financial responsibility with CPA/Subcontractor processing the screening as per current practice? 	<ul style="list-style-type: none"> a. Eckerd Connects will continue to pay for the actual FDLE costs of screening and this is not included in the ITN. b. Eckerd Connects utilized 1 FTE for background screens to support the CPAs. c. Eckerd Connects will continue to pay for the actual FDLE costs of screening. Eckerd Connects is not prescribing the # of FTEs, salaries or staff structure and is leaving this up to the Respondent to determine.
26.	<p>Transportation and Child Supervision</p> <ul style="list-style-type: none"> a. When and for whom are transportation services included in the ITN for? b. Will Eckerd Connects pay for depreciation for purchased vehicles or will vehicles be expensed in current year? c. Eckerd Connects P&P for transportation, current 	<ul style="list-style-type: none"> a. Transportation services included in the ITN are for youth assigned to a Case Management Organization related to the pick up and drop off of youth related to their placement. These are typically scheduled placements in the morning and afternoon. This transportation would not include support of children assigned to HCSO CPID. b. Eckerd Connects’ practice is to lease vehicles. These costs are

	<p>FTEs, current budget, and monthly expenses for transportation services</p> <p>d. Will Eckerd continue to fund daycare contracts as is currently in place to support initial placement and emergency needs?</p> <p>e. Protocol for the supervision of children pending placement including the location where supervision occurs</p>	<p>included in the estimated budget amount identified in the ITN.</p> <p>c. The Lead Agency is not prescribing the # of FTEs, salaries or staff structure and is leaving this up to the Respondent to determine. Eckerd Connects would suggest recommendations to this process be included in written proposals submitted in response to the ITN.</p> <p>d. Eckerd Connects will continue to pay for daycare related to initial placement and emergency needs. See Question #4 related to regular daycare.</p> <p>e. The supervision of children pending placement will remain the responsibility of the assigned Case Management Organization. Respondents are encouraged to include any recommendations to the supervision of children pending placement in their response to the ITN.</p> <p>f.</p>
27.	<p>Provide detail for Diversion Services and collaboration with Placement and HCSO</p>	<p>Eckerd Connects employs 4 Resource Specialist (RS) positions who are co-located with the Hillsborough County Sheriff's Office Child Protection Investigation Division (CPID). When a child is being sheltered by CPID during the work week, they will notify the assigned RS within the Eckerd Connects Prevention and Diversion Services department. This RS will start assisting the CPI to identify possible relative and non-relative placements for the child. The Diversion team also sends an on-going shelter email throughout the day to provide placement with up to date information on the shelters occurring by CPID. This email includes the reason for removal, names and demographics for the youth and any relatives or non-relatives who are being explored.</p> <p>If in home Diversion services are working with the family prior to removal, the subcontracted Diversion Provider is entering a family finding note in FSFN to help identify possible placement if needed in the future.</p> <p>When Placement Services is in need of follow up on documentation</p>

		<p>needed from the assigned CPI, the RS can assist in connecting the CPI to Placement to help ensure the paperwork is completed.</p> <p>The RS continues to follow up on any pending home studies and will provide an email update to Placement Services when there has been a CPID approved home study and youth are moving. This assists Placement in identifying licensed beds that may be opening as a youth is moving to a non-licensed placement.</p>
28.	<p>Are dedicated funds in the Eckerd Connects budget through June 30, 2022 specified for the maintenance and then subsequent updates to the CareMatch software?</p> <p>a. If so, what are those amounts? If not, will the Eckerd Connects contract with the provider of CareMatch be released?</p>	<p>The selected provider will be required to utilize the solution put in place by Eckerd Connects. However, the solution provided and the payment will be the responsibility of Eckerd Connects.</p>
29.	<p>Independent Living and Normalcy Activities</p> <p>a. Provide the process and responsibilities for staffings</p> <p>b. Provide template</p> <p>c. Provide Camelot's responsibility</p>	<p>a. Currently Camelot Community Care's IL Coordinator conducts 17 and 17 3/4 Transition Case Plan Staffings for youth in Licensed Foster Care. The invitation is sent to the Primary Case Manager, who is required to invite the GAL, AAL, Caregivers, and any one else the youth feels should be present. The Case Management coordinates transportation with provider/Caregiver.</p> <p>b. See Exhibit C</p> <p>c. Camelot's responsibilities in the Independent Living Services subcontract with Eckerd Connects include but are not limited to:</p> <ol style="list-style-type: none"> 1. Provide youth ages 13-17 and young adults ages 18-23 with opportunities to participate in life skills activities. 2. Develop and maintain a list of age-appropriate activities to be offered to all children involved in independent living transition services and their foster parents or other caregivers. 3. Coordinate activities and communication with Eckerd Connects, Case Management Organizations (CMOs), the Department, OAG/CLS, the Guardian ad Litem Program, and other applicable entities or agencies as they relate to the

		<p>services required by this Subcontract.</p> <ol style="list-style-type: none"> 4. Collaborate with CMOs and Eckerd Connects Operations staff, as well as community providers, to support the progression of the case toward permanency and the preparation of the youth or young adult for independent living. 5. Assist youth and young adults in accessing postsecondary education to increase the likelihood that foster youth and young adults will follow through on plans for future education. 6. Provide supports to stabilize youth in partnership with Case Management to ensure eligibility with EFC and PESS programs prior to the age of 18. 7. Identify and facilitate opportunities for older children in foster care to interact with mentors. 8.
30.	Is it Eckerd Connects' intent to still host and facilitate Licensing and QA Reviews?	Eckerd Connects will participate in these reviews and would suggest recommendations to this process be included in written proposals submitted in response to the ITN.
31.	Is the intent for file submissions and waivers to stay with the Lead Agency?	Yes, those are Lead Agency functions and will remain with Eckerd Connects.

Exhibit A



Action Plan

Department of Children and Families – Licensing Department
SunCoast Region

CBC: Eckerd Connects, Hillsborough	Recruitment Plan X	Retention Plan
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Objective:	To develop an awareness among prospective foster families regarding the need for foster homes who can accommodate sibling groups of 4 or more. Eckerd will depict a current life story of separated sibling groups at Orientations, Recruitment Events, and pre-service classes. This will include a picture of a sibling group (not our children), the reasons for removal, and the timeline for placements.
Impact (Success Outcome):	In FY 2016-2017, Eckerd Connects, Hillsborough licensed 1 foster home for 4 beds. For FY 2017-2018, we will have a goal of licensing 1 new home for 4+ beds per six months, an increase of 200%. Eckerd did not meet the first goal; however, two homes have been licensed with a capacity of 4 and a third home was licensed with a capacity of 5. One of the homes licensed for 4 is caring for a sibling group of 4 who stepped down from an RGC (two of whom are 0-5, the other two are 6-12). The other home licensed for 4 is caring for a sibling group of 3 who were new into care (one is 0-5, the other two are 6-12). The home licensed for 5 is caring for a sibling group of 4 who were new into care (two are 0-5, the other two are 6-12).

	Task	Person(s) Responsible	Status	Completion (estimated or actual)
1.	Connect with the Placement Department quarterly regarding sibling groups of 4+ coming into care with details needed about where they were placed and why they were removed. *Side note: As a result of the information provided during Orientation, the 3 boys (teen included) from the sibling group of 5 were placed in a home together.	ECA H Licensing	Completed for 11/15/17 Orientation	Ongoing

<p>2.</p> <p>Hired recruiting and licensing specialist to recruit and license new home for siblings.</p>	<p>ECA H External Relations</p>	<p>Completed and Ongoing</p>	<p>Ongoing We have 23 persons inclusive of 8 couples who are Eckerd homes currently in foster home training</p>
<p>3.</p> <p>Connect with Eckerd External Relations:</p> <ol style="list-style-type: none"> 1. Feature a story on social media (FB/Twitter) about a successful sibling placement; 2. Social media specific recruitment for sibling groups <p>Include orientation dates and location</p>	<p>ECA H Leadership</p>	<p>Ongoing</p>	<p>7/15/2018 (mtg w/ External relations completed-draft story being developed Completed by 8/30/2018</p>
<p>4.</p> <p>Utilize new home tracker to identify when homes are licensed, including their capacity.</p> <p>*Side note: Eckerd is working on step downs to target the utilization of foster homes for sibling groups. One home was identified to care for a child without permanent placement, another home was able to accept the sibling to their current placement who was also a teen stepping down from group care, a third was able to step a sibling group of 4 out of a group home, and a fourth stepped down a sibling group of 3 from a group home.</p>	<p>ECA H Licensing</p>	<p>In process – 3 new homes licensed for 4 or more, all have accepted sibling groups</p>	<p>Ongoing</p>



Action Plan

Department of Children and Families – Licensing Department
SunCoast Region

CBC: Eckerd Connects, Hillsborough	Recruitment Plan <input checked="" type="checkbox"/>	Retention Plan <input type="checkbox"/>
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Objective:	To recruit a minimum of 4 licensed beds (doubling the previous year’s numbers) per month to serve children 13-17. This will include newly licensed foster homes and/or raising the age of an existing foster home. Partner with Independent Living and Licensing Agencies to include youth who aged out of foster care and teen foster homes in the final night of Eckerd pre-service classes. This will be accomplished through a Raise the Age campaign which provides an incentive to new and existing foster homes to expand their age profile to serve more teens. Partner with External Relations to develop a hashtag for teen stories on social media.
Impact (Success Outcome):	In FY 2016-2017, Eckerd Connects, Hillsborough licensed 46 teen beds, with 30 of those used for teens. This is an average of just over 2 teen beds a month. For FY 2017-2018, we will have a goal of licensing and/or raising age demographics an average of 4 teen beds per month, totaling 48 new teen beds for the year. This is an increase of 18 beds from the year prior.

	Task	Person(s) Responsible	Status	Completion (estimated or actual)
1.	Hired recruiting and licensing specialist to recruit and license new home for teens.	ECA External Relations	Completed and Ongoing	Ongoing
2.	Identify foster homes currently licensed who are serving teens. Five homes have enrolled in raise the age.	ECA H Licensing	Ongoing	Ongoing

3.	Created a Teen Recruitment Tracker. Need to add a column to distinctly identify Newly Licensed and Raise the Age.	ECA H Licensing Specialist – Alyssa Hughley	Tracker completed & update needed	Extended to 8/1/2018
4.	Connect with Independent Living and Licensing Agencies to identify youth to participate in ECA pre-service classes. Maintain ongoing contact prior to each new class starting to ensure participation.	ECA H Licensing	Ongoing PPT with ECA foster parent trainings	Ongoing
5.	<p>Connect with Eckerd External Relations:</p> <ol style="list-style-type: none"> 1. Feature a story on social media (FB/Twitter) about a successful teen placement; 2. Social media specific recruitment for teens <ul style="list-style-type: none"> • Include orientation dates and location 	ECA H Leadership	Ongoing	<p>07/15/2018 (mtg w/ External relations completed- draft story being developed Completed by 8/30/2018</p>
6.	<ol style="list-style-type: none"> 1. Analyze effectiveness of recruitment plan quarterly, sending out reminders to current foster parents about the need for teen homes. Adjust plan accordingly. 2. Send reminder to CPAs about the need for teen homes and Raise the Age Program 	ECA H Licensing	Analyzed 6/25/2018	<p>10/8/2018 1/7/2019 4/8/2019</p>

Exhibit B



Purchase of Child Services Request (POS)			
Effective Date: 7/01/18	Chapter:	Operating Guideline: OHC-OG10	
Supersedes: N/A	Applicable to: Eckerd Connects Community Alternatives Hillsborough	Pages: 1 of 4	
Director: Kim Bailey			
Director's Supervisor: Genet Stewart			

PURPOSE

This procedure is established by Eckerd Connects to effectively and efficiently serve the needs of children and families through a collaborative community effort, maximizing community involvement and resource sharing. Also, it is Eckerd Connects procedure to allocate those resources in such a manner as to prevent placement out of the home if the child can be safely kept at home or with relatives and if such expenditures are an eventual cost savings over placement.

PROCEDURE

A Purchase of Child Services Request is defined as a service or activity outside the usual realm of services provided by the Case Management Organization (CMO). Examples include educational tutoring, psychological evaluations, substance abuse evaluations and testing, summer camp, parenting classes, etc. These Service Requests shall be requested through CoBRIS or through the Hillsborough County Children's Boards' Administrative Services organization (ASO) system. Determination of the system to request funding for services shall be made as follows:

I. Guidelines for use of ASO Funds:

A. General guidelines for use of ASO funds are as follows:

1. Each service and support must directly relate to a goal or a need expressed in the individual family support plan or case plan and must be documented in the plan.
2. All other resources should be exhausted before using ASO funds, including Medicaid, insurance, community resources, natural supports, and the family's ability to pay.
3. If the ASO expenditure is for a recurring need (e.g. rental assistance), the case manager should document how this recurring financial responsibility will be addressed in the future.
4. The development of a personal budget with the family is strongly encouraged, especially if the ASO expenditure relates to the economic stability or basic needs assistance.
5. Families should be given choice in services provided to meet their identified needs, as well as choice in the providers who deliver the service.
6. All ASO requests must be approved by the program supervisor.
7. The case manager must document the use of ASO funds in their client file record for the family and include evidence that the family received the service or support in the form of receipts or provider progress notes or reports.
8. The case manager must have a consent form signed by the parent or guardian authorizing exchange of information with the Children's Board and the ASO provider as applicable.

9. If pre-paid cards are used for any ASO expenditure, the family must sign the Pre-Paid Card Form acknowledging receipt of and purpose of the card. This form must be filed in the client record along with the itemized receipt for purchases.

B. Restrictions regarding the use of ASO funds:

1. The ASO only issues payments in the form of a business check; however, there are exceptions in which the ASO credit card is used.
2. ASO funds may not be disbursed directly to families; payments should be issued directly to the provider of goods or services. Exceptions may be made when a reimbursement is the only way to meet the need.
3. ASO payments for Childcare Support may not exceed twenty (20) days of service per fiscal year (Children's Board funds only).
4. Before ASO funds can be used to pay first month's rent, the property must pass an inspection completed by an ASO approved Housing Specialist. Documentation of the successful inspection must be submitted to the ASO prior to budget approval and the inspection report should be filed in the client record.
5. The ASO can only issue payments to utility companies if the bill is in the same name of an adult household member or owner of the property. ASO funds cannot cover tampering fees, returned check charges, or restitution.
6. ASO funds may not be used for the following:
 - a. Expenses related to criminal activity, including related legal fees, court costs, citations, restitution, etc.
 - b. Alcohol, tobacco, firearms, or lottery tickets
 - c. Expenses related to immigration or returning families to their country of origin
 - d. Residential treatment
 - e. School tuition for primary or secondary education (K-12)
 - f. Holiday gifts or decorations
7. If there is not sufficient back-up documentation for services and supports purchased with ASO funds, or the funds are not spent as authorized in the family support plan or case plan, the Children's Board will seek reimbursement of the ineligible expenditures from the Case Management Organization.

C. Procedures to access ASO funding is as follows:

1. When the need for these services or activities is identified by the team, the team will attempt to engage readily available resources. This may include asking the biological parent to pay the expense or consulting with other CBC partners to determine if other agencies offer these services free of charge. Teams are empowered to think creatively, to engage all available resources, and to share this information with other teams to increase the collective knowledge of the system of care.
2. If the team has exhausted all possibilities, the CMO Case Manager will complete the ASO Enrollment Form and submit the form to their supervisor, who will enter the information into the ASO system.
3. The CMO Case Manager will complete a Budget Item Request Form for the specified service and will submit to their supervisor who will review the information in a timely manner and provide further guidance to the team regarding available agency and community resources.
4. Once all possibilities have been exhausted the CMO Supervisor will enter the service request into the ASO system where the approval process will take place through their organizations

identified ASO Supervisor (CMO Program Director, Assistant Program Director or Operations Manager).

II. Guidelines for use of POS Funds through CoBRIS:

A. Services that do not directly relate to a goal or need expressed in the individual family support plan or case plan but are identified as a need to assist in stabilizing a child's placement or preventing an out of home care placement will be entered into the CoBRIS system. These services include:

1. Supervision Services
2. Bus Passes
3. Drug Screens
4. Purchases for children such as clothes, computers, cell service, food not directly related to the case plan

B. Procedures to access POS funding is as follows:

1. When the need for these services or activities is identified by the team, the team will attempt to engage readily available resources. This may include asking the biological parent to pay the expense or consulting with other CBC partners to determine if other agencies offer these services free of charge. Teams are empowered to think creatively, to engage all available resources, and to share this information with other teams to increase the collective knowledge of the system of care.
2. If the team has exhausted all possibilities, the team will then complete a Purchase of Client Services Request via CoBRIS and submits it to their Agency Supervisor. The Supervisor reviews the form on a timely basis and provides further guidance to the team regarding available agency and community resources.
3. Once all possibilities have been exhausted the CMO Supervisor will submit the Purchase of Service (POS) form through CoBRIS where the initial approval process will take place through their organizations identified points of contact. Once the point of contact approves the request, it is sent to the Utilization Management Specialist.
4. The Eckerd Utilization Management Specialist will conduct the final review and authorization within three (3) business days of receiving the request via CoBRIS. Any outstanding questions or concerns regarding the submitted POS require resolution before the Utilization Management Specialist authorizes the approval for the POS. The CMO will be notified once the POS has been approved or denied. If approved, will electronically approve the request via CoBRIS and attach any final comments. The CMO will be notified at this time. Any outstanding questions or concerns will be communicated back to the team for clarification.
5. Every POS request requires appropriate documentation which includes a budget for each client (with the expectation that the client will share in the cost of each case plan task or service associated).

C. Payment at time of service for POS Requests through CoBRIS

1. If payment is required at the time the service is rendered a completed POS request along with a copy of the invoice via CoBRIS shall be submitted in a timely manner. Checks are issued from the Eckerd Connects Support Center every Wednesday. All requests for immediate payment must be

submitted to the Eckerd Connects Support Center via the Eckerd Connects Utilization Management Specialist by Monday, no later than noon. In the event that a payment is needed urgently and the CMO cannot wait for the Eckerd Connects support center, Eckerd Connects has the ability to utilize a Purchasing card, as does each CMO for preauthorized expenses.

2. The Case Management Team coordinating the service needs to insure that a payment receipt is received at the time the service is provided. The payment receipt will need to be delivered back to the Utilization Management Specialist, with a POS request complete. The Utilization Management Specialist will send the request to the Accounting Department.

D. Payment after service

1. When the service or activity involves payment after it is provided, the provider will submit an invoice to the Utilization Management Specialist with Eckerd Connects.
2. The Utilization Management Specialist enters the receipt into CoBRIS and request that a check be issued by Eckerd Connects Support Center.

All Eckerd policies, procedures, work-product and related products are confidential and proprietary.



ECA ILS Transitional Services Case Plan



- 17-year-old
- 17 1/2-year-old
- EFC
- Other: _____

This document serves as the Transition Plan

Date of Staffing: _____

Has a court hearing been scheduled for the 17-year-old Judicial Review?

- Yes, hearing is scheduled for: Date: _____ Time: _____
- No *Note: A Judicial Review hearing must be held within ninety days after a child's 17th birthday*

Name of Youth: _____ DOB: _____

Phone: _____ Email: _____

FSFN Case Name: _____ Court File Number: _____

- Current Placement Type/Living Arrangement:
- Foster Home
 - Group Home/Res.
 - Dorm
 - Supervised Practice Living Arrangement, shared housing w/roommates
 - APD Home
 - Supervised Practice Living Arrangement, host home w/adult
 - Shelter
 - Other: _____

Current Placement Name (if applicable): _____

Primary Goal: _____ Concurrent Goal (if applicable): _____

For those not yet 18 years of age, if goal is not reunification, is the youth interested in adoption?

- Yes
- No

If yes, describe the tasks needed to assist with this goal and what steps have been taken:

ILS Transition Specialist: _____ Cell: _____

- _____ Date of order of adjudication, or in file
- Adjudication Pending
- _____ Date of order removing disability of non-age in file
- _____ Date of most recent Judicial Review in file
- _____ Date of order modifying placement to licensed foster care (if applicable) in file
- _____ Date of 17-year-old Life Skills Assessment
- _____ Date Education Plan updated in youth's Case Plan (attach copy) attached

Immigration Status:

- Is the youth/young adult a U.S. Citizen? Yes No
- Does the youth/young adult have an alien resident card? Yes No N/A
- Is the youth/young adult authorized to work in the U.S.? Yes No
- Does the youth/young adult have a valid passport? Yes No
- Does the youth/young adult have an assigned immigration attorney? Yes No

If yes, name and contact information: _____

Follow-up Tasks & Responsible Parties:

Youth has been provided with the following legal documents:

- Birth Certificate
 Social Security card
 Medicaid card
 State ID

Follow-up Tasks & Responsible Parties:

Youth has been provided with information, including eligibility & requirements, on the following :

- Florida Tuition Waiver
- Bright Futures and other grants/scholarships
- Medical Advocate
- Road to Independence
- Extended Foster Care (EFC)
- Postsecondary Education Services & Support (PESS)
- Aftercare
- Supervised Practice Living Arrangement
- Rights & Responsibilities of Teens in Licensed Foster Care
- Public Assistance: Food Stamps and Cash Assistance
- SSI/SSA and Master Trust (if applicable)
- Medicaid
- attending Judicial Reviews & that teens in licensed foster care are encouraged to do so

Life Skills Plan and Independent Living Assessment

This section is completed using the results of the independent living assessment tool; review of the file; review of other assessments and evaluations, including educational, psychological and psychiatric evaluations; personal observation and interviews with any person who is familiar with the child and can be helpful in the assessment process.

Date of 17-year-old Daniel Memorial Life Skills Assessment: _____

Assessment Results:

Category/Topic	Score	Strength	Need
Money Management & Consumer Awareness			
Food Management			
Personal Appearance & Hygiene			
Health			
Housekeeping			
Transportation			
Education Planning			
Job Seeking			
Job Maintenance			
Emergency & Safety Skills			
Community Resources			
Interpersonal Skills			
Legal Skills			
Housing			

Skill Development Progress (based on previous assessments and previously identified needs):

Date of Financial Literacy training (including budgeting & banking skills): _____

Date of Job Seeking training (including interviewing): _____

Date of Parenting training: _____

Objective/Life Skill to be Developed and Obstacles to Goal Achievement (include skills for which services are expected to be needed past the participant's 18th birthday)	Responsible Party	Timeframe for Completion

Educational/Vocational

Current school name: _____

School type: public high school private high school GED program

Community College University Vocational/Technical School

other: _____

IEP Date: _____ N/A

FCAT Sections Passed: Math Reading Science

According to youth/young adult's current education institution, youth/young adult is currently:

Below Grade Level At Grade Level Above Grade Level

Current Diploma Track: Standard Diploma Special Diploma

Expected level of educational attainment on 18th birthday:

High School Diploma obtained

GED obtained

Enrolled in High School in grade: _____ with expected graduation date of: _____

Enrolled in GED program with expected completion date of: _____

Other: _____

Post-secondary educational/vocational plans/goals:

Associates Degree

Bachelors Degree

Masters Degree

Vocational Certificate

Military

Other: _____

Career goal(s):

Specific options for the young adult to use in obtaining education services

Option 1: _____

Option 2: _____

Option 3: _____

For current postsecondary students:

Number of semesters completed at current educational institution: _____

Number of credits earned at current educational institution: _____

Date FAFSA completed: _____ or Not completed

If completed, was the application approved?: Yes No

Date Bright Futures application completed: _____ or Not completed

If completed, was the application approved?: Yes No

Other grants/scholarships youth/young adult has applied for:

_____ Date: _____ Approved: Yes No
 _____ Date: _____ Approved: Yes No
 _____ Date: _____ Approved: Yes No

Has the young adult previously received financial aid from a postsecondary institution and subsequently become ineligible?

Yes No If yes, explain:

Does the young adult have any outstanding balances at any postsecondary institutions?

Yes No If yes, explain:

Has the young adult been academically expelled from a postsecondary institution?

Yes No If yes, explain:

Is the young adult currently eligible for PESS? (age 18+ only) Yes No

Is the youth/young adult currently receiving tutoring services? Yes No

If not, is the youth/young adult in need of tutoring services? Yes No

Career goal(s):

Participant's identified academic advocate (*foster parent, teacher, other school staff member, employee of the department or community-based care provider, or community volunteer*)

Name: _____

Relationship to participant: _____

Phone: _____ Address: _____

Objectives and Obstacles to Educational/Vocational Goal Achievement (include GPA, core courses & electives required for the participant's educational/vocational goal(s))	Responsible Party	Timeframe for Completion

--	--	--

Criminal History

List any charges, court ordered requirements, and the participant's current legal status:

JPO (if applicable): _____ Phone: _____

Employment

Current Employer: _____

Address: _____

Phone: _____ Hrs/wk: _____ Wages: _____ /hr Start date: _____

Name of Supervisor: _____

Employment History

Employer: _____ Start: _____ End: _____

Employer: _____ Start: _____ End: _____

Employer: _____ Start: _____ End: _____

Employment Goals:

_____ Target Date: _____

_____ Target Date: _____

_____ Target Date: _____

Specific options for the young adult to use in obtaining workforce support & employment services

Option 1: CareerSource (local workforce provider)

Option 2:

Option 3:

Objectives and Obstacles to Employment Goal Achievement	Responsible Party	Timeframe for Completion

Extracurricular Activities

List all of the participant's extracurricular activities, including volunteering activities, sports, academic and social clubs, etc. Include the dates & time of the activities and the method of transportation used by the youth in order to participate.

Specific Options for Housing (EFC participants must choose from licensed foster home, licensed group

home, or shared housing arranged by the CBC agency)

Include placement/living arrangement type, location, possible roommates/caregivers, etc.

Option 1:

Option 2:

Option 3:

Specific options for the young adult to use in obtaining housing services

Option 1:

Option 2:

Option 3:

Have the purpose and benefits of Extended Foster Care been explained to the youth/young adult?

Is the youth/young adult opting to participate in Extended Foster care? Yes No

Please choose from the options below the qualifying activity in which the youth/young adult will participate full-time in order to maintain eligibility.

The youth/young adult is:

- 1. Completing secondary education or program leading to an equivalent credential;
- 2. Enrolled in an institution that provides postsecondary or vocational education;
- 3. Participating in a program or activity designed to promote or eliminate barriers to employment;
- 4. Employed for at least 80 hours per month; or
- 5. Unable to participate in programs or activities listed above full-time due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

If option 5 was selected, please explain the youth/young adult's disability in detail:

If option 5 was selected, will the youth/young adult be able to participate in one of the four qualifying activities with accommodations?

Yes No

Explain:

Does the youth/young adult require specialized housing to meet his or her needs related to a mental, developmental, or physical disability?

Yes No If yes, please include this information below.

Objectives and Obstacles to Housing Goal Achievement	Responsible Party	Timeframe for Completion

Financial

Note: youth's Needs Assessment/Budget and availability of funds will be used to determine ILS funding (if applicable). The information below is only to be used as a guide in preparing the youth to transition to adulthood.

Name of Participant's bank: _____

Type of Account: checking savings both

Participant does not have a bank account.

Follow-up Tasks & Responsible Parties:

Does the Participant have a Master Trust Account? No Yes, balance: _____

Monthly SSI/SSA payment amount: _____ N/A

SSI/SSA Follow-up Tasks & Responsible Parties:

Has the youth/young adult been provided with his/her credit report and training on reading/understanding the credit report?

Yes No If no was selected, include this task in the Financial Objectives section below.

Were there any findings in the credit report? Yes No

If yes, include tasks in the Financial Objectives section below.

If yes, explain steps already taken to address issues:

Has the youth/young adult completed the EFC financial management budget tool? Yes No

The EFC financial management budget tool is to be completed within 60 days prior to the youth's 18th birthday, contingent upon an approved housing arrangement having been identified.

Expected monthly income based on employment, SSI/SSA/Master Trust, ILS funding *(based on eligibility on youth's 18th birthday and meeting ongoing program requirements)*:

\$ _____

Anticipated monthly expenses:

Rent	\$	
Electric	\$	
Water/Sewer	\$	
Gas	\$	
Garbage	\$	
Transportation	\$	
Groceries	\$	
Personal Care/ Hygiene Necessities	\$	
Other:	\$	
Total	\$	0.00

Anticipated one-time/start-up expenses:

Security Deposit	\$	
1st/Last Month's Rent	\$	
Electric Deposit	\$	

Gas Deposit	\$
Other:	\$
Total	\$ 0.00

Financial Objectives and Obstacles to Goal Achievement	Responsible Party	Timeframe for Completion

Physical & Mental Health

Date of last physical exam: _____

Date of last psychological exam: _____

Date of last CBHA: _____

Date of last vision exam: _____

Date of last dental exam: _____

For female participants, date of last gynecological exam: _____

Does the youth/young adult currently qualify for Medicaid? Yes No

Will the youth/young adult need assistance with applying for Medicaid (N/A if Medicaid is currently active)? Yes No N/A

Is the youth/young adult aware of how to change Medicaid Providers? Yes No

List community resources the youth/young adult is able to access for free or low cost medical services (e.g., health department, area health centers):

List any current medical diagnoses, concerns, needs, etc.:

Medications None Participant is prescribed the medications listed below

Name of Medication	Diagnosis	Dosage	Frequency

Specific options for the young adult to use in obtaining health insurance

Option 1:

Option 2:

Option 3:

Does the youth/young adult have someone identified to make healthcare decisions on his/her behalf?

Yes No

If yes, include this person in the list of providers below.

If no, list the steps that have been taken to educate the youth/young adult on the importance of this:

Has the youth been provided with copies of his/her medical records? Yes No

If no, who is responsible for obtaining these records and providing them to the youth?

Name and Role: _____ Deadline: _____

Is the youth/young adult eligible for services through APD? Yes No

Has the youth been approved for the Medicaid Waiver? Yes No

If yes, has a service/support plan been created? Yes No

If yes, include the youth/young adult's Support Coordinator in the list of providers below.

If no, has a crisis tool been submitted? Yes, date submitted: _____ No

APD services the youth/young adult is currently receiving:

Current Providers (including primary care physician, OB/GYN, optometrist, psychiatrist, etc.)

Name	Provider Type	Phone	Address

Family, Relationships & Social Supports

Does the participant have a mentor?

Yes. Name of Mentor: _____ Phone: _____

Address: _____

No, and the participant does not want a mentor.

No, but the participant would like to have a mentor.

Existing relationships/supports:

Name: _____ Phone: _____

Relationship to youth/young adult: _____

Frequency of contact: _____

Name: _____ Phone: _____

Relationship to youth/young adult: _____

Frequency of contact: _____

Name: _____ Phone: _____

Relationship to youth/young adult: _____

Frequency of contact: _____

Name: _____ Phone: _____

Relationship to youth/young adult: _____

Frequency of contact: _____

Name: _____ Phone: _____

Relationship to youth/young adult: _____

Frequency of contact: _____

Plan for establishing and maintaining naturally occurring mentoring relationships and other personal support services

What steps will be taken to establish and maintain naturally occurring mentoring relationships and other personal support services?

Task	Responsible Party

Dependent Information

Does the youth/young adult have any children? Yes No

If yes, list the name, DOB, gender, and legal custody status of each child:

Name: _____ DOB: _____ Gen: _____ Custody: _____

Name: _____ DOB: _____ Gen: _____ Custody: _____

Name: _____ DOB: _____ Gen: _____ Custody: _____

Name: _____ DOB: _____ Gen: _____ Custody: _____

Name: _____ DOB: _____ Gen: _____ Custody: _____

Is/are the child(ren) currently involved in an open case?

If yes, select the case type: VPS Dependency

Does/do the child(ren) have any special needs? Yes No

Are any services currently being provided in the home? Yes No

Explain:

Is the youth/young adult interested in parenting classes and/or other supports/services?

Yes No If yes, describe services in which the youth/young adult is interested:

Has the youth/young adult participated in parenting classes and/or other services?

Yes No If yes, describe services in which the youth/young adult has participated:

Signatures/Acknowledgements

Participant

- I participated in the development of this Plan, and I agree with the Plan's recommendations.
- I participated in the development of this Plan, but I do not agree with the Plan's recommendations.

If you do not agree with the Plan's recommendations, please explain:

Signature of Participant

Date

Case Manager

Important: This document is to be filed with the court

- I participated in the development of this Plan, and I agree with the Plan's recommendations.
- I participated in the development of this Plan, but I do not agree with the Plan's recommendations.

If you do not agree with the Plan's recommendations, please explain:

Signature of Case Manager

Date

Transition Specialist

- I participated in the development of this Plan, and I agree with the Plan's recommendations.
- I participated in the development of this Plan, but I do not agree with the Plan's recommendations.

If you do not agree with the Plan's recommendations, please explain:

Signature of Transition Specialist

Date

Additional Participants

Printed Name	Agency/ Relationship	Signature	Date

