

TECHNICAL RESPONSE PACKET
710-24-0017

RESPONSE SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | |
|---|--|------------------|-------------------------------------|
| Company: | Arkansas Baptist Children's Homes and Family Ministries | | |
| Address: | 9701 W. Markham | | |
| City: | Little Rock | State: | AR Zip Code: 72205 |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit | | |
| Minority and Women Owned Designation*: | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | | |
| AR Certification #: _____ * See Minority and Women-Owned Business Policy | | | |
| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | |
| Provide contact information to be used for solicitation related matters. | | | |
| Contact Person: | Ryan Ropp | Title: | Director of Foster Care & Adoptions |
| Phone: | 870-935-5134 | Alternate Phone: | |
| Email: | Ryan.Ropp@arkansasfamilies.org | | |
| CONFIRMATION OF REDACTED COPY | | | |
| <input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. | | | |
| Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information. | | | |
| ILLEGAL IMMIGRANT CONFIRMATION | | | |
| By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation. | | | |
| ISRAEL BOYCOTT RESTRICTION CONFIRMATION | | | |
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation. | | | |
| <input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel. | | | |

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.

Authorized Signature: Derek Brown Title: Executive Director

Printed/Typed Name: Derek Brown Date: 12/18/23

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

No exceptions requested.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Derek Brown

Use Ink Only.

Printed/Typed Name: _____

Derek Brown

Date: _____

12/18/23

COUNTIES

- Instructions: Select each county in which services can be provided by the Prospective Contractor. (Refer to Attachment J State Map of Counties).*

| | |
|------------|--|
| Arkansas | |
| Ashley | |
| Baxter | |
| Benton | |
| Boone | |
| Bradley | |
| Calhoun | |
| Carroll | |
| Chicot | |
| Clark | |
| Clay | |
| Cleburne | |
| Cleveland | |
| Columbia | |
| Conway | |
| Craighead | |
| Crawford | |
| Crittenden | |
| Cross | |
| Dallas | |
| Desha | |
| Drew | |
| Faulkner | |
| Franklin | |
| Fulton | |

| | |
|--------------|--|
| Garland | |
| Grant | |
| Greene | |
| Hempstead | |
| Hot Spring | |
| Howard | |
| Independence | |
| Izard | |
| Jackson | |
| Jefferson | |
| Johnson | |
| Lafayette | |
| Lawrence | |
| Lee | |
| Lincoln | |
| Little River | |
| Logan | |
| Lonoke | |
| Madison | |
| Marion | |
| Miller | |
| Mississippi | |
| Monroe | |
| Montgomery | |
| Nevada | |

| | |
|-------------|--|
| Newton | |
| Ouachita | |
| Perry | |
| Phillips | |
| Pike | |
| Poinsett | |
| Polk | |
| Pope | |
| Prairie | |
| Pulaski | |
| Randolph | |
| Saline | |
| Scott | |
| Searcy | |
| Sebastian | |
| Sevier | |
| Sharp | |
| St. Francis | |
| Stone | |
| Union | |
| Van Buren | |
| Washington | |
| White | |
| Woodruff | |
| Yell | |

All counties (Statewide)



SECTION 2.3 MINIMUM QUALIFICATIONS

Please select one (1) of the following:



Currently licensed as a Private Licensed Placement Agency by the Child Welfare Agency Review Board.

If the Prospective Contractor is currently licensed, the Prospective Contractor must provide with bid submission a copy of licensure.



NOT currently licensed as a Private Licensed Placement Agency by the Child Welfare Agency Review Board.

If the Prospective Contractor is not currently licensed, the Prospective Contractor must complete and sign the Statement of Attestation located on page 7 of this response packet.

STATEMENT OF ATTESTATION

The Contractor **must** be licensed as a Private Licensed Placement Agency by the Child Welfare Agency Review Board by the contract start date of July 1, 2024, as set out in the Minimum Licensing Standards for Child Welfare Agencies. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without licensure. Any license submitted after the bid opening but before July 1, 2024, **must** be submitted to the Program Manager of the SSU.

N/A

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

Authorized Signature: _____

(Use Ink Only)

Printed/Typed Name: _____ Date: _____

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 18, 2023
SUBJECT: 710-24-0017 Specialized and Private Licensed Placement Agencies

The following change(s) to the above referenced RFP have been made as designated below:

- ☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

CHANGE OF BID OPENING DATE/TIME

- Bid submission date and time changed to: December 28, 2023, 1:00 pm Central Time.
- Bid opening date and time changed to: December 28, 2023, 2:00 pm Central Time.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906.

Debra Brown 12/27/2023
Vendor Signature Date
Arkansas Baptist Children & Family Ministries
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: December 19, 2023
SUBJECT: 710-24-0017 Specialized and Private Licensed Placement Agencies

The following change(s) to the above referenced RFP have been made as designated below:

- ☒ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

CHANGE OF SPECIFICATION(S)

- Section 2.4.L.2 – remove and replace with the following:
Services shall be provided by a mental health provider licensed in the State of Arkansas in the discipline of Social Work or Counseling and shall provide all therapy.

OTHER

- Attachment C Performance Standards – remove and replace with 710-24-0017 Attachment C Performance Standards - Revised
- Technical Response Packet, Item E.2.H – Remove the following:
Provide a detailed summary that includes structured Analysis Family Evaluation (SAFE) training.
- Section 3.1.C – remove and replace with the following chart:

| Information for Evaluation Sub-Sections | Maximum Raw Points Possible |
|---|-----------------------------|
| E.1 Minimum Qualifications | 25 |
| E.2 Approach to Scope of Work | 35 |
| E.3 Additional Contract Requirements | 15 |
| | |
| Total Technical Score | 75 |

| Sub-Section's Weighted Percentage | * Maximum Weighted Score Possible |
|-----------------------------------|-----------------------------------|
| 25% | 175 |
| 50% | 350 |
| 25% | 175 |
| | |
| 100% | 700 |

- Attachment I Client History Form – Remove and replace with 710-24-0017 Attachment I Client History Form - Revised

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, (501) 320-3906.

Derek Brown 12/27/2023
Vendor Signature Date
Arkansas Baptist Children & Family Ministries
Company

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME:

☐ Yes ☒ No

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

TAXPAYER ID NAME: Arkansas Baptist Children & Family Ministries

YOUR LAST NAME: BROWN

FIRST NAME Derek

M.I.: A

ADDRESS: 9701 W. Markham St

CITY: Little Rock

STATE: AR

ZIP CODE: 72205

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] |
|----------------------------------|----------|--------|--|---------------|-------------|---|
| | Current | Former | | From MM/YY | To MM/YY | |
| General Assembly | | | | | | |
| Constitutional Officer | | | | | | |
| State Board or Commission Member | | | | | | |
| State Employee | | | | | | |

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her position of control? |
|----------------------------------|----------|--------|--|---------------|-------------|---|
| | Current | Former | | From MM/YY | To MM/YY | |
| General Assembly | | | | | | |
| Constitutional Officer | | | | | | |
| State Board or Commission Member | ✓ | | Child Welfare Agency Review Board | 01/01 | Present | Charles Flynn |
| State Employee | | | | | | 0% Director of Alumni |

☐ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Derek Brown Title Executive Director Date 12/27/2023

Vendor Contact Person Ryan Ropp Title Director of Foster Care & Adoptions Phone No. (501) 410-1567

Agency use only

Agency Number 0710

Name Department of Human Services

Agency

Contact Person

Contact

Phone No.

Contract

or Grant No.

Employment Vacancies, Employee Referral Bonus - 102

When a vacant position for employment needs to be filled, the agency will utilize the Arkansas Baptist News job board to make a position summary available to the public. Under certain circumstances, social media and other news outlets may also be utilized to attain further reach for potential candidates.

With the understanding that current employees are often the best point of connection to prospective employees, the Executive Director may implement a “referral bonus” for a particular employee or foster family need. The amount and conditions of the bonus will be determined by the Executive Director at the time of need and advertised to all employees.

To qualify for these bonuses, the employee must provide necessary information, assist, or in some other identifiable manner connect the agency to the prospective individual(s) to be considered for employment or foster care. The prospective individual(s) must actually fulfill the employment or foster care expectations for three months before the bonus is awarded.

Equal Employment Opportunity Policy - 103

Arkansas Baptist Children & Family Ministries provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, gender, national origin, age, disability, genetic information, marital status, status as a covered veteran in accordance with federal and state laws as they apply to this agency.

Arkansas Baptist Children & Family Ministries complies with applicable state and local laws governing nondiscrimination in employment in every location in which the agency operates. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation, and training.

If an employee believes this policy has been violated, either regarding themselves or another employee, they should promptly report the concern to their supervisor, the Director of Quality Assurance, or the Executive Director.

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



In cooperation with
The Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



Certifies that

ARKANSAS BAPTIST CHILDREN'S HOMES AND FAMILY MINISTRIES
2460 SUNNY MEADOW DR
JONESBORO AR 72404

Is hereby issued Child Placement license # 264

FOR THE PURPOSE OF PROVIDING, IN THE STATE OF ARKANSAS, THE FOLLOWING SERVICES:

Adoption; Foster Care

THIS IS A PROVISIONAL LICENSE WITH AN EFFECTIVE DATE OF 5/23/2022 AND WILL REMAIN IN EFFECT
UNLESS THERE IS A STATUS CHANGE.



In Witness whereof

William A. Alton

Chairman, Child Welfare Agency Review Board

Date : 11/21/2022

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name

ARKANSAS BAPTIST CHILDREN'S HOMES AND FAMILY MINISTRIES

Fictitious Names

ABC HOMES
ARKANSAS BAPTIST CHILDREN & FAMILY MINISTRIES
ARKANSAS BAPTIST CHILDREN'S HOMES
ARKANSAS BAPTIST HOME FOR CHILDREN
BUILDING ARKANSAS FAMILIES
CONNECTED FOSTER CARE
DESIRED HAVEN FAMILY CARE
EXPLORERS ACADEMY
LIVING WELL PROFESSIONAL COUNSELING

Filing #

100002649

Filing Type

Nonprofit Corporation

Filed Under Act

Dom Nonprofit Corp; 176 of 1963

Status

Good Standing

Principal Address

9701 W. MARKHAM ST. LITTLE ROCK, AR 72205

Reg. Agent

DR DEREK BROWN

Agent Address

9701 W. MARKHAM ST. LITTLE ROCK, AR 72205

Date Filed

03/30/1971

Officers

SEE FILE, Incorporator/Organizer
LEDELL BAILEY, Incorporator/Organizer

JIM JENKINS, Incorporator/Organizer
WORTH CAMP, Incorporator/Organizer
DEREK BROWN DR., Principal
AJ BURK, Director
RICK TANNEBERGER, Director
DANIEL MORRIS, Director

Foreign Name

—

Foreign Address

—

State of Origin

AR

[Purchase a Certificate of Good Standing for this Entity.](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)

Arkansas Baptist Children and Family Ministries

Information for Evaluation Responses

E. 1 MINIMUM QUALICATIONS:

- A. Key personnel for Specialized Private License Placement Agency: Please see the Information For Evaluation.Attachment.E.1.A for the list.
- B. Please see the Information For Evaluation.Attachment.E.1.B for the organizational chart.
- C. Arkansas Baptist Children and Family Ministries, hereinafter "ABCFM" has 169 employees engaged in direct care or support of children and families in need. ABCFM is comprised of 4 divisions, one of which is Connected Foster Care which will carry the primary responsibility of this RFP. Connected Foster Care employs 36 employees who have human services related degrees and are actively providing direct case work services to the children and families in this program. Direct care staff are supported by administrative personnel who assist with coordination of services and the file keeping aspects of the contract. Caseworker to foster child ratios will remain well below DCFS ratios. ABCFM fully understands the Scope of Work and what is required to implement it. Every effort will be made to ensure that the needs of children and families are met including but not limited to providing telehealth services, reallocation of staff duties, hiring new staff, etc. ABCFM has successfully implemented both PLPA and SPLPA contracts for numerous years.
- D. Brief History:

Arkansas Baptist Children and Family Ministries established in 1894, hereinafter "ABCFM," is an agency of the Arkansas Baptist State Convention, hereinafter the "Convention." ABCFM has 129 years of experience providing social work or work in child welfare. As an agency of the Convention, ABCFM operates in accordance with the Baptist Faith and Message (2000). ABCFM has a long history of helping children and families in need. ABCFM was established as an Arkansas nonprofit public benefit corporation to:

 - 1. Provide and maintain Homes for dependent, neglected, and/or needy children of the State of Arkansas.
 - 2. To establish and maintain a childcare program to meet the spiritual, physical, mental, and emotional needs of homeless and dependent children.

3. To establish Christian homes throughout the State of Arkansas as foster and group homes for children.
4. To provide group care and treatment for children whose needs cannot be adequately met in a family.
5. To provide supportive and supplementary services for children in need of assistance while the child is living in his or her home with natural or foster parents.

ABCFM currently provides multiple services to communities, children and families, including foster care services, counseling, case management (QBHP) services, and prevention services. We currently advocate for children in care through judicial, educational and other settings. The goal in foster care is to restore families wherever possible. When children are placed in our care, ABCFM strives to help each child reach his or her full potential while seeking family reunification. The mission of ABCFM is to build, strengthen, and restore families.

In July of 2017, ABCFM became a Private Licensed Placement Agency (PLPA) and in 2020 became a Specialized Private Licensed Placement Agency (SPLPA).

Connected Foster Care, as a ministry of ABCFM, services and supports the needs of Foster Children in the state of Arkansas as a PLPA. ABCFM also has an active Child Placement license (#264). Connected Foster Care helps to transition church members into active Resource Families and provide active placement options. Connected Foster Care provides PLPA and SPLPA Services to the Department of Children and Family Services in conjunction with their policies and procedures. Connected Foster Care has successfully implemented the following statewide:

- Recruitment of Resource Families
- Training of Resource Families (Connecting AR Families (NTDC) preservice training and ongoing training)
- Licensing and licensing compliance
- Support and retention of Foster Homes
- Conducting background checks in compliance with Minimum Licensing Standards and DCFS policies and procedures
- Conducting SAFE Home studies
- Complying with the visitation schedule between children and their biological families in coordination with DCFS Family Service Worker
- Trust Based Relational Intervention (TBRI) training is incorporated in continued education with both staff and foster parents
- Staff who provide direct care mental health services are trained and certified to provide behavioral health services

From 7/1/2017 through 12/18/2023, Connected Foster Care has served 938 children with placement in PLPA and SPLPA services. In addition, outcomes tracked since 2019 show we have supported 540 children to achieve permanency through reunification or adoption. We have opened 286 new foster homes (203 PLPA; 83 SPLPA).

ABCFM has also effectively administered similar programs in the state of Arkansas as follows:

- **Living Well Professional Counseling** – Is accredited by CARF (Commission on Accreditation for Rehabilitation Facilities) and certified as a CSSP (Community Support Service Provider). As part of the CSSP, Case Workers are trained to provide clinical behavioral health services (QBHP) under the direction of a counselor. Living Well Professional Counseling provides counseling and supervision across the state. Counselors have Master's Degrees or higher in Counseling, Social Work, Psychology or a related field and are licensed to practice in the state of Arkansas.
- **Desired Haven Family Care** - Residential and independence training for mothers with their children in Jonesboro, Little Rock, Springdale, and Monticello.

E. Please see the completed Client History form that is included with this Technical Response Packet. 710-24-0017 Attachment-I-Client-History-Form-Revised

E. 2 APPROACH TO SCOPE OF WORK:

A. Statewide Services:

- ABCFM through Connected Foster Care (PLPA) currently has 10 office locations providing services statewide.
- Connected Foster Care has 132 resource homes (110 PLPA and 22 SPLPA) across 32 counties and located in the following 60 cities: Alma, Alpena, Ash Flat, Austin, Bald Knob, Batesville, Beebe, Benton, Bentonville, Berryville, Cabot, Cammack Village, Cherry Valley, Conway, Elm Springs, Farmington, Fayetteville, Forrest City, Fort Smith, Greenwood, Harrisburg, Harrison, Huntington, Huntsville, Jefferson, Jonesboro, Judsonia, Kensett, Lavaca, Little Rock, Lockesburg, Lonoke, Marion, Marshall, Maumelle, Monticello, Mountain Home, Mountain View, New Edinburg, North Little Rock, Ozark, Paragould, Pine Bluff, Pocahontas, Rogers, Roland, Russellville, Searcy, Sherwood, Siloam Springs, Springdale, Texarkana, Trumann, Van Buren, Ward, West Fork, West Memphis, Whitehall, Wynne, and Yellville.

- Connected Foster Care has a statewide administration with a statewide Director of Foster Care and Director of Foster Placement.
- The statewide administration operates on a strategic growth plan to provide services while recruiting and developing foster homes in areas of greatest need.
- Connected Foster Care receives placement referrals and provides on-call support for Resource Families 24 hours a day.
- Throughout the history of ABCFM, the agency has provided services to children in DCFS custody from every county in the state.
- Since July 2017, Connected Foster Care has provided PLPA or SPLPA services to children from nearly all Arkansas counties keeping children in or near their county of removal.
- Connected Foster Care continues to have success in placement of large sibling groups in the same home. Recognizing the need for foster homes to accept large sibling groups, ABCFM through Connected Foster Care services began targeted recruitment efforts in 2019 for resource families capable of caring for siblings in the same home. In July 2020, Connected Foster Care began SPLPA services in partnership with DCFS.
- Connected Foster Care has a strategic plan to oversee a minimum of 35 foster homes capable of caring for large (3 or more) or very large (5 or more) sibling groups in well supported trauma informed environments.
- Living Well Professional Counseling has 16 CSSP sites across the state and is continually expanding.
- Connected Foster Care works in conjunction with Living Well Professional Counseling. Through this partnership, trauma-informed mental health services, including MHP and QBHP level interventions, make it possible to include behavioral assistance and life skills to foster youth as well as child support services to foster families alongside the placement and case management services of Connected Foster Care.

B. Compliance with DCFS Policy and Procedures:

- Connected Foster Care has provided PLPA services since July 2017 and SPLPA services since July 2020 in compliance with PUB 004 Minimum Licensing Standards for Child Welfare Agencies- Placement and all DCFS policies and procedures. Specific policies include but are not limited to:
 - Policy VI-P: Private Licensed Placement Agency (PLPA) Resource Homes
 - Policy VII-A: Resource Home Definitions and Purpose
 - Policy VII-C: Resource Home Assessment Process
 - Policy VII-G: Alternate Care for Children in Out-of-Home Placement
 - PUB-30: Resource Parent Handbook

- The Director of Foster Care and Director of Foster Placements are responsible for ensuring all Connected Foster Care staff, volunteers, and resource parents are in compliance with DCFS policies and procedures. Compliance will be ensured through training and on-going reviews.
- All Connected Foster Care staff read and review PUB 004 Minimum Licensing Standards for Child Welfare Agencies - Placement and DCFS Policy and Procedure manual as part of their on-boarding training within the first 90 days of employment.
- All Connected Foster Care resource parents review PUB 30: Resource Parent Handbook.

C. Execution independent of DCFS :

- a. As a Private Licensed Placement Agency (PLPA) and Specialized Private Licensed Placement Agency (SPLPA) Connected Foster Care will be responsible for the following:
 - Recruitment of Resource Families
 - Training of Resource Families (Connecting AR Families (NTDC) training and ongoing training) as specified by DCFS
 - Licensing and licensing compliance
 - Support and retention of Resources Homes
 - Conducting background checks in compliance with DCFS manual policies and procedures
 - Conducting SAFE Home studies
 - Complying with the visitation schedule between children and their biological families in coordination with DCFS Family Service Worker
 - Supporting DCFS in reunification and achieving permanency for children and youth through cooperation with DCFS mission, policy, and guidance.
 - Electronic Reporting to DCFS as requested and required
- b. Connected Foster Care recruitment has been focused on developing Resource Families to take placement of any appropriate child(ren) or youth referred by DCFS since it began services in 2017. In 2019 Connected Foster Care began targeted recruitment for resource families to care for large sibling groups (3 or more), older youth (12 years old and older), and youth transitioning from Qualified Residential Treatment Program (Q RTP).
 - July 2020 Connected Foster Care began overseeing 6 foster homes specifically recruited and trained to take large sibling groups. Strategic recruitment will result in a total of 35 SPLPA foster homes

for large sibling groups by the end of December 2024. These homes are well supported, and trauma informed in their training.

- Recruitment efforts by Connected Foster Care continue to be primarily focused in three formats:
 1. Through partnering churches.
 2. Through word of mouth.
 3. Through targeted publications and events for community stake holders.
 4. Through collaboration with state foster care networks and resource home recruitment efforts.
- c. Policy and Procedure of Connected Foster Care aligns with Minimum Licensing Requirements and DCFS Policy and Procedure Manual to conduct re-evaluations of resource homes. Procedures include quarterly visits and annual re-evaluations. A re-evaluation is conducted due to any qualifying event to include but not limited to: moving to a new home, changes in employment, changes in income, additions or reductions in family unit due to any circumstances other than foster child placement, and violations of policy.
- d. Connected Foster Care has 23 individuals approved as Connecting AR Families (NTDC) trainers. All pre-services training curriculum implemented by Connected Foster Care is approved by DCFS.
 - Connected Foster Care conducts 14 hours of pre-service training and a 2-hour orientation with all resources parents approved through the agency.
 - Connected Foster Care pre-service training procedure requires that training be conducted in 5 sessions with 3 sessions being virtual pre-recorded content and 2 sessions are live. Once an applicant completes the pre-service training and finishes the remaining requirements to be an open foster home, they must then complete 4 more training sessions throughout the first year. This procedure is to ensure best practice for new resource parents to process vital information preparing them to serve children with trauma.
- e. Connected Foster Care currently has 20 professional staff certified for Structured Analysis Family Evaluation (SAFE) Home Studies and 10 staff certified as SAFE Supervisors. All staff hired as Coaches and all Supervisors are SAFE trained.
 - A complete home study is completed prior to a resource home being available for placements. These take anywhere from 25-40

hours to complete and include interviews, a home inspection, report compilation, SAFE supervisor review and final approval.

- All completed SAFE home studies, home study updates, and re-evaluations are submitted to necessary DCFS personnel upon request within the current guidelines of PLPA and SPLPA procedures.
- Private Agency Template or Specialized Private Agency Template are submitted to necessary DCFS personnel within the required timeframe under current PLPA and SPLPA procedures.
- Connected Foster Care will ensure continued compliance with these procedural guidelines.

D. Admission criteria:

Any children or youth placed in the PLPA or SPLPA programs shall be in the custody of DCFS.

a. PLPA criteria:

Any appropriate child(ren) or youth referred by DCFS

b. SPLPA criteria:

Children or youth must meet 1 or more of the following admission criteria:

1. Children of a large sibling group of 3 or more siblings being placed in the same home with their siblings. Primary consideration for admission given to reunifying siblings into the same home.
2. Children 12 years old or older.
3. Children transitioning from a higher level of care including Qualified Residential Treatment Program (QRTP).

E. Reunification and permanence:

- a. Connected Foster Care is committed to reunification with birth families as the primary goal and focus of services provided. Achievement of other permanency options shall function as the secondary goal and concurrent plan until otherwise ordered by the court for a child's case.
- b. Connected Foster Care will follow DCFS policy and procedure for visitation between siblings and biological parents.
- c. Visitation shall be supported by Connected Foster Care through the use of staff, resource parents, and qualified volunteers to assist DCFS with weekly visitation and transportation of siblings who have been separated.

- d. Connected Foster Care seeks to provide normalcy in the lives of children and youth placed in the care of PLPA and SPLPA resource homes in agreement with DCFS Alternate Care Policy.

F. Placement Support and Crisis Intervention:

Placement supports are provided to all resource families and children or youth in PLPA and SPLPA programs through the following services in a plan of care:

- a. Connected Caseworkers must maintain regular client contact.
Caseworkers will conduct a minimum of two monthly contacts, with at least one monthly visit occurring in the home where the child is placed.
- b. Connected Caseworkers will coordinate with appropriate DCFS staff on the following:
 - To maintain a minimum of monthly contact regarding any children admitted in the PLPA and SPLPA Programs.
 - To ensure the development and implementation of a visitation schedule for any children admitted in the PLPA and SPLPA Programs.
 - To assist with transportation when available to ensure visitation occurs as scheduled.
- c. A case plan shall be developed for any child admitted in the PLPA or SPLPA Programs in accordance with recommendations made by providers directly involved in a child's care.
- d. Case documentation regarding client care shall be submitted to the DCFS Family Service Worker and any pertinent team members on a monthly basis.
- e. Any foster child accepted into the PLPA or SPLPA programs will have a referral made for a mental health evaluation within 3 business days. When possible, this referral will be made to Living Well Professional Counseling to promote continuity of care.
- f. Eligible children and resource families will also be provided Qualified Behavioral Health Paraprofessional (QBHP) services when recommended and ordered in the treatment plan developed by the mental health provider.
- g. DCFS policy regarding mental health services will be followed.
- h. To ensure appropriate levels of support and care to meet tangible needs of children, resource parents will receive a monthly board payment for children placed in their home through the PLPA and SPLPA Programs. The board payment shall be a minimum of thirty-four percent (34%) of the total monthly payment per client paid to ABCFM.

Crisis intervention supports are provided to all resource families and children or youth in PLPA and SPLPA programs through the following services:

- a. Connected Foster Care provides 24-hour on-call services for all resource families and clients of PLPA and SPLPA programs. On-call hours are staffed by trauma-informed, and trauma-trained caseworkers.
- b. Connected Foster Care ensures the Program is staffed by qualified professionals capable of providing trauma sensitive crisis intervention. Connected Caseworkers are certified QBHPs and trained in TBRI and de-escalation techniques to provide behavioral assistance and support, as needed. Connected Caseworkers are supported by TBRI Practitioners and licensed Social Workers (LMSW/LCSW), or licensed counselors (LAC/LPC) employed by ABCFM.
- c. Crisis intervention is provided as needed in a timely manner. Connected Caseworkers respond to all crisis situations with an appropriate level of support to ensure safety, de-escalate situations, prevent placement disruptions, and provide on-going guidance. Caseworkers are expected to go to the resource home for face-to-face intervention as necessary.
- d. All crisis situations shall be documented in an incident report which is routed to the caseworkers' direct supervisor and the Director of Foster Care for review. A copy of all incident reports will be provided to the assigned DCFS Family Service Worker. If a foster child or youth is moved from a Connected foster home to another Connected foster home, Connected casework staff will provide written notice to the DCFS Family Service Worker and the Specialized Services Unit Program Manager within 24 hours of the placement change.
- e. Connected Foster Care implements a team approach to prevent placement disruptions. Only imminent safety concerns shall be the reason for placement disruption. All other placement changes should be planned and meet the notification requirements to be provided to all pertinent DCFS personnel and the Ad Litem for the child's case. In the event a disruption is likely, resources parents and staff are to follow policy and procedure for a team staffing or review to prevent disruption when possible.

G. Referral process:

- a. Connected Foster Care receives placement referrals 24 hours a day, seven (7) days a week.
- b. Referrals for PLPA and/or SPLPA placement services are received through two (2) avenues which are monitored 24 hours a day:
 1. By phone call directly to the on-call Connected Caseworker.

2. Online submission through a webform specifically dedicated for DCFS placement referrals.
- c. Once a referral is submitted Connected Foster Care will evaluate all referrals to see if they meet the program admission criteria for PLPA or SPLPA. The Connected Caseworker on-call will contact the referring DCFS Family Service Worker for more information when necessary.
- d. Connected Foster Care will assess the needs of the foster children or youth referred and find the most appropriate Connected foster family for placement.
- e. If no placement resource is available for the child(ren) or youth referred the on-call worker will contact the referring DCFS Family Service Worker to inform them that no bed is available. The denied referral will be documented in Connected Foster Care electronic records.
- f. When a placement resource is available for the child(ren) or youth referred the on-call worker will:
 1. Contact the DCFS Family Service Worker to inform them the referral is accepted
 2. Acquire the necessary paperwork and information for intake
 3. Work in cooperation with the DCFS Family Service Worker to arrange a placement time with the Resource Family
 4. Provide necessary support to the Resource Family and the DCFS Family Service Worker to ensure placement occurs with excellence in a timely manner.
 5. Notify all applicable Connected personnel to ensure Plan of Care and Placement Support services are implemented
- g. DCFS referrals for respite/temporary out-of-home care are received by Connected Foster Care 24 hours a day, seven (7) days a week through an online form submission or by phone.
 1. All referrals for respite/temporary out-of-home care are processed and evaluated by the Director of Foster Placement and/or Regional Coordinator.
 2. If space is available for the child(ren) or youth referred for respite services, the Director of Foster Placement and/or Regional Coordinator will arrange placement services with the DCFS Family Service Worker and Connected Resource Family.
 - a. Upon acceptance of a respite referral the case will be assigned to a Connected Caseworker. The caseworker will assume responsibility for placement

services upon assignment and serve as the point of contact.

- h. Connected Foster Care will only accept placement of respite/temporary out-of-home care referrals into resource homes who meet all standards of policy, licensing, are in good standing, and meet all requirements of the program.
- i. Connected Foster Care will only accept placement of respite/temporary out-of-home care referrals for a maximum of seven (7) days of care per three (3) month period, not to exceed twenty-eight (28) days of care (672 hours) per DCFS fiscal year. Four (4) additional days of respite/temporary care may be approved by the DCFS SSU Program Manager in emergency situations.
- j. All child(ren) or youth accepted into the program for respite/temporary care are provided all necessary casework services in cooperation with the DCFS Family Service Worker to meet the needs of the child and case plan while in the care of Connected Foster Care.

E. 3 ADDITIONAL CONTRACT REQUIREMENTS:

A. Employee Background Checks:

Connected Foster Care conducts all necessary background checks including non-state criminal record, state criminal record, Arkansas child maltreatment, driving record checks, and any needed out-of-state child maltreatment record checks for all staff, volunteers, and resources parents. Checks are completed at the time of hire and every two (2) years thereafter.

- Arkansas State Police criminal record check
- Arkansas Child Maltreatment Registry check
- Vehicle Safety Check (driving record)
- FBI fingerprint-based criminal record check
- Out-of-state child maltreatment registry check as required

Connected Foster Care complies with Minimum Licensing Standards and DCFS Policies regarding background checks for all employees, volunteers, and resources parents.

Connected has a dedicated employee who ensures that all initial and renewal checks are completed by the due date.

B. Reporting and Billing:

- a. Connected Foster Care utilizes ARfocus for electronic record keeping and reporting as required. If appropriate, information may be reported through an interface.

- b. A monthly report will be submitted to DCFS by the tenth working day of the month for services provided in the preceding month. The monthly report shall include all necessary information regarding referrals, current placements, discharges, and concerns.
- c. Billing will occur on the last day of every month for all services. Our billing department will coordinate the billing with the requirements of DCFS. Invoices will be processed by the tenth day of the month and in accordance with procedures established by DCFS.
- d. No double billings will be made for any services provided. ABCFM will maintain compliance with all service criteria and standards for acceptable performance one hundred percent of the time.

C. Record Retention and Confidentiality:

- a. All records will be kept in private and confidential offices on agency computers that have secured access and are password protected. Records are retained according to the Minimum Licensing Requirements or longer. ABCFM maintains the following policies related to confidentiality and privacy:
 - Authorization for Release of Information
 - Privacy and Confidentiality Compliance Plan
 - Minimum Necessary Use and Disclosure of PHI
 - Records
 - Record Requests by clients
 - Retention and Destruction
 - Security/Privacy Breaches

These policies provide clear guidance on handling, securing, and retaining records. These policies are reviewed by all new employees and are maintained on a Shared Drive for access by employees at any time. All employees sign a Confidentiality Agreement attesting to compliance with confidentiality requirements upon hire. See copies of the policies included with the Technical Response Packet (Information For Evaluation.Attachment.E.3.C.)

Attachment I

Revised Client History Form
RFP # 710-24-0017

Client History Form

Instructions: This form is intended to help the State gain a full understanding of each Respondent's experience providing foster care services. This form **must** be accurately completed and signed by the same signatory who signed the Response Signature Page in the Technical Response Packet.

The State reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas's DHS will be the client. For each listed client, Respondents **must** include the client entity's name, address, and phone number. Additionally, Respondents are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts the clients listed, the State reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

The boxes below each prompt will expand if necessary. If there are no contracts which meet the definition, Respondent **must** state "none."

1. Please list three (3) clients where you served as the **prime contractor** for services of similar size and scope in the past three (3) years. Client information as described above must be included.

Arkansas Department of Human Services:

- PLPA Contact - Megon Dade, 501-940-2387, megon.dade@dhs.arkansas.gov
- SPLPA Contract - Megon Dade, 501-940-2387, megon.dade@dhs.arkansas.gov
- Resource Parent Training Contract- Megon Dade, 501-940-2387, megon.dade@dhs.arkansas.gov
- TANF - La Juan Bedford - 501-320-5627, LaJuan.Bedford2@dhs.arkansas.gov
- Arkansas Medicaid - Bridget Atkins - 501-686-9515, bridget.atkins@dhs.arkansas.gov

Arkansas Total Care: Randal E. Bailey
PO Box 25010, Little Rock, AR 72221
Phone: (501) 539-8142
Email: Randal.E.Bailey@CENTENE.COM

Care Source: Jennifer Daniel Brezee
425 W. Capitol Ave Ste.3000 | Little Rock, AR 72201
c. 501.351.2508
Jennifer.DanielBrezee@CareSourcePASSE.com

Empower: Brittany Childers
17500 Chenal Parkway, Suite 300, Little Rock, AR 72223
501-580-9115
Brittani.Childers@empowerarkansas.com

Summit Community Care: Jena Lunsford
650 S. Shackleford Rd., Suite 440; Little Rock, AR 72211
Mobile: (501) 304-3923
jena.lunsford@summitcommunitycare.com

Authorized Signature: Derek Brown
(Use Ink Only)

Title: Executive Director

Printed/Typed Name: Derek Brown

Date: 12/27/2023

Attachment E.1.A

**Key Personnel for PLPA/SPLPA
RFP# 710-24-0017**

| Name | Status | Title | Role | Responsibility | Credentials |
|-------------------|-----------|-------------------------------------|---|--|--|
| Derek Brown | Full Time | Executive Director | Executive administration | Oversight of statewide programs, services, contracts, and budget | SAFE Supervisor TBRI Practitioner LPC |
| Ryan Ropp | Full Time | Director of Foster Care & Adoptions | Executive administration | Oversight and implementation of contract services statewide, and budget | SAFE Supervisor TBRI Practitioner NTDC Trainer LCSW |
| Ritchie McFarland | Full Time | Director of Foster Care Placement | Administrative leadership and direct client services | Implementation of contract services statewide | NTDC Trainer SAFE Supervisor |
| Ellen Grace | Full Time | Regional Coordinator | Administrative leadership and direct client services | Implementation of contract services in central and southern Arkansas | NTDC Trainer SAFE Supervisor |
| Kim Humphrey | Full Time | Regional Coordinator | Administrative leadership and direct client services | Implementation of contract services in Northwest Arkansas | NTDC Trainer SAFE Supervisor |
| Jamie Tacito | Full Time | Regional Coordinator | Administrative leadership and direct client services | Implementation of contract services in Northeast Arkansas | NTDC Trainer SAFE Supervisor |
| Somer Colbert | Full Time | Champion Coordinator | Administrative leadership and resource family recruitment, | Implementation of recruitment strategies. Recruit and train new resource families, support new and | NTDC Trainer |
| Melissa Van Sycoc | Full Time | Champion | Resource family recruitment, training, and support | Recruit and train new resource families, support new and existing resource families. | NTDC Trainer |
| Jordan Summers | Full Time | Champion | Resource family recruitment, training, and support | Recruit and train new resource families, support new and existing resource families. | NTDC Trainer |
| Morgan Filippo | Full Time | Champion | Resource family recruitment, training, and support | Recruit and train new resource families, support new and existing resource families. | NTDC Trainer |
| Kelly Bell | Part Time | Champion | Resource family recruitment, training, and support | Recruit and train new resource families, support new and existing resource families. | NTDC Trainer |
| Cassie Black | Full Time | Champion | Resource family, recruitment, training, and support | Recruit and train new resource families, support new and existing resource families. | NTDC Trainer QBHP Certified |
| Bryanna Irvin | Full Time | Champion/Behavioral Health Trainer | Resource family recruitment, training, and support. Train all | Recruit and train new resource families, support new and existing resource families. Train QBHP | NTDC Trainer QBHP Certified |
| Mary Beth Massey | Full Time | Compliance Specialist | Administration | Oversight and implementation of contract services to meet minimum licensing standards | |
| Karinne Ruff | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Study Certified QBHP Certified |
| Hillary Loftin | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Supervisor QBHP Certified |

| | | | | | |
|--------------------|-----------|------------|---------------------------------|---|--|
| Amanda Jones | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Supervisor QBHP Certified |
| Traci Holland | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Study Certified QBHP Certified |
| Jennifer Foust | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Study Certified QBHP Certified |
| Sterling Claypoole | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Supervisor QBHP Certified |
| Jasmine Castille | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Supervisor QBHP Certified |
| Paige Branham | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Study Certified QBHP Certified |
| Adam Thrasher | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer SAFE Study Certified QBHP Certified |
| Morgan Bradley | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer QBHP Certified |
| Hannah Blacketter | Full Time | Coach | Direct resource family services | Home studies, foster parent training, support, placement, crisis intervention | NTDC Trainer QBHP Certified |
| Hannah Shipp | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Julie Roberts | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Sunne Moore | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified SAFE Study Certified |
| Jeni McCall | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Tara Ledford | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Kim Jones | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified SAFE Supervisor |
| Bailey Huddleson | Part Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Taylor Graves | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |

| | | | | | |
|-------------------|-----------|------------|------------------------|--|--|
| Rebekah Dye | Part Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Katie Brown | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Ron Boling | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified SAFE Study Certified |
| Hannah Richardson | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Savanna Auslam | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | QBHP Certified |
| Allison Wadkins | Full Time | Caseworker | Direct client services | Case management, placement, support, and crisis intervention | SAFE Study Certified QBHP Certified |

Attachment E.3.C

Related Policies and Procedures
RFP# 710-24-0017

**Arkansas Baptist Children's Homes and Family Ministries Policies and
Procedures Program(s): Living Well, Connected**

| | |
|---|--|
| Policy Name: Authorization to Release Information | Original Approval Date: 5/11/22 |
| Submitted by: Angel Lucas, LCSW Director of Quality Assurance | Revision Date(s): 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

PURPOSE

The purpose of this Policy is to set forth the process for the use and disclosure of Protected Health Information ("PHI") pursuant to a written authorization and in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

POLICY

In accordance with the HIPAA Privacy Rule, when PHI is to be used or disclosed for purposes other than treatment, payment, or health care operations, the agency will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law. Use or disclosure pursuant to an authorization will be consistent with the terms of such authorization.

Releases of information must take into consideration both of the following laws:

HIPAA covers: Individually identifiable health information, Information that is created or received by a covered entity as a healthcare provider, and Information that is maintained in any form or medium: oral, paper, electronic, images, etc.

42 CFR Part 2 covers: Information identifying the client as having, been diagnosed with, or referred for treatment of a substance use disorder, either directly or indirectly and identifying information that includes: name, address, SSN, fingerprints, photos, or similar info by which the identity of the person can be determined.

PROCEDURE

Exceptions to Authorization Requirements

PHI may be disclosed without an authorization, **only when 42 CFR Part 2 does not apply**, if the disclosure is:

1. Requested by the client or his/her personal representative. However, our agency requires a written authorization for clients and/or their personal representatives as a part of "best practices" and in accordance with our *"Records Requests by Clients Policy"*.
2. For the purpose of treatment;
3. For the purpose of the agency's payment activities, or the payment activities of the entity receiving the PHI;
4. For the purpose of the agency's health care operations;

5. In limited circumstances, for the health care operations of another Covered Entity, if the other Covered Entity has or had a relationship with the client.
6. To the Secretary of the U.S. Department of Health and Human Services for the purpose of determining compliance with the HIPAA Privacy Rule; or
7. Required by other state or federal law. (See "Request and Disclosure Table" in the "Uses and Disclosures of Protected Health Information" Policy for other exceptions.)

When 42 CFR Part 2 applies, the only exceptions for releasing information without a signed authorization are as follows:

1. Communications within Part 2 program for those who have a need to know
2. Medical emergencies where the patient cannot consent (disclosure must be documented)
3. To report a crime or threats on Part 2 premises or against Part 2 personnel to law enforcement
4. Report child abuse or neglect per state requirements
5. Audits of Part 2 programs by government, payers, or other lawful entities (subject to conditions)

Use or Disclosure Pursuant to an Authorization

1. The Director of Quality Assurance serves as the Privacy Officer for ABCFM. When the agency receives a request for disclosure of PHI, the Privacy Officer shall determine whether an authorization is required prior to disclosing the PHI. If a request is received by any person other than the Privacy Officer, the request should be routed to the Privacy Officer immediately.
2. PHI may never be used or disclosed in the absence of a valid written authorization if the use or disclosure is:
 - a. Of psychotherapy notes as defined by the HIPAA Privacy Rule;
 - b. For the purpose of marketing; or
 - c. For the purpose of fundraising.
3. If the use or disclosure requires a written authorization, the agency shall not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.
4. If the request for disclosure is not accompanied by a written authorization, the agency Privacy Officer or authorized staff shall notify the requestor that it is unable to provide the PHI requested. The Privacy Officer or designated staff will supply the requestor with a HIPAA-compliant *Authorization for Release of Information* form.

5. If the request for disclosure is accompanied by a written authorization, the Privacy Officer or authorized staff will review the authorization to assure that it is valid. If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, the Privacy Officer or authorized staff will notify the requestor, in writing, of the deficiencies in the authorization. No PHI will be disclosed unless and until a valid authorization is received.
6. If the authorization is valid, the Privacy Officer or authorized staff will disclose the requested PHI to the requester. Only the PHI specified in the authorization will be disclosed.
7. Each authorization shall be filed in the client's Medical Record. A Disclosure Log will be maintained in the record showing any release of medical records.
8. A log of all release requests obtained and whether or not records were released will be maintained by the Privacy Officer or designee.

Preparing an Authorization for Use or Disclosure

1. When the agency is using or disclosing PHI and an authorization is required for the use or disclosure, the agency will not use or disclose the PHI without a valid written authorization from the client or the client's legal representative.
2. The *Authorization* form must be fully completed, signed, and dated by the client or the client's personal representative before the PHI is used or disclosed.
3. The agency may not condition the provision of treatment on the receipt of an authorization except in the following limited circumstances:
 - a. The provision of research-related treatment; or
 - b. The provision of health care that is solely for the purpose of creating PHI for disclosure to a third party (i.e., performing an independent medical examination at the request of an insurer or other third party).
4. An authorization may not be combined with any other document unless one of the following exceptions applies:
 - a. Authorizations to use or disclose PHI for a research study may be combined with any other type of written permission for the same research study, including a consent to participate in such research.
 - b. Authorizations to use or disclose psychotherapy notes may only be combined with another authorization related to psychotherapy notes.
 - c. Authorizations to use or disclose PHI other than psychotherapy notes may be combined, but only if the agency has not conditioned the provision of treatment or payment upon obtaining the authorization.

Revocation of Authorization

1. The client may revoke an authorization at any time.
2. The authorization may ONLY be revoked in writing. If a client or the client's personal representative informs the agency that he/she wants to revoke the authorization, the agency will assist him/her to revoke the request in writing.
3. Upon receipt of a written revocation, the Privacy Official or authorized staff will void the Authorization and document the reason and the effective date of the revocation.
4. Upon receipt of a written revocation, the agency may no longer use or disclose a client's PHI pursuant to the authorization.
5. Each written revocation will be included in the client's Medical Record.



PRIVACY AND CONFIDENTIALITY COMPLIANCE PLAN

Approved 4/27/22: **Arkansas Baptist Children's Homes and Family Ministries**
Policies and Procedures: All Divisions
Reviewed: 12/20/23

PRIVACY AND CONFIDENTIALITY COMPLIANCE PLAN

The reputation of Arkansas Baptist Children and Family Ministries (ABCFM) supports its commitment to lawful and ethical behavior with its clients, business associates, employees, interns, students, volunteers, and the community.

The Privacy and Confidentiality Compliance Plan, hereinafter "Compliance Plan", contains guidelines to assure that the work force and business associates are aware of ABCFM expectations concerning any suspected unlawful or unethical acts for violations of privacy, security, fraud, waste, and abuse. All reports will be promptly investigated. When the investigation is completed, prompt and appropriate action will be taken. If clarification is needed on any of the policies or procedures in the Compliance Plan, you may seek the advice of your supervisor and, when necessary, the Director of Quality Assurance.

PERSONAL CONDUCT

Confidential Information

All employees are to safeguard ABCFM confidential or proprietary information and refuse any improper access to such information by any unauthorized party.

Record Retention

Retention of ABCFM records and files are regulated by federal and state guidelines and according to generally accepted business practices. Destruction of records to avoid disclosure in legal proceedings is a criminal offense. Contact the Director of Quality Assurance for information concerning record retention periods and restrictions. Protected health information (PHI) is maintained for adults for at least ten years past the last discharge date and at least two years past the age of majority (18) or 10 years after discharge – whichever is longer, for minors. Documentation of disclosures is maintained at least six years past the date of disclosure.

Introduction

ABCFM is committed to conducting its business with integrity and in accordance with all federal, state, and local laws to which its business activities are subject including but not limited to: Health Information Portability and Accountability Act (HIPAA), ACA 9-28-407, and Minimum Licensing Standards for Child Welfare Agencies. It is the longstanding policy of LWC to promote ethical and lawful behavior. Unethical or unlawful behavior should be corrected as soon as reasonably possible after its

detection. Personnel who violate ABCFM policies, including individuals responsible for the failure to report a violation, are subject to disciplinary actions up to termination for any violation related to privacy and confidentiality. Changes in policies and internal controls necessary to prevent recurrences of a violation will be put in place as soon as reasonably possible after its detection. ABCFM has instituted this Compliance Plan and other related policies to reflect these commitments.

The purpose of the Compliance Plan is as follows:

- To protect the integrity, availability and confidentiality of PHI and individually identifiable information
- To provide a method of enforcing the Administrative Simplification portion of HIPAA.
- The Compliance Plan integrated with the Code of Conduct sets an ethical tone for conducting business and creates a culture that contributes to the mission of and the good reputation of ABCFM.
- Educate employees by creating an awareness of unethical and unlawful behavior to combat waste, fraud and abuse in health insurance and health care.

ABCFM expects business associates, employees, interns, students, volunteers, and anyone with knowledge of a violation to comply with the Compliance Plan. A Compliance Hotline has been established for use by any employee of the work force to report suspected compliance violations or to request assistance concerning privacy, security, and related compliance issues. A compliance reporting process is provided to clients as a part of the Compliance Plan.

Compliance Hotline
870-630-7749

Angel.Lucas@arkansasfamilies.org

COMPLIANCE WITH LAWS AND REGULATIONS

In order to be in compliance with all applicable laws, regulations, guidelines, and policies, it is essential to be familiar with applicable laws, and 45 C.F.R. 160,164 as well as 42 CFR Part 2 which covers Confidentiality of Substance Use Disorder Patient Records as well as ACA 9-28-407, and Minimum Licensing Standards for Child Welfare Agencies.

MONITORING RESPONSIBILITIES

Privacy Officer

The Director of Quality Assurance serves as the Privacy Officer for ABCFM. The Privacy Officer will have the responsibility for overseeing the Compliance Plan as it relates to all applicable laws, the Code of Conduct, and all related policies and procedures. The Privacy Officer reports directly to the Executive Director. The Privacy Officer will report on the implementation and enforcement of the Compliance Plan to the Executive Director.

The Privacy Officer is responsible for all duties that insure the overall effectiveness of the program. The following responsibilities are in compliance with Federal Guidelines:

PROVIDING COMPLIANCE INFORMATION TO REPRESENTATIVES OF LWC

ABCFM shall distribute its Compliance Plan to each of its employees and representatives who work for or on behalf of ABCFM. Each agent who acts for or on behalf of ABCFM shall be advised that they are responsible for complying with the ABCFM Compliance Plan. Likewise, all significant vendors shall be advised of the Compliance Plan. Those vendors that are not subject to HIPAA standards but are still considered Business Associates shall abide by a Business Associate Agreement.

Communications

Ensure that every employee is familiar with the Compliance Plan. Every newly hired employee will be directed to review all agency policies, including the Compliance Plan as part of the orientation process. The supervisor will ensure that any questions have been answered and that the employee agrees to abide by these policies.

Training Programs

The Privacy Officer is responsible for overseeing and coordinating all training of personnel to comply with the Ethical Code of Conduct and Compliance Plan. Training procedures shall consist of the following:

- All personnel will receive, review, and acknowledge their understanding of the Ethical Code of Conduct, the Compliance Plan, and relevant related policies upon commencement of employment with ABCFM.
- Annual HIPAA training will be completed by employees.

PERFORMANCE OF A GAP ANALYSIS AND RISK ASSESSMENT

The Privacy Officers shall perform an assessment on an annual basis to identify any potential privacy/security risks at any facilities operated by ABCFM. This assessment will include a review of all privacy/security related policies.

Reporting and Investigation of Complaints

ABCFM is committed to the policy that all employees have an obligation to report any suspected violation of the Compliance Plan to the Privacy Officer. See the HIPAA Security and Privacy Breaches Employee Reporting and Privacy/Confidentiality Complaint policies.

Reporting personnel shall not be subject to any reprisal for a good faith report of a known or suspected violation of the Compliance Program. It is essential to diminish fear of retribution. No one in a position of authority should say anything that could be understood to threaten or constitute retaliation against anyone who reports suspected wrongdoing or impose discipline on anyone who does. To the extent consistent with fair and effective investigation of a report, the confidentiality of the reporting employee's identity should be preserved, except in the case of frivolous or vengeful complaints.

Disciplinary Actions

ABCFM will promptly and properly document all reasons behind disciplinary actions taken against its employees for violations of the Compliance Plan including applicable laws, regulations, policies, and procedures. The Privacy Officer is responsible for ensuring that such documentation is included in the employee's permanent personnel file. Disciplinary penalties for violations include written warning up to termination of employment.

- The Privacy Officer will establish and publicize the Compliance Hotline via the Notice of Privacy Practices (NPP) that permits anonymous reports of violations of the HIPAA Compliance Plan. This hotline will also be available to employees to answer questions.
- The Privacy Officer is responsible for promptly reviewing all reports received concerning known or suspected violations of the Compliance Plan or applicable laws or regulations. The Privacy Officer will respond to allegations.

If the results of the investigation demonstrate that a report of suspected criminal behavior or other violation has a substantial basis, a recommendation concerning disciplinary action should be made. In determining the appropriate disciplinary action, the Privacy Officer in conjunction with the Executive Director, and other appropriate members of the administrative team, may wish to consider the following factors:

- The nature of the violation and the seriousness of the violation to ABCFM, its clients, customers, and vendors.
- Whether the individual was directly involved in the violation.
- If the violation was willful or unintentional.
- Whether the violation represented an isolated occurrence or a pattern of conduct.

- If the individual withheld relevant or material information concerning the violation.
- The degree to which the individual cooperated in the investigation.
- If the violation consisted of retaliation against another individual reporting a violation or cooperating with an investigation, the nature of such retaliation.
- The disciplinary action previously imposed for similar violations.
- The individual's past violations.
- If the employee is self-reporting.

KEY REGULATORY LAWS

- Health Insurance 45 Code of Federal Regulations 160 and 164
- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2
- General Penalties Section 1117 establishes penalties for knowing misuse of unique identifiers and individually identifiable health information
- Arkansas State Law Statute for Patient Access to medical records/charges/time frames
- Section 1833 of the Act-Payment for Mental Health Services
- Mental Health Parity
- Minimum Licensing Standards for Child Welfare Agencies
- ACA 9-28-407

RESPONDING TO ALLEGATIONS OF VIOLATIONS

Immediate Response

All personnel who are aware of a violation of the Compliance Plan or related policies, applicable laws and regulations are responsible for reporting that information immediately to the Privacy Officer.

The Privacy Officer shall consult with the Executive Director and other appropriate members of the administrative team when applicable, regarding the various questions raised by a reported violation of the Compliance Plan, related policies, or any applicable law. Among the issues that should be addressed when a violation is reported are the following:

- The feasibility of an internal investigation.
- Should outside counsel conduct the investigation?
- Should a disclosure be made to the appropriate government agency?
- Do employees need separate legal counsel?
- Should ABCFM provide separate legal counsel for employees?
- Should a submission be made to the government regarding the facts and law at issue?
- Coordination of potential claim(s) with insurers.

Investigations of Violations

All employees are expected to cooperate in the investigation of an alleged violation of the Compliance Plan or the state and federal law or regulation. When needed the Privacy Officer will access legal counsel to ensure that any investigation does not result in the waiver of important privileges.

While investigations will vary in scope and substance, the following is a brief, general description of the framework in which the investigation will be conducted:

- Privacy Officer will attempt to discern which personnel are involved in or have any information regarding the alleged violation and interview all such persons.
- Privacy Officer will review all relevant documents. Identification of all relevant documents is essential. A thorough investigation will include a review of all relevant papers and electronically stored information. The goals of the investigation should be to learn as much as possible about the scope of activities at issue, any potential government investigation, and to assess the possibility of exposure to criminal and civil penalties.
- Due to potential conflict issues, the Privacy Officer will inform either orally or in writing, all personnel who will be interviewed of the specific terms under which the interview will be conducted.
- The interview should be certain to convey the following information to the individual:
 1. Attorney(s) for ABCFM represent ABCFM.
 2. ABCFM lawyers remain free to use any disclosure, information, or leads to other information that the individual provides.
 3. A determination should be made after the initial interviews as to whether the individual must retain independent counsel.
 4. The attorney-client privilege and the work product doctrine apply to the interview, but these privileges belong to ABCFM and not the individual.
 5. During these interviews, the Privacy Officer will advise the individual that although the individual has the right to speak freely about any matter, ABCFM prefers that the individual not speak with anyone about the investigation other than those individuals conducting the investigation, or appropriate law enforcement or judicial officers where appropriate.
 6. Under all circumstances it is essential that the individual be truthful in responding to questions at any interview.

The Privacy Officer should consult with outside Counsel, if necessary, to determine whether voluntary disclosure to a government agency or regulatory authority is appropriate. Following the completion of the investigation, the Privacy Officer should determine whether any modification to the existing policies and procedures is warranted.

Arkansas Baptist Children's Homes and Family Ministries Policies and Procedures

Program(s): Living Well Professional Counseling, Connected Foster Care and Adoptions

| | |
|---|--|
| Policy Name: Minimum Necessary Use | Original Approval Date: 5/11/22 |
| Submitted by: Angel Lucas, LCSW Director of Quality Assurance | Revision Date(s): 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

PURPOSE

To ensure that uses and disclosures of Protected Health Information ("PHI") are limited to the minimum necessary to accomplish the intended purpose.

POLICY

Arkansas Baptist Children and Family Ministries (ABCFM) staff who work with PHI will make a reasonable effort to use or disclose, or to request from another health care provider, the minimum amount of PHI required to achieve the particular use or disclosure unless an exception applies. Any questions regarding what should or should not be disclosed will be sent to the Director of Quality Assurance who will provide guidance on the matter.

PROCEDURE

1. The agency will identify role-based access to PHI per job description, including:
 - a. People or classes of people in its workforce who need access to PHI to carry out their duties, and
 - b. The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access.

Any type of disclosure or request for disclosure that are done on a routine and recurring basis, will be limited to that which is reasonably necessary to achieve the purpose of the disclosure or request.

Any type of disclosure or request for disclosure that is not done on a routine and recurring basis, will be reviewed to verify that PHI disclosed or requested is the minimum necessary.

All requests for non-routine disclosures or requests that do not meet an exception will be reviewed using standard criteria.

2. Exceptions to minimum necessary requirements: While certain exceptions allow more than minimum necessary to be released, ABCFM will make every effort to only release that which is necessary. The exceptions are as follows:
 - a. Disclosures to or requests by a health care provider for treatment.
 - b. Uses or disclosures made to the individual who is the subject of the PHI.

- c. Uses or disclosures made pursuant to an authorization signed by the individual.
 - d. Disclosures made to the Secretary of the U.S. Department of Health and Human Services (federal government).
 - e. Disclosures that are required by law (such as for Department of Health state surveys, federal surveys, public health reportable events, FDA as related to product quality, safety, effectiveness or recalls etc.).
 - f. Uses and disclosures that are required for compliance with the HIPAA Privacy Rule.
3. The agency may use or disclose an individual's entire Medical Record only when such use or disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted above applies or with the written approval of the Medical Director.
4. Requests for entire Medical Records that are not covered by an exception will be processed using standard criteria. This includes only releasing the following: assessments, treatment plans and reviews, discharge summaries, and a list of medications. Progress notes will only be released to the exceptions listed above and only to the client when approved by the counselor in advance.
5. Reasonable Reliance: The agency may rely on a requested disclosure as minimum necessary for the stated purpose(s) when:
- a. Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s).
 - b. The information is requested by another covered entity (health care provider, clearinghouse, or health plan).
 - c. The information is requested by a professional who is a member of the agency's workforce or is a Business Associate of the agency for the purpose of providing professional services to the agency, if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
 - d. The information is requested for research purposes and the person requesting the information has provided documentation or representations to the agency that meet the HIPAA Privacy Rule. Contact the Director of Quality Assurance (Privacy Officer) to assist in the determination of whether such requirements have been met.
- The agency, upon determination that the use, disclosure or request for PHI is the minimum necessary or one of the above exceptions apply (see 2 a-f), will release the PHI to the requestor.
6. Requests for PHI from Another Covered Entity: When requesting PHI from another Covered Entity, the agency must limit its request for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made. For requests that are made on a routine and recurring basis, the agency shall

take reasonable steps to ensure that the request is limited to the amount of PHI reasonably necessary to accomplish the purpose for which the request is made.

For requests that are not on a routine or recurring basis, the agency shall evaluate the request according to the following criteria:

- a. Is the purpose for the request stated with specificity?
- b. Is the amount of PHI to be disclosed limited to the intended purpose?
- c. Have the requirements for supporting documentation, statements, or representations been satisfied?
- d. Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?

Arkansas Baptist Children's Homes and Family Ministries Policies and Procedures
Program(s): Living Well Professional Counseling, Connected Foster Care and Adoptions

| | |
|---|--|
| Policy Name: Records | Original Approval Date: 5/5/21 |
| Submitted by: Ashlyn Johnson, Compliance Officer | Revision Date(s): 4/27/22, 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

Policies and written procedures are implemented that address:

- A. Confidential administrative records.**
- B. The records of persons served.**
- C. Security of all records.**
- D. Confidentiality of records**
- E. Compliance with applicable laws concerning records**
- F. Timeframes for documentation in the records of the persons served.**

Intent Services

In order to protect the privacy of all stakeholders and any confidential information that its record may contain, Arkansas Baptist Children and Family Ministries (ABCFM) ensures that it addresses the applicable legal and regulatory requirements concerning privacy and regulatory requirements concerning privacy of health information and confidential records. Security includes such things as storage protection, retention, and destruction of records. This standard applies to current and historical records and to hard copy records as well as electronic records. Security and confidentiality will be addressed by all staff and counselors for LWC.

- A. Confidential administrative records** will include personnel records, any business agreement contracts, budgets, all billing information, legal information, and any records of donations and/or donors. Staff are expected to take every precaution to secure all confidential information at all times.
- B. The records and documentation for persons served** that include documentation by Counselors must follow the 2014 ACA codes of ethics. ACA code A.1.b. Records and Documentation states the following, "Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the

delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.” Documentation by other providers must meet the requirements set forth by the payer, license and the agency Code of Ethics. This statement is to be followed by all staff. **Documentation of services is required** and failure to document services provided, or other information related to billing, significant communications, etc. is a violation of ethical code.

C. Security of all records will be kept in compliance through the electronic medical record which is secured with a password. All client information is backed up and stored securely. Any paper documents which contain protected health information (PHI) will be stored in a password protected computer or locked file and deleted or shredded when no longer needed.

D. Confidentiality of records: All records must be kept confidential. Employees ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them. Regarding release of client records, ABCFM will not release client records/information received from another agency. ABCFM will only release information pertinent to client's needs as the request is made in writing by the client or in the event of a subpoena or court order. Request for records from a client must be made through an Authorization to Release Information form. All records requests will be sent to the Director of Quality Assurance for review and processing. See the following policies for more information regarding records requests:

- Authorization for Release of Information policy
- Records Request by clients

E. Compliance with applicable laws concerning records: HIPAA: Acronym that stands for the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. HIPAA, “primarily sought to define “Protected Health Information” as “any information held by a covered entity which concerns health status, the provision of healthcare, or payment

for healthcare that can be linked to the individual". (www.hipaaguide.net/hipaa-law/, n.d.) ABCFM complies with HIPAA. See the following additional policies to address this topic:

- Privacy and Confidentiality Compliance Plan
- Security/Privacy Breaches
- Minimum Necessary Use and Disclosure of PHI

F. Timeframes for documentation in the records of the persons served:

Documentation of services provided in a timely manner is important to ensure that the documentation is an accurate reflection of the service provided. It is best practice to complete client documentation no later than the end of the next business day after the service was provided. The initial treatment plan should be completed no more than 14 days after the Psychotherapy Assessment. Treatment Plan Reviews will be completed at least every 180 days, or more often if clinically appropriate or required by the payer. Counselors will only be paid for services for which a completed note is in the record and payment has been received. For scholarships, payment may be made to the counselor prior to receipt of the funds as long as the note is in the record.

Arkansas Baptist Children's Homes and Family Ministries Policies and Procedures

Program(s): Living Well Professional Counseling, Connected Foster Care and Adoptions

| | |
|---|--|
| Policy Name: Records Requests by Clients | Original Approval Date: 4/27/22 |
| Submitted by: Angel Lucas, LCSW Director of Quality Assurance | Revision Date(s): 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

POLICY: It is the policy of Arkansas Baptist Children and Family Ministries that clients or their representatives may gain access to their medical record unless contraindicated.

PURPOSE: To ensure that staff are able to consistently communicate to individuals the process for accessing medical records.

PROCEDURE:

1. Clients may gain access personally, or through his/her guardian or attorney upon request, and with written authorization. All requests for records should be submitted to the Director of Quality Assurance who also serves as the Privacy Officer.
2. Upon receipt of general written requests for release of protected health information (PHI), the request for access to or copies of such records are to be handled as follows:
 - a. **Client Requests**
 - i. Upon completing a HIPAA compliant authorization form, clients may view or obtain copies of their basic medical information, at no charge. This includes a service list, diagnosis, treatment plan, medication list, if available, and discharge summary.
 - ii. Records may be provided through the client portal, a letter or a copy of the information that was requested.
 - b. **Continuity of Care Requests**
 - i. Requests for certain PHI from other healthcare providers for the treatment or continued treatment (continuity of care) can be released to the requesting party
 - a) **If** the client has no substance abuse diagnosis or treatment
 - b) **And** the requesting healthcare provider submits a Continuity of Care request or provides verification that the individual is also being treated by that provider.
 - c) **Or** the person served signs an Authorization to Release Information to the healthcare provider and it is valid at the time of the request.
 - ii. Releases of PHI for Continuity of Care requests are limited to one or more of the following: most recent treatment plan goals/objectives including the diagnosis, list of services provided, medication list – if available, and discharge summary. Whenever possible a Summary of Care should be provided as opposed to actual medical records.
 - iii. These types of requests may not require client authorization (see i) above).

3. Receipt of all requests for release of medical records to the client, that include medical progress notes, psychiatric/psychological notes, psychiatric/psychological evaluations, or the client's entire medical record must be submitted to the primary provider for review.
 - a. If the primary provider declines the request, the provider must be able to provide a written explanation as to why it is believed that the release of the requested information would be detrimental to the client.
 - b. The request, and written explanation, will be sent to the Privacy Officer for review. Upon review, the Privacy Officer will staff the request with the Medical Director to make the final determination regarding the release. The Privacy Officer will document the final decision made by the Medical Director regarding the release in the client's record. If the release is partially or fully denied, a written explanation as to the reason the request was denied will be provided to the client, client's guardian, or attorney. If a partial denial of disclosure is the result, information may be released with the information obscured that was determined to be detrimental.
 - c. The person served or attorney may seek a review from a second psychiatrist. If the second psychiatrist determines that the records would not be harmful, they will be released. If the second psychiatrist determines that the records would be detrimental, they will not be released, or the objectionable material will be obscured before release.
4. Third party requests will be invoiced for the fees that are allowed by Arkansas Code 16-46-106 (Act 767). Clients may be asked to pay for the cost of the review, copies, and processing fees for medical records if the request is beyond the basic medical information. In these cases, the client will be notified of all fees associated with the request at the time of the request. Current fees are as follows:
 - Labor Fee: \$15.00
 - \$0.50 per page up to 25 pages
 - \$0.25 per page for pages 26 and greater.

Steps 3 – 4 are outlined in Arkansas code 16-46-106 (Act 767 of 2018)

Arkansas Baptist Children's Homes and Family Ministries Policies and Procedures

Program(s): Living Well Professional Counseling, Connected Foster Care and Adoptions

| | |
|---|--|
| Policy Name: Retention/Destruction | Original Approval Date: 5/11/22 |
| Submitted by: Angel Lucas, LCSW Director of Quality Assurance | Revision Date(s): 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

PURPOSE

To establish a retention and destruction schedule for all records created by Arkansas Baptist Children and Family Ministries (ABCFM) according to applicable state and/or federal laws, regulatory/licensing agency standards and accreditation requirements.

POLICY

A retention/destruction schedule for most types of documents is included in this policy. ABCFM employees will not keep duplicate paper records of any document stored electronically.

PROCEDURE

The following specific retention/destruction guidelines shall be referred to when determining when and how to destroy any documents. These guidelines are not intended to be all inclusive. Any type of document that is not addressed shall be discussed with the Director of Quality Assurance to determine the appropriate retention/destruction schedule.

Records as part of an electronic medical record may be retained indefinitely. Otherwise, the periods of retention listed are the amounts of time that records/data must be retained. They should be scheduled for destruction after that time period. If there is a circumstance that necessitates certain records be retained for a longer time than listed herein, the additional retention period should be approved by the Director of Quality Assurance.

General Guidelines:

1. Any records that must be maintained permanently for historical or legal purposes, will be stored electronically. Any such records should be sent to the Director of Quality Assurance to maintain these records.
2. There are no retention requirements for duplication of the mental health record information that is a part of the facility's legal client health record. Duplicate mental health records should be retained no longer than is minimally required for individual/program usage and should then be shredded.
3. There is no retention period for duplicate personnel files kept by individual supervisors. However, once an employee leaves any records should be sent to the Finance Director for review and destruction. The finance office will maintain one copy.

4. The finance office will be responsible for retaining copies of purchase orders and copies of invoices.
5. Prior versions of policies and procedures shall be retained for a minimum of 6 years. All policies and procedures should be maintained electronically, and current policies are made available to all staff through SharePoint.
6. Records containing any proprietary or confidential information should be destroyed either by shredding or incineration.

RECORDS DESTRUCTION TABLE:

| Mental Health Record | Period of Retention | Remarks |
|-----------------------------|----------------------------|--|
| Electronic Medical Records | Indefinitely | These records may be purged if feasible to do so, according to the following: Adults -10 years after the last discharge; Minors -records must be maintained until the age of majority (18) plus two years, or 10 years after the last discharge – whichever is longer . |

| CARF Records | Period of Retention | Remarks |
|---|---|----------------|
| All documentation required for CARF accreditation and/or Behavior Health Agency certification | Quality Improvement Reports (Reviews, Reports, Data for performance measurement, etc.), Plans, Supervision records, Training, Meeting minutes, etc. shall be maintained a minimum of three years until the next survey. | None |

| HIPAA Related Documents | Period of Retention | Remarks |
|--------------------------------|----------------------------|---|
| HIPAA Confidentiality Breaches | 5 Years | These are documented accounts of unintentional breaches of client PHI maintained in a HIPAA Breach File by the Privacy Officer. |

| | | |
|---------------------------|---------|--|
| HIPAA Privacy Complaints | 6 Years | These are client and/or employee complaints filed with the Privacy Officer or HHS. |
| Accounting of Disclosures | 6 Years | Form/report of medical records that have been sent outside the agency. |

| Tax Records | Period of Retention | Remarks |
|---|----------------------------|----------------|
| Tax-Exemption Documents & related correspondence. | Permanent | None |
| IRS Rulings | Permanent | None |
| Payroll Tax Records | 7 Years | None |
| Tax Bills, Receipts, Statements | 7 Years | None |
| Tax Returns – Income, Franchise, Property. | Permanent | None |
| Tax Work paper Packages – Originals. | 7 Years | None |
| Annual Information Returns – Federal & State. | Permanent | None |
| IRS or other Government Audit Records. | Permanent | None |

| Contracts & Corporate Records | Period of Retention | Remarks |
|--|---|--|
| Contracts/Related Correspondence | Contracts and all documentation required under the contract will be kept for 7 years. | None |
| Corporate Records | Permanent | All corporate records such as minutes of the Board, corporate Reports, bylaws, resolutions, etc. |
| Correspondence | 3 Years | Routine correspondence |
| | | |
| Insurance Records | 10 Years | These records include Policies and Certificates and Releases and Settlements. |

| | | |
|----------------------------------|-----------|--|
| | | |
| Legal Records (Litigation Files) | Permanent | In the event that the company is served with a subpoena or other request for documents, or any employee becomes aware of a governmental investigation or audit or the commencement of any litigation against the company, such employee shall inform the Director of Quality Assurance and any further disposal of documents shall be suspended until such time as the matter is closed. |

| Accounting & Finance | Period of Retention | Remarks |
|--|-----------------------------------|---------|
| Accounts Payable Ledgers & schedules | 7 Years | None |
| Accounts Receivable ledgers & schedules | 7 Years | None |
| Annual Audit Reports & Financial Statements | Permanent | None |
| Annual Audit records, including work papers and other Documents that relate to the audit | 7 Years after completion of audit | None |
| Budget and related documents | 7 Years | None |
| Bank Statements & Canceled Checks | 7 Years | None |
| Employee Expense Reports | 7 Years | None |
| General Ledgers | 10 Years | None |

| | | |
|--|-------------------------------------|------|
| | | |
| Financial Statements | 7 Years | None |
| Notes Receivable ledgers/ schedules | 7 Years | None |
| Investment Records | 7 Years after sale of investment | None |
| Credit Card records | 3 Years | None |

| Grant Records | Period of Retention | Remarks |
|--|---|----------------|
| Original Grant Proposal | 7 years after completion of grant period | None |
| Grant agreement & subsequent modifications. | 7 years after completion of grant period | None |
| All grant budgets & funds drawdown reports including back-up invoices or any support that would show grantee compliance. | 7 years after completion of grant period | None |
| All requested IRS /Grantee correspondence. | 7 years after completion of grant period | None |
| Final grantee reports, both financial & narratives | 7 years after completion of grant period | None |
| All evidence of returned grant funds | 7 years after completion of grant period | None |
| All pertinent formal correspondence | 7 years after completion of grant period | None |
| Pre-grant inquiry forms & other documentation for expenditure responsibility grants. | 7 years after completion of grant period | None |

| | | |
|--|--|------|
| | | |
| Grantee work product produced with the grant funds | 7 years after completion of grant period | None |

| Payroll Records | Period of Retention | Remarks |
|---|----------------------------|----------------|
| Employee Deduction Authorizations | Termination + 7 Years | None |
| Payroll Deductions | Termination + 7 Years | None |
| W-2 & W-4 | Termination + 7 Years | None |
| Garnishments, Assignments, & Attachments & all formal correspondence pertaining to. | Termination + 7 years | None None |
| Labor Distribution Cost Records | 7 Years | None |
| Payroll registers (gross & net) | 7 Years | None |
| Timecards/sheets | 3 Years | None |

| Human Resources Records | Period of Retention | Remarks |
|--|----------------------------|--------------------------------------|
| Retirement and Pension Records | Permanent | None |
| Commissions/Bonuses/Incentives/Awards | 7 Years | None |
| Employee Earnings Records | Separation + 6 Years | None |
| Employee Handbooks | 1 copy kept permanently | The handbook is saved electronically |
| Employee Personnel Records (applications, job/status change forms, performance evaluations, termination documentation, withholding information, garnishments and training/qualification records) | 7 Years after separation | None |

| | | |
|-------------------------------------|--------------------------|------|
| Employment Contracts– Individual | 7 Years after separation | None |
|-------------------------------------|--------------------------|------|

| Human Resources Records CONTINUED | Period of Retention | Remarks |
|--|--|---|
| Employment Records - correspondence with employment agencies and advertisements for job openings | 1 Year from date of hiring decision | Agencies not governed by OFCCP |
| Employment Records - all non-hired applicants (including all applications and resumes - whether solicited or unsolicited, results of post- offer, pre-employment drug screens, results of background checks, child registry's, any related correspondence) | 90-Days | Agencies not governed by OFCCP |
| Job Descriptions | 3 Years after superseded | Signed Job Descriptions become a permanent part of the employee's Personnel File and will be retained for no less than 7 years. |
| Personnel Count Records | 3 Years | Monthly/annual turnover reports will be retained electronically no less than 3 years. |
| I-9 Forms | 7 Years after separation | I-9's will become a part of the Personnel File upon separation and will be retained no less than 7 years. |

| Information Technology Records | Period of Retention | Remarks |
|---------------------------------------|---|---|
| Electronic Mail | E-mail accounts shall be retained for 1 year after termination. | Backups of all deleted e-mail accounts will be available for recovery up to 6 weeks after deletion. |
| Personal Storage | Storage shall be retained for 90- days after termination. | Deleted Storage items may be available for recover up to 6 weeks after deletion. |
| Computer Hardware | Until deemed unrecyclable. | Once it can no longer be overwritten or degaussed it should be physically destroyed |

COMPANY-WIDE DESTRUCTION METHODOLOGY

| Type of Material(s) | Destruction Method |
|--|--|
| Paper Documents (All Types that have met or exceeded their expiration term). | Shredding |
| Other Miscellaneous IT Materials/Equipment | Magnetic Erasure and/or proper disposal of unusable parts. |

**Note: All shredding of paper records or destruction of IT equipment and/or materials will be carried out according to HIPAA standards*

Arkansas Baptist Children's Homes and Family Ministries Policies and Procedures

Program(s): Living Well Professional Counseling, Connected Foster Care and Adoptions

| | |
|---|--|
| Policy Name: Security/Privacy Breaches | Original Approval Date: 4/27/22 |
| Submitted by: Angel Lucas, LCSW Director of Quality Assurance | Revision Date(s): 12/20/23 |
| Approved by: Derek Brown, PhD, LPC Executive Director | |

PURPOSE:

Arkansas Baptist Children and Family Ministries (ABCFM) has adopted this policy to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), Subtitle D—Privacy, the Department of Health and Human Services ("DHHS") security and privacy regulations, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and CARF accreditation requirements. In addition, this policy will assist ABCFM in fulfilling its obligation under the DHHS privacy regulations to mitigate damages caused by breach of individual privacy. All personnel of ABCFM must comply with this policy as if it pertains to their role. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every employee's responsibility.

ASSUMPTIONS:

This policy is based on the following assumptions:

- Breaches of security, confidentiality, or ABCFM's policies and procedures may occur despite security and confidentiality protections.
- Early detection and response to such breaches is critical to stop any such breach, correct the problem, and mitigate any harm.
- In appropriate cases, a thorough investigation is necessary to assess the breach, mitigate any harm, determine how to prevent recurrence, and provide a basis for any necessary disciplinary action.
- ABCFM has a duty to mitigate the harm of a breach and, in some cases, has a duty to notify the subject(s) of the breach, DHHS, and the media.
- Other federal and state laws, such as the Red Flag Rules, may also require notification and/or mitigation.
- All personnel must know how to report breaches and suspected breaches.

POLICY:

The purpose of reporting health information breaches and suspected breaches is as follows:

- Minimize the frequency and severity of incidents.

- Provide for early assessment and investigation before crucial evidence is gone.
- Quickly take remedial actions to stop breaches, correct problems, and mitigate damages.
- Implement measures to prevent recurrence of incidents.
- Facilitate effective disciplinary actions against offenders.
- Properly make required notifications.
- It is the policy of ABCFM that all personnel should not only feel free to report breaches, without fear of reprisal, but also understand that they have a duty to do so.
- ABCFM will not take any adverse personnel or other action against a person who reports an actual or suspected breach of security, confidentiality, or policies and procedures protecting the security and confidentiality of health information so long as the report is made in good faith. Making a knowingly false report, however, may result in disciplinary action under ABCFM's sanction policy.

Who Should Report?

All employees and others with access to health information **must** report breaches of security/confidentiality and/or of policies and procedures protecting the security and confidentiality of health information as specified below.

What Should Be Reported?

Employees and others must report the following:

- Breach of security, defined as any event that inappropriately places health information at risk for unavailability, improper alteration, breach of confidentiality, or other potential harm to clients, staff, ABCFM, or others that may result in adverse legal action.
- Breach of confidentiality, defined as the improper disclosure of individually identifiable health information to a person or entity not authorized to receive the information.
- Any violation of ABCFM's policies and procedures relating to the security or confidentiality of client information.
- Any violation of ABCFM's policies and procedures relating to the proper use of computer and other information systems equipment.

HOW TO REPORT:

The person discovering the breach or suspected breach must institute the reporting procedure as soon as possible after the occurrence of the breach or its discovery. The person discovering the breach must take the following actions:

- Initiate any necessary corrective action. If, for example, an employee detects a burning odor at a workstation, he or she should immediately turn off the power to the system components. If, for example, an employee detects an unauthorized person observing confidential client data on a computer screen, desk, or laptop, he or she should cover the screen, retrieve the paper documentation and/or turn off the PC or laptop, or otherwise prevent the unauthorized person from continuing to view it.
- Notify all relevant emergency services if necessary (i.e., fire department, police department, etc.).

- Report the matter to building security if applicable, such as in the case of a person in an unauthorized area who refuses to leave immediately.
- Report the incident to his or her immediate supervisor if the supervisor is available.
- Report the incident to the Director of Quality Assurance (Privacy Officer) at 870-630-7749 or via email at angel.lucas@arkansasfamilies.org
- As soon as possible, make a written report and submit it to the Director of Quality Assurance (Privacy Officer). Include as much information as possible regarding the situation, whether or not it has been resolved or is ongoing, etc.

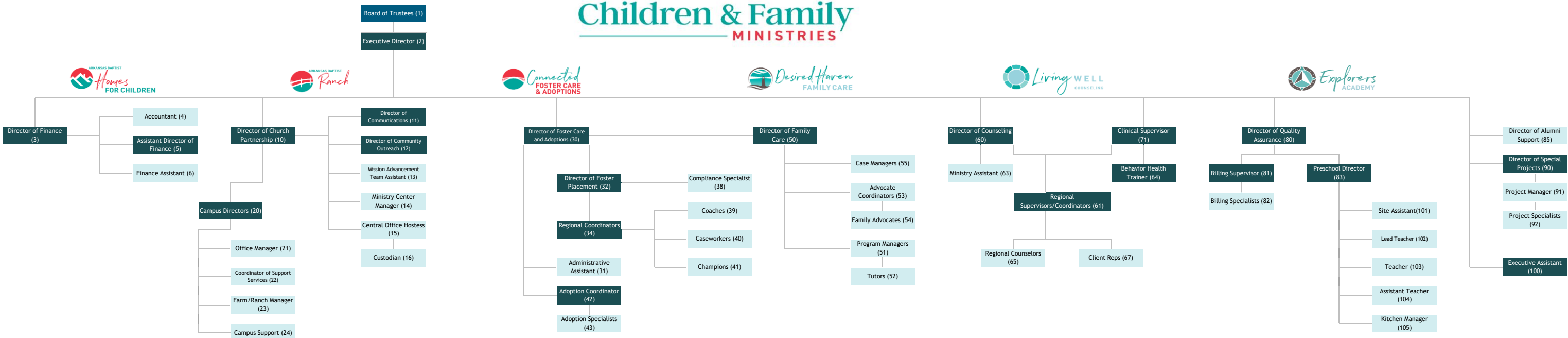
INVESTIGATION AND RESPONSE:

1. **Investigation of breach:** The Director of Quality Assurance (Privacy Officer) will facilitate the investigation of the breach.
2. **Response to Breach:**
 - a. A written response will be provided to the client within 30 days from the date the breach was filed.
3. A written summary of the breach and action taken will be maintained by the Director of Quality Assurance (Privacy Officer).
4. **Documentation:**
 - a. All breaches received must be documented.
 - b. All breach dispositions must be documented.
 - c. The documentation must be retained for six years.
 - d. Such reports are a risk management tool and not client care documentation and as such this report should not be made a part of a client's medical record.
 - e. Reports are made as required to the US Department of Health and Human Services HHS.gov.

ENFORCEMENT:

All employees of ABCFM **must** adhere to this policy, and all supervisors are responsible for enforcing this policy. ABCFM will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with ABCFM's corporate compliance policy and other personnel rules and regulations.

ARKANSAS BAPTIST
Children & Family
MINISTRIES



OneTeam

| | | | | | | | | |
|-------------------|----------------------|--------------------|--------------------|--------------------|--------------------|---------------------|-------------------|---------------------------------|
| 1 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 83 |
| AJ Burk | Tim Noel | Allen Elkins | Ryan Ropp | Ronald Boling | Debi Walker | James Barham | Mandy Hall | Brittany Parent |
| Daniel Morris | 11 | Brandy Urioste | 31 | Taylor Graves | 51 | 61 | Mandy Young | 85 |
| Lloyd Robertson | Heather Noel | 21 | Billie Moore | Tara Ledford | Tavonia Strickland | Sean Culpepper | Mark Weaver | 71 Charles Flynn |
| Jennifer Medford | | Kim Hearron | 32 | Kim Higgs | Kyla Brown | Ariel Brown | Marty Erickson | 90 |
| Rick Tanneberger | 12 | Janet Scarborough | Ritchie McFarland | Sunne Moore | Elizabeth Elkins | Dawn Reed | Meagan Shumake | 80 John Ross |
| Laura Bramlett | Tonya Larmoyeux | 22 | 34 | Jeni McCall | Renee Johnson | Nathan Winiecki | Nicole Potts | 91 |
| Angela Tate | 13 | Heather Fitzgerald | Jamie Tacito | Hannah Shipp | | | Phoebe Leslie | 81 Pat High |
| Louanne Hughey | Bailey Hobby | Micah Dixon | Kim Humphrey | Allison Wadkins | 52 | 63 | Rachel Strange | 92 |
| Jimmy Gassaway | 14 | Katie Dixon | Ellen Sullivan | Rebekah Dye | Abbi Noel | Kim Beasley | Richard Waggoner | 82 Roman Dulaney |
| Seth Tucker | Preston Huffstuttler | 23 | 38 | Savannah Martin | Reagan Dennie | 64 | Sarah Wiles | LuAnne Holland David Rhoads |
| Nathan James | Jeremie Bartels | Matt Urioste | Mary Beth Massey | Hannah Blackketter | Sydney Ward | Bryanna Irvin | Seth Howerton | Whitney Ropp Danuwar Narayan |
| Bob Hall | 15 | Donnie Morphis | 39 | Morgan Bradley | | 65 | Shannon Davis | Jennifer Murrah 100 |
| Mike Manning | Sherry Brooks | | Paige Branham | Julie Roberts | | Aamie Mason | Stephen Bell | Nina Thomas |
| Maggie Peeler | 16 | | Hannah Blackketter | Hannah Richardson | 55 | Amanda Johnson | Tabatha Miller | |
| Sarah Teague | Clint Jones | 24 | Jennifer Foust | Adam Thrasher | Nitzia David | Allison Odom | Terica Ware | 101 |
| Susan Akin | Brandy Morphis | Donna Hamilton | Traci Holland | Jeremie Bartels | Amy Grigg | Ashlyn Johnson | Theresa Sherrod | Shelby Godwin |
| Edwin Hughes | 17 | Kent Terry | Amanda Jones | Katie Brown | | Ben Merritt | Tracy Osborne | |
| 2 | Alex Blankenship | Willie Gant | Karinne Ruff | Lynn Seaton | | Brandon Wolfe | T'Revah Cobb | 102 |
| Derek Brown | | Ivan Plunk | Jasmine Castille | Rena White | | Cassidy Kubli | Taylor Walker | Angela Landes |
| 3 | | | Hillary Loftin | Bailey Hudelson | | Crystal Evans | Waylon Vande Hoef | 103 |
| Steve McCarley | | | Sterling Claypoole | 41 | | Christen Hayes | | |
| 4 | | | Josh Lewallen | Somer Colbert | | Crystal Marschewski | 67 | 104 |
| Rebecca Whitfield | | | Cassie Black | Jordan Summers | | Emily Dunlap | Ashlee Kelly | Heather Hoffman |
| 5 | | | | Morgan Flippo | | Elizabeth Lain | Briana Penn | Keneisha Green |
| Paul Parent | | | | Bryanna Irvin | | Emily Gregory | Jana Snow | 105 |
| 6 | | | | Melissa Van Scyoc | | Emily Libertini | Seketheia Vance | Becca Bartels |
| Linda Gridlley | | | | Kelly Bell | | Glen Putman | Brooke Mayfield | |
| Ruth Pennyman | | | | | | Gretchen Graham | Christy Fellows | |
| | | | | 42 | | Hilde White | | |
| | | | | Caryl Watson | | Jennifer Maley | | |
| | | | | | | Jessica Sledge | | |
| | | | | 43 | | Johnny Davis | | |
| | | | | Becky Bruns | | Juliana Bennett | | |
| | | | | Lori Chapman | | KaNeil Purifoy | | |
| | | | | | | Katelyn Paxson | | |
| | | | | | | Katelyn Ratley | | |
| | | | | | | Katherine Smith | | |
| | | | | | | Kathy Dewbre | | |
| | | | | | | Kellye Albey | | |
| | | | | | | Kelsey Jones | | |
| | | | | | | Ken Beaver | | |
| | | | | | | Laura Hardin | | |