

<p align="center">..GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 14-06</p>	<p align="center">Policy # 20.24</p>
<p>Applicability: { } All DJJ Staff { } Administration {x} Community Services { } Secure Facilities</p>	<p>Related Standards & References: ACA Standards: 3-JCRF-1A-01, 3-JCRF-1A-02, 3-JCRF-1A-04, 3-JCRF-1A-05, 3 JCRF-1A-10, 3-JCRF-1A-15, 3-JCRF-5A-04, 3-JCRF-5A-12, 3-JCRF-5C-04 Georgia Department of Human Services, Office of Regulatory Services, Rules and Regulations for Child Caring Institutions DJJ 5.2, 5.4, 5.5, 20.31, 20.32, 20.36</p>	
<p>Chapter 20: CASE MANAGEMENT</p>	<p>Effective Date: 8/22/14 Scheduled Review Date: 8/22/15</p>	
<p>Subject: COMMUNITY RESIDENTIAL PROGRAMS</p>	<p>Replaces: 4/15/13 Community Services Division</p>	
<p>Attachments: A - RBWO Program Deficiencies Template B – Community Medical Permission Form C - RBWO Task Force Audit Tool CCI D – RBWO Task Force Audit Tool CPA E – Youth Residential File Audit Form F – Pass Request for Youth in Residential Programs G – Working Transition Plan (guide) H – Working Transition plan Template</p>	<p>APPROVED:  <hr/> Avery D. Niles, Commissioner</p>	

I. POLICY:

The Department of Juvenile Justice shall utilize community residential programs as alternatives to detention or residential placement when it is in the best interest of the youth and the community.

II. DEFINITIONS:

Child Caring Institute (CCI): Any child-welfare facility which either primarily or incidentally provides full-time room, board and watchful oversight to six or more children through 18 years of age outside of their own homes.

Child Placing Agency (CPA): Any child welfare agency which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Agencies that arrange for children to receive care in foster homes or in prospective adoptive homes must make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster or adoptive person or family will provide.

Community Residential Programs: Group homes, emergency shelters, and other placements that provide 24-hour care in a community based residential setting.

Office of Inspector General-Residential Child Care (OIGRCC): monitors, inspects, and licenses Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children's transitional Care Centers, and Maternity Homes.

Psychiatric Residential Treatment Facility (PRTF): A short- term psychiatric facility (non-hospital) with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.

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Human Services Professional (HSP): The designated residential program employee, with case management responsibilities for a youth, who shares joint service planning responsibilities with the community case manager.

Room, Board and Watchful Oversight (RBWO): The level of residential services needed including the need for supervision of the youth by the residential provider. The categories of RBWO are base, additional, or maximum.

III. PROCEDURES:

- A. Youth will only be placed at approved Child Caring Institutes (CCI) and Child Placing Agencies (CPA) that are obtained through the Request for Proposal process contracted with the Department of Juvenile Justice.
- B. All community residential programs serving DJJ youth will maintain compliance with the Office of Inspector General Residential Child Care’s (OIGRCC) rules and regulations for the appropriate facility type. Community residential programs whose services are contracted or purchased on a per diem basis will maintain licensure by OIGRCC. If OIGRCC places limitations or restrictions on the program’s license, the Deputy Commissioner of Community Services or designee will receive immediate notification from the Residential Placement Specialist (RPS) and/or OIGRCC.
- C. The Regional Treatment Services Specialist will coordinate a minimum of 3 site visits to all contracted Room Board and Watchful Oversight vendors. There will be a minimum of (1) Announced and (2) Un-Announced site visits per calendar year.
 1. The purpose of each visit is to monitor the contracted RBWO vendor for compliance with Office of Inspector General Residential Child Care Licensing Standards and the state of Georgia Room, Board, and Watchful Oversight Standards developed by the Georgia Department of Human Services and the Georgia Department of Juvenile Justice.
 2. All Non-Compliant areas will be addressed in the Department of Juvenile Justice Deficiency Report, (Attachment A). The RBWO assigned Regional Treatment Services Specialist (RTSS) will provide the completed Deficiency Report to the identified RBWO vendor within 30 days after the site visit.
 3. The RBWO vendor must submit a Corrective Action Plan to their assigned RTSS within 10 business date after receiving the Deficiency Report.
 4. As needed, the RBWO vendor’s assigned RTSS will provide Technical Assistance as needed to address the areas of: policy and procedures, staffing, programming, training, etc.

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- D. Before a youth is considered for out of home residential placement, the community case manager will ensure that all community programs and/or resources have been exhausted.
- E. For placement and supervision standards of youth who have been adjudicated for Sexually Harmful Behaviors, see DJJ 20.36, Supervision of Sexually Abusive Youth.
- F. In accordance with OIGRCC regulations, community residential programs will be provided the following information about youth being considered for placement:
1. Court order, if applicable;
 2. Screening assessment packet, if applicable;
 3. Social data not in JTS;
 4. Psychological evaluation completed within 12 months of the referral;
 5. Physical exam completed within 12 months prior to admission;
 6. Tuberculosis skin test or negative chest x-ray completed within 12 months of the referral;
 7. Hearing and vision testing, urinalysis and Complete Blood Count completed within 12 months of the referral;
 8. Dental exam completed within 6 months of the referral;
 9. Immunization record;
 10. School records from the last school attended;
 11. Medicaid or other health insurance card;
 12. Copy of birth certificate;
 13. Copy of Social Security Card; and
 14. Placement Services Plan of Care.
- G. The Placement Services Plan of Care will be completed by the ACS (in accordance with DJJ 20.22, Placement of Committed Youth)
- H. In addition to the documents listed in Section F, emergency shelters will receive:
1. Written authorization/Court Order for a detention alternative;

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2. Copy of all pending offenses; and
 3. Conditions of Non-Secure Detention
- I. The community case manager will complete and submit a Medicaid application for committed youth in accordance with Policy 24.1 Medicaid Application/IV-E for Youth in Non-Secure Residential Programs
1. A youth's case manager, through his or her immediate chain of command, shall be authorized to provide consent for mental health and medical-related services of youth committed to the Department of Juvenile Justice where the provider/placement is unable to contact a youth's parent/legal guardian to obtain parental consent.
 2. During the screening process, and prior to the placement of a youth in a non-secure residential facility, the youth's case manager will ensure that the youth's parent/legal guardian sign and complete the Medical Permission Form (Attachment B), granting the youth's case manager permission to authorize mental health and medical-related services, as necessary in accordance with the provisions below.
 3. In the event the provider/placement is unable to contact the youth's parent or legal guardian to obtain consent for mental health and medical related service of the youth, the youth's case manager will be contacted. The case manager will make every effort to contact the parent/legal guardian to obtain consent for treatment. After documented efforts to contact the parent/legal guardian have been unsuccessful, the case manager will staff the need for consent with his/her Juvenile Program Manager before signing the consent for treatment.
- J. When a committed youth who has been prescribed medications is being released from RYDC/YDC, the community case manager will check with facility medical staff at least a week prior to a youth's scheduled release date, to ensure that youth is being released with the remaining quantity of the medication (at least a 30 day supply) or an equivalent prescription, to complete treatment. If the youth does not have sufficient medication or an equivalent prescription, the community case manager will notify his/her Juvenile Program Manager who will e-mail the Manager of Residential Programs and Aftercare Services requesting assistance in obtaining the youth's required medication (s).
1. The Community Case Manager will assist youth under DJJ supervision (Intake, Probation, and Committed) with identified medical needs. In the event of any medical necessity not covered by insurance, eg; durable medical equipment, blood work, prescription glasses, etc. the community case manager will notify his/her Juvenile Program Manager who will e-mail the Office of Health Services requesting assistance to cover the medical necessity as recommended by youth's physician.

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- K. All records disclosed outside of the Department of Juvenile Justice, including to contractors, will be disclosed in accordance with DJJ 5.2, Case Records, DJJ 5.5, Health Records, and DJJ 5.4, Education Records.
- L. The RPS will provide the residential program with a copy of a completed funding letter prior to youth's admission to the program.
- M. Prior to any youth (detention alternative, probated, or committed) being placed, as part of the admission packet, the community case manager (or Case Expeditor for detention alternative youth) will provide the Human Service Professional (HSP) at the residential placement with the Residential Emergency Phone List (DJJ 20.22 Placement of Youth, Attachment B). The Emergency Phone List must include cell phone numbers and be updated as needed.
 - 1. In the event of an emergency, the placement staff will contact the community case manager and placing Residential Placement Specialist (RPS) immediately, but no later than 1 hour, on all runaways, new legal charges, emergency situations, etc. For detention alternative youth, the placement staff will contact the Case Expeditor.
 - 2. If the placement staff does not receive a "live person" from their contact with the community case manager/RPS, they will leave a detailed message and move to the next person on the contact list until they speak to a DJJ representative.

Directive # 15-02
(June 5th, 2015)
Effective Immediate

- N. Discharge Planning during admission process:
 - 1. Prior to youth entering RBWO Placement, the Community Case Manager will develop a working transition plan (WTP) using attachment H, Working Transition Plan Template.
 - 2. The WTP shall be reviewed and approved by the Juvenile Program Manager and forwarded to the Operation Support Manager for final review and approval before it is uploaded in JTS or submitted to the RPS.
 - 3. The approved WTP will be uploaded into the Correspondence module in JTS by the Community Case Manager within 24 hours after final approval from the Operation Support Manager.
 - 4. Once a youth has been approved for RBWO Placement, and an admission date has been scheduled, the RPS will include the WTP in the RBWO placement package.

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5. The RPS and the RBWO's assigned Regional Treatment Services Specialist (RTSS) will ensure the RBWO Placement provider integrates the youth's service plan and the WTP in the RBWO Placement's service plan.
 6. For Critical cases in RBWO placements, the Community Case Managers shall always seek assistance from the Operation Support Managers.
- O. For committed youth, the community case manager will be present at the residential program during the youth's admission and initial orientation to the program.
 - P. As soon as possible, but no later than 24 hours from the time of the youth's placement, the community case manager/case expeditor will ensure that the youth's exact placement date is entered into the JTS Placement module and that an e-mail is sent to the RPS notifying them of the youth's placement and JTS update. Placement and notification will also be documented in JTS case notes within 72 hours.
 - Q. The community case manager will confirm with the intake/admissions coordinator or HSP all items needed for residential placement to include paperwork, clothing and personal hygiene items.
 - R. Youth placed in a community residential program will have a DJJ Service Plan completed in accordance with DJJ 20.31, Service Planning for Youth under Community Supervision.
 - S. The community case manager will maintain contact with the youth and parent/guardian in accordance with DJJ 20.32, Standards of Contacts. The assigned community case manager will be the person who visits the youth at the residential placement every 90 days.
 1. If the assigned case manager is unavailable to visit the youth, the JPM will make the visit.
 2. Visits with youth will be documented in JTS case notes within 72 hours.
 - T. Youth placed in third party placements (e.g., DFACS places the youth) will have the same contact, communication, and documentation requirements as all other youth.
 - U. The community case manager and placing RPS will request progress reports from the placement every 30 days. The community case manager will upload the progress reports into the JTS Correspondence module within 72 hours of receipt.
 - V. For youth in a Psychiatric Residential Treatment Facility (PRTF), the community case manager, in monthly contact with the Amerigroup Care Coordinator, will request copies of progress reports and to be included in transitional/discharge planning. The case manager will document all efforts and contacts in JTS case notes.

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1. For Committed youth in PRTF, the Regional Treatment Services Specialist (RTSS) will participate in any staffing of youth via conference calls or in person.
 2. For youth within 30 days or less of discharge from PRTF, the Operations Support Manager will participate in the youth's staffing via conference call or in person.
- W. Clinical services are arranged for by the RBWO provider outside of the Department. When the RBWO provider's needs assessment differs from that of the Department's, the Department will ensure that appropriate services are provided in the appropriate setting.
- X. The RTSS will monitor the provision of services at the residential placement by scheduling utilization reviews at least twice per year to ensure that the appropriate RBWO and clinical services are provided in a cost efficient manner.
1. The RTSS will monitor residential programs every six months in conjunction with the Utilization Reviews, by conducting at, a minimum:
 - a) RBWO Task Force Audit Tool-CCI (Attachment C) to be used for audits at Residential Group Homes;
 - b) RBWO Task Force Audit Tool-CPA (Attachment D)—to be used for audits at Therapeutic Foster Homes; and
 - c) Youth's residential file audit (Attachment E)
 2. The RTSS will upload both completed auditing forms to the Q drive.

Directive # 14-08
October 20, 2014

~~Y. The community case manager will attend, in person, the scheduled Utilization Reviews (UR) for youth on their caseload. If the assigned case manager cannot attend the UR, the JPM will ensure that a case manager with knowledge of the youth's case attends the review. The case manager will document his/her attendance at the UR in JTS case notes within 72 hours.~~

Continuation of Directive # 15-02

3. The RTSS will provide JPPS advance notification of the scheduled utilization reviews.
4. The community case manager will attend, in person, the scheduled Utilization Reviews (UR) for youth on his/her caseload. If the assigned case manager

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cannot attend the UR, the JPM will attend the review. The case manager/JPM will document his/her attendance at the UR in JTS case notes within 72 hours.

5. The community case manager and JPM will ensure that the RBWO provider reviews the most updated WTP at a minimum of 7 business days before the scheduled utilization review meeting.

Z. Off-site Overnight passes from Residential Programs:

1. Sexually Abusive Youth will not be allowed overnight passes. For pass information regarding youth who have been adjudicated for Sexually Harmful Behaviors, see Policy 20.36, Supervision of Sexually Abusive Youth.
 2. Residential Programs may use their own forms to request off-site overnight passes. If the residential program does not have a pass request form to document the request for an overnight pass, the request will be completed using the Pass Request and Supervision Plan for Youth in Residential Programs (Attachment F).
 - a) Regardless of whether the program's pass form or the attached pass form is used, all passes must be signed by all required parties prior to the pass occurring.
 - b) All signed pass request forms will be uploaded into the JTS Correspondence prior to the pass occurring.
 3. Youth may not receive any overnight passes during the first 30 days of placement.
 4. Youth will not be allowed passes that include out of state travel without approval from the Deputy Commissioner of Community Services, or designee.
 5. Overnight passes for youth will not exceed longer than 3 nights (per RBWO Residential provider contracts).
- AA. At least 30 days prior to the youth's anticipated completion of a community residential program, the community case manager will revise the DJJ Service Plan for aftercare services and provide the program with transportation plans. (For youth who have been adjudicated for sexually harmful behaviors, see Policy 20.36 regarding youth's release from residential programs and victim reunification.)
- BB. The community case manager will attend any discharge meetings that the residential program schedules to discuss the transition plan for the youth.
1. In addition, the youth's assigned Operations Support Manager will attend discharge meetings for critical cases to assist with the youth's transition to the community (ex. Family deprivation, possible DFCS referral cases, sexually abusive youth, and youth with high mental health needs).

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2. Within 90 days of a youth's release from a residential program or YDC, the community case manager will complete a Home Study Report (DJJ Policy 20.20, Attachment A). The completed Home Study Report will be uploaded into the Correspondence Module of JTS and considered when developing the transition plan for the youth.

CC. The community case manager will be present, in person, for all planned discharges of committed youth from residential programs.

DD. Prior to the youth leaving the residential program, new Conditions of Placement must be signed by the youth and community case manager.

EE. The community case manager will update the youth's placement in JTS and send an e-mail to the RPS as soon as possible but no later than 24 hours from the youth's release from a residential program.

FF. Youth in a work program will be provided a letter by their employer documenting their work experience.

GG. Case managers will not be involved in the handling of a youth's check(s) or money.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO