

Q&A from Webinar Chat

Q: Are providers notified if a risk evaluation is done on a prospective new hire?

A: Providers are not notified if a risk evaluation is required or completed for an individual, unless the background check is for a foster/adoptive parent or foster/adoptive household member. Only then is the background check history shared with the provider.

Q: is there a reason why Background check unit can't notify providers if a risk eval was completed? we don't need the specifics but we take on all of the liability for the employee and would be good for all to know if a risk eval was conducted?

A: There is nothing that prohibits CBCU from notifying a provider that we completed a risk evaluation but we cannot disclose the details because of prohibitions in the Texas Government Code. Currently, there is no mechanism for CBCU to notify providers when a risk evaluation has been completed. However, if a subject's background check is in a Conditional status, that means there is likely a risk evaluation in place.

Q: Do citations that a facility on HM receives while on HM count towards the overall average in the HM methodology? What about operations who don't have a contract with the state, no contract manager? Who do they request their report card from?

Yes, all violations issued by CCR or RCC are factored into the methodology described in the court order.

For questions about the report cards, send email to: RCCReportCards@dfps.texas.gov

Q: Is there a schedule for when HM scores are calculated and new agencies are identified? When report cards will be released?

A: Operations who meet HM for the next cohort will be notified in the Fall.

Q: A provider discovered that APS findings are kept in IMPACT and not shared with the CPA. How will this be addressed moving forward? This is a huge risk/liability for us in our work.

A: Agencies looking at legal barriers. Additional discussion/research needed.

Q: Who/what determines whether RCI investigates for a citation or an abuse and neglect determination, e.g. under what circumstances does a psychotropic medication issue get classified as a/n/e?

A: SWI but providers could use more information on what criteria are truly applied. TACFS to follow up with SWI & CCI to get information on intake screening guidelines.

Q: Where could I find information about the length of time in which a SOAH hearing should occur?

A: No fixed timeline. Here is the TAC:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=745&sc h=M](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=745&sc h=M)

Also see the additional resources below (due process guide).

Q: Are providers aware that during the “follow up” visits, after initial investigations, that their deficiencies are re-investigated and they can be re-cited for those same deficiencies? I believe clarity needs to be provided on this, as these visits are occurring within weeks after the initial investigation, children being questioned again may be more prone to provide information that may be contradictory to the initial investigation.

A: Individual scenarios to be discussed offline with CCR leadership.

Q: Thanks for sharing this information. It would be helpful for providers, especially new providers, to have the contact information of presenters and org. charts. Thanks

A: TACFS will request as follow up.

Additional Resources

- Oversight info— <https://tacfs.org/wp-content/uploads/2023/05/Overlapping-Oversight-v2-1.pdf>
- Graphic/document to show what happens when DFPS does an a/n/e investigation and it is sent over to HHSC, as well as due process along the way:
 - High level: <https://tacfs.org/resources-insights/practice-tools/due-process/>
 - Detailed: <https://tacfs.org/wp-content/uploads/2023/04/Process-of-Due-Process.pdf>