

FREDERICK COUNTY CPMT AGENDA

June 25, 2018
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of June Agenda
- III. Consent Agenda-See Memo for details
 - A. Approve May Minutes
 - B. Approve Budget Request Forms
- IV. Executive Session
 - A. As necessary
- V. Committee Member Announcements
 - A. As Needed
- VI. CSA Report Jackie Jury
 - A. May Financial Report
 - B. CSA Updates
 1. HFW ICC Expansion Grant Update
 2. Grafton Group Home Only Proposal
 3. Supplemental Allocation Request
 4. Resignation of CSA Account Specialist
- VII. Old Business
 - A. Executive Session Update Jackie Jury
 - B. Policy & Procedure Manual Final Approval Jackie Jury
 - C. Vendor Contracts Jackie Jury
 - D. OCS Audit Preliminary Findings Jackie Jury
- VIII. New Business
 - A. FAPT Private Provider Rep Appointment Jackie Jury
 - B. Administrative Memo #18-04 Jackie Jury
 - C. Administrative Memo #18-05 Jackie Jury
 - D. Notice of Intent to Develop Policy Jackie Jury
- IX. Review Assigned Tasks
- X. Next Meetings
 - A. CPMT July 23, 2018, 1st Floor Conference Room- See Memo for future dates
 - B. Joint FAPT/CPMT July 24, 2018, 1:00 p.m. CSA Conference Room
- XI. Adjourn

****Instructions for Closed Session:**

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-
- Motion that the Frederick County CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public

business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

CPMT Meeting Minutes: Monday May 21, 2018

The Community Policy and Management Team (CPMT) Committee met on May 21, 2018 at 1:00 p.m. in the first-floor conference room at Frederick County Government Offices Administration Building, 107 North Kent Street, Winchester, VA 22601.

The following members were present:

- Jay Tibbs, Frederick County Government
- Michele Sandy, Frederick County Public Schools
- Leah Shirley, Lord Fairfax District Health Department
- Dana Bowman, Children Service of Virginia
- Mark Gleason, Northwestern Community Services Board
- Dawn Robbins, Parent Representative

The following members were not present:

- Peter Roussos, Court Services Unit
- Tamara Green, Frederick County DSS

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- Annie Kennedy, CSA Account Specialist
- Annette Larkin, OCS Auditor

Call to Order: Michele Sandy called the meeting to order at 1:04pm.

Adoption of May Agenda: Mark Gleason made a motion to adopt the May agenda; Jay Tibbs seconded; CPMT approved.

Audit Entrance Conference: Annette Larkin, OCS Auditor provided information regarding the upcoming on-site audit. She listened to CPMT member concerns about our current process and answered questions accordingly. The on-site audit is scheduled from May 30th to June 1st. The audit notification letter requested some items prior to the audit. These items were provided to her by the CSA Coordinator during the entrance conference. Below are some of the items Ms. Larkin talked about, as well as answers to CPMT concerns/questions:

- The scope of the audit is May 1, 2017 – April 30, 2018. The areas being covered are as followed:
 - Administration
 - Operational
 - Financial / Financial Reporting
 - CPMT
 - FAPT
 - Special Education
 - Intensive Care Coordination
 - Utilization Management / Utilization Review Policy
 - Data Security

- The objectives of the audit include:
 - o Evaluating the adequacy of the CSA governance
 - o How well the CPMT manages the CSA program
 - o Risk Management
 - o Control Processes
 - o Compliance with CSA law, statues, policies and procedures
 - o Local policies and procedures
 - o Effectiveness and efficiency of CSA operations through the liability and integrity of the information submitted to the Office Of Children's Services
 - o Information being communicated to the stake holders
 - o Evaluating how CSA is safeguarding and controlling assets and data (i.e. client records and the security used in transferring information)
 - o Reviewing accomplishments of stated goals and objectives
 - o Evaluation of training for the CSA stake holders (i.e. FAPT, Case Managers, CPMT)
 - o Asses operations of high financial standards and fiscal accountability for public funds
 - o Review overall performance
- Some techniques the OCS Auditor will use to assess the audit are interviewing, surveying, reviewing local policies and procedures, and examining best practices. Client records will be reviewed to be sure all proper documentation is available.
- Mark Gleason addressed his concerns about vendor services and if they are operating as they say they are. The OCS Auditor advised that if there is questions about vendor services, CSA can request for additional documentation to support their claims. She also advised that a red flag on services being rendered is reports repeating information each month.
- Michele Sandy requested clarification on what the OCS Auditor was looking for concerning goals and objectives. The OCS Auditor stated that the Code of Virginia requires every CSA program to have a strategic plan. Within the strategic plan there should be short and long-term goals and objectives for the CSA program. Michele Sandy expressed her concern on whether Fredrick County CSA had a strategic plan in place. She advised that this may be something the OCS Auditor finds during her audit. She also stated that the CPMT team will need to revisit this issue to be sure there is a strategic plan in place going forward.
- The OCS Auditor asked the CPMT if they have ever met with the school board to try and identify what services could be put back into the school system. This was something she stated in an effort to try and reduce the number of youth going into private day school. The CSA Coordinator advised that Frederick County does have a regional educational school. This school is one resolution to keeping the private day school placements down. The CSA Coordinator also stated that the cost of private day schools is increasing. Michele Sandy gave information on the IEP teams and how they've worked with them to better understand the least restrictive environment for youth. She also stated that the IEP team has been advise about what it means to place a child in a private day school.

- A preliminary exit conference will be completed on June 1st. At that time, CSA and the CPMT will be given an idea of potential audit observations. The audit will continue past this date. Ms. Larkin has invited CPMT members to attend this conference if they are available.
- The OCS Auditor will be in contact with the CSA Coordinator to pin point a meeting date for the Exit Conference. The OCS Auditor will draft management discussion points and send them to the CSA Coordinator. A draft report will be sent once the management discussion points are addressed. CPMT will have an opportunity to respond to the audit report once the exit conference is complete. The Office of Children’s Services will also ask for CPMT to evaluate their thoughts on the audit process.

Consent Agenda: The following items were put in the Consent Agenda for CPMT’s approval:

- May 21st CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Adoption of April Minutes: Mark Gleason made a motion to approve the April minutes as distributed with non-substantial changes; Jay Tibbs seconded; the CPMT approved.

Adoption of Budget Request Forms: Mark Gleason made a motion to approve the Budget Request Forms; Dana Bowman seconded; the CPMT approved.

Adoption to Convene to Closed Executive Session: On motion duly made by Jay Tibbs and seconded by Dawn Robbins, the CPMT voted unanimously to go into Closed Executive Session to discuss cases confidential by law as permitted by Section §2.2-3711 (A) (4) and (15) and in accordance with the provisions of 2.2-5210 of the Code of Virginia.

- Account of Closed Session:
 1. Case review

Adoption of Motion to Come Out of Closed Executive Session: Mark Gleason made a motion to come out of Closed Executive Session and reconvene in Open Session; Jay Tibbs seconded; the CPMT approved.

Adoption of Motion: The Frederick County CPMT certifies that to the best of each CPMT member’s knowledge (1) the only public business matters lawfully exempted from open meeting requirements and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

| | | |
|---------------|-----|-----|
| Jay Tibbs | Aye | |
| Michele Sandy | | Aye |
| Mark Gleason | Aye | |
| Dana Bowman | Aye | |
| Dawn Robbin | Aye | |
| Leah Shirley | Aye | |

Adoption of Motion to Approve Cases in Closed Executive Session: Mark Gleason made a motion to approve, with stipulation, the case in Closed Executive Session; Dana Bowman seconded; CPMT approved the motion by all present members voting in favor.

Committee Member Announcements:

- Michele Sandy advised of changes happening within her team. These changes will impact FAPT more than anything. The last day for Frederick County Public Schools Assistant Director of Special Instructional Services is May 25, 2018.

CSA Report: Fiscal Year 2018 Pool Reimbursement: April net expenditures were \$311,643.69 with a local match of \$130,849.31. Of the 135-youth served to date, 26 are in congregate care and 15 are in a TFC.

Non-mandated Budget: The CSA Coordinator summarized the non-mandated budget for FY18 stating that \$9,250.00 has been encumbered with \$17,423.25 being spent.

Office Updates:

- High Fidelity WrapAround Intensive Care Coordination Expansion Grant
Currently have 9 out of 25 targeted cases referred. Five of those targeted cases were referred by Frederick County.

The committee is reviewing considerations for use of next year's capacity building funds. One consideration being discussed is the option of partnering with local organizations to bring The OpenTable model to the region for transition and continued support to ICC graduates or another population if identified as appropriate.

The Steering Committee is talking to the SOC committee about combining the two meetings, as their missions are similar. The members of the SOC committee include agency representatives that the Steering Committee has been trying to recruit. Discussion is occurring to determine a mutually agreeable meeting time.

- The CSA Coordinator met with individuals from Grafton on several occasions to further the prospect of having group home only placements in their program. They are considering the development of a regional pilot program for dual diagnosis male youth ages 12-16 who are high functioning ASD/ID. Grafton has drafted a program description, which will be reviewed and discussed in the near future.
- The Board of Supervisors have reappointed Dana Bowman and Dawn Robbins to the CPMT as Private Provider and Parent Representatives, respectively.
- Service Gap Survey- Regulations regarding the completion of the Service Gap Survey was changed from an annual submission to biannual with reviews in between. The review was completed by the CSA Coordinator and a copy was provided to CPMT.
- The CSA Coordinator added a paragraph to the contracts on recommendation from Frederick County lawyers. The CPMT has requested for the CSA Coordinator to draft

the contract and send it to an appointed CPMT member. The information will be brought back to the June CPMT for retroactive approval.

- Mark Gleason made a motion to appoint Jay Tibbs on behalf of the CPMT to review the final contract for distribution, Dana Bowman seconded; the CPMT approved.

Old Business:

- Kinship Guardianship Assistance Program- VDSS released a broadcast announcing the new program to begin July 1, 2018. This will also be known as KinGAP. The broadcast sets basic criteria for the program. Additional information, along with training, will be forthcoming via broadcasts and emails.

New Business:

- Policy & Procedure Manual-The CSA office received feedback from 2 people. Some minor edits were incorporated into the manual. The CSA Coordinator requested like CPMT's approval of the draft, giving members until the June CPMT meeting to provide any additional feedback.
 - Mark Gleason made a motion to approve the Policy & Procedure Manual draft pending review by the CPMT, Jay Tibbs seconded; the CPMT approved

Review Assigned Tasks:

- Michele Sandy will draft a letter pertaining to how the IEP team develops their recommendation on an IEP. There is hope of changing how often a case has to be reviewed at FAPT if placed through their IEP.

Next Meeting: The next CPMT meeting is Monday, June 25th at 1:00 p.m. in the First Floor Conference Room in the Frederick County Government Offices Administration Building. Joint FAPT/CPMT meeting will be held Tuesday, July 24, 2018 in the CSA conference room on the 2nd Floor of the County Administration building from 1pm-2pm.

Adjournment: Mark Gleason made a motion to adjourn; Dana Bowman seconded; the CPMT approved. The meeting was adjourned at 2:26pm.

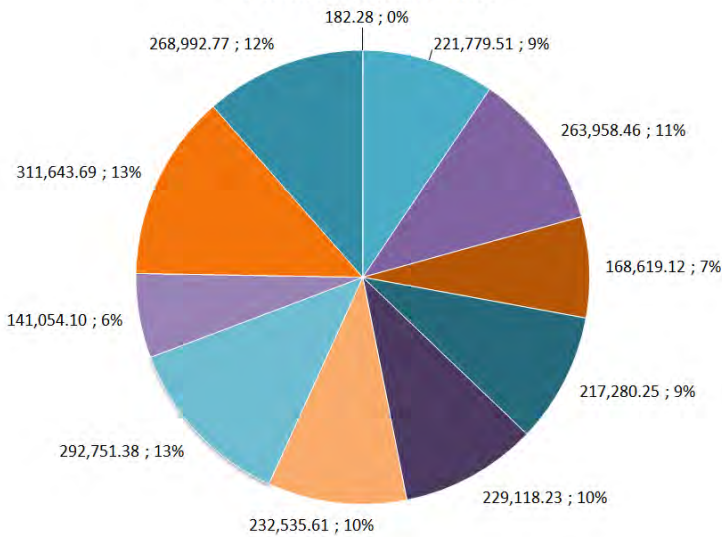
Minutes Completed By: Annie Kennedy



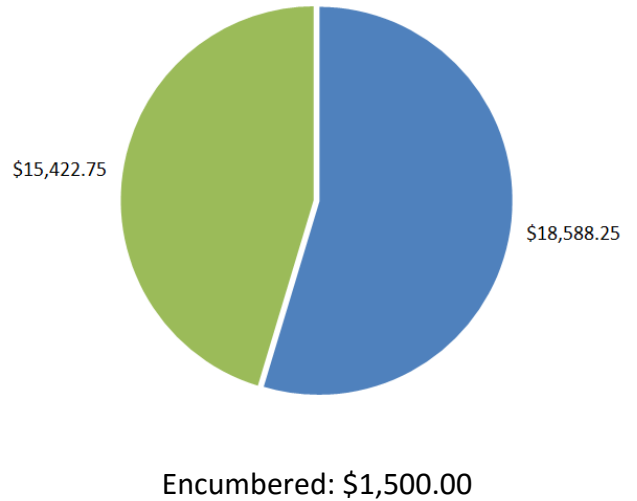
Frederick County CSA Update | May 2018

YTD Total Expenditures
of Reports
Submitted: 11

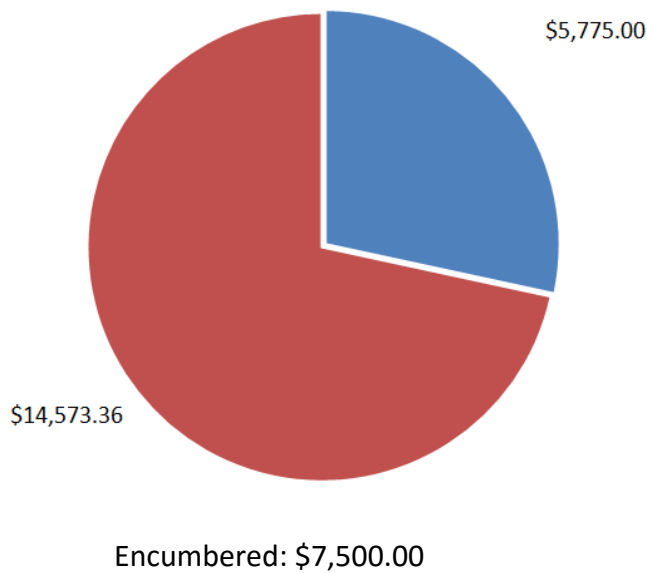
% Used of Total Allocation



NonMandated Used



SpEd Wrap Used



Expenditure Breakdown:

- YTD Total Net: \$2,342,140.40
- YTD Local Net: \$967,160.71

Actual Balances as of 6/18/18:

- Total w/o Wrap: \$252,306.60
- Non-Mandated: \$14,447.75
- SpEd Wrap: \$11,294.00

CSA Updates:

HFW Wrap ICC Expansion Grant

- 9 of 25 Referral
- 5 from Frederick County

Policy & Procedure Manual

- Needs final approval

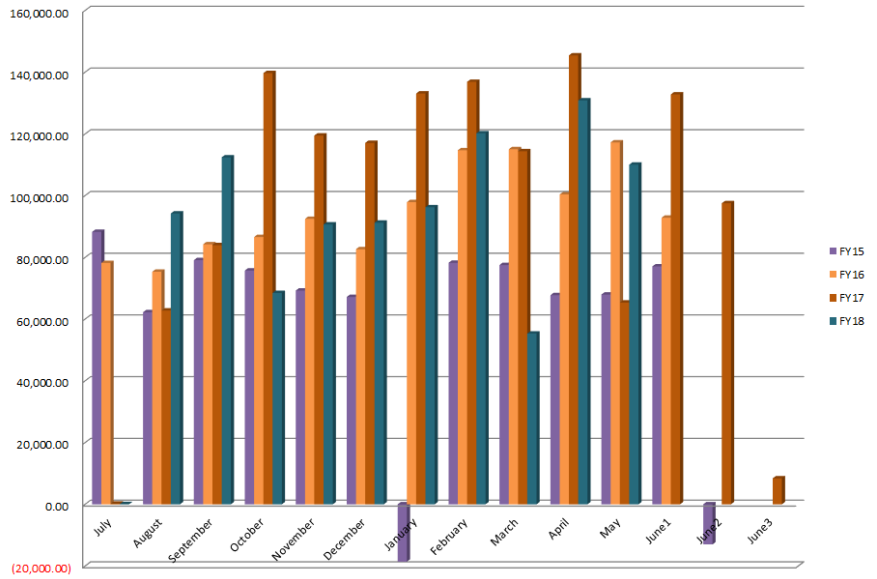
Contracts

- Sent to vendors

Supplemental Allocation Request

- Total Requested: \$475,471.13
- 75% Released: \$356,603.00

Monthly Local Share Expenditures

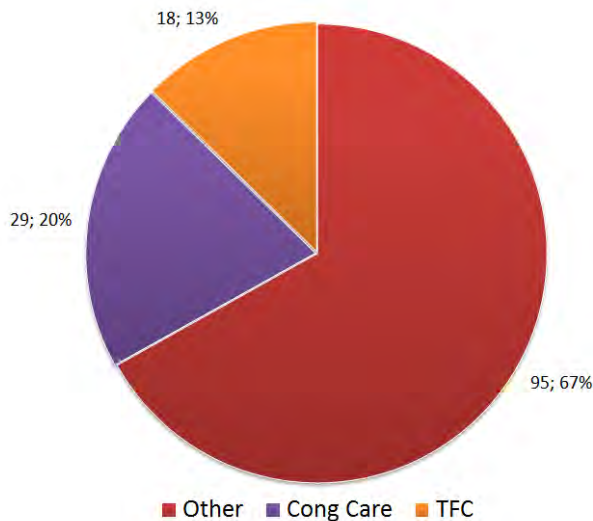


May Expenditures:

Net Total: \$267,225.27

Net Local: \$967,160.71

Placement Environment



Unduplicated Child Count Served to Date:

142

Youth in Congregate Care to Date: 29

Youth in TFC to Date: 18

Program Description: Grafton Level B Community Based Group Home Program

Statement of Need:

Grafton has been approached by multiple CSA coordinators in the Northwestern Virginia region, articulating a service gap in the community. Our region lacks a local group home designed to meet the needs of children who have intellectual and behavioral difficulties requiring ongoing treatment, without a stable placement, who are able to participate fruitfully in the local public school infrastructure (most usually the Northwestern Regional Educational Programs). Often these children are not able to return safely to their family homes, but are able to engage in a community-based level of care that is fully integrated within our region. Further, it would be the hope of the community stakeholders that Grafton could help engage their families or perspective foster families to speed their integration into a traditional family environment as quickly as possible.

Intent:

Grafton intends to enact a **pilot group home** program to close this community gap, closely integrated with NREP, local behavioral health outpatient service providers, regional CSAs, and regional Departments of Family Services. This program would be classified in the DMAS taxonomy as a “Level B group home”, distinct from Grafton’s current EPSDT Group Homes, in which most of the children served attend Grafton’s educational programs. We would pursue Medicaid funding for eligible individuals, with the local CPMT’s serving as a back-up funding arrangement if the child’s placement needs warrant placement past the length of stay deemed necessary by Virginia DMAS.

Further, it is Grafton’s intent to embed **High Fidelity Wraparound** principles into this pilot program to ensure that aftercare and transitions into family placements are durable. As Grafton is new to ICC implementation, this home will provide an opportunity for us to develop this service in a small scale. A regional thought leader, Dr. Matt Pandel, will be integrated into this planning effort.

Context:

For many years Grafton has operated group home programs in the Winchester and Richmond regions of Virginia designed to meet the needs of individuals with “complex comorbidity” – specifically intellectual or developmental delay, autism spectrum disorder AND psychiatric disabilities of different types. Due to the acuity and complexity of this target population we have created infrastructure to support these individuals, including academic environments, nursing, psychiatric/clinical services, and behaviorists. This pilot home will strive, however, to use professional service providers from the community continuum of care, to ensure that the children have durable and sustainable service providers that will continue with them as they return to a family placement environment. Consultation using Grafton’s professional

infrastructure will be possible, but we will always tend to connect the consumer with community resources first.

Historically, Grafton has not addressed this population due to its orientation towards the most acute individuals within the region. Our homes are almost exclusively funded by EPSDT Medicaid, and we would assume that these individuals will not require the comprehensive approach we have created, instead benefitting from a milieu that is integrated more fully into the local community continuum of care in both the educational and psychotherapeutic realms. The goal is full integration.

Plan:

Grafton will implement an existing group home for no more than six individuals referred by the Clarke, Frederick, Warren, and Winchester City (usually through their own CSA and IACCT process). These individuals will possess diagnoses that include both intellectual or developmental delay or autism spectrum disorder AND a psychiatric diagnosis. The pilot home will be for male individuals, age 12-16 years. At the time of referral, these children will all have a normative educational placement within the local public school infrastructure or the Northwestern Region Educational Programs (NREP). They will be funded for this placement through Virginia Medicaid, with CSA funding as a safety net to prevent rapid destabilization of placement in the event of terminated Medicaid authorization.

Program Description:

Services in this home will focus upon helping the individual learn adaptive functional skills such as frustration tolerance, pro-social skills, development of safety awareness and safety skills, healthy communication of wants, needs, and desires in an effort to increase self-autonomy and build healthy relationships. In support of this effort, the LCCE curriculum from the Council for Exceptional Children is utilized to establish goals, implement lessons and to track progress toward mastery. Additionally, there is an emphasis on community integration with local resources utilized for activities such as recreation, shopping and eating. In addition to being implemented within the home, individual treatment plans are implemented during these community activities to strengthen the generalization of skills.

Grafton strives to utilize positive behavioral support strategies to reinforce positive behaviors and to diminish challenging behaviors that are barriers to moving to a less restrictive environment. Rewards should be naturalistic and increase the youth's ability to seek support from adults.

Individuals living in these homes receive educational services through a public school program. Grafton will strive to partner with the local education agency through participation in meetings and communication as necessary. Professional services will be procured from the community continuum of care as discussed above. Nursing support is provided, as needed. Community medical services are accessed as needed to ensure an individual's medical needs are met.

Grafton provides basic transportation to promote community inclusion. Transportation to and from school will be the responsibility of the child's local education agency. We would also enlist the support of families and other engaged external individuals to assist with transportation as needed.

Grafton meets or exceeds all regulatory requirements. This home will be staffed at an average ratio of 1 staff to four youth during the day, and one staff to six youth during the overnight hours.

Admission Criterion:

This program serves males aged 12-16 who have intellectual or developmental delay or autism spectrum disorder AND a psychiatric diagnosis. These individuals may exhibit one or more of the following behavioral challenges:

- Incidents of rage with manageable aggression;
- Incidents of property destruction;
- Defiance;
- Sequelae of psychological disorders (high anxiety, depression, mood swings, etc.).

Exclusion Criterion:

- Active homicidal or suicidal ideation or behaviors with a plan to execute;
- Individuals who have engaged in serious criminal activity including physical or sexual assault, substance abuse, arson, or other serious offenses that make it impossible to provide care in a congregate environment;
- Extreme thought disorder or psychosis in which the youth is not able to refrain from action based upon internal stimulus;
- Individuals who have serious medical needs that cannot be met in a group home setting.
- Individuals who have developmental and/or intellectual disabilities that would qualify them for placement in Grafton's EPSDT group home programs.

Discharge Criterion:

- Successful completion of treatment plan goals;
- The individual begins to meet exclusionary criterion subsequent to admission;
- Parent or Guardian decision to terminate services.

Staff Roles:

Direct Support Professionals:

All direct support professionals provide for the health, safety, welfare and progress of individuals served by Grafton through observation, supervision and interaction with clients, documentation and teamwork. They provide and document instruction designed to improve

skills in a variety of domains and instruction designed to decrease/alleviate symptoms of concern, increase independence and improve overall quality of life.

Residential Instructor: Provides planned, structured instruction and support to build skills in the following domains: self-care, household, leisure/recreation, community participation, communication, physical abilities and social-emotional.

Overnight Residential Assistant: Support individuals at bedtime and during morning hygiene, dressing and breakfast routines.

Program Support:

House Manager: Supervises Direct Support Professionals, ensure compliance with local, state and federal regulations, ensure the health and safety of clients and manages the daily operations of the unit.

Case Management:

Case Manager: Serves as primary contact for transition planning, discharge planning and prioritizing activities toward moving client to a more permanent community placement (optimally including their family home), coordinates and facilitates all aspects of client's treatment and care, ensures that authorized and needed services are delivered to clients.

Clinical/Medical Services (May be furnished through external community organizations or by Grafton's clinical department):

Certified Behavior Analyst: Assesses the function of behaviors and develops a treatment plan to address behaviors of concern, teach positive behavioral support strategies that can be universally applied, support staff in crisis management. Develops therapeutic goals and objectives and treatment plan for each student based upon needs, and abilities. Writes therapeutic and behavioral goals and objectives for the student IEPs.

Therapist: Provides therapeutic and counseling programs and services for assigned students; to include individual and group therapy sessions. Conducts student assessments and evaluations to determine abilities and needs with regard to cognitive, behaviors, social and emotional development. Develops therapeutic goals and objectives and treatment plan for each student based upon needs, and abilities. In this program the Grafton clinician will work directly in consort with their community therapist, or serve temporarily in that role until such time a child is connected with a community therapist.

Registered Nurse: Manages the health issues and provides nursing care to students. Observes and monitors student health and documents treatments and/or medical concerns on the student charts.

Performs a variety of duties associated with the administration of resident's medications to include obtaining prescribed medications from a Pharmacist; administering medications to residents; providing information about medications; packaging medications for home administration; monitoring medication changes; and observing patient reactions to new medications.

The amount of support provided depends upon the assessed needs of the individual.

Treatment Paradigm:

Grafton believes that five essential skills are necessary to work productively with at-risk youth. These are:

- **“Be a Behavior Detective”**: a reference to *antecedent based interventions*. We ask all staff to be actively engaged in answering the “why” in reference to behaviors of concern. By adjusting antecedents, we can effect behavioral expression.
- **“Assume Trauma”**: a reference to a universal understanding of the *neurocognitive basis of trauma* and its impact upon behavior. This generally mapped to *response interruption and redirection* in order to intervene in the patterns of behavior that are usually the sequelae of an index trauma or prolonged exposure to traumatic events.
- **“Be Kind”**: this has less empirical backing, but is *common sense*. Children would do well if they could do well. We believe that everyone tries, and repeated failure can make it appear that the child is bad or ill-behaved. In fact, we want our staff to view them as ill-equipped (with skills), overwhelmed or underprepared.
- **“Teach”**: refers to our focus on *modeling, prompting and reinforcement*. Our staff must view themselves as active teachers of new modes of behavior, especially in response to old triggers. We want them to view themselves as skill builders and guides, not as enforcers or disciplinarians.
- **“Use the Community as your Classroom”**: refers to Grafton's desire to use *naturalistic intervention* as opposed to synthetic or institutional forms of care. We want the child to practice in their community and school, and move them as close to a completely naturalized environment as quickly as possible. We view institutional care as iatrogenic, and therefore should be used with the highest impact in the shortest period of time possible.

Beyond these foundational concepts, Grafton brings to bear a variety of evidence-based practices as warranted to encourage skill acquisition, and positive treatment outcomes. We will work directly with the youth's clinician to ensure that our direct care staff are following through on recommended treatment goals, and to ensure that the members of the community-based professional network of support are aware of data relative to the youth's presentation in our care.

Grafton strives to avoid all use of restraint in our community-based group home settings, and has effectively remained restraint free for the past several years. We will employ Grafton's "Ukeru" restraint-free crisis management system in this pilot program.

(www.ukerusystems.com)

DRAFT

CSA Supplemental Allocation Request Form —FY18

| | |
|---|---------------------------------|
| DATE | 6/15/2018 |
| FIPS/LOCALITY | 69- Frederick Base Rate: 0.4348 |
| CONTACT PERSON | Jackie Jury |
| E-MAIL ADDRESS | jjury@fcva.us |
| REPORT # | 1 |
| <p>We certify that the information provided in this request for a supplemental allocation is accurate, and that the costs within the request were unanticipated and are required costs for specific mandated children pursuant to Section 2.2-5211.C of the Children's Services Act. All cases have been assessed, where required, by the Family Assessment and Planning Team and comply with the provisions of the Code of Virginia, the CSA Manual, and the Appropriations Act.</p> | |

| THIS REQUEST IS FOR FISCAL YEAR FY18 | | | | | |
|---|--|-----------------------------|------------------------------|--|--|
| | | Case Count per Category (a) | Actual FY18 Expenditures (b) | Projected Additional FY18 Expenditures (c) | Total Actual+Projected FY18 Expenditures (b + c = d) |
| 1. MANDATED SERVICES / RESIDENTIAL | | | | | |
| 1a. | Foster Care - IV-E children in Licensed Residential Congregate Care ; pool expenditures for costs not covered by IV-E (i.e., non room-and-board) | 1 | \$15,956.50 | \$6,600.00 | \$22,556.50 |
| 1b. | Foster Care - all others in Licensed Residential Congregate Care | 8 | \$141,301.76 | \$41,700.00 | \$183,001.76 |
| 1c. | Residential Congregate Care - CSA Parental Agreements ; DSS Noncustodial Agreements | 3 | \$55,008.68 | \$10,100.00 | \$65,108.68 |
| 1e. | Educational Services - Congregate Care | 18 | \$610,082.26 | \$154,400.00 | \$764,482.26 |
| I. | MANDATED SERVICES/RESIDENTIAL SUBTOTAL "unduplicated child count" | 25 | \$822,349.20 | \$212,800.00 | \$1,035,149.20 |
| 2. OTHER MANDATED SERVICES | | | | | |
| 2a. | Treatment Foster Care - IV-E | 6 | \$35,899.00 | \$12,500.00 | \$48,399.00 |
| 2a.1 | Treatment Foster Care | 9 | \$155,221.23 | \$56,500.00 | \$211,721.23 |
| 2a.2 | Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements | 0 | \$0.00 | \$0.00 | \$0.00 |
| 2b. | Specialized Foster Care - IV-E ; Community Based Services | 0 | \$0.00 | \$0.00 | \$0.00 |
| 2b.1 | Specialized Foster Care | 0 | \$0.00 | \$0.00 | \$0.00 |
| 2c. | Family Foster Care - IV-E ; Community Based Services | 11 | \$55,673.58 | \$21,000.00 | \$76,673.58 |
| 2d. | Family Foster Care Maintenance only | 0 | \$0.00 | \$0.00 | \$0.00 |

| | | | | | |
|--|--|---|----------------|--------------|----------------|
| 2e. | Family Foster Care - Children receiving maintenance and basic activities payments; independent living Stipend/Arrangements | 24 | \$104,377.40 | \$17,100.00 | \$121,477.40 |
| 2f. | Community - Based Services | 80 | \$244,169.02 | \$63,000.00 | \$307,169.02 |
| 2f.1 | Community Transition Services - Direct Family Services to Transition from Residential to Community | 0 | \$0.00 | \$0.00 | \$0.00 |
| 2g. | Special Education Private Day Placement | 17 | \$736,229.55 | \$254,000.00 | \$990,229.55 |
| 2h. | Wrap-Around Services for Students With Disabilities | 3 | \$4,007.50 | \$0.00 | \$4,007.50 |
| 2i. | Psychiatric Hospitals/Crisis Stabilization Units | 0 | \$0.00 | \$0.00 | \$0.00 |
| II. | SUBTOTAL *unduplicated child count* (Sum of lines I+2a+2a1+2a2+2b+2b1+2c+2d+2e+2f+2f1+2g+2h+2i) | 134 | \$2,153,918.98 | \$636,900.00 | \$2,794,826.48 |
| III. | Less Projected Refunds for the Fiscal Year: | | | | \$95,874.60 |
| IV. | Net Projected Mandated Expenditures for the Fiscal Year: Line II.-Line III. | | | | \$2,698,951.88 |
| 3. NON-MANDATED SERVICES | | | | | |
| 1d. | Non-Mandated Services/Residential/Congregate | 0 | \$0.00 | \$0.00 | \$0.00 |
| 3. | Non-Mandated Services/Community-Based | 5 | \$16,870.75 | \$1,500.00 | \$18,370.75 |
| Comments: | | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | | | |
| Effective with fiscal year 2008 supplemental requests, any locality whose projected mandated spending in fiscal year 2018 will exceed their fiscal year 2017 actual expenses by more than 10% is required to include a statement in the comment portion of the supplement indicating the reason(s) for the increase. | | | | | |

CSA Supplemental Allocation Request Form—FY18

| | | | | |
|--|----------------------------------|-------------|-------------|--------|
| DATE | 6/15/2018 | | | |
| FIPS/LOCALITY | #69 -Frederick Base Rate: 0.4348 | | | |
| CONTACT PERSON | Jackie Jury | | | |
| E-MAIL ADDRESS | jjjury@fcva.us | | | |
| REPORT # | 1 | | | |
| We certify that the information provided in this request for a supplemental allocation is accurate, and that the costs within the request were unanticipated and are required costs for specific mandated children pursuant to Section 2.2-5211.C of the Children's Services Act. All cases have been assessed, where required, by the Family Assessment and Planning Team and comply with the provisions of the Code of Virginia, the CSA Manual, and the Appropriations Act. | | | | |
| THIS REQUEST IS FOR FISCAL YEAR FY18 | | | | |
| | Rate | Local Share | State Share | Totals |

| | | | | | |
|-----|--|--------|----------------|----------------|----------------|
| A. | Current Total Pool Allocation: Total dollar amount of pool funds allocated for FY18 which includes initial-allocation and any approved supplemental allocations. This includes mandated and non-mandated pool funds available. Initial Allocation : 2237844 Supplements Added : 0 | 0.4348 | \$973,014.57 | \$1,264,829.43 | \$2,237,844.00 |
| B. | Current Non-Mandated Protected Amount: Total dollar amount of current non-mandated protected funds for FY18. | | | | \$34,011.00 |
| C. | Projected Non-Mandated Costs for FY18 : Amount of Actual plus Projected Non-Mandated expenditures for FY18. (RESIDENTIAL/CONGREGATE CARE) (From Line 1d) | | | | \$0.00 |
| C1. | Projected Non-Mandated Costs for FY18 : Amount of Actual plus Projected Non-Mandated expenditures for FY18. (COMMUNITY BASED) (From Line 3) | | | | \$18,370.75 |
| D. | Unused Non-Mandated Protected Funds Available: (Line B - Line C - Line C1) | | | | \$15,640.25 |
| E. | Mandated Funds Available: This number represents the existing allocated funds available for the mandated population. (Line A - Line B + Line D) | 0.4348 | \$965,026.97 | \$1,254,446.28 | \$2,219,473.25 |
| F. | Net Projected Mandated Expenditures Needed for the Fiscal Year: This number should be the actual mandated total dollar amount that your locality projects that it will need to pay for actual mandated expenses incurred through the end of June 30, 2018. (From Line IV) | | | | \$2,698,951.88 |
| G. | Congregate Care Services - 125 % Base Rate: (Sum of lines 1a+1b+1c) | 0.5436 | \$147,134.55 | \$123,532.39 | \$270,666.94 |
| H. | Other Mandated Services - Base Rate: (Sum of lines 1e+2a+2a1+2a2+2b+2b1+2d+2e+2g+2i) | 0.4348 | \$928,867.34 | \$1,207,442.10 | \$2,136,309.44 |
| I. | Other Mandated Services - 50% Base Rate: (Sum of lines 2c+2f+2f1) | 0.2174 | \$83,447.38 | \$300,395.22 | \$383,842.60 |
| J. | Total Estimated FY18 Expenditures: (Sum of lines G. through I.) | | \$1,159,449.27 | \$1,631,369.71 | \$2,790,818.98 |
| K. | Less Projected Refunds for the Fiscal Year: (From Line III) | 0.4348 | \$41,686.28 | \$54,188.32 | \$95,874.60 |
| L. | Supplemental Allocation Funds Requested (Additional Mandated Funds Needed): (Line J- Line K- Line E) | | \$152,736.03 | \$322,735.10 | \$475,471.13 |

IMPORTANT!

All signatures indicated on the cover page are required. Documentation must be submitted demonstrating that the supplemental allocation being requested is only for mandated (or "sum sufficient") children, and that reasonable projections have been made to estimate the amount of funds needed.

CPMT CHAIRMAN:

| | | | | | | |
|-------|--|------|--|-----------|--|--|
| _____ | | | | | | |
| Name | | Date | | Signature | | |

CITY/COUNTY ADMINISTRATOR:

| | | | | | | |
|-------|--|------|--|-----------|--|--|
| _____ | | | | | | |
| Name | | Date | | Signature | | |

CPMT FISCAL AGENT :

| | | | | | | |
|-----------|--|------|----|----------------|-------|--|
| _____ | | | | | | |
| Signature | | Date | | E-Mail Address | | |
| _____ | | | | | | |
| Address | | City | ST | Zip | Phone | |



LOCAL CSA POLICY & PROCEDURE
MANUAL

Frederick County
Revised May 2018

CHILDREN'S SERVICES ACT

Frederick County, VA

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DRAFT

1 Common Acronyms & Definitions

“BHSAs”-Behavioral Health Services Administrator

“CHINS”-Child in Need of Services

“CPMT”-Community Policy and Management Team

“CSA”-Children’s Services Act-A law passed by the General Assembly in 1992 that pools funding streams from the four child serving agencies to create a collaborative system of care. These agencies include: Department of Social Services, Department of Juvenile Justice, Department of Education, Department of Behavioral Health and Developmental Services.

“DJJ”-Department of Juvenile Justice-referring to the state department

“FAPT”-Family Assessment and Planning Team

“FCPS”-Frederick County Public Schools

“IACCT”-Independent Assessment, Certification and Coordination Team

“IEP”-Individualized Education Plan

“IFSP”-Individualized Family Service Plan

“JCSU”-Juvenile Court Service Unit-referring to Frederick County’s local court service unit

“LDSS”-Local Department of Social Services

“MCO”-Managed Care Organization

“MDT”-Approved Alternative Multidisciplinary Team, includes the Child & Family Team Meeting

“MUAI”-Mandatory Uniform Assessment Instrument identified by the state-currently the Child and Adolescent Needs and Strengths or CANS

“OCS”-Office of Children’s Services-The administrative entity under the State Executive Council that ensures the decisions and policies of the State Executive Council are implemented at the local level.

“ROI”-Uniform Authorization to Use and Exchange Information

“SEC”- State Executive Council, also referred to as the “Council”- A supervisory council charged with the responsibility of overseeing the administration of the Children’s Service Act.

“SOC”-Systems of Care

“VDSS”-Virginia Department of Social Services

2 Introduction

This local policy and procedures manual is divided into two sections to differentiate between the procedures for case managers and supervisors engaged in direct service delivery from the administrative processes and legal mandates that support or regulate them.

A list of CSA related forms is provided as an appendix to this manual. CSA forms may be accessed through the county’s website at www.fcva.us under Children’s Services Act department or by contacting the CSA program office at (540) 722-8394.

Part I

Part I provides information about CSA teams and best practices. Responsibilities of the various team members, to include case managers, and the procedures they should follow to assist families in service planning and delivery are described in this section. The CSA commitment to partner with families, and the rights and responsibilities of families are also described in Part I.

Part II

Part II of this manual describes the CSA program administration in Frederick County. Information about the CSA fiscal process, contracting with private providers, utilization management, and oversight of the CSA program is described in this section.

2.1 Amendments to the Policies and Procedures Manual

These policies and procedures may be amended at any regular meeting of the CPMT by a majority vote of those present and voting. Additionally prior to consideration for recommendation to CPMT for amending a CPMT policy, or to any section of the manual titled “procedures”, “methodologies”, or “responsibilities”, the CSA program staff shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts.

These policies and procedures will be reviewed annually by the CSA program staff to incorporate any changes within state policy or code in order to remain in compliance. The CPMT is to review all local CSA policies and procedures every two years. The CPMT may decide to delay a review, but shall ensure that all local policies and procedures are reviewed at least every three years.

2.2 What is a System of Care?

A System of Care (SOC) model is a framework designed to meet the needs of at-risk youth and their families coping with serious behavioral challenges in a collaborative way. Emerging in the 1980’s, it has become a standard of care and practice in states and communities across the country. The values and principles at the center of the SOC practice model is shown to improve outcomes while reducing the use of more costly and restrictive placements. It’s core philosophy focuses on a system that is child centered, family focused, and community based. In Virginia, the Children’s Services Act provides the framework to promote these core concepts in our service delivery system.

2.3 What is CSA?

The Children’s Services Act is a Virginia law designed to help troubled and at-risk youth and their families. Passed in 1992 by the Virginia General Assembly, the Act is intended to improve efforts to meet the needs of families with children and youth who have, or are at risk of having, serious emotional or behavioral difficulties. State and local human service agencies, parents and private service providers work together to plan and provide services. In each community, local teams decide how this will be accomplished. In Frederick County, these teams are the Family Assessment & Planning Team (FAPT) or approved alternative multidisciplinary team (MDT), and the Community Policy and Management Team (CPMT).

The CSA merged separate state funding streams that supported services to various populations into what is known as the “state pool”. When CSA was initiated, statutory language was included to ensure that children who were being served by these funding sources would remain eligible for services under CSA.

2.4 Intent and Purpose

The Frederick County CPMT believes the family and home community provide the best environment for raising children. The Community Policy and Management Team shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community-based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

2.5 Code of Ethics

Conflict of Interest: Persons serving on the CPMT or FAPT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest or a fiduciary interest.

Members of the FAPT and CPMT shall assure the following:

Confidentiality and Privacy: Will respect the privacy of all individuals and hold in confidence all information obtained in the course of professional services. Members shall follow all policies, laws, and regulations regarding confidentiality and privacy.

Informed Consent: Members shall assure that all individuals will provide informed consent for any proposed treatment services, using language that is reasonably understood by the client.

Appropriate Boundaries with Clients: Members will not engage in actions that are exploitative or take advantage of his/her position of trust, and shall maintain appropriate professional boundaries at all times.

Dual Relationships with Clients: Members shall be aware of his/her influential position with respect to individuals and make every effort to avoid a dual relationship. Examples of dual relationships include, but are not limited to the following: social, financial, familial, and close personal relationships with clients;

Maintaining Professional Standards: Members are obligated to accurately inform and avoid misrepresentation of any applicable levels of education, training, and experience

Reporting Ethical Violations and Dilemmas: Members are obligated to report to the CPMT Chair any violations of these and other commonly accepted ethical conventions. Members will seek consultation when involved in any ethical dilemmas.

3 CSA Policy & Procedures

3.1 Eligibility

Frederick County children and youth who are experiencing emotional/behavioral problems or are at risk of an out of home placement may be eligible for CSA state pool funds. Eligibility is determined by the FAPT/MDT through established state and local policy taking into account age and criteria set by the state, and use of the Mandatory Uniform Assessment Instrument.

3.1.1 Residence

- Any youth or child who is in the care of a custodial parent/guardian and resides within the Frederick county limits.
- If the custodial parent's/guardian's legal residence moves outside the jurisdiction of Frederick County, the following policy shall govern payment for services:
 - The case manager is responsible for immediately notifying the CSA Coordinator when the child/family moves out of the jurisdiction of the CPMT. Notification should occur prior to the move, if possible.
 - The CSA Coordinator is responsible for:
 - Providing written notification to the receiving CPMT jurisdiction of changes in the family's residence
 - Forwarding family's IFSP and other FAPT documents to the new CPMT jurisdiction
 - Informing service providers of changes in the family's residence.
 - The Frederick County will continue to pay for services for up to 30 calendar days after the new CPMT receives written notification of the family's residence in the new CPMT locality.
 - When the residence of the child/family transfers to a new CPMT jurisdiction, the receiving CPMT must review the current IFSP and adopt or revise and implement within 30 calendar days.
 - If the locality to which a child/family moves is out of state, then the public agency overseeing service delivery shall notify its comparable agency in the new locality and CSA funds terminate immediately upon moving.

3.1.2 Age of Eligibility

The eligible population includes a child or youth who is:

- younger than 18 years of age; or
- over the age of 18 through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

3.1.2.1 Special Education- IEP

- The Commonwealth of Virginia special education regulation requires the provision of special education services for children with disabilities through age 21, or the end of the school year for youth whose 22nd birthday is after September 30.

3.1.2.2 Foster Care Services- Fostering Futures Program (see also CSA & Partner Agencies)

- Youth who turn 18 in foster care and have completed secondary education or equivalent will immediately enter the Fostering Futures program upon their 18th birthday. These youths shall not be served in group homes or residential placements.

- Youth who turn 18 in foster care and have NOT completed secondary education or equivalent, but are expected to complete these programs prior to reaching their 19th birthday may remain in a group home or residential setting. These youths must immediately transition to an eligible independent living arrangement and enter the Fostering Futures program upon completion of their degree.
- Youth who turn 18 in foster care who are placed in a group home or residential facility and have NOT completed secondary education or equivalent and it becomes clear that they will not complete their education prior to their 19th birthday, must immediately transition out of the group home or residential facility and enter the Fostering Futures program.

3.1.3 Eligible Populations

CSA state pool funding is separated into 2 categories, Mandated and Non-Mandated. Mandated funding is considered “sum sufficient” under regulations, meaning if services are necessary, funds can be used even if they exceed our state pool allocation. Non-mandated funds are considered “protected” under regulations, meaning a limited amount of funds are set aside for Frederick County to use for children and youth who meet the minimum criteria, but not any of the mandated categories.

To be eligible for funding for services through the state pool of funds, a youth must meet one of the “Targeted Population” criteria below, and be determined through the use the MUAI and by policies of the CPMT to have access to these funds.

“Targeted Population”:

- The child or youth has emotional or behavior problems that:
 - Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;
 - Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.
- The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3.1.3.1 Mandated Eligibility through Special Education

- Children or youth who have an Individualized Education Plan (IEP) that indicates the child requires placement in a private day school or residential program to meet their educational needs.
- Children or youth who have an IEP where the needs associated with his/her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting.
 - A limited amount of state pool funds is allocated each fiscal year to fund these Wrap Around Services for Students with Disabilities.

3.1.3.2 Mandated Eligibility through Foster Care and Foster Care Prevention

- Children or youth whose custody is granted by the courts or whose parent entrusts a child to the local DSS.

- Children or youth who have turned 18 while in foster care, including those committed to the Department of Juvenile Justice and have a voluntarily entrustment agreement signed by the youth and approved by the court.
- Children or youth who are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by COV §63.2-100.
- Children or youth who would come into foster care if services are not provided.
- Children who are determined to meet the statutory definition of a “child in need of services” (CHINS) by FAPT. These youths must meet all 4 CHINS criteria:
 - The child meets the statutory definition of CHINS as defined by COV, §16.1-228, “the child’s behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14.”
 - The child’s problems:
 - have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies. or
 - the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.
 - The child requires services:
 - to address and resolve the immediate crisis that seriously threatens the well-being and physical safety of the child or another person; and
 - to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
 - the child has been identified by the Team as needing services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child.
 - The goal of the family is to maintain the child at home.

3.1.3.3 Mandated Eligibility through Court Involvement

- Children or youth determined by the court to be a CHINS.

3.1.3.4 Mandated Eligibility through CHINS Parental Agreement

- Children or youth who meet criteria for a CHINS but require out of home placement through an agreement between the local board or public agency designated by the CPMT and the parents or guardians where legal custody remains with the parents or guardians. These cases cannot be case managed by the LDSS.

3.1.3.5 Non-Mandated Eligibility for all other youth

- Children or youth who meet criteria for the “Targeted Population” (see above), but do not fall into any of the Mandated categories have access to CSA funding under the Non-mandated category.

3.2 Other Funding Sources

CSA is funding of last resort. Therefore, prior to accessing CSA funding, all other resources must be exhausted. Other funding sources include but are not limited to Medicaid, Private Insurance, Churches or other faith organizations, Community Nonprofit organizations, etc. Where services are identified as a need, but cannot be reimbursed through other payor sources, CSA funds may also be used to fill “gaps” as necessary through blending and braiding of funds.

3.2.1 Medicaid

- “Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Children’s Services Act. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child.” Statutory Authority: 2011 Appropriations Act, Chapter 890, Item 274 E.
- The following is a list of many Medicaid funded services. This list is not complete list. More specific information can be found on the Virginia Department of Medical Assistance Services website at <http://www.dmas.virginia.gov/>.
 - Acute Psychiatric Services
 - Psychiatric Residential Treatment Facility
 - Therapeutic Group Home
 - Partial Hospital Program (PHP)
 - Therapeutic Day Treatment (TDT), not in combination with ABA
 - Intensive In Home Services (IIHS)
 - Applied Behavioral Analysis (ABA), not in combination with TDT
 - Intensive Outpatient Program (IOP)
 - Traditional outpatient behavioral health treatment
 - Targeted Case Management (TCM), Treatment Foster Care or Mental Health

3.2.1.1 Community Based Services

- Medicaid guidance for rural areas considers a 60 mile radius a reasonable travel distance to access a Medicaid provider.
- Prior to accessing CSA funds for services inaccessible due to distance, an attempt must be made to establish a local provider through the Medicaid BHSA or MCO. This can be done by calling the BHSA or MCO and speaking to a representative.
- For Medicaid services with a waitlist of longer than 30 days, CSA funding may be utilized until the service can be initiated through a Medicaid provider. Once available, the service must transition to a Medicaid provider unless otherwise recommended by FAPT and approved by CPMT.

3.2.1.1.1 Community-based Behavioral Health Services (CSA Policy Manual Section 6.3)

The State Executive Council, pursuant to the authority granted it by COV §2.2-2648, shall provide for the establishment of interagency programmatic and fiscal policies which support the purposes of the CSA, and shall deny state funding to a locality which fails to provide services that comply with such interagency programmatic

and fiscal policies, the CSA, any other state law or policy, or any federal law pertaining to the provision of services. For purposes of determining the use of Pool Funds for the purchase of community-based behavioral health services, the OCS shall apply the regulations established by the Department of Medical Assistance Services (“DMAS”) regarding the appropriateness of such services. This policy and the term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated services: Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services. The CPMT may request an exception to this policy through the OCS when the CPMT believes there are exceptional circumstances that warrant an exception to this policy and/or a Medicaid enrolled provider of a needed service is not available for Medicaid-eligible children and youth. Such requests shall be made in writing and shall state the reason(s) and describe the circumstances supporting the CPMT’s claim.

This policy shall be effective October 1, 2013 for new individual family services plans and shall be effective July 1, 2014 for all individual family services plans. Localities shall be subject to denial of funds policies for failing to comply with this policy beginning July 1, 2014. This policy shall revoke any previous guidance or statement of policy issued by the OCS or the Council regarding the use of CSA state Pool Funds to pay for these community-based behavioral health services, including, but not limited to such guidance issued July 19, 2011 by the OCS.

- For Medicaid eligible children and youth:

It is the intent of federal and state agencies governing the use of Medicaid funds to provide a full array of behavioral health services to meet 100% of the behavioral health needs of Medicaid-eligible clients. Thus, state Pool Funds shall not be used to purchase community-based behavioral health services for a Medicaid-eligible client. Children and youth in crisis¹ shall be referred to emergency services.² It is not the intent of this policy to prevent the use of Pool Funds to purchase non-behavioral health services necessary to meet the social, educational, or safety needs of Medicaid eligible children, youth and families.

- For children and youth not eligible for Medicaid:

It is the intent of the Council to ensure access to appropriate community-based behavioral health services for all children and youth served under the CSA and to ensure the delivery of community-based behavioral health services to all children and youth regardless of whether services are funded by Medicaid or Pool Funds. For children and youth for whom community-based behavioral health services will be purchased with Pool Funds, the FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided. This documentation shall include the signature and written approval of a licensed mental health professional. The licensed mental health professional shall state his/her credentials on such signed written approval and shall not be a supervisor of or the provider of the service for which approval is given. State Pool Funds may be used to purchase an independent clinical assessment conducted in accordance with DMAS requirements for such assessment.

“crisis” means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened emotional, mental, physical, or behavioral distress; or any situation or circumstance in which the individual perceives or experiences a sudden loss of his ability to use effective problem solving and coping skills.

“emergency services” means unscheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, available 24 hours a day and seven days per week. Emergency services also may include walk-ins, home visits, detention, and preadmission screening activities associated with the judicial process. “Emergency services” does not include ongoing treatment services such as “community-based behavioral health services.”

“unavailable” means: a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or b) there is a waiting list that prevents the delivery of services within a reasonable time frame.

3.2.1.2 Targeted Case Management

- CSA funds cannot be used to purchase Targeted Case Management with Treatment Foster Care unless it has been denied through appeal by Medicaid and FAPT has documented justification for the need for such service.

3.2.1.3 Independent Assessment, Certification, and Coordination Team

Medicaid eligible children and youth needing services in a Psychiatric Residential Treatment Facilities (PRTF) or Therapeutic Group Homes (TGH) must be evaluated through an Independent Assessment, Certification and Coordination Team (IACCT) to meet medical criteria for that level of care.

3.2.1.3.1 Introduction

Effective July 1, 2017, the Virginia Department of Medical Assistance Services (DMAS) implemented new regulations (12VAC30-50-130) which involved major changes to the Psychiatric Residential Treatment Service Program (current Medicaid Level C and Level B placements). Included in these changes is the establishment of a revised process for determining if a Medicaid-eligible child meets medical necessity criteria and issuing the Certificate of Need required for Medicaid funding of such placements. DMAS and Magellan of Virginia, DMAS’ contracted behavioral health services administrator, have developed relevant guidance and training regarding how these new practices, known as the Independent Assessment, Certification and Coordination Team (IACCT), will function.

This document is intended to provide guidance regarding the Frederick County CSA interface between FAPT/CPMT processes under the Children’s Services Act (CSA) and the DMAS/Magellan IACCT process. This document will address work flow, decision making authority, and fiscal responsibility. **Note: the authority to obligate CSA funds is in all cases retained by the Frederick County CPMT. DMAS/Magellan, through the IACCT process, in all cases retains authority to obligate Medicaid funds to pay for the covered components of such placements.**

3.2.1.3.2 Children in Custody of the Local Department of Social Services

All placements of children in the custody of an LDSS will be initiated by the LDSS as the legal guardian through established VDSS regulations and policies as well as Frederick County CSA policies governing “emergency” and “non-emergency” placements. As the legal guardian, LDSS will be expected to participate in the defined IACCT processes in addition to the current FAPT requirements.

3.2.1.3.2.1 Non-Emergency Placements

These are children in the custody of an LDSS who are presently in a viable foster care placement [family foster home, treatment foster care, or other setting where they can be safely assessed and reside (e.g., psychiatric hospital, juvenile detention center)] and for whom the LDSS is recommending a placement change to a psychiatric residential treatment facility (PRTF) or therapeutic group home (TGH).

- If the child’s Medicaid eligibility is already established, the LDSS family service worker will initiate the IACCT process upon determination that a PRTF or TGH is necessary, by completing the Residential Request form located on the Magellan of Virginia website. After submitting the form, the case manager will contact the CSA Office to have the case reviewed by the Family Assessment and Planning Team (FAPT) for consideration through established LDSS and CSA local policies. The LDSS family service worker should collaborate, to the

extent possible with the IACCT on the recommendation for residential or alternate community-based services.

- If the FAPT process and the IACCT results in a recommendation and approval of a residential placement:
 - funding will be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. For PRTF placements, room and board and daily supervision costs are either billed directly to the LDSS (if the child is Title IV-E eligible) or included in the Medicaid billing if the child is not Title IV-E eligible). For foster children placed in a TGH, room and board are paid either through Title IV-E or CSA as room and board in such facilities is not a Medicaid covered expense.
 - the local Medicaid match is collected by the Office of Children’s Services (OCS) for transmittal to DMAS.
- If the IACCT issues a Certificate of Need, but the FAPT does not recommend the placement, no CSA funds may be used.
- If the child’s Medicaid eligibility has not yet been established (or is suspended due to a placement in a juvenile detention setting or commitment to the Department of Juvenile Justice), the Frederick FAPT and Community Policy & Management Team (CPMT) will review on a case by case basis the cost of the treatment services pending the Medicaid eligibility determination (or reinstatement), at which time eligibility is made retroactive to the date the child entered LDSS custody or had Medicaid eligibility reinstated. If the child in LDSS custody is determined to be ineligible for Medicaid (e.g., child is undocumented for immigration purposes, child has parental resources that make them ineligible for Medicaid), CSA will be fully responsible for the cost of CSA approved placements. These children will need to be assessed by the CSA team prior to referral to the IACCT, as they are not yet Medicaid eligible. Alternatively, they may fall under the “Emergency Placement” provisions found below.
- If Frederick County FAPT and CPMT approves the placement but the IACCT does not approve a PRTF or TGH level of need, CSA is authorized to cover the full cost of the placement for up to 15 business days, excluding State and Federal holidays. The FAPT/CPMT should work with the IACCT and Magellan to determine and arrange the appropriate services to meet the child’s needs and an alternative to residential placement should be implemented as soon as practicable.
 - Room and board and daily supervision costs are either billed directly to the LDSS (if the child is Title IV-E eligible) or to CSA.
 - the local Medicaid match will not be collected by CSA as Medicaid will not be paying for any part of the placement.
 - Frederick County CSA Office will report on these cases (Certificate of Need not authorized by the IACCT) to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The details for this reporting is described in a separate document).
- If a child in foster care is ordered by the court to be placed in a congregate care setting (TGH or PRTF), the CSA shall cover the full cost of the placement in accordance with the court order, even if the IACCT does not authorize the placement.
 - Frederick County CSA Office will report on these cases (Certificate of Need not authorized by the IACCT) to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The details for this reporting is described in a separate document).

- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.

3.2.1.3.2.2 Emergency Placements

These are children in the custody of an LDSS who are in immediate need of placement in a PRTF or TGH and who do not meet the criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services and require emergency placements in residential or group home programs. These are defined in the DMAS regulations as “emergency admissions” or “placements”. Such “emergency placements” may be authorized under the CSA (§2.2-5209) for up to 14 days at which time the “routine” FAPT and CPMT approval processes must occur. The circumstances under which the LDSS initiates an emergency placement or admission are the same as under current CSA and LDSS practice. Emergency placements in residential facilities for children in foster care should generally be an action of last resort after other less restrictive placements are explored and ruled out.

- According to 12VAC30-50-130, the Certificate of Need for such emergency admissions shall be completed by the facility-based team responsible for the child’s plan of care within 14 days of admission and submitted to Magellan. The certification shall need to cover the full period of time after admission and before for which claims are made for reimbursement by Medicaid. Within five days of admission, the facility admitting a foster child under the “emergency placement” process shall work with the legal guardian (LDSS) to refer that child to the IACCT in the locality where the LDSS holds custody, but the Certificate of Need will be completed by the facility team, not by the IACCT.
- All children placed in a PRTF or TGH under LDSS/CSA emergency placement authority shall immediately be referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established local CSA practices.
- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.
- Once the child is referred to the FAPT/CPMT and the placement is no longer under the “emergency” provisions (i.e., after 14 days following the placement), the same guidance as applies to “non-emergency” placements of children in LDSS custody will apply. Reauthorization for Medicaid funding after the Certificate of Need for the initial emergency admission will be pursuant to the established Magellan procedures and criteria.

3.2.1.3.3 Students with Education Disabilities Placed Pursuant to an Individualized Education Program (IEP)

- Students placed in PRTF residential facilities due to this setting being specified as the Least Restrictive Environment (LRE) on their IEP shall be referred to FAPT and/or CPMT for funding of such placements according to local CSA policy.
- If the child is Medicaid eligible at this time, the parents/legal guardian should be asked (and assisted as needed) to make a self-referral to the local IACCT to determine if the child meets medical necessity criteria which would (potentially) allow the treatment component of the placement to be paid by Medicaid. Parents/legal guardians of students placed for educational reasons cannot be compelled to be referred to IACCT as they are entitled to a free and appropriate public education independent of any utilization of Medicaid funds to support such placements. If the child is also in foster care, the LDSS shall make a referral to the IACCT in their role as legal guardian.

- When the parent/legal guardian agrees to a referral to IACCT:
 - if the IACCT process results in an approval of a placement with Medicaid funding due to existing medical necessity criteria:
 - funding would be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. If the child is also in foster care, room and board would be billed as for a foster child (Title IV-E or Medicaid).
 - the local Medicaid match is collected.
 - no parental contribution can be assessed.
- The IEP remains the governing authority for the placement. If at any time, Magellan/DMAS discontinues authorization for the placement, CSA will become fully responsible for the cost of the placement as long as the IEP remains in effect with residential placement as the LRE.
- If the child is placed in a non-Medicaid facility (including those designated exclusively as residential schools and not psychiatric treatment facilities) in accordance with the IEP the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.
- If the parent/legal guardian declines to refer to IACCT or the IACCT determines that the child does not meet medical necessity criteria, CSA shall be fully responsible for the full range of costs associated with the educational placement.
 - If the IACCT does not authorize the level of care, the local CSA will report such cases to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The details for this reporting is described in a separate document).
- Children currently served by CSA through an IEP for private day educational services, may at times, be placed directly by their parents in a residential treatment setting for non- educational reasons (i.e., the placement in the residential setting is not the least restrictive environment specified on the child's IEP). In such instances, the private day education becomes "functionally unavailable" and the cost of the child's educational services in the residential setting becomes the responsibility of the CSA. The cost of the child's non- educational services (treatment) in the residential setting is not the responsibility of CSA and will be funded via Medicaid, as appropriate or the parent. CSA may review and consider whether the child meets criteria for a CSA Parental Agreement, see CHINS/CSA Parental Agreement and Non-Mandated Children section below. The local Medicaid match will be collected for children with private day IEPs placed in residential settings by their parents as these are considered CSA cases.

3.2.1.3.4 *Child in Need of Services/CSA Parental Agreement and "Non-Mandated" Children*

Note: This section refers to children who have already come through the CSA process for eligibility and service planning processes.

- If the child is Medicaid eligible, Frederick County CPMT requires that all CSA Parental Agreements for Medicaid eligible children be referred to the IACCT for consideration for Medicaid funding. This is consistent with OCS requirements that Medicaid funding shall be utilized when possible. Frederick County CPMT requires that CSA Parental Agreements for residential placements for Medicaid-eligible children are contingent on completion of the IACCT process and an approval for Medicaid funding of the applicable components of the placement (i.e., treatment and room and board).
- Once the referral to IACCT has been submitted, FAPT will convene to determine eligibility as a Child

in Need of Services (CHINS) or as a CSA- eligible “non-mandated” child in accordance with existing CSA and local CPMT policy. Once eligibility for CSA has been established, the FAPT then determines (and the CPMT approves) if placement in a TGH or PRTF facility is appropriate and initiates a CSA Parental Agreement.

- If the IACCT process and FAPT recommendation results in an approval of the placement:
 - funding would be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. For PRTF placements, room and board costs are included in the Medicaid billing. For children placed in a TGH therapeutic group home, room and board is paid through CSA as room and board in such facilities is not a Medicaid covered expense.
 - the local Medicaid match is collected.
 - Child Support under the Division of Child Support Enforcement will be assessed and collected.
- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.
- If the IACCT process or FAPT recommendation does not result in approval of the placement:
 - Frederick County CPMT does not authorize funding to cover the full cost of the placement.
 - The FAPT/CPMT should work with the IACCT and Magellan to determine and arrange appropriate services to meet the child’s needs and arrange an alternative to residential placement as soon as practicable.
 - if the child is determined to be a CHINS via a court finding and the court order is for residential treatment, the CSA shall cover the full cost of the placement in accordance with the court order.
 - the local Medicaid match will not be assessed as Medicaid will not be paying for any part of the placement.
 - the local CSA will report cases in which the Certificate of Need not authorized by the IACCT to the OCS (OCS) using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The details for this reporting is described in a separate document).

3.2.1.3.5 Medicaid Eligible Children Referred Directly to IACCT

- Parents/legal guardians of Medicaid eligible children not previously described in this document may be referred to IACCT without current involvement in the CSA process. Such children may be referred by other service providers, a residential facility, or directly by the parent.
- In such cases, the DMAS regulations and Magellan work flow require that, with the parent’s consent, the IACCT will notify the local CSA office. CSA eligibility determination and service planning will occur according to state and local CSA policies. The contracted IAACT provider, will obtain the necessary consent forms and notify the CSA Office within 24 hours of completion of the assessment.
- The Frederick County CSA Coordinator will follow the current Parental Referral procedure in accordance with the local CPMT policies.

3.2.1.3.6 Children Eligible for Medicaid after 30 Days in Placement (“Family of One” Eligibility)

The DMAS regulations (Psychiatric Services Supplement A (page 19) specify that:

“All individuals entering psychiatric residential treatment care utilizing private medical insurance who will become eligible for enrollment in the state plan for medical assistance within 30 days following the

facility admission are required to have an independent certification of need completed by the team responsible for the plan of care. The facility will provide the certificate of need using the facilities treatment team within 14 days from admission.

Upon the individual's enrollment into the Medicaid program, the congregate care facility or IMD shall notify the BHSA of the individual's status as being under the care of the facility within 5 days of the individual becoming eligible for Medicaid benefits to begin the coordination and assessment process by the IACCT.”

- For children who are already known to CSA as described elsewhere in this guidance document, the FAPT should upon authorizing, recommending or making an IACCT- approval contingent placement through CSA, gain parental consent for the case manager to refer the child to the IACCT upon becoming Medicaid eligible as specified in the regulations. Parents should be advised that if they wish to avail themselves of the Medicaid benefit after 30 days in placement, this is a requirement of the state Medicaid program. Guidance provided in this document is applicable to these situations, depending on the CSA eligibility category of the child.
- If a family refuses to seek Medicaid eligibility, then the family will become solely responsible for the placement and funding.

3.2.1.3.7 Medicaid Member Provider Choice and CSA Funding

- In accordance with federal Medicaid requirements, Virginia DMAS regulations also require that the individual and their parent or legally authorized representative shall have the right to freedom of choice of Medicaid-approved service providers.
- Medicaid members retain the right to freedom of provider choice for Medicaid funded services. However, this provider choice does not extend to non-Medicaid covered services (e.g. education in the residential setting). Many local governments and their CSA programs have established contractual agreements with providers of residential placements resulting in a limited set of provider options. When the member’s parent wishes to receive residential treatment in a facility not under contract or where the contract is not in good standing with the locality, CSA is not obligated to fund the non-Medicaid covered components of the program. Parents opting to place their children in facilities not under contract or where the contract is not in good standing with the local CSA program may be responsible for the non-Medicaid covered components of the placement.
- Local CSA programs, parents of Medicaid-eligible children being considered for residential placement and the Magellan Intensive Care Management team serving the locality are encouraged to work collaboratively to select placements that will best meet the needs of the child and provide maximum funding for necessary services.

3.2.1.3.8 CANS, IACCT and the OCS CANVaS Software

- Magellan requires that all children being authorized for Medicaid-funded residential treatment have a valid, recently completed Child and Adolescent Needs and Strengths (CANS) assessment.
- Children known to CSA:
 - •For children currently referred to an IACCT from a FAPT/CPMT, the CANS should be completed by the CSA case manager (LDSS, CSB, CSU, or school) in accordance with state and local CSA requirements, entered into the CSA CANVaS on-line software. CSA continues to require a CANS assessment, completed by the designated CSA-related personnel, and entered into the CANVaS system.

- With proper consent of the parent/legal guardian in accordance with local CSA consent requirements, local CSA offices may provide copies of previous CSA-related CANS assessments to the IACCT.
- Children referred from an IACCT to a FAPT and who are determined to be eligible for CSA funding and for who an individual family service plan (IFSP) is being developed will required a “CSA completed” CANS, entered into the CANVaS system even if the IACCT has already completed a CANS. IACCT will not be utilizing the CSA specific version of the CANS and will not have access to the CANVaS system. This is to protect the integrity and security of the CSA CANVaS system as many IACCTs will be private providers not authorized to access the CANVaS system.
- For children not known to CSA and for whom a referral has been made to IACCT:
 - the IACCT will complete the CANS and enter the information into the Magellan proprietary CANS data system in accordance with Magellan requirements.
 - children not currently open to CSA cannot have a CANS entered into the CANVaS system, even if completed by CSB personnel serving as the LMHP in an IACCT.

3.2.2 Private Insurance

- Children, youth, and families who have insurance through a private carrier must utilize covered services through their insurance prior to accessing CSA funds. Covered services can often be obtained through out-of-network benefits if no in-network providers are available.

3.2.3 Other Resources

- Other resources in the community are available to assist children, youth and families with various needs. They include, but are not limited to:
 - CCAP, Sinclair Medical Clinic, and Compassionate Pharmacy, Froggy’s Closet
 - Pharmaceutical companies often offer discounts on medications directly through them. Information can often be obtained on the medication website.
 - Faith and religious organizations often have outreach groups who can help those in need.
 - Local agencies like the Department of Social Services, Juvenile Court Services Unit, and Northwestern Community Services Board may have programs that can assist families if eligibility requirements are met.
 - Survivor’s Benefits, Social Security and Supplemental Security Income

3.3 Family Engagement

3.3.1 Systems of Care Principles

Frederick County embraces the Systems of Care movement and its’ core principles: interagency collaboration, individualized strengths-based care, cultural competence, family and youth involvement, community-based services, and accountability. The CPMT believes the family and home community provide the best environment for raising children. Every effort to provide review and services in the family’s native language or mode of communication will be made.

The CPMT shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community-based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

All child serving agencies represented on the CPMT have shared values which are built into the core of the CSA Practice Model. It is the intent of Frederick County to ensure that these beliefs are interwoven in all aspects of how we engage families. These beliefs are:

- All families have strengths
- Families are the experts on themselves
- Families deserve to be treated with dignity and respect
- Families can make well-informed decisions about keeping their children safe when supported
- Outcomes improve when families are involved in decision making
- A team is often more capable of creative and high-quality decision making than an individual

Frederick County utilizes two paths for families to access state pool funding, FAPT and MDT. Both teams encourage the participation of the youth, family, agency partners, service providers, and natural supports. Case managers should work with each family to determine who those participants should be, but at a minimum, the child, family, and service providers should participate. Each team member has the opportunity to be heard and fully engaged in the process. The primary responsibilities of both teams are to identify the strengths and needs of individuals and families, develop a plan to address those needs, and recommend services to the CPMT for funding approval. Any recommendations for services totaling more than \$3,500.00 must be reviewed by FAPT prior to CPMT approval.

Services provided by the CPMT and FAPT shall not discriminate on the basis of race, ethnicity, gender, gender identity, sexual orientation, age, religion, socio-economic status, or handicapping conditions.

3.3.2 Family Assessment & Planning Team

In accordance with COV § 2.2-2648, the FAPT “shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.”

3.3.2.1 Bylaws

3.3.2.1.1 Purpose

The FAPT develops a service plan in collaboration with parents and based on the information provided at the meeting by the youth, his or her family, and the involved agencies, as well as the existing treatment/service plans from each agency.

3.3.2.1.2 Membership

- Each member of the Family Assessment and Planning Team (FAPT) is appointed by the CPMT and includes representation from the Community Services Board, the Department of Social Services, the Juvenile Court Services Unit, Frederick County Public Schools, a private provider of service for the eligible population and a parent representative.
- FAPT members are assigned by their agency directors, or their designees. The minimum term for FAPT members shall be one year. Each agency will identify at least 1 trained alternate from their agency who will be available to attend in place of their regular member in case of absence. Those individuals will be trained by the CSA Office.
- Vacancies in the FAPT Parent Representative or Private Provider Representative position will be announced by the CSA Office. Interested parties are required to send a letter of interest to: Frederick County CSA Office, 107 North Kent Street, 2nd Floor, Winchester, VA 22601. Private provider and parent representatives are appointed for two-year terms.

- Parent Representatives who are employed by a public or private program which receives funds pursuant to this chapter or agencies represented on a Community Policy Management Team may serve as a parent representative provided they do not, as part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. The intent is to avoid an appearance of conflict of interest and compromising the independence of the parent's participation. (COV § 2.2-5207)
- The term for the FAPT Chair shall be three months. If the FAPT Chair is unable to attend a meeting, they must make arrangements for another regular FAPT member to be Acting Chair, and notify the CSA Coordinator. The minimum requirements for FAPT members before they are eligible to serve as FAPT Chair shall be attendance at ten FAPT meetings. Private Provider and Parent Representatives are excluded from eligibility to be FAPT Chair. In the event that all participating FAPT members are necessary to maintain a quorum, the CSA Coordinator may serve as Chair.

3.3.2.1.3 *Quorum*

It is expected that all members of the FAPT or their alternates will attend all scheduled meetings. For purposes of establishing a quorum, FAPT members representing the majority of the participating members must be present. Where appropriate, the FAPT may request participation by other agencies or private participants.

3.3.2.1.4 *Decision Making*

- All agencies currently providing services to the child should be represented.
- The FAPT decision making process shall include three phases: information sharing, deliberation and decision. That process should be explained to the family, including a diagram/visual if necessary. The family should also be told that they may hear differing opinions and that this is part of the process.
- A minimum of 3 FAPT members or majority of those present, whichever is greater, is required in approval of a final service plan. This represents the majority of members and is in line with Medicaid requirements for needed FAPT signatures.

3.3.2.1.5 *Procedures*

- The length of time between the initial referral to the CSA Office and review by FAPT shall be no more than four (4) weeks.
- Inclement Weather Policy: If the Frederick County Government closes on a scheduled meeting day, there will be no FAPT meetings.
- The case manager must inform the CSA Office when a case is being closed. Case closures generate specific activities, including closing vendor contracts, adjusting schedules, and state reporting.
- At FAPT the family shall be informed of the co-pay requirement and the appeal process.
- The FAPT Chair shall use a standard checklist to ensure that all requirements are fulfilled, and all required information is provided during the FAPT staffing.

3.3.2.2 Referral Process

3.3.2.2.1 *Referral Process for Agency Involved Youth*

- Children and youth already involved with any of the 4 child serving agencies shall be referred through the CSA process by the agency case manager.
- Once the determination that CSA funding is necessary, the case manager will discuss the FAPT process and potential co-payment with the family and obtain a Uniform Authorization to Use and

Exchange Information (ROI). For youth age 14 or older, the signature of the child is required in addition to the parent/guardian signature.

- If services being requested require an IACCT referral, the case manager or parent/guardian shall immediately complete the Residential Inquiry Form found on the MagellanofVirginia.com website.
- The case manager will contact and submit the ROI to the CSA office to schedule a FAPT meeting. Initial referrals will be scheduled within 4 weeks, unless otherwise agreed to by the case manager.
- The case manager shall notify and coordinate participation of the family and any private providers in the FAPT meeting, see Systems of Care subsection for more detail on who should be invited.
- By midnight the Wednesday prior to the scheduled FAPT meeting, the case manager shall submit all the following required CSA documentation:
 - CSA Initial Referral Form
 - Complete Budget Request Form
 - Signed Due Process/Rights & Safeguards Acknowledgement of Receipt
 - MUAI-currently the CANS
 - Foster Care Prevention form (if relevant)
- Unless an exception is authorized by the CSA Coordinator, documentation not received by the deadline will result in the case being rescheduled to the next available date. Any funding gaps resulting from the rescheduling shall be the responsibility of the agency. Any documentation not completed in its entirety shall be returned to the case manager for completion and resubmission. Documents must be resubmitted within 1 day.
- At the conclusion of the FAPT meeting, a review, if necessary, will be scheduled.

3.3.2.2.2 Referral Process for Parents/Guardians

3.3.2.2.2.1 Authority

- This policy was developed in accordance with SB 1041 & HB 2083 that passed the 2015 Virginia Legislative Session effective July 1, 2015. The summary as passed:
 - “Directs community policy and management teams to establish, as part of their policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the State Executive Council for Children’s Services Act, a process for parents and persons who have primary physical custody of a child to refer children in their care to the teams.”
- This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding parental referrals through the CSA process.

3.3.2.2.2.2 Procedure

- Parents who request review through the CSA process will begin by contacting the CSA Coordinator to initiate the process. The CSA Coordinator will provide the parent/caregiver the following documentation for review/completion:
 - CSA Information Sheet
 - Parental Agreement Referral to DCSE
 - Uniform Authorization to Release and Exchange Information
 - Due Process of Complaints and Appeals/Rights & Safeguards
 - Parental Referral Form
- The family must complete the forms and return them to the CSA Coordinator with supporting documentation (ie-school reports, evaluations, etc.).

- If services being requested require an IACCT referral, the case manager or parent/guardian shall immediately complete the Residential Inquiry Form found on the MagellanofVirginia.com website.
- Once documents are received, the CSA Coordinator will provide the information to Pre-FAPT who will discuss the case and provide recommendations. The Pre-FAPT will be held biweekly prior to the official start of the FAPT meeting. Pre-FAPT comments and recommendations will be added to the Parent Referral form and a copy will be returned to the family, which may include a referral to specific agencies to rule out least restrictive options, alternative recommendations for less restrictive or community resources, or referral to FAPT. If Pre-FAPT recommends the family be seen through the FAPT process, the procedure for Multi-Agency involved youth will be initiated to determine the appropriate lead agency.
- Upon agency determination, the case manager will follow procedures of the Referral Process for Agency Involved Youth.

3.3.2.2.3 *Assigning Case Managers for Multi-Agency Involved Youth*

3.3.2.2.3.1 Authority

- This policy was developed in accordance with CPMT direction to address the occasions where youth are involved with several agencies, with no clear agency lead. The policy reads:
 - “Frederick County agencies shall ensure at risk children, youth, and their families have access to a collaborative process through which one agency will take a primary role in case management.”
- This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding case management assignment for the CSA process.

3.3.2.2.3.2 Procedure

- CSA will identify those youth who have multi-agency involvement where is no clear agency for case management purposes. Within 2 days of identification, CSA shall notify the appropriate agency representative or their designee as follows:
 - DSS-FAPT representative
 - NWCSB-CPMT representative
 - CSU-CPMT representative
 - FCPS-Director of Special Instructional Services for students with disabilities or Director of Student Support Services for non-disabled youth.
- Agencies will strive to make a determination within 7 business days from when FAPT determines a case manager needs to be assigned.
- After determination of case manager is made, that agency representative shall contact the supervisor of the identified agency.

3.3.3 Multidisciplinary Team

In 2008, Frederick County was approved to use an “alternative multidisciplinary team” process in place of FAPT in certain cases. These teams consist of the referral agency, a Community Partner, the family and natural supports, providers, and any other individual identified by the team as necessary. The Community Partner is a representative from a different child serving agency that is familiar with the child. A minimum of one Community Partner is required, but representatives from each agency familiar with the child should participate. For CSA purposes, participating agencies use different names for these meetings, but all meet requirements for a MDT: Interdisciplinary Team (IDT), Child and Family Team (CFT), Family Team Meeting (FTM), Family Partnership Meeting (FPM).

MDT meetings shall be arranged by the referring agency, including facilitation and participation of a community partner. Every effort should be made to accommodate the family regarding the location, date,

and time. MDT meetings seek to identify natural supports that could assist and support the family in times of need. If the team determines that no other funding is available and CSA state pool funds are necessary to meet the family's needs, the case manager must inform the family of the potential parental contribution towards the purchase of services. Any questions a parent/guardian have can be referred to the CSA office.

3.3.3.1 Multidisciplinary Team Exclusionary Criteria

Although agencies can hold MDT meetings in addition to FAPT meetings, the following cases must be reviewed by FAPT:

- Youth placed in Congregate Care
- Families receiving services totaling \$3,500.00 or more
- Requests for evaluations costing more than \$1,000.00
- Treatment services being provided to a family for longer than one year.

3.3.4 Individual Family Service Plan

Prior to or during the FAPT/MDT meeting, an IFSP will be developed. This plan identifies the strengths and needs of the youth and family, long and short-term goals, services necessary to meet the family's needs and funding sources. Due to FAPT time limitations, these items are completed prior to and discussed at the meeting, with a budget request form to identify the services necessary. At the MDT, these items are completed during the meeting. It is essential that the youth and family participate and be heard in the development of these plans. Although there are often multiple agencies involved, with provisions that are necessary, especially in the case of a DSS or CSU youth, a plan can incorporate both and build on the strengths of the family.

- The case manager shall oversee the implementation of the IFSP and provide a written report to the FAPT, or CSA Office for MDT meetings.
- Case managers should consider any assessments, including the MUAI when developing an IFSP. The current MUAI, CANS, identifies strengths and needs of the youth and family and more specifically, what strengths to build upon and what needs should be addressed in the treatment plan. This assessment should be used as a guidance tool in developing the IFSP.
- The CSA Coordinator shall present FAPT/MDT recommendations for the use of CSA state pool funds to CPMT for funding authorization. Services are not authorized until funding is approved by CPMT.

3.3.5 Intensive Care Coordination

The Code of Virginia requires each CPMT develop policy regarding the provision of Intensive Care Coordination (ICC) to children and youth who are at risk of entering or are placed in a PRTF. The following policy was adopted by the SEC on April 30, 2013:

3.3.5.1 Definition

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as "Mental Health Case Management."

3.3.5.2 Population to be Served

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

- Youth placed in out-of-home care:
 - Psychiatric Residential Treatment Facility or Therapeutic Group Home
 - Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
 - Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
 - Emergency shelter (when placement is due to child's Mental Health/behavioral problems)
 - Psychiatric hospitalization
 - Juvenile justice/incarceration placement (detention, corrections)
- Youth at risk of placement in out-of-home care
 - The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
 - Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
 - One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
 - Crisis Intervention
 - Crisis Stabilization
 - Outpatient Psychotherapy
 - Outpatient Substance Abuse Services
 - Mental Health Support

NOTE: Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers

3.3.5.3 Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

- Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators (such documentation shall be maintained in the individual's personnel file).
- Employ at least one staff member who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual's personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor's degree with at least two years of direct, clinical experience providing children's mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of "High Fidelity Wraparound" as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master's degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children's mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators.

3.3.5.4 Training for Intensive Care Coordination

Training in the national model of "High Fidelity Wraparound" shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training. Training and ongoing coaching shall be coordinated by the OCS with consultation and support from the Department of Behavioral Health and Developmental Services.

3.4 Utilization Management and Utilization Review (UM/UR)

Utilization Management is a process used by purchasers of health and human services to ensure the highest quality of care is being provided. The goal of UM/UR is to employ a set of standards designed to assess the appropriateness of care, including quality, level, and effectiveness of treatment.

Utilization Review is the assessment of case specific services to determine if they are being delivered in the most clinically effective, cost efficient and least restrictive environment.

The COV in §2.2-2648 D.15, §2.2-5206.13, and §2.2-5208.5 requires localities to have a Utilization Management Plan. Additionally, the Office of Children's Services is charged with the task of developing Utilization Management Guidelines. In Frederick County, UM/UR is performed by case managers, and MDT and FAPT reviews.

Case managers are required to bring a case through the MDT or FAPT in accordance with CPMT policy. MDT meetings cannot be held without the presence of the family. The FAPT makes every effort to include the youth and family, taking into consideration that some have attended MDTs before the FAPT meets. Initial case presentations include current and historical information, strengths and needs, services utilized in the past, provider reports (if any), evaluations (if any), a current CANS, and any other pertinent information relating to the youth and family. The team develops long and short-term goals and determines the services necessary to meet them.

A standardized CSA packet will be used for all cases presented to the FAPT. The referral information shall include:

- Consent to Release and Exchange Information
- Acknowledgement of Receipt of Rights & Safeguards and Appeals
- CSA Initial Referral or FAPT follow up form
- Current CANS
- Budget Request form

The case manager gathers information to complete the documents for the initial and follow up FAPT reviews. Along with the collaboration of the youth, parents/guardians, natural supports, and service providers, information is collected on the child and family's functioning in the home, school and community, and any health, legal or behavioral issues. Together, an initial plan is developed including desired outcomes and identification of potential services. For

services totaling \$3,500.00 or more, these goals and services are discussed at FAPT as an additional level of review, and appropriate services are recommended to the CPMT for funding authorization. During FAPT/MDT follow up reviews, the goals and progress of the service plan are discussed and adjusted if needed. Changes to services or additional funds are then recommended to the CPMT for funding authorization.

The case manager is responsible for initiating all approved services and oversight of the implementation of the service plan. As part of the oversight, the delivery of services, monitoring its effectiveness, and ensuring family participation is reviewed. The case manager ensures the vendor treatment plan is current and appropriate to meet the needs of the youth and family.

3.5 Funding Authorization

The FAPT/MDT shall make recommendations to the Community Policy and Management Team regarding expenditures from CSA funds in accordance with COV § 2.2-5208. All services must be identified on the IFSP/Budget Request Form and/or Child & Family Team Meeting (CFTM) Care Plan and should justify the need for services to be eligible for CSA state pool funds. Services not identified on the CFTM Care Plan or IFSP/Budget Request Form are not eligible for state pool fund reimbursement.

The CPMT shall authorize and monitor the expenditure of funds by each FAPT/MDT in accordance with COV § 2.2-5206.

- All recommendations for funding must be authorized by the CPMT. All expenditures must be reported to the CPMT monthly.
- Service recommendations are presented to the CPMT by the CSA Coordinator on a Budget Request Form.
- Any recommendation for services totaling \$3,500 per month/family or more, or evaluations exceeding \$1000.00 must be reviewed by FAPT prior to approval by the CPMT.
- Additions and extensions to the IFSP that require funding changes must be approved by CPMT before payment.
- Transition to less restrictive services may occur after being reviewed and approved by the FAPT as clinically appropriate. In this case, a new budget form must be completed along with a FAPT review who will approve the transition. Services can be initiated after a Purchase of Service Order (POSO) is generated, and CPMT will review the new budget sheet at the next scheduled CPMT meeting.
- Any treatment services being provided to a family through MDT/IDT for more than 1 year shall be reviewed by FAPT.
- Any requests for Emergency Funding are subject to the Emergency Funding Policy.
- Special Education private day school or residential placements through an IEP cannot be delayed by the CPMT funding process. Emergency funding is not required; however, a Budget Request form must be submitted to the CSA office, along with required CSA documentation prior to the initiation of services. Once documentation is submitted, a purchase of service order will be generated, and the case will be scheduled for review at the next available FAPT meeting.
- Reimbursements (i.e. SSI, child support, SSA, trust funds) shall be credited to child specific accounts according to policies set by the State.

3.5.1 Emergency Funding Request

3.5.1.1 Authority

This policy was developed in accordance with COV § 2.2-5209 to address issues with Internal Control Weaknesses that were identified by the Office of Children's Services through the Self-Assessment Audit Workbook completed in 2013.

This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding the use of CSA State Pool Funds to pay for Emergency Services.

3.5.1.2 Criteria

Emergency Funding may only be used for youth eligible for State Pool Funds under the mandated category and in instances where it has been determined that service(s) must begin prior to the next CPMT meeting.

Emergency Funding is available to youth and/or families who:

- Are assessed as High or Very High Risk through the Family Risk Assessment Tool
- Are At-Risk of Out of Home Therapeutic Placement or Disruption or Change of Placement
- Have been placed into the custody of the Department of Social Services
- Have exhibited behaviors within the past 30 days that place the youth or another person at imminent risk of harm
- Require services within the next 30 days to prevent removal, disruption, or additional harm to the youth or another person
- Exhibit acute and rapid onset of behavior which poses high risk to the safety of the child or another person
- Exhibit chronic needs where new behaviors have emerged which pose a high risk to the safety of the child or another person
- Meet the above criteria and have been reviewed by FAPT and identified as requiring the initiation of services prior to the next CPMT funding authorization meeting.

Risk must be clearly documented with justification of need for immediate services. Eligibility documentation must accompany funding requests for cases not currently open to CSA. Emergency Funding may be denied for chronic behavioral issues where imminent risk to self and/or others is not clearly documented. Emergency Funding shall not be approved for services that do not reduce or alleviate immediate risk of: change of placement, harm to self or others, or assist in determination of such risk. Such services shall be approved through the regular review process.

3.5.1.3 Policy

Emergency funding requests shall be authorized by two (2) CPMT members, except in cases requesting Foster Care Maintenance & Clothing Allowance only which requires just the DSS Director. One signature must be the director of the requesting agency or his/her designee. CSA-funded services shall not commence until the emergency funding request is approved. Requests must be reviewed by FAPT within 14 days, except in cases where FAPT has reviewed the case and recommended the completion of emergency funding to start services immediately, and at the next available CPMT meeting. Emergency funding may only be authorized through the end of the month that CPMT reviews the case.

3.5.1.4 Process

3.5.1.4.1 *During regular business hours*

During regular business hours, the Case Manager shall complete the Emergency Funding Request form and present it for approval by the agency Director or his/her designee and one additional CPMT member.

3.5.1.4.2 *Outside of regular business hours*

Outside of regular business hours, the Case Manager shall contact the agency Director or his/her designated proxy for approval of Emergency Funding. Within 2 business days, the Case Manager must complete the Emergency Funding Request form, obtain the signature of the agency Director or his/her designated proxy, and present the form to one additional CPMT member for approval.

3.5.1.5 Emergency Funding and Budget Request Forms

The Emergency Funding Request form must be submitted to the CSA office to secure a FAPT review. The effective date shall be the date the service is initiated, with a termination date to be the last day of the month that CPMT meets. Any other services may be considered and reviewed through the regular approval process. Upon FAPT review, a budget request form shall be completed and include any other services being provided and requested.

3.5.1.6 Exceptions

The following services do not require 2 CPMT signatures for Emergency Funding approval. In these instances, an Emergency Funding form should be completed and submitted to the CSA Office when services are initiated and scheduled on the next available FAPT agenda for review.

Foster Care:

1. Maintenance:

The authority to approve expenditures for cases involving only the payment of foster care maintenance is delegated by CPMT to the Director of the Frederick County Department of Social Services. Special needs payments to DFS foster families shall be approved by the DSS Director based on a rate scale approved by CPMT.

2. Goods and Services:

The authority to approve expenditures for foster care youth for goods and other services (medical/health, camp/recreation, etc.) up to \$200.00 per request is delegated by the CPMT to the Frederick County CSA Coordinator.

Special Education Private Day or Residential Placements:

The authority to approve expenditures for cases involving only the payment of Special Education Placements as required by the Individuals with Disabilities Education Act (IDEA) and an Individual Education Plan (IEP) lies with the IEP Team. Although federal regulations prevent the delay of IEP placements, every effort should be made to present the case for review by the FAPT and CPMT prior to the placement of the youth.

3.6 Appeals

Any child or family that disagrees with the action of the FAPT or MDT, including but not limited to assessment, planning or implementation of services may file a written request for appeal to the Community Policy and Management Team.

Prior to the FAPT or MDT the case manager shall review the Appeals and Rights & Safeguards form with the family. An Acknowledgement of Receipt page shall be signed by the parent/guardian and the case manager and submitted to the CSA office Plan along with the initial referral packet.

An appeal may be requested by the youth or family for any action, including, but not limited to, dissatisfaction with the FAPT assessment, the MDT services as listed, planning or implementation activities, or improper notification of meetings and actions by the FAPT or MDT.

The youth and family shall submit a written request addressed to the CPMT Chairperson for review to the CSA Coordinator within ten (10) calendar days of receipt of IFSP/Family Care Plan and/or right to review notice. The CPMT, at their next scheduled meeting, will then review the decision of the FAPT/MDT and provide a written answer whether it has been upheld or altered within 30 days.

The Community Policy and Management Team shall respond in writing to the youth or family's request for review. While mediation may be used to resolve the disagreement, it shall not be used to deny or delay a youth or family's right to review. The decision of the CPMT is final.

If the referring Case Manager disagrees with the FAPT/MDT recommended services and/or plan, he/she can address their concerns with their CPMT Agency Representative and/or Agency Director. If upon review by the CPMT Agency Representative and/or Agency Director, it is determined that the case needs to come before the CPMT, the Agency Director can request it in writing within 10 calendar days of the IFSP/Family Care Plan. The case will be placed on the CPMT agenda for review and discussion.

3.7 Child and Adolescent Needs and Strengths

"The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the mandatory uniform assessment instrument for children and youth receiving services funded through the state pool. Use of the CANS shall be effective July 1, 2009."

The CANS is a valuable tool used to assess a child and family's strengths and needs. Specific items are rated on a scale to determine if strengths are present and can be built upon or identifying the needs, developing goals, service planning, and monitoring progress toward measurable outcomes.

3.7.1 6 Key CANS Principles

- "Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions."
- "Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. The action levels are described in greater detail throughout this training website."
- "Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. "2" or "3")."
- "Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age."
- "The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the "what" not the "why". Only one item, Adjustment to Trauma, has any cause-effect judgments."
- "A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period."

The CANS is a tool based on "communications" theory in that the ratings should be scored based on communication between all relevant agencies/disciplines and the family. It should not be considered a

psychometric assessment. The CANS is a collaborative tool that when used properly should describe the family's situation and identify areas of need to inform the development of the IFSP. On an ongoing basis, it can also inform the team of progress towards reducing youth and/or family's needs and development of strengths.

3.7.2 CANS Certification

Administration of the CANS requires initial certification and annual recertification. Certification can be obtained by going to the website <https://tcomtraining.com>, creating an account, and following instructions to complete the training. Upon completion, a copy of the certificate along with a signed User Agreement must be provided to the Local Administrator to set up a CANVaS account.

3.7.3 Administration Frequency

In Frederick County, the CANS shall be completed by case managers and entered into the online CANVaS version at the established frequency below. Case managers are required to submit a CANS for all youth receiving services funded by CSA. Two versions of the CANS exist, the DSS-Enhanced CANS and the Standard CANS. Each version has separate assessments for children age birth to four and children and youth age 5+. These versions also have both Comprehensive and Reassessment types, which must be completed at a frequency established by CPMT policy.

- DSS agency case managers must use the DSS-Enhanced Version of the CANS. All other agency case managers must use the Standard Version of the CANS
- "All assessments entered into CANVaS shall be completed and closed no later than 60 days after the assessment is initiated. Closure requires entry of all required information and the closed assessment should be printed and signed by the assessor. Assessments not closed within 60 days shall be considered invalid and will be deleted from the system. Once deleted, the assessment cannot be retrieved.
- A CANS Comprehensive must be completed by the case manager at the following frequency:
 - Initial Referral, Annually, and Case Closure
 - For Foster Care Maintenance only (Basic Maintenance and Clothing Allowance) cases, a CANS is only due annually and therefore a DSS-Enhanced CANS Comprehensive is always completed.
- A CANS Reassessment is due at the following frequency:
 - Congregate Care settings-every 3 months
 - Private Day School placements-every 6 months
 - Treatment Foster Care Only-every 6 months
 - Community Based Services-every 3 months

3.7.4 CANVaS

According to the COV § 2.2-5210, "Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § 2.2-2648."

CANVaS is the online version of the CANS used for storage and management of individual CANS assessments for every CSA funded youth. Each locality is responsible to enter the CANS into the internet version in order to meet the COV requirements.

- All children and youth receiving CSA funded services shall have a CANS completed in accordance with local CPMT policy.

- Every CANS shall be entered into the CANVaS system.
- Children and youth receiving Title IV-E funded services without CSA funding shall be entered into the CANVaS system.
- All CANS shall be marked as closed within 60 days of initiation. All required information must be completed for closure. CANS that are not closed within 60 days will be deleted from the system and cannot be retrieved.

3.7.5 FAPT/MDT Reviews

3.7.5.1 Review Frequency

Children and families assessed by the FAPT/MDT and accessing CSA funds shall be reviewed according to the schedule below. The policy reflects the minimum requirements for review by the FAPT/MDT. Reviews may occur more frequently if deemed necessary and/or appropriate by the individual teams. Reviews are intended to ensure the following:

- The youth and family actively participate
- Services are clinically effective
- Provision of services are aligned with the IFSP
- Services continue to be necessary and are appropriate to meet the needs of the child.

Such meetings should include a review of treatment goals to ensure they align with the IFSP, assessing the client’s progress toward obtaining the goals, and reviewing the discharge plan. Discharge planning should begin upon initiation of any treatment services. Progress reports should document detailed progress towards discharge criteria.

| Service | FAPT/MDT Review | CANS Completion |
|---|---|--|
| Congregate Care (IEP Exception), Adoption Assistance placements** | Every 3 months | Comprehensive-Initial & Annually Reassessment-Every 3 months Discharge |
| Community Based Services, Foster Care Prevention | Every 3 months | Comprehensive-Initial & Annually Reassessment-Every 3 months Discharge |
| Treatment Foster Care Only | Every 6 months | Comprehensive-Initial & Annually Reassessment-Every 6 months Discharge |
| Basic Maintenance & Clothing Only | Annually | Comprehensive-Initial & Annually Discharge |
| Placements made through and IEP | Every 6 months, <u>or</u> Annually with justification to FAPT | Comprehensive-Initial & Annually Reassessment-Every 3 months, or 6 months for Private Day School Discharge |
| Step Down/New Placement (except Emergency Funding) | Prior to change in placement | Upon change of placement |

**Referrals through Adoption Assistance for placement in a Psychiatric Residential Treatment Facility within the Commonwealth of Virginia will require collaboration with the case manager of the locality that holds the Adoption Assistance Agreement and the family of the youth. It will be expected that the case manager will complete FAPT paperwork and provide an update on the progress being made by the youth

and family. The family should participate in person however, the case manager may participate in the FAPT meeting by phone if necessary.

For youth receiving Adoption Assistance from another state, the assigned Frederick County (FC) case manager shall obtain an Authorization for the Release of Information to contact the individual or agency responsible for managing the youth's Adoption Assistance. The FC case manager shall attempt to obtain a social history, services utilized in the past, and other pertinent information for the assessment of a residential level of care. Every effort should be made to negotiate the use of Adoption Assistance from that state to share in the financial responsibility for services for the youth and family.

3.7.5.2 FAPT Review Documentation

The following documentation shall be submitted for each FAPT review. Documentation must be completed in its entirety or it will be returned for completion.

- FAPT Follow Up Form
- Budget Request Form
- Most recent CANS

Documentation must be submitted to the CSA office by midnight the Wednesday prior to the FAPT meeting. Cases without completed documentation will be removed from the FAPT schedule and the case manager must contact the CSA office to reschedule the review. The CSA office cannot guarantee the case will be rescheduled prior to the CPMT approval of funding for that month. It will be the case manager's responsibility to secure funding through their agency, if necessary, to address service gaps due to no submission of documentation.

Documentation that is incomplete will be returned to the case manager for completion. Forms must be completed in full and returned to the CSA office within 1 day of notification of incomplete documentation. Exceptions will only be made with prior authorization. If documentation is not submitted by the deadline, the case will be removed from the agenda and the case manager must contact the CSA office to reschedule the review. The CSA office cannot guarantee the case will be rescheduled prior to the CPMT approval of funding for that month. It will be the case manager's responsibility to secure funding through their agency, if necessary, to address service gaps due to no or incomplete submission of documentation.

3.7.6 Service Termination and Case Closure

- The case manager shall notify the CSA office upon termination of each individual service. At the time a service is terminated, the case manager shall notify the CSA Office within 14 days of service termination.
- Case Closure shall occur when all use of CSA funds have terminated.
- Upon case closure, the case manager shall complete and submit closing CANS to the CSA office within 14 days.

3.8 Parental Contribution-Co-payment for Community Based Services

Families of youth who are receiving services and support through the Frederick County Children's Services Act are encouraged to fully participate in the family engagement process adopted by the Frederick County CPMT. In order to maximize the resources of the community, the CPMT, in accordance with the Code of Virginia §2.2-5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

3.8.1 Eligibility

Parents and legal guardians, henceforth referred to as “parents”, of children receiving CSA-funded services shall be assessed for appropriate financial contribution toward the cost of services to be provided.

- Youth and families accessing CSA funded services under the following categories will be assessed a co-payment:
 - Foster Care Prevention
 - Non-Mandated
 - Non-IEP services prescribed by FAPE*

*Due to federal regulation for a Free and Appropriate Public Education (FAPE) School-based IEP required services are exempt from the CSA co-pay requirement.

- Due to being referred to the Division of Child Support Enforcement (DCSE), for the collection of child support, the following populations will not be assessed a co-payment. See Frederick County Referral to DCSE for policy and procedures on the following populations:
 - Youth in Foster Care
 - Youth receiving Foster Care Services through a Parental Agreement
- Waivers-Parents enrolled in the following programs will be automatically waived from paying a co-payment:
 - Low Income Home Energy Assistance Program
 - Federal Public Housing Assistance or Section 8
 - Supplemental Nutrition Assistance Program
 - Temporary Assistance for Needy Families (TANF)
 - Free or Reduced Meals under the National School Lunch Program
 - Parents receiving Social Security Disability as their only source of income
 - CSA funding of only Drug Screens or Single Evaluations of \$1000.00 or less.

3.8.2 Methodology

- Informed parental consent – the parents are alerted by the case manager prior to FAPT/MDT that CSA funded services are subject to a co-pay.
- Individual Family Service Plan or Care Plan – the FAPT/MDT service plan shall identify services eligible for co-pay.
- CSA Office Screening – The family shall be subject to a co-pay screening by the CSA Office representative prior to, or immediately after FAPT/MDT to review fees for prescribed services.
 - Parental co-pay for Non-IEP and Nonmandated services shall be assessed prior to the beginning of services. Services shall not start prior to receiving a signed Copayment Agreement.
 - CSA parental co-pay for community-based Foster Care Prevention services shall be waived for the initial 30-day period of services during which time the co-pay will be assessed.
 - The parental co-payment shall be reassessed annually, or in the event of a major change in income, including, but not limited to, change in employment status, household size, etc.

3.8.3 Amount of Parental Co-Pay

Co-pay amounts shall be assessed using the annual total gross income of the parent(s)/legal guardian(s), including SSA, SSI, and/or child support where applicable, with a CPMT-approved sliding fee table based on ability to pay.

3.8.4 Co-payment Assessment/Dispute

- Eligible cases for which the Parental Co-Payment Screening Form has not been completed and signed by the parent/guardian shall be assessed the maximum co-payment amount.
- Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within 14 days of the date that they receive notice, either orally or in writing, of the CSA Office's co-payment determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. Within 30 days of the review, the CSA Office will notify the family in writing of the decision of the CPMT.

3.8.5 Case Manager Responsibility

- The case manager will determine if the child has been screened and/or enrolled in Medicaid, and whether private insurance or other resources are available to meet the child's needs.
- The case manager shall notify CSA involved families of the requirement for an assessment of parental contribution upon accessing CSA funded services. The family shall be informed that failure to provide the supporting documentation to the CSA Office during the assessment period will result in being assessed the maximum monthly co-payment amount until such time as the supporting documentation is provided and screening form is signed.
- Case managers shall list the requirement for parental co-payment on family plans when appropriate, i.e. - care plans, court orders, protective orders, etc.

3.8.6 Provider Responsibility

- Service providers are responsible for the collection of the family's assessed financial contribution.
- The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued.
- Should multiple service providers be authorized during the same monthly service period, the amount of co-payment shall be applied to the highest cost of service or most consistent, continuous service being funded.
- In the event a family fails to pay the assessed co-payment, it will be at the service provider's discretion the action it chooses to take to recover those fees. It is not the practice of the FC CPMT to direct the vendor in its business practice and collection process. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.
- The CSA Coordinator is responsible for monitoring vendor compliance with the Frederick County Co-payment Policy and ensures amounts collected are accurately recorded in the CSA financial reports. Should a family become delinquent, they may utilize the process of appeal that is stated in this policy. During the appeal process, services will continue.

3.9 Referral to the Division of Child Support Enforcement-for Foster Care Services and Out of Home Placements

Families of youth who are receiving Foster Care Services and support through the Frederick County Children's Services Act as defined in the Code of Virginia § 63.2-905 ii & iii will be referred to the Division of Child Support Enforcement (DCSE). Due to the financial responsibility to pay child support, the Frederick County CPMT will not assess a co-payment to families who have been referred to DCSE.

3.9.1 Eligibility

The Parents/Legal Guardians of the following youth will be referred to the DCSE:

- Youth placed in the custody of Frederick County Department of Social Services
- Youth who are receiving Foster Care Services through a Non-Custodial Agreement (DSS) or Parental Agreement (Non-DSS)
- Youth placed in the custody of Frederick County through an Entrustment

3.9.2 Methodology

When a child enters foster care or non-custodial foster care, including a Parental Agreement, the child's case manager (or CSA staff for Parental Agreements) shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). The case manager shall provide DCSE with any additional information they need to determine or collect child support.

3.9.3 Good Cause

The CPMT has the authority to determine Good Cause for families receiving Foster Care Services through a Parental Agreement. The establishment of Good Cause will only be considered for families who can provide documentation of financial hardship and allows for a temporary suspension of the DCSE referral. Examples of Good Cause may include homelessness or dependency on Social Security disability. General costs of daily living, e.g. Mortgage, rent, utilities, are not considered sufficient reasons for Good Cause determination. Good Cause will be determined on a case by case basis.

- To request Good Cause, the Parent/Legal Guardian must submit a letter in writing within 14 days of funding approval to the CPMT Chair with an explanation of financial hardship. Documentation of financial hardship must accompany the letter. The letter should be provided to the CSA Coordinator and shall be included in the next regularly scheduled CPMT meeting agenda.
- The CPMT shall review the documentation provided and render a decision, which shall be final.
- Within 30 days of the review, the CSA Office shall notify the family in writing of the decision of the CPMT

When a child receiving services is in the custody of the Department of Social Services, case managers shall arrange for social Security, SSI, Veteran's Benefits, etc., for such children to be redirected to reimburse Frederick County.

3.10 CSA and Partner Agencies

3.10.1 Frederick County Public Schools and Special Education

CSA is required to fund private day schools and residential placements for youth who have an Individualized Education Plan (IEP) identifying that those services are necessary for the provision of a Free and Appropriate Public Education (FAPE). Services provided under this category are considered sum-sufficient and include special education related services as specified on the IEP (except transportation). Students with disabilities are protected under federal law and regulation. Therefore, local CPMT policy and/or procedures shall not interfere with any of these protections.

"The following are some specific provisions regarding the provision of special education services specified in an IEP under the CSA:

- the school division is responsible for providing funding for student transportation;
- according to OCS Memo #18-01 in consultation with the Office of the Attorney General, a ROI must be signed by the parent/guardian for FPCS to share the student's IEP with the CSA office. Without this

consent, the CPMT is unable to verify that the student is statutorily eligible for CSA funded services, and therefore unable to authorize the use of CSA funds. In such cases, the local school division is responsible for the cost of providing FAPE.

- no parental co-payments can be required for IEP-based services;
- there is no CSA requirement for involvement of the Family Assessment Planning Team (FAPT) or for the completion of an Individual and Family Service Plan (IFSP) for these children (unless there are other non-IEP services being provided). Federal and state requirements prohibit any entity (including the FAPT and the CPMT) from changing the IEP, including services and placements specified. Essentially, IDEA and the IEP is the prevailing authority in such cases; and
- in addition to being required to authorize funding, the FAPT or CPMT must also collect the required demographic information for CSA reporting and completion of the purchase order for the services. CPMT must also ensure completion of the mandatory CSA uniform assessment instrument (i.e., the CANS)."

Provision of IEP services for a student cannot be delayed for any reason, including CPMT approval of funding. Once the ROI and IEP is signed by the parent/guardian giving permission to implement the plan developed by the IEP team, services can be initiated immediately. As much as possible, however, FCPS and CSA will collaborate to try to bring the case to FAPT prior to placement. CPMT is required to establish policies and procedures to ensure access for CSA funds for these students.

- Students able to complete the CSA process prior to the provision of services, case managers can refer to the Referral Section of this manual.
- Students for whom immediate provision of services is planned, the case manager will submit an ROI, along with a copy of the most recent IEP and Budget Request Form to the CSA Office.
- The student will be scheduled for a FAPT meeting at the next available date and time.

3.10.1.1 Special Education Residential Placements for Non-Educational Reasons

All children and youth who are eligible for special education and have been placed in a PRTF setting shall be the responsibility of the local school division of the placing jurisdiction. In these situations, the IEP team of the placing jurisdiction shall revise the IEP to reflect the non-educational placement and address the student's educational needs while in placement. The local school division is responsible for ensuring that FAPE is being provided, however the division has no responsibility for the residential placement/services or for special education least restrictive environment requirements, or for the student's general education costs.

Students eligible for special education and able to access their education in the public school setting are expected to enroll in the public school of the locality of the TGH. Students are eligible for special education private day schools and residential treatment facilities only if indicated on the IEP, except in cases of placement in an Assessment and Diagnostic TGH setting.

For more information regarding the residential placement of Special Education students, refer to Appendix 4.1.

3.10.1.2 Wraparound Services for Special Education Students

The Special Education Mandate is available to serve youth eligible for Special Education whose disability extends beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting. To qualify, the behaviors being exhibited must clearly link to the Special Education disability identified. Services must be provided in the home or community and are prohibited

from being provided in the school setting during the normal educational day. These funds are accessed through the normal CSA referral process and are eligible for a co-payment assessment.

3.10.2 Juvenile Court Service Unit

3.10.2.1 Eligibility

Youth referred by the JCSU who do not meet eligibility for CSA funding under one of the sum sufficient categories may meet criteria as a non-mandated youth. A child or youth who has been determined by a court of competent jurisdiction to meet requirements for a CHINS, can access state pool funds under the Foster Care Prevention category. The FAPT can also determine a child or youth meets CHINS criteria.

Eligibility for youth referred through the JCSU ends on the youth's 18th birthday, even though the DJJ may retain legal jurisdiction over certain youth through age 21. For youth who are in foster care and enter the DJJ prior to age 18, however, will return to the custody of the LDSS when released from DJJ.

3.10.2.2 Case Management

JCSU staff may serve as case manager only within their "statutory authority to supervise juveniles before the CSU and/or the juvenile and domestic relations court under diversion or court-ordered supervision. This may include youth being served through informal "diversion" (§16.1-260); youth placed on court ordered supervised or unsupervised probation or an order of the court for the child and/or his parent to participate in programs or treatment and that such participation be monitored by the staff of the court service unit. This is typically limited to juveniles before the court or the court service unit (in cases handled informally through diversion) on charges of delinquency (§16.1- 278.8) or being a child in need of supervision (§16.1-278.5). These restrictions on case management by CSU personnel do not necessarily prohibit such personnel from making an initial referral to FAPT for a child before the court, but not yet under diversion or court-ordered supervision. Once such referral is made, the FAPT can then determine the appropriate agency to provide CSA case management should the child be determined eligible for CSA funded services."

3.10.3 Department of Social Services

3.10.3.1 Maintenance

The definition of "maintenance", as adopted by Title IV-E of the Social Security Act, is "payments on behalf of a child in foster care to cover the cost of food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement." This definition extends to CSA and the payment of Foster Care Maintenance to a foster parent or licensed child placing agency.

The term "maintenance payment" may include both Basic and Enhanced per diem rates. Basic Maintenance includes the cost of items defined in the above paragraph. Enhanced Maintenance may be provided to a family if a child's behavioral health or medical needs are beyond the normal development of same age peers. If identified, the child must be assessed through the Virginia Enhanced Maintenance Assessment Tool (VEMAT) to determine the severity of need. Both Basic and Enhanced Maintenance per diem rates, along with an annual Supplemental Clothing Allowance are determined by VDSS and cannot be changed by an individual locality.

Children who are placed in the custody of LDSS must be reviewed for Title IV-E eligibility. If approved, Title IV-E may cover the costs of Basic and Enhanced Maintenance, Clothing Allowance, travel for the child to visit with family or relatives, child care, and travel for a child to remain in his/her prior school as

determined through a Best Interest Determination (BID) meeting. CSA state pool funds are used until determination is made. If eligible, Title IV-E will reimburse CSA funds retroactively to the date of eligibility. If a child loses Title IV-E eligibility while in foster care, payments do not automatically become CSA reimbursable. The LDSS may be responsible for payment under certain circumstances (i.e. if the child's annual court review is not held in a timely manner, or a court order lacks the judge's confirmation that "reasonable efforts" have been made toward a permanency goal). Each situation should be reviewed on an individual case-by-case basis.

3.10.3.2 Treatment Foster Care

3.10.3.2.1 Authority

This policy was developed in accordance with the Standardized Levels of Treatment Foster Care Policy adopted by the SEC effective July 1, 2015. The policy states:

"Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster care services are appropriately matched to the individual needs of the child or youth in accordance with the SEC approved "Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies."

This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding the use of CSA State Pool Funds to pay for Treatment Foster Care Services.

3.10.3.2.2 Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies adopted by the SEC

- The determination of the appropriate service level is always based on the individual child's specific needs and strengths.
- The Family Assessment and Planning Team (FAPT), or approved Multi Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, service delivery and decision-making process to determine the appropriate level of care for the child.
- Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved to a new LCPA.
- The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. The time frame of the assessment may vary based on the accurate and thorough assessment of the child's strengths and needs.
- Following the assessment, the assessment shall be provided by the LCPA to the LDSS with copies to the FAPT/MDT with recommendation of level of care.
- The determination of level of care shall be made collaboratively based on all available information and documentation of the child's needs by FAPT/MDT and the LCPA.
- Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school, case manager and provider reports, etc.

3.10.3.2.3 Frederick County CPMT Requirements

- Due to the level of need and cost of services, youth requiring TFC must be reviewed by the FAPT.
- An assessment with recommendations on level of care must be provided by the LCPA to the case manager at least 7 days prior to the FAPT meeting.
- The Case Manager shall complete a CANS and VEMAT at least 7 days prior to the FAPT meeting. These shall be submitted, along with the LCPA Assessment, supportive documentation, and other FAPT required documents, to the CSA Office by close of business the Thursday prior to the scheduled meeting.

3.10.3.2.4 Levels of Care Criteria adopted by the SEC

- Non-Treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.

- Level 1 Treatment Foster Care (Mild): A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require monitoring or the LCPA may need to provide services to lessen the likelihood needs will return.
- Level 2 Treatment Foster Care (Moderate): A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.
- Level 3 Treatment Foster Care (Significant): A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement.

3.10.3.3 Adoption Assistance

Adoption Assistance (AA) is a funding stream available to foster care youth in the process of adoption. Beginning the date an adoption assistance agreement is signed by the adoptive parents, maintenance and services are paid through AA and CSA state pool funding is terminated. If the adoptive family moves to another locality, the AA remains with the locality of origin.

Youth receiving AA and requiring a high level of care in a PRTF must be reviewed by the FAPT in the locality where the child resides. These youths are not automatically eligible for services. The purpose of the FAPT review the following:

- Determine that services less restrictive than residential placement are not appropriate in meeting the child's needs at this time.
- Recommend that time-limited residential treatment is the most appropriate, least restrictive, and most effective service in meeting the child's needs.
- Recommend services and/or supports to successfully transition and return the child home at the earliest appropriate time consistent with the child's special needs.

Adoption Assistance is 100% state funding; no local match is required. Youth placed in a PRTF through AA where no CSA funding is necessary, are not considered CSA youth. Any Medicaid documentation must reflect that it is a "Non-CSA" placement. In certain situations, residential education of youth eligible for special education may be funded using CSA state pool funds. If CSA funds are used for any portion of a residential placement, that child is considered a CSA youth and the locality is assessed the Medicaid local match.

3.10.3.4 Fostering Futures

The Fostering Futures program was established on July 1, 2016 to provide additional support and resources to youth reaching adulthood. Youth who turn 18 on or after this date are eligible for the program upon meeting eligibility criteria and signing a Voluntary Continuing Services and Support Agreement (VCSSA). The VCSSA must be signed on or within 30 days following the youth's 18th birthday or upon entering the Fostering Futures program. If the signature is not obtained, (except when a youth is in congregate care), neither CSA nor Title IV-E funding can be used to pay maintenance expenses. Youth participating in the Fostering Futures plan will be eligible for Medicaid until their 26th birthday.

**Below is general information about the Fostering Futures program. For full details about eligibility, along with necessary forms of documentation, case management, and review, refer to the Foster Care/Fostering Futures section of the VDSS Child and Family Services Manual.

3.10.3.4.1 Criteria

Age eligible foster care youth must meet one of the criteria below:

- Youth who were in the custody of a LDSS upon turning 18 and have not yet turned 21, including those placed through an entrustment or non-custodial agreement
- Youth in Permanent Foster Care (PFC) when they turn 18 will qualify for both Fostering Futures and PFC concurrently
- Youth who were in the custody of a LDSS when being committed to DJJ and were released between the ages of 18 and 21.

Exclusions:

- Full-time students who expect to complete secondary education or equivalent training before reaching the age of 19 and who are placed in a congregate care environment prior to reaching the age of 18. Youth in this situation will continue their current foster care status and placement until they complete school, or it becomes evident that they will not complete their school prior to their 19th birthday. Upon completion or determination of inability to complete educational requirements by their 19th birthday, the youth must immediately transition out of congregate care and enter the Fostering Futures program.

- Youth who turn 18 and are not enrolled in secondary education or equivalent must immediately transition out of congregate care and enter Fostering Futures.

3.10.3.4.2 *Continuing Requirements for Fostering Futures*

Once enrolled in the Fostering Futures program, youth must sign the VCSSA and meet one of the following conditions by being currently involved in or showing evidence of intent and plan to engage in:

- Completion of a secondary education or GED program.
- Enrollment in an institution that provides post-secondary or vocational education (full or part-time status acceptable).
- Participation in a program or activity designed to promote or remove barriers to employment.
- Employment for at least 80 hours/month.
- Are incapable of engaging in any of the above activities due to a medical condition.

3.10.3.4.3 *Maintenance costs*

Maintenance payments shall not begin until the VCSSA is signed by the youth. Payments can be made directly to the youth, landlord, or vendor as determined collaboratively, except in certain cases. Maintenance payments cannot be paid directly to the parent/guardian from whom the child was removed. If the youth chooses to remain with his/her foster family, maintenance payments are made directly to the foster parents, who can continue to receive enhanced maintenance as determined by the VEMAT.

If the youth and foster family decide to treat the situation as a boarder, where the youth pays the foster family rent, the foster family is not eligible to receive enhanced maintenance.

3.10.3.4.4 *Eligible Supervised Independent Living settings (SIL)*

SIL settings do not have to be approved by the case worker, but should be chosen based on availability, the youth's preference, and the youth's level of ability to live independently. SIL settings include but are not limited to a foster home (may be considered an independent living arrangement), licensed independent living apartment program, family member or former caregiver, apartment, or dormitory. SIL settings not allowable are congregate care, active duty military (except National Guard or Military reserves), or incarceration for 30 days or more.

A participant who is not receiving a maintenance payment because they are temporarily not in a placement may remain a Fostering Futures program participant. Examples of this situation include boot camp, short term jail stay, and placement in a skilled rehabilitation facility or residential vocational training program (e.g. Wilson Workforce and Rehabilitation Center.)

3.10.4 Community Services Board

Northwestern Community Services Board (NWCSB) is a public agency serving 6 jurisdictions including Frederick, Clarke, Page, Shenandoah, and Warren counties, and the city of Winchester. Services provided include referrals, case management, outpatient, day support, emergency, and the Medicaid Addiction Recovery and Treatment Services (ARTS). Services for youth and families can be funded through several streams: sliding fee scale, Medicaid, CSA funding, etc.

Cases not open to NWCSB at the time of FAPT referral require CSA funding for case support in accordance with the contracted rates. DBHDS regulation requiring case management is limited and therefore not supported with adequate state funding. NWCSB relies heavily on fees for services, unlike other state agencies that receive administrative funding to provide case management and other services. NWCSB is the

only agency who can receive funding for case support, as it is not the responsibility of the CSB to provide this service.

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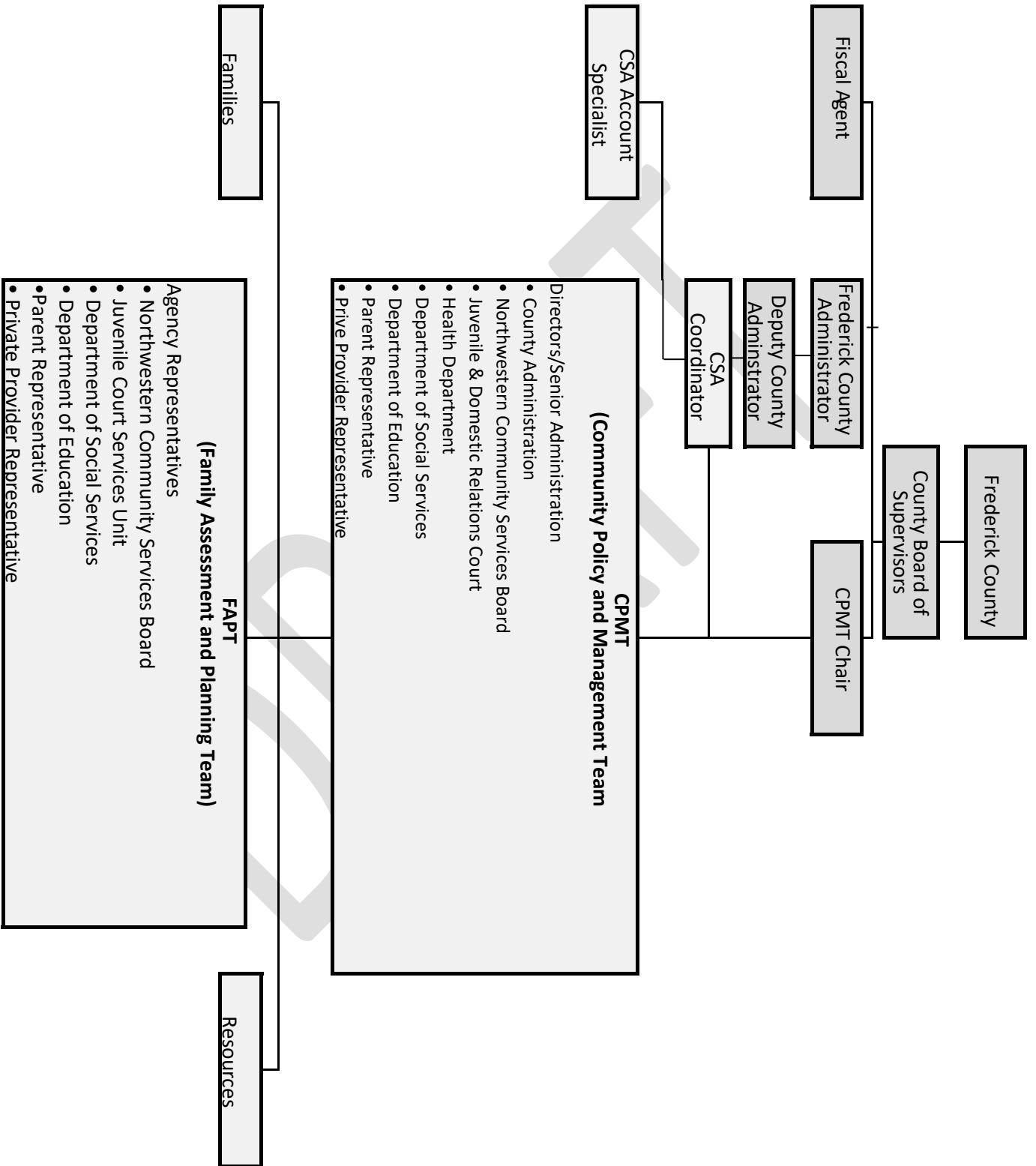
Part II

Program Administration

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4 Frederick County Program Administration

4.1 Organizational Chart



4.2 Community Policy & Management Team By-laws

4.2.1 Name

The name of the Team providing services established by the Children's Services Act shall be the Frederick County Community Policy and Management Team (CPMT).

4.2.2 Purpose

The Team shall be responsible for serving eligible families and youth of the County of Frederick. The purpose of the CPMT shall be to create, maintain, and manage a collaborative system of services within the funding limitations as defined by the state and local government regulations that is child-centered, family focused and community-based.

4.2.3 Legal Authority of CPMT

Members of the CPMT are appointed by the Frederick County Board of Supervisors pursuant to Sections 2.2-5204 and 2.2-5205 of the Code of Virginia. As such, the Team members serve at the pleasure of the appointing governing body.

4.2.4 Goal

The Frederick County CPMT believes that the family and home environment provide the best support for raising children. The team shall pursue and encourage collaborative activities that seek to insure the provision of child-centered, family-focused, community-based services. The goal is to preserve the family by providing appropriate services, while protecting the welfare of the child and maintaining the safety of the public. The CPMT will accomplish its goal through the following means:

- The CPMT shall promote a family serving system that is based on proactive intervention and empowerment of families to succeed as a unit.
- The CPMT shall assist youth and their families in accessing appropriate human services, and shall assist human service agencies to be responsive to each family's unique strengths and needs.
- The CPMT shall encourage families to utilize their strengths and shall advocate for needed services by developing customized, individualized service plans.
- The CPMT shall facilitate cooperative interagency activities.

4.2.5 Membership

Membership shall include at a minimum at least one elected representative of the local governing body or his/her designee and the local agency heads or their designee from the following agencies; Community Services Board, Juvenile Court Services Unit, Health Department, Department of Social Services and the local school division, a representative of private provider of child or family services from the locality and a parent representative.

If the local agency head or designee cannot attend, that agency may send a proxy in his/her place. It will be the agency's responsibility to notify the CSA Coordinator of this change and review the Committee's function and agenda with the replacement prior to the meeting. The proxy shall be included in establishing a quorum and shall have full authority to vote on behalf of the agency.

4.2.6 Term

Agency heads and local government representatives or their designee shall have no term limit as long as they continue to retain their appointed or elected office or hold a pertinent position with their respective agency (or in the case of a designee of an elected official, as long as the elected official retains the elected

position.) Parent and private provider representatives shall be appointed by the Board of Supervisors for a two-year term and shall be eligible for reappointment. Vacancies shall be filled for unexpired terms in the same manner as the original appointment. The CPMT will request review of the appointments by the Board of Supervisors in May of even numbered years.

4.2.7 Powers and Duties

The CPMT shall have the general powers, duties, and responsibilities of a policy and management team as set forth in Section 2.2-5206 of the Code of Virginia as amended. As established by Code, the powers and duties of the CPMT are:

- Develop interagency policies and procedures to govern the provision of services to children and families in its community;
- Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;
- Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;
- Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;
- Establish policies governing referrals and reviews of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding;
- Establish quality assurance and accountability procedures for program utilization and funds management;
- Establish procedures for obtaining bids on the development of new services;
- Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;
- Authorize and monitor the expenditure of funds by each family assessment and planning team in a manner approved by the State Executive Council
- Submit grant proposals that benefit its community to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
- Serve as its community's liaison to the Office of Children's Services Act, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;
- Collect and provide uniform data to the State Executive Council and Board of Supervisors on, but not limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings suggested by a uniform assessment instrument for CSA-funded services;
- Review and analyze data in management reports provided by the Office of Children's Services Act in accordance with subdivision D 18 of section 2.2-2648 to help evaluate child and family outcomes and provider performance. Additionally, track the utilization and performance of residential placements to help develop and implement strategies for returning children placed out of State, to prevent placements and reduce stays in residential programs for children that can appropriately and effectively be served in their home, a relative's homes, family-like settings or their community.
- Administer funds pursuant to § 16.1-309.3

- Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used.
- Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14-17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (section 37.2-403 et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the reporting entities.
- Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the CSA program, consistent with guidelines developed pursuant to subdivision D 22 of section 2.2-2648
- Appoint the Family Assessment and Planning Team as per Section 2.2-5207 of the code of Virginia, as amended.

4.2.8 Rules of Order

The CPMT will strive to make decisions by consensus, however, Roberts rules of Order, Newly Revised shall be used as a guide for conducting business. Except for amendments to these By-laws, actions of the CPMT shall be decided by a majority vote of a quorum of the CPMT members. (Amendments to the bylaws are addressed in 4.2.16 below.) All issues of parliamentary procedure shall be referred to the Vice-Chair.

4.2.9 Quorum

A quorum shall be defined as a majority of the membership.

4.2.10 Officers

The Officers of the CPMT shall include Chair, Vice-chair, and Secretary. The office of Secretary shall be appointed by the Chair and may be occupied by an individual other than a member of the CPMT. The Officers will serve a one-year term from July 1 through June 30. The Chair shall rotate on an annual basis among all CPMT members, excluding the Parent Representative. The rotation is as follows:

- 1 Frederick County Public Schools
- 2 County Administration
- 3 Health Department
- 4 Court Services Unit
- 5 Department of Social Services
- 6 Private Provider Representative
- 7 Community Services Board

4.2.11 Duties of the Chair

The duties of the Chair shall be:

- To preside at all meetings of the CPMT.
- To appoint committees necessary for operation of the CPMT.
- To work closely with the Chair of the FAPT.
- To perform any other duties determined by the CPMT.
- To keep the State Executive Council and the Frederick County Board of Supervisors informed of the activities of the CPMT as necessary.
- To provide direction to the CSA Coordinator on behalf of the CPMT.

4.2.12 Duties of the Vice Chair

In the absence of the Chair, the Vice Chair shall perform the duties of the Chair and any other duties assigned by the CPMT. The duties of the Vice Chair shall be performed by the upcoming Chair.

- Shall function as Parliamentarian.

4.2.13 Duties of the Secretary

The Secretary shall:

- Be responsible for recording the actions of the CPMT meetings and committees thereof.
- Oversee the maintenance of the official records of meetings of the CPMT and committees thereof and all correspondence to and from the CPMT.
- Initiate correspondence as directed by the Board

4.2.14 Meetings

- Regular meetings shall be held at a time agreed upon by the CPMT.
- The time and place for the regular meetings shall be established at the annual meeting held in July of each year or a soon thereafter as possible.
- Special meetings of the CPMT may be called by the Chair, or upon the request of at least three CPMT members.

4.2.15 Confidentiality

All information about specific children and families obtained by the CPMT members in the discharge of their duties and responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements. Each member of the CPMT shall be required to sign a confidentiality form prior to taking up their appointment to CPMT.

4.2.16 Amendments

The terms and provisions of the bylaws of the CPMT may be amended at any regular meeting of the CPMT by a two/third majority vote.

4.2.17 Immunity from Liability

As per Section 2.2-5205 of the Code of Virginia, as amended, "Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent." More details along with acceptable forms of documentation can be found on in the Foster Care/Fostering Futures section of the VDSS Child and Family Services Manual.

4.3 Fiscal Procedures

Frederick County CSA adheres to a payment process that ensures the division of responsibility. These fiscal procedures provide the separation of duties to create "checks and balances" across systems.

4.3.1 Purchase of Service Order procedures

- Case Manager completes a budget sheet for requested services
- Budget sheets requests are approved by the MDT facilitator and supervisor or FAPT
- Copies of budget sheet forms are provided to CPMT for funding authorization
- CSA Account Specialist generates Purchase of Service Orders (POSO) and Vendor Invoices, which are signed off by the CSA Coordinator, case manager (not required for DSS cases), and DSS Administrative Manager
- POSOs are separated and distributed:

- White copy to DSS Fiscal Assistant
- Yellow copies are mailed to the vendors
- The vendor agrees to the POSO by checking the appropriate box, signing and returning the yellow copy
- Returned yellow copies of the purchase orders go to DSS Fiscal Assistant

Vendor invoices are not paid unless the purchase order is returned signed, indicating agreement in the checked box. At the end of each month, the vendor completes and returns the yellow copies of FC CSA invoices (vendors can send in their own as well, however FC CSA copy must be returned with it).

- Invoices are returned to the CSA Account Specialist. Returned invoices are compared against the approved Budget Request form to ensure the rate and amount billed are less than or equal to the signed POSO.
- Yellow copies are dated and initialed by the CSA Account Specialist and forwarded to the DSS Fiscal Assistant for payment processing.
- If there are discrepancies on the invoices, the CSA Account Specialist researches the issue and contacts the vendors. Discrepancies submitted on an invoice will be resolved by the CSA Account Specialist. The purchase order copies cannot be altered or modified by the vendor. Altered or modified POSOs will not be accepted.

4.3.2 Case Action Procedures

- Services paid on a Case Action are reviewed by the CSA Account Specialist to ensure CPMT funding authorization was approved.
- CSA Account Specialist will create a case action for authorized services from information on the vendor invoice. Copies of the vendor's invoice are attached to each print of the case action.
- Case manager and CSA Coordinator (or just the CSA Coordinator if the worker is not available) will review and sign the case action.
 - Clerical copy is given to DSS Fiscal Assistant for payment
 - Case copy is given to the workers (DSS) or kept in the CSA Client file (non-DSS)
 - CSA Account Specialist keeps a copy for reference.

4.3.3 Pre-check List Procedures

All invoices and payments must be processed by noon approximately one week prior to the check run. Once processed, the DSS Fiscal Agent runs a report listing all checks to be paid (pre-check list).

- The pre-check list is reviewed by the CSA Account Specialist for payment accuracy.
- CSA Coordinator ensures appropriate mandate and service types codes are used and signs off as supervisor, and distributed to case managers.
- DSS case managers sign pre-check list upon review of accuracy of services and payments. Non-DSS case managers are not required to review and sign pre-check list. These are given directly to DSS Fiscal Assistant.
- After obtaining appropriate signatures, the pre-check list is returned to the DSS Fiscal Assistant.

Checks are printed twice per month around the 15th and 30th (adjusted for holidays or county closures).

4.4 Data Submission to OCS

Various sections of the COV and the Appropriation Act require that “using a secure electronic database,” the CPMT and FAPT shall provide the Office of Children’s Services with client specific data, including information from the mandatory uniform assessment instrument and the Local Expenditure Data Set Reimbursement System (LEDRS). Local governments meet these obligations when case managers complete the CANS assessment online

in CANVaS and when the CSA data set and expenditure files, containing demographic, service and financial data for each child and youth are submitted. All client specific information shall remain confidential. Only non-identifying aggregated demographic, service and expenditure information may be made available to the public. Additionally, when communicating via e-mail, whenever any Personally Identifiable Information (PII) is included, such e-mail should be encrypted. (CSA User Guide Sec. 4.4.3)

In Frederick County, the CSA Coordinator is responsible for preparing the LEDRS report each month and uploading it to the OCS website. Once uploaded, the county Finance Department is notified, reviews the report against DSS information and their own. If no discrepancies are found, the fiscal agent submits the report to OCS for review and funding reimbursement.

4.5 Contract Administration

All treatment providers must have a current approved contract with Frederick County for the provision of services. A complete contract packet includes the Frederick County Agreement for Purchase of Services (FC APOS), relevant Addenda, Rate Sheet, License, and Certificate of Insurance meeting minimum standards specified in the FC APOS. The contract process is not complete until all required documentation is submitted and approved by CPMT. Approved contracts are maintained in the CSA Office.

Contract years run concurrently with the CSA fiscal year, from July 1 to June 30. Vendors may not increase their rates in the middle of a contract cycle. Any added services provided by the vendor must be approved by CPMT prior utilization. The CSA Coordinator or case manager may negotiate rates less the contracted price. In such cases, the lower, negotiated rate should be provided in writing by the vendor.

Contract renewals are allowed for a maximum of 3 one year renewals. If Frederick County chooses to renew its contract, an agreement letter will be sent to each vendor outlining the details of the renewal. Each vendor must agree to the terms of the renewal by signing and returning the agreement letter. At the time of renewal, vendors who want to make rate or service adjustments may submit a new rate sheet. New rate sheets must be approved by the CPMT.

4.6 Records Management

4.6.1 Policy

The Frederick County CPMT maintains policies and procedures for management of the Individual Family Service Plans and other documentation consistent with minimum state and federal requirements. The original CSA documents are maintained in the agency file. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. Duplicate CSA documents are maintained in the CSA record. Duplicates ("copies" of convenience) of original records are not under the purview of the destruction schedule and therefore could be purged as long as the original records are maintained by the appropriate originating agency. This information can be found at the following website:

<http://www.lva.virginia.gov/agencies/records/retention.asp>

The Frederick County CPMT adheres to requirements of the Family Education Rights and Privacy Act and the Code of Virginia regarding education records. Education records are broadly defined as all records maintained by the education agency.

4.6.2 Procedure

- All records related to and all information about specific children and families obtained by FAPT/MDT, CPMT, and Frederick County CSA shall be confidential.
- FAPT/MDT, CPMT, and Frederick County CSA shall use a secure electronic database to provide the Office of Children's Services Act with client specific information from the mandatory uniform assessment and information in accordance with D 11 of 2.2-264.
- IFSP and other documentation shall be managed in accordance with state and federal requirements.
- Education records shall be handled in accordance with the Family Education Rights and Privacy Act and the Code of Virginia. Frederick County CPMT defines education records broadly as all child specific records maintained by or shared with CPMT from education agencies.
- Retention and destruction of original records shall be based on the agency of origin's retention and destruction policy based on the governing Library of Virginia (LVA) Records and Disposition Schedule.
 - The appropriate state record officers shall sign off on forms before destroying any public record.
 - Duplicates of original records may be purged as deemed necessary, however they shall not be maintained longer than specified by applicable LVA schedules for the original record in question.
- Only CANVaS Designated Super Users/Report Administrators (DSU/RA) or public agency case managers who are responsible for CANS assessments shall attempt to establish accounts or otherwise access this system.
 - All users of CANVaS shall sign a Users' Agreement.
 - A case manager's supervisor and the DSU/RA or the Office of Children's Services as appropriate based on the user's role shall authorize all Users' Agreements.
 - Case manager access shall be limited to the assessments they enter and the reports generated by those assessments.
 - Passwords shall meet required minimum standards set by OCS.
- Case manager access shall be terminated, and the account deactivated should the case manager leave employment with the agency.
- DSU/RAs shall periodically check the listing of case managers with accounts to ensure accounts of those who have left employment have been deactivated.
- Certain Super Users shall be designated to serve as Report Administrators.
 - Report Administrators authorize case manager access to CANVaS and shall have access to our locality CANVaS data.
 - Requests to become or to no longer serve as the DSU/RA or RA for this locality shall be handled in accordance with Office of Children's Services requirements.
- Certification to use the Virginia Child and Adolescent Needs and Strengths (CANS) assessment shall be renewed annually.

4.7 Information Sharing/Confidentiality/Freedom of Information Act (CSA User Guide, Sec 4.4.2)

4.7.1 Public Meetings and the Freedom of Information Act (FOIA)

Conducting the business of the CSA is a matter of public interest. Certain activities are generally presumed to be open to the public and subject to the provisions on the Freedom of Information Act (FOIA). Other activities in which personal and/or protected information about individual children and families is shared are exempt from FOIA and considered "confidential." Specifically, FAPT, MDT and CPMT shall ensure that all discussions regarding the referral and provision of services and funding for specific children and families or review of such referral, services and funding are held confidential, unless a child and family requests in writing that their portion of the meeting be open to the public (§2.2-5210).

Family Assessment and Planning Teams are exempt from the provisions of the Virginia Freedom of Information Act (FOIA.) (§2.2-3700 et seq). Consequently, FAPT meetings are not open to the public “unless the child and family who are the subjects of the proceeding request, in writing, that it be open” (§2.2-5210).

Meetings of the Community Policy and Management Team are not exempt from the provisions of FOIA as the vast majority of the work of the CPMT relates to public information, such as surveying needs and gaps or barriers to services, procurement of services, management of public funds and long-range strategic planning for meeting the community’s needs. These activities must be transparent and CPMT meetings are subject to the requirements of FOIA. However, when the CPMT reviews specific cases or approves funding for individual children and families, or needs to discuss other confidential issues, these proceedings shall be held confidential and not open to the public, again, “unless the child and family who are the subjects of the proceeding request, in writing, that it be open.” For discussion of confidential matters, the CPMT should follow the process for a closed session outlined in §2.2-3711 and §2.2-3712.

4.7.2 Confidentiality and Information Sharing/Protecting Personally Identifiable Information

Members of all teams (FAPT/MDT/CPMT) shall keep confidential all information obtained about a specific child and family during the team process and while carrying out their responsibilities to the team. This information shall not be shared except as permitted by law.

The Code of Virginia (COV) places the responsibility of obtaining the consent to share client information on the agency making the referral to the FAPT. The statutory language also makes clear that all agencies are expected to cooperate with the team and “promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.”

Finally, all information contained in CSA-specific files should be maintained securely, in locked files and with appropriate access controls.

4.8 Risk Assessment Policy and Procedure

“Risk Assessment is the process of analyzing potential events and considering likelihood and impact to determine those events’ possible impact on achievement of objectives. Management must assess the risk of unexpected potential events and any expected events that could have a significant impact. Risk assessment is a continuous and repetitive interplay of actions occurring throughout an organization.” Source: Agency Risk Management and Internal Control Standards

In keeping with best practice standards, the Frederick County CPMT will regularly review its current policy and practices to avoid and/or reduce the impact of unexpected events on CSA operations. The CSA Coordinator and CPMT will annually review the local Continuity of Operations Plans (COOP) to ensure they are aligned with current levels of potential risk to CSA operations, and contain appropriate responses to the identified risk. The results of this review will be reported to the CPMT and any necessary revisions will be addressed as needed.

5 Appendix

5.1 Special Education & CSA Documents

5.1.1 Residential Placement of Students with Disabilities

| | CSA Placement | Parental Placement |
|--------------------------------|--|--|
| Educational Purpose | IEP identifies residential placement as Least Restrictive Environment 1 | Parent makes unilateral placement to meet student's educational needs 3 |
| Non-Educational Purpose | IFSP identifies need for residential placement 2 | Parent makes placement for treatment purposes 4 |

NOTES: A placement made through a signed Parental Agreement with a public child-serving agency is a CSA placement. A placement made through Adoption Assistance is a parental placement.

1. IEP identifies private residential placement as LRE
 - §2.2-5211.B1 – “Special Education Mandate” - CSA pays for IEP services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for placement. (Medicaid does not fund the educational portion of services.)
 - School division remains responsible for FAPE (IEP, re-evaluation, progress reporting).
2. IFSP developed by the FAPT identifies need for residential placement
 - §2.2-5211.B2 – “Special Education Mandate” - CSA pays for all services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for residential treatment services. (Medicaid does not fund the educational portion of services.)
 - School division of child’s residence remains responsible for FAPE (IEP, re-evaluation, progress reporting).
3. Parent makes unilateral educational placement
 - Child gives up right to FAPE, i.e., child does not have access to public school services. Parent holds fiscal and oversight responsibilities for all services including educational services. (8 VAC 20-81150.C.7.c.)
4. Parent makes placement for treatment purposes
 - Child maintains right to FAPE – school division of child’s residence is responsible to ensure student has services necessary to benefit from the residential facility’s educational program.
 - School division identifies appropriate services in the IEP and how they will be delivered, e.g., may provide direct services, arrange with another school division to provide services, or negotiate with provider for purchase of appropriate services. See VDOE: SESS FAQ 014-11 for more information. Link: http://www.doe.virginia.gov/special_ed/regulations/state/faq_implementing_regulations/2011/014-11_parent_placement_of_student_residential.shtml.
 - If the least restrictive environment identified in the IEP is private day school, it is appropriate to utilize CSA funds for the services necessary to ensure the child’s access to FAPE if such services are to be purchased from a private provider.

5.1.2 AT A Glance: Funding Under the Children’s Services Act (CSA) for Students with Disabilities

| Service | Authority for Funding | FAPT Role | CPMT Role | What CSA Funds | Additional Requirements for School Divisions |
|---|---------------------------------------|--|--|--|---|
| Private Day IEP | COV §2.2-5211 B.1 | Not required by statute or state policy. | Must authorize funding. CPMT requires from schools: <ol style="list-style-type: none"> 1. IEP as evidence of student’s eligibility. 2. Demographic data for CSA reporting and purchase order. 3. Progress reporting on IEP. 4. Uniform assessment instrument (e.g., CANS). | All special education and related services on the IEP except transportation. | <ol style="list-style-type: none"> 1. Responsible for transportation. 2. Supply Student Testing Identifier (STI) to CSA. 3. Report tuition code “07” and placement code “03” on VDOE data collections. |
| Residential IEP | COV §2.2-5211 B.1 | Not required by statute or state policy. | Must authorize funding. CPMT requires from schools: <ol style="list-style-type: none"> 1. IEP as evidence of student’s eligibility. 2. Demographic data for CSA reporting and purchase order. 3. Progress reporting on IEP. 4. Uniform assessment instrument (e.g., CANS). | <ol style="list-style-type: none"> 1. All special education and related services on the IEP except transportation. 2. All costs associated with the residential placement including room and board. (Medicaid used as primary funding source when applicable.) | <ol style="list-style-type: none"> 1. Responsible for transportation. 2. Supply STI to CSA. 3. Report tuition code “07” and placement code “05” on VDOE data collections. |
| Special education services when a student with an IEP is placed by CSA into a residential program for non-educational reasons | COV §2.2-5211 B.2 | Residential placement is recommended by FAPT and included in the IFSP. | Authorizes funding. | All costs associated with the placement. | <ol style="list-style-type: none"> 1. Supply STI to CSA. 2. IEP should note that student is placed in a residential program for non-educational reasons. (Do not change educational placement.) 3. Report tuition code “07” and placement code “05” on VDOE data collections. 4. Responsible for annual IEP review, triennial, etc. |
| Wrap around services | Policy of the State Executive Council | Determines services and develops IFSP. | Authorizes funding. | Non-residential services to the client and/or family in the home and community. | None |

FAPT – Family Assessment and Planning Team

CPMT – Community Policy and Management Team

Virginia Department of Education: Division of Special Education and Student Services

March 2011

5.2 CSA Forms

DRAFT

FY19



COA Winchester, VA
 631 West Jubal Early Drive
 Winchester, VA 22601-5186
 (540) 667-7003
 (540) 667-3411 FAX

Schedule of Fees as of 1-2-2018

| Program | Registration Fee | Tuition | | Tuition | |
|---|--|-------------------|-------------------|---------------------------|-----------------------|
| | | Infants | Toddlers | Twos - Pre-School I | Pre-School II - Pre-K |
| Part Time (5 Days) 4 Hours Weekly Monthly Full Time (5 Days) 10 Hours Weekly Monthly Full Time Extended 10 + Hours Weekly Monthly | \$125 \$125 \$125 \$125 \$125 \$125 | \$204 \$883 | \$184 \$775 | \$184 \$740 | \$173 \$700 |
| | | $3.03\% \uparrow$ | $3.19\% \uparrow$ | | |
| | | \$240 \$1,039 | \$228 \$913 | \$216 \$869 | \$204 \$824 |
| | | $3.16\% \uparrow$ | | | |
| | | \$260 \$1,126 | \$248 \$1,074 | \$236 \$1,022 | \$224 \$970 |
| | | | | | |
| Part Time (3 Days) 4 Hours Weekly Monthly Full Time (3 Days) 10 Hours Weekly Monthly Full Time Extended 10 + Hours Weekly Monthly | \$125 \$125 \$125 \$125 \$125 \$125 | \$180 \$779 | \$171 \$886 | \$162 \$651 | \$153 \$619 |
| | | $3.13\% \uparrow$ | $3.19\% \uparrow$ | \$184 \$740 | \$173 \$700 |
| | | \$204 \$883 | \$194 \$775 | \$204 \$883 | \$193 \$836 |
| | | $3.17\% \uparrow$ | | | |
| | | \$224 \$970 | \$214 \$927 | \$204 \$883 | \$193 \$836 |
| | | | | | |
| Part Time (2 Days) 4 Hours Weekly Monthly Full Time (2 Days) 10 Hours Weekly Monthly Full Time Extended 10 + Hours Weekly Monthly | \$125 \$125 \$125 \$125 \$125 \$125 | \$120 \$520 | \$114 \$459 | \$108 \$437 | \$102 \$414 |
| | | \$144 \$624 | \$137 \$548 | \$130 \$521 | \$122 \$495 |
| | | $3.17\% \uparrow$ | | | |
| | | \$164 \$710 | \$157 \$680 | \$150 \$650 | \$142 \$615 |
| | | | | | |
| | | | | | |

New Service

New Service

New Service



COA Winchester, VA
 631 West Jubal Early Drive
 Winchester, VA 22601
 (540) 667-7003
 (540) 667-3411 FAX

Summer Camp Schedule of Fees as of 3-12-18

| Program | Registration Fee | Activity Fee | Tuition | Fuel Surcharge |
|--|------------------|------------------|---------------------------|-------------------|
| | | | Senior Camp | |
| Full Time (5 Days) 6:00 a.m. – 6:30 p.m. | | | | |
| Weekly | \$125 | Included in Rate | \$207 ^{15% ↑} | \$5 per week |
| Monthly | \$125 | Included in Rate | \$896 | \$21.65 per month |
| Full Time (3 Days) 6:00 a.m. – 6:30 p.m. | | | | |
| Weekly | \$125 | Included in Rate | \$160 ^{18.52% ↑} | \$3 per week |
| Monthly | \$125 | Included in Rate | \$693 ^{18.46% ↑} | \$12.99 per month |
| Full Time (2 Days) 6:00 a.m. – 6:30 p.m. | | | | |
| Weekly | \$125 | Included in Rate | \$132 ^{22.22% ↑} | \$2 per week |
| Monthly | \$125 | Included in Rate | \$572 | \$8.66 per month |



COA Winchester, VA
 631 West Jubal Early Drive
 Winchester, VA 22601-5186
 (540) 667-7003
 (540) 667-3411 FAX

Before and After Care Schedule of Fees as of 3-12-2018

| Program | Registration Fee | Tuition | Fuel Surcharge |
|--|------------------|---------|-------------------|
| Full Time (5 Days) | | | |
| Before School Care 6:00 a.m. – 8:30 a.m. | | | |
| Weekly | \$125 | \$98 | \$2.50 per week |
| Monthly | \$125 | \$424 | \$10.83 per month |
| After School Care 3:00 p.m. – 6:30 p.m. | | | |
| Weekly | \$125 | \$98 | \$2.50 per week |
| Monthly | \$125 | \$424 | \$10.83 per month |
| Before and After Full Day | | | |
| Weekly | \$125 | \$148 | \$5 per week |
| Monthly | \$125 | \$641 | \$21.65 per month |
| Full Time (3 Days) | | | |
| Before School Care 6:00 a.m. – 8:30 a.m. | | | |
| Weekly | \$125 | \$74 | \$1.50 per week |
| Monthly | \$125 | \$320 | \$6.50 per month |
| After School Care 3:00 p.m. – 6:30 p.m. | | | |
| Weekly | \$125 | \$74 | \$1.50 per week |
| Monthly | \$125 | \$320 | \$6.50 per month |
| Before and After Full Day | | | |
| Weekly | \$125 | \$111 | \$3 per week |
| Monthly | \$125 | \$481 | \$12.99 per month |
| Full Time (2 Days) | | | |
| Before School Care 6:00 a.m. – 8:30 a.m. | | | |
| Weekly | \$125 | \$59 | \$1.00 per week |
| Monthly | \$125 | \$255 | \$4.33 per month |
| After School Care 3:00 p.m. – 6:30 p.m. | | | |
| Weekly | \$125 | \$59 | \$1.00 per week |
| Monthly | \$125 | \$255 | \$4.33 per month |
| Before and After Full Day | | | |
| Weekly | \$125 | \$89 | \$2 per week |
| Monthly | \$125 | \$385 | \$8.66 per month |

3.49%



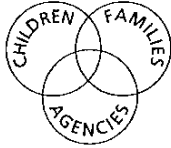
COA Winchester, VA
631 West Jubal Early Drive
Winchester, VA 22601
(540) 667-7003

Daily Drop In Schedule of Fees as of 1-1-2014

| Infant | Toddler | Twos - Pre-School I | Pre-School II - Pre-K | School Age* |
|--------|---------|------------------------|--------------------------|--------------|
| \$50 | \$50 | \$35 | \$35 | \$25 or \$50 |

*Enrolled School Age full day or extra day of care will be \$25.
Non-enrolled School Age day of care will be \$50.
If a currently enrolled School-Age child attends more than 3 consecutive
drop in days, the Pre-K rate will apply.

FY19



Children's Services of Virginia, Inc.

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

Assessment Treatment Level—an assessment period of no more than 60 days in which a child's level of need will be determined after a thorough review of several factors, including but not limited to, child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS and VEMAT, available documentation such as psychological evaluations, foster parent logs, CSV worker observations and report, school records and reports, therapist reports and diagnoses, psychiatric records and reports, physical examination and physician recommendations, etc.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|--|-------|---------|---|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 110.00 ← 5.77% Inc. \$104.00 to \$110.00 |
| *For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS | | | |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |

Foster Care Services – Kinship Care: A program for children from birth to age 18 who are placed with an approved relative. The child receives non-treatment foster care services.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|--|-------|---------|--------------------------------|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 65.00 |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |
| Kinship Care Training | | | \$1100.00 |
| Kinship Care Training if DSS supplies the Caretaker Manual | | | \$900.00 |
| Homestudy | | | \$900.00 |

Non-Treatment Foster Care: A program for children from birth to age 18 who have no special needs. The child receives Foster Care Services at a reduced rate.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|---|-------|---------|--------------------------------|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 70.00 ← See Below Note** |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |

**On FY18 rate sheet, Placement services were broken down into age groups. Below is what they were to what they will be for FY19:

- Ages 0-4 - 29.63% Inc. \$54.00 to \$70.00
- Ages 5-12 - 9.375% Inc. \$64.00 to \$70.00
- Ages 13+ - -5.41% Dec. \$74.00 to \$70.00

Treatment Foster Care – Level I: For children from birth to age 18 who demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|--|-------|---------|--------------------------------|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 100.00 |
| *For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS | | | |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |

Treatment Foster Care – Level II: For children from birth to age 18 who demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|--|-------|---------|--|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 105.00 ← 5% Inc. \$100.00 to \$105.00 |
| *For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS | | | |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |

Treatment Foster Care – Level III: For children from birth to age 18 who demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

| | Unit | #/Units | Rate from 7/1/18 to 6/30/19 |
|--|-------|---------|---|
| Enhanced maintenance payment (per VEMAT score) | Day | 365 | \$ range |
| Placement Services | Day | 365 | \$ 110.00 ← 5.77% Inc. \$104.00 to \$110.00 |
| *For Medicaid Eligible Children, \$326.50 per month will be billed to DMAS | | | |
| Foster Care Maintenance (Room & Board) Ages 0 thru 4 | Month | 12 | \$ 471.00 |
| Foster Care Maintenance (Room & Board) Ages 5 thru 12 | Month | 12 | \$ 552.00 |
| Foster Care Maintenance (Room & Board) Ages 13+ | Month | 12 | \$ 700.00 |

Other Services

| | | | |
|-----------------------------|------|-----------|----------|
| Case aid | Hour | as Needed | \$ 14.00 |
| Short Term Placement | | | |
| Placement Services | Day | 365 | \$ 95.00 |
| Foster Parent | Day | 365 | \$ 50.00 |
| Non Medicaid mileage | Mile | as Needed | \$ 0.56 |
| Transportation w/assistance | Hour | as Needed | \$ 28.00 |

Rates increase of more than 3% noted.
 New services are noted. All other
 rates/services are the same or less.

DePAUL COMMUNITY RESOURCES
 AGENCY'S DECLARED RATES
 CHILD & FAMILY SERVICES DIVISION
 07/01/18 – 06/30/19
 PLACEMENT RATES

FY19

Foster Care Services

Private Foster Care Support, Supervision and Administration

| | | |
|---|-----------------------------------|--|
| - Non Treatment Foster Care | 13.85% Inc. \$65.00 to \$74.00 → | 74.00 per day |
| - Level 1 Treatment Foster Care (Mild) | 5% Inc. \$100.00 to \$105.00 → | 105.00 per day |
| - Level 2 Treatment Foster Care (Moderate) | 4.17% Inc. \$120.00 to \$125.00 → | 125.00 per day + \$326.50 DMAS Rate** |
| - Level 3 Treatment Foster Care (Significant) | 3.70% Inc. \$135.00 to \$140.00 → | 140.00 per day + \$326.50 DMAS Rate** |
| - Assessment Level (up to 60 days) | 4.17% Inc. \$120.00 to \$125.00 → | 125.00 per day + \$326.50 DMAS Rate** (if approved) |
| - Kinship Level | | Based on Child's needs (Rate includes Homestudy) |
| - Kinship Care Search | | 48.00 per hour |
| - Emergency Placements/After Hours | | No charge |
| - Child Specific Recruitment | | No charge |

** To be paid by DMAS with supporting documentation from Custodial Agency.

MAINTENANCE - BASIC

| Foster Care Room & Board (per month) | Room and Board | Clothing | Per. Care/ Recreation | Monthly Allowance | Total Rate |
|--------------------------------------|----------------|----------|-----------------------|-------------------|------------|
| 0 – 4 years | 322.00 | 59.00 | 90.00 | 0 | 471.00 |
| 5 – 12 years | 369.00 | 76.00 | 97.00 | 10.00 | 552.00 |
| 13 – 21 years | 448.00 | 118.00 | 104.00 | 30.00 | 700.00 |

MAINTENANCE – ENHANCED

| POINTS | DOLLARS/MONTHS | POINTS | DOLLARS/MONTH |
|--------|----------------|--------|---------------|
| 0 | \$0.00 | 20 | \$1,120.00 |
| 4 | \$224.00 | 24 | \$1,344.00 |
| 8 | \$448.00 | 28 | \$1,568.00 |
| 12 | \$672.00 | 32 | \$1,792.00 |
| 16 | \$896.00 | 36 | \$2,016.00 |

Community Based Services

Family Support Services

| | |
|--|-------------------|
| - Families Together – Reunification Services | 60.00 per hour |
| - Family Engagement Service | 60.00 per hour |
| - Supervised Visitation/Coaching – Non-Program Participant | 60.00 per hour |
| - CORE Services | 1500.00 per month |

← 33.33% Inc. \$45.00 to \$60.00

New Service →

Intensive In-Home

Out Patient Services

Therapist Time in Court

Family Session

Assessment/Evaluation

Family Partnership Facilitation

Mentoring

| |
|--------------------|
| 60.00 per hour |
| 90.00 per hour |
| 90.00 per hour |
| 96.00 per session |
| 150.00 per session |
| 200.00 per session |
| 50.00 per hour |

Independent Living Services

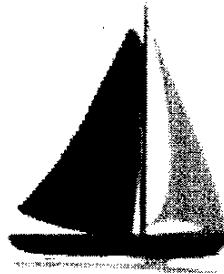
| | |
|---|----------------|
| - Transition to Adulthood | 55.00 per hour |
| - Independent Living Arrangement/Services Rate (includes YC Services) | |
| Level 1 | 160.00 per day |
| Level 2 | 175.00 per day |

Charlottesville Only:

| | |
|---|----------------|
| Independent Living Arrangement/Services Rate (includes YC Services) | |
| Level 1 | 166.00 per day |
| Level 2 | 182.00 per day |

| | |
|--|------------------|
| - I.L. Mentor Home Arrangement/Specialized Services Rate | 85.00 per day |
| - I.L. Mentor Home Arrangement/Support & Supervision | 20.00 per day |
| - I.L. Bus Pass, if needed | 48.00 per month |
| - Independent Living Maintenance Payment | 644.00 per month |
| - Independent Living Maintenance Payment (youth turning 18 after 07/01/16) | 700.00 per month |

FY19



Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

Fair Winds

PO BOX 10
MINERAL, VA 23117
Telephone: 540/894-0930
FAX: 540/894-0932
Email: fairwinds1410@aol.com
Web site address: www.FairwindsRTC.com

RTC Locations

1410 Dusty Road, Bumpass, VA
(Male and Females Ages 5 - 12)

253 Horseshoe Bend, Bumpass, VA
(Males Ages 5-12)

Rates for July 1 2018 – June 30 2019

| <u>Service</u> | <u>Rates</u> | <u>Unit</u> |
|--|--------------|-------------|
| Residential Room and Board <i>R&B \$255.00, *Supervision \$45.00 RTC LEVEL C</i> | \$300.00 | Day |
| Residential Supplemental Therapies <i>TBS 70.12, *Supervision \$23.38 RTC Level C</i> | \$ 93.50 | Day |
| Residential Medical Counseling | \$ 25.00 | Day |
| Residential Education Special Education (full year, M-F) | \$170.00 | Day |

← 3.03% Inc. \$165.00 to \$170.00

Edward J. Murphy, LCSW

Edward J. Murphy, LCSW
Executive Director
Ed Murphy & Associates, Inc. – DBA Fair Winds NPI: 1053404533

Residential Room and Board (^{\$255.00}\$255.00 daily)

- includes semi-private room, 3 meals and 2 snacks per day, and personal care items.

If this resident is eligible for Title IV-E reimbursement.

Residential Supplemental Therapies is the cost associated with daily therapeutic behavioral interventions.
(\$70.12 daily)

Residential Medical Counseling covers the cost of psychiatric evaluations, Psychiatric medication reviews, individual therapy and family therapy if necessary. (\$25.00 daily)

Residential Education fee covers the cost of educational related services in the on grounds school. (\$165.00 per school day)

****Supervision costs are broken down in the Room and Board fee and the Supplemental Therapies fee. This is the cost that covers a resident to staff ratio as required by DBHDS, with a minimum of 1:6 awake hours and 1:8 sleeping hours, with documented supervision checks every 15-minutes. If this resident is eligible for Title IV-E reimbursement. (\$68.38 daily)***



FAMILY INSIGHT, P.C.

Enhancing the well-being of individuals and familiessm

312 South Cameron Street

Winchester, VA 22601

Phone: (540) 486-4653

Fax: (540) 486-4709

Winchester Office

Fiscal Year 2018-2019

Services Provided

- Comprehensive Diagnostic Assessment
*Required prior to direct services being initiated
- Mental Health Skill Building
- Applied Behavior Analysis
- In-home Counseling Services
- Therapeutic Mentoring
- Parent Mentoring

Rates

- \$120.00/assessment → New Service - see attached for definition
- \$60.00/hour
- \$60.00/hour
- \$60.00/hour
- \$50.00/hour
- \$50.00/hour

Outpatient Services

- Outpatient Mental health assessment \$120.00/assessment
- Individual or Family Psychotherapy \$75.00/hour
- Group Psychotherapy \$35.00/hour/client
- Comprehensive Substance Abuse Assessment \$250.00/assessment

Family Support Service

- Parent Skill Support Group Session \$35.00/hour/client
- Parent Skill Support Individual Session \$50.00/hour
- Supervised Visitation \$60.00/hour

Other Services

- Qualitative Urine Screen (lab Test) \$50.00/each
- Instant 12 Panel Urine Screen \$25.00/each

Annie Kennedy

From: Patrick Lowman <patrick.lowman@familyinsight.net>
Sent: Friday, June 15, 2018 3:29 PM
To: Annie Kennedy
Subject: Re: FY19 Updated Contract with Frederick County CSA/CPMT

No problem. The comprehensive assessment is used to obtain the biopsychosocial information of a client referred for services. It supports identifying the treatment needs and assists with ensuring that we are utilizing a person-centered approach in the treatment process.

Please let me know if more information is needed. I'll be more than happy to provide more information.

-Patrick

On Jun 15, 2018 at 3:06 PM, <Annie Kennedy> wrote:

Thank you. If you could provide more details that would be great. We don't have any other vendors that require a comprehensive assessment prior to those particular services. 😊

Annie

From: Patrick Lowman <patrick.lowman@familyinsight.net>
Sent: Friday, June 15, 2018 3:05 PM
To: Annie Kennedy <annie.kennedy@fcva.us>
Subject: Re: FY19 Updated Contract with Frederick County CSA/CPMT

Hi Annie, the comprehensive assessment is done as part of the intake process for counseling, mentoring, parent mentoring and aba services. I can provide more detail about it over the weekend if needed. :-)

On Jun 15, 2018 at 2:51 PM, <Annie Kennedy> wrote:

Hello again Patrick. I noticed that under services provided, there is a comprehensive diagnostic assessment fee. Could you please provide a description of that service and does this need to be completed before all direct services, or just the ones listed under services provided? Thank you for you time and help with this.

Annie

From: Patrick Lowman <patrick.lowman@familyinsight.net>
Sent: Friday, June 15, 2018 9:49 AM
To: Annie Kennedy <annie.kennedy@fcva.us>
Subject: Re: FY19 Updated Contract with Frederick County CSA/CPMT

Hi Annie, here are the documents needed for the renewal. Please let me know if there is anything else that's needed.

Have a great friday!



RATE SHEET 2018-2019
 CSA Residential Services

Provider Legal Name: Gloeckner Weber, LLC
Trade name: STARS
Billing Address: 517 Park Street
 Charlottesville, VA 22902

Contact(s): Kara Gloeckner, Owner **Phone:** 434-970-1904
 Amanda Roy, Asst. Program Director 434-970-1904

Residential Service Program Name: The STARS Program: *Zenith, Orion, Gemini, Phoenix*

| | | | |
|--|---|---------|---------------------------------------|
| | <u>Resident Not Medicaid Approved</u> | 9.88% ↑ | <u>Resident Medicaid Approved</u> |
|--|---|---------|---------------------------------------|

Room and Board
 Includes semi-private room, 3 meals per day,
 personal care items.

| | | | |
|------------------|---|---|------------------|
| \$222.34 per day | ↗ | ↘ | \$222.34 per day |
|------------------|---|---|------------------|

If this resident is eligible for Title IV-E reimbursement, please initial here to have this service billed to you as Title Iv-E expenditure and not to Virginia Medicaid. _____

Daily Supervision
 A resident-to-staff ratio as required by DSS
 1:6 awake hours and 1:8 sleeping hours, with
 documented supervision checks every hour

Became Level B TGH

| | | |
|------------------|---|----------------|
| \$146.22 per day | ↘ | 146.22 per day |
|------------------|---|----------------|

If this resident is eligible for Title IV-E reimbursement, please initial here to have this service billed to you as Title Iv-E expenditure and not to Virginia Medicaid. _____

Residential Services for
 Adolescents under 21
 (Therapeutic Group Home)

N/A

Became Level B TGH
 *\$146.22 per day
 (billed to Medicaid)

Total (Maintenance and Care) **\$368.56 per day** → 18.13% ↑ ← **\$368.56 per day**

* Medicaid cannot be billed until all Medicaid requirement are met. Daily Supervision may be the placing party's responsibility. Whenever necessary, please ask about scholarship opportunities.

Rates effective July 1st, 2018 to June 30th, 2019



All Programs
2018 – 2019 Service Fees

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

| Berryville Psychiatric Residential Treatment (PRT) | |
|---|---------------|
| Residential Room and Board | \$111.00/day |
| Residential Daily Supervision | \$172.04/day |
| Residential Case Management | \$39.00/day |
| Residential Supplemental Therapies | \$92.00/day |
| Total | \$414.04/day |
| Residential Treatment Center – Residential Services | \$700.00/day |
| Residential Treatment Center – all inclusive | \$1300.00/day |
| <u>Title IV-E</u> | |
| Residential Daily Supervision | \$172.04/day |
| Residential Room and Board | \$111.00/day |

← New Service not on FY18 rate sheet

| Group Home Community Based, Congregate Living, Early Periodic, Screening, Diagnosis and Treatment (EPSDT) | |
|--|--------------|
| Residential Room and Board | \$69.00/day |
| Group Home (Daily Supervision) | \$290.00/day |
| Group Home (Medical/Health) | \$26.00/day |
| Residential Supplemental Therapies | \$41.00/day |
| Total | \$426.00/day |
| <u>Title IV-E</u> | |
| Group Home (Daily Supervision) | \$290.00/day |
| Residential Room and Board | \$69.00/day |

← 6.15% Inc. %65.00 to \$69.00

← 6.15% Inc. %65.00 to \$69.00

| Other Residential Services | |
|-----------------------------------|--------------|
| Adult Residential | Varies |
| One on One Residential | \$40.00/hour |



**All Programs
2018 – 2019 Service Fees**

| Education Services | |
|--|-------------------|
| Residential Education – (Berryville PRT) | \$250.00/Acad Day |
| Private Day School: | |
| Richmond Campus | \$267.00/Acad Day |
| Winchester RBC Campus | \$267.00/Acad Day |
| Winchester Elm Street Campus | \$267.00/Acad Day |
| Intensive Behavior Support Classroom | \$375.00/Acad Day |

← New Service
not on FY18 rate
sheet

| Special Education Related Services | |
|---|--|
| Speech Therapy (Individual) | \$65.00/15-39 minutes \$130.00/40+ minutes |
| Group Speech Therapy (Per Child) | \$30.00/15-39 minutes \$60.00/40+ minutes |
| Speech Therapy Consult | \$65.00/15-39 minutes \$130.00/40+ minutes |
| Occupational Therapy (Individual) | \$65.00/15-39 minutes \$130.00/40+ minutes |
| Group Occupational Therapy (Per Child) | \$30.00/15-39 minutes \$60.00/40+ minutes |
| Occupational Therapy Consult | \$65.00/15-39 minutes \$130.00/40+ minutes |
| Intensive Behavior Training | \$60.00/up to 30 minutes \$120.00/31 to 60 minutes \$180.00/90 minutes |
| Music Therapy (Individual) | \$120.00/hour |
| Music Therapy Group | \$60.00/hour |
| Music Therapy Evaluation | \$150.00/hour |
| One on One Education | \$40.00/hour |



All Programs
2018 – 2019 Service Fees

| Outpatient Services | |
|---------------------------------------|--|
| Physician Services/Nurse Practitioner | \$200.00/hour |
| Individual Therapy | \$60.00/up to 30 minutes \$120.00/31 to 60 minutes \$180.00/90 minutes |
| Family Therapy - without patient | \$120.00/hour |
| Family Therapy - with patient | \$120.00/hour |
| Group Psychotherapy Per Child | \$60.00/hour |

← 33.33% Inc.
\$150.00 to \$200.00

| Assessment/Evaluation | |
|---|----------------|
| Speech Therapy Evaluation | \$150.00/hour |
| Occupational Therapy Evaluation | \$150.00/hour |
| ABA Assessment | \$150.00/hour |
| Psychological Assessment and Testing | \$150.00/hour |
| Intake Assessment (other) | \$150.00/event |
| Intake Assessment (with medical services) | \$225.00/event |



**All Programs
2018 – 2019 Service Fees**

| Applied Behavior Analysis | |
|-----------------------------------|---------------|
| ABA Treatment Plan | \$150.00/hour |
| ABA Treatment (Paraprofessional) | \$100.00/hour |
| ABA Treatment (BCBA/BCaBA) | \$150.00/hour |
| ABA Consulting Services | \$150.00/hour |
| ABA Clinical Supervision | \$150.00/hour |
| ABA Treatment Plan Review Meeting | \$120.00/hour |
| ABA Enhanced Treatment | \$150.00/hour |
| ABA Family Training | \$150.00/hour |
| ABA Group | \$60.00/hour |
| ABA Social Skills Group | \$60.00/hour |
| ABA Multiple Family Group | \$60.00/hour |

| Other Services | |
|---|------------------------------|
| Transportation | \$.53.5/mile |
| Staff Time | \$40.00/hour |
| School Transportation | \$75.00/day |
| IEP Data Entry | \$200.00/event |
| One on One Residential | \$40.00/hour |
| Ukeru Systems, Organizational Consulting Team | \$4,500.00/day plus expenses |

Please see CSA Service Fee Directory for additional services offered.

FY19



Harbor Point
 BEHAVIORAL HEALTH CENTER
Assessment and Diagnostic Program

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

RATE SHEET
 Effective July 1, 2018 - June 30, 2019

**Residential Services Provided at:
 Harbor Point Behavioral Health Center, 301 Fort Lane, Portsmouth, VA 23704**

ASSESSMENT & DIAGNOSTIC PROGRAM – available for males and females, ages 7 – 18, with an anticipated stay of 45 – 90 days. This program offers a highly structured, secure setting for youth experiencing significant impairment in their emotional and behavioral functioning who are in need of a comprehensive, multi-systemic diagnostic evaluation to determine recommendations and options for treatment services. Youth would not meet medical necessity criteria nor would they be involved in the IACCT process at this time. During the evaluation period, youth will receive the same therapeutic, clinical, educational, medical and recreation services as the other residents. In addition to the standard evaluations conducted during a residential treatment stay, additional, more specific assessments will be utilized to assist in better understanding the clinical needs of the youth. At the time of discharge, a comprehensive report will be provided to include all assessments, evaluation and testing results as well as treatment recommendations.

The Assessment & Diagnostic program is not Medicaid eligible and would be funded strictly through the locality CSA.

| | <u>Per Diem</u> |
|---|-----------------|
| Residential Room & Board (inclusive of physician and therapist) | \$454.00 |
| Customized Services | |
| 1:1 Supervision (for safety of resident or at Agency's request) | \$ 43.00/hr |
| Transportation outside of normal contractual requirements | \$ 35.00/hr |

The above rates **EXCLUDE** pharmacy services, medical services (requiring patient to see doctor outside of the facility – emergent and scheduled).

Residential School Services
 Based on School Calendar (approx 220 days) 7/1/2018 – 6/30/2019
 Regular Ed - \$140.00
 Special Ed - \$190.00
 MR/DD Ed-\$200.00

Please remit all Payments/Remittances/Purchase Orders and other Correspondence to:
 Harbor Point Behavioral Health Center, Inc.
 Attn: Business Office Director
 301 Fort Lane
 Portsmouth, VA 23704

Office: 757-391-6699 Fax: 757-391-5931 Email: donnam.demmerle@uhsinc.com

Signed: Donna M. Demmerle
 Donna M. Demmerle, CFO



Harbor Point
BEHAVIORAL HEALTH CENTER

RATE SHEET
Effective July 1, 2018 - June 30, 2019

Residential Services Provided at:
Harbor Point Behavioral Health Center, 301 Fort Lane, Portsmouth, VA 23704

| | <u>CSA Medicaid Rate</u> | <u>IV-E Rate</u> |
|---|--------------------------|--|
| Residential Room & Board | \$208.55 | \$208.55 |
| Residential Daily Supervision | \$110.18 | \$110.18 \$318.73 CSA/Agency Portion |
| Residential Supplemental Therapy Services | \$59.03 | \$59.03 |
| Residential Medical Counseling Services | \$15.74 | \$15.74 |
| TOTAL OF ABOVE: | <u>\$393.50</u> | <u>\$74.77 Magellan Portion</u> <u>\$393.50 Total</u> |
| Physician Charges | Billed to Insurance | Billed to Insurance |
| Therapy Charges | Billed to Insurance | Billed to Insurance |
| TOTAL OF ABOVE | <u>\$393.50</u> | <u>\$393.50</u> |

Customized Services

| | |
|---|-------------|
| 1:1 Supervision (at Agency's request) | \$ 43.00/hr |
| Transportation outside of normal contractual requirements | \$ 35.00/hr |

Residential School Services

Based on School Calendar (approx 220 days) 7/1/2018 – 6/30/2019

| | |
|-----------------------|-----------------------------------|
| Regular Ed - \$140.00 | ← 3.70% Inc. \$135.00 to \$140.00 |
| Special Ed - \$190.00 | |
| MR/DD Ed - \$200.00 | |

Please remit all Payments/Remittances/Purchase Orders and other Correspondence to:
Harbor Point Behavioral Health Center, Inc.
Attn: Business Office Director
301 Fort Lane
Portsmouth, VA 23704

Office: 757-391-6699 Fax: 757-391-5931 Email: donnam.demmerle@uhsinc.com

Signed: Donna M. Demmerle
Donna M. Demmerle, CFO

*Room and Board, Additional Daily Supervision, Counseling Services and Medical Services rates are subject to change upon notification by VA Medicaid/Magellan of rate increases during the 2018-2019 Fiscal Year



860 Mount Vernon Lane / Salem, VA 24153-0849 / 540-389-5468 / Fax 540-389-5570

The following rates are in effect beginning July 1, 2018

We have listed the vendor numbers which may be used to look up our program rates and information at the CSA website. Our Resource number is 000183915. Please contact Office Administrator for Programs at 540-444-0566 if you have further questions concerning our rates.

Salem Residential Care Program:

| | | |
|---------|--|----------------------|
| #116001 | Residential Room & Board | \$ 172.00 → 63.81% ↑ |
| #116002 | Individualized Support Services-Therapeutic Behavior Services* | \$ 146.22 → 46.22% ↑ |
| | | \$ 318.22 |
| #116009 | Optional: Private Day School (Bill for scheduled or makeup classroom instruction days only) | \$200.00 |

**** Call for information re: additional services and rates****

HopeTree Academy (Salem campus):

| | | |
|---------|---|-------------------|
| #116201 | Private Day School | \$ 200.00 |
| | Private Day School (Half-day Rate) | \$ 100.00 |
| #116202 | Day School Alternative Ed Program | \$ 155.00 |
| #116203 | Special Education Related Services: 1 on 1 Behavior Support | \$ 45.00 per hour |
| #116206 | I D Program | \$ 200.00 |
| #116204 | GED Program | \$ 190.00 |
| #116205 | After School tutoring | \$ 75.00 per hour |

**** Call for information re: additional services and rates****

HopeTree WOODS (Craig County):

| | | |
|---------|--|----------------------|
| #116401 | Residential Room & Board | \$ 172.00 → 27.41% ↑ |
| #116402 | Individualized Support Services-Therapeutic Behavior Services* | \$ 146.22 |
| #116403 | Education Rate | \$ 30.00 |
| | | \$ 348.22 |

*Level B Medicaid Rate subject to change

Treatment Foster Care:

#116106 **Treatment Foster Care Case Management** \$ 326.50

#116107 **Private Foster Care Support, Supervision and Administration:**

Assessment Level \$ 120.00

Non-Treatment Level \$ 78.00

Treatment Foster Care Levels:

Level I (Mild) \$ 100.00

Level II (Moderate) \$ 120.00

Level III (Significant) \$ 131.00

#116109 Pre-Placement visits \$ 78.00 per night

#116108 **Maintenance-Enhanced** **Rate TBD by the VEMAT**
Emergency rate is \$ 1120.00 per month

#116101 **Maintenance-Basic** *State sets the rate:

Age 0-4 \$ 471.00

Age 5-12 \$ 552.00

Age 13-21 \$ 700.00

***New monthly maintenance rates subject to change by the state.**

#116110 **Transportation** \$ State rate

#116111 **Family Support Services-Supervised Visitation (Monitored)** \$ 51.00 per hour

#116112 **Family Support Services-Therapeutic Visitation (Coaching)** \$ 66.00 per hour

#116113 **Family Support Services-Post Placement Services** \$ 50.00 per hour → 16.28% ↑

#116114 **Family Support Services-Parent Support** \$ 60.00 per hour

#116115 **Independent Living Services-IL coaching** \$ 50.00 per hour → New Services

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

JACKSON-FEILD BEHAVIORAL HEALTH SERVICES

Medicaid Level C Psychiatric Residential

MAIN CAMPUS
Jarratt, VA

Fee Scale July 1, 2018- June 30, 2019

Service Intervention:

Psychiatric Residential Services

Daily Rates:

| | |
|---|-----------------|
| Residential Room & Board | 162.69 |
| Residential Daily Supervision | 163.35 |
| Residential Case Management | 22.00 |
| Residential Medical Counseling | 34.66 |
| Residential Supplemental Therapies | 11.80 |
| Total Medicaid Residential Rate: | \$393.50 |

←6.18% Inc. \$20.72 to \$22.00
←5.41% Inc. \$32.88 to \$34.66

Education is separate – see Gwaltney School rate sheet.

Signature: _____

[Effective 7/1/18]

JACKSON-FEILD BEHAVIORAL HEALTH SERVICES
JARRATT, VA
Medicaid Level “C” Psychiatric Residential
Effective July 1, 2018 – June 30, 2019

RESIDENTIAL ROOM & BOARD

| | |
|-------------------------------------|--|
| Housing/Basic Clothing Maintenance | Personal Hygiene Items |
| Three RDA/USDA Approved Meals Daily | Cottage Supplies & Other Functional Supplies |
| Two Nutritional Snacks Daily | Personal Linen |
| Recreational Fitness Program | Transportation for program services |

Residential Daily Supervision

24-Hour awake supervision -- a resident to staff ratio of 1:4 awake hours
and 1:6 sleeping hours, with documented supervision checks every 15 minutes

RESIDENTIAL THERAPEUTIC SERVICES

| | |
|--|---|
| Residential Medical Counseling | Anger Management Group |
| Residential Supplemental Therapy | Dietitian Services and Assessments |
| Residential Case Management Services | Crisis Intervention and Management |
| Individual Treatment Planning | Socialization/Recreational Services |
| Substance Abuse Education, Prevention, and Treatment | Personal, Ethical and Moral Development |
| Life Skills Group | Skills Training & Pregnancy Prevention |
| Social Skills and Healthy Living Group | Chaplaincy Services |
| Behavior Enhancement System | 24 hr. psychiatric services |
| Residents' On-campus store | Resident Advocacy |
| Neurotherapy | |
| Independent Living Assessments & Instruction | |
| EMDR (Eye Movement Desensitization and Reprocessing) | |
| Assistance to families with accommodations in the area, if needed, when participating in family counseling with their youth. | |

PROFESSIONAL SERVICES (AS NEEDED)

Individual Therapy (3 times weekly)
Family Therapy
Group Therapy
Psychiatric Services

Education Services are separate – See Gwaltney School Educational Services

[Effective 7/1/18]

JACKSON- FEILD BEHAVIORAL HEALTH SERVICES

GWALTNEY EDUCATIONAL PROGRAM & SERVICES MAIN CAMPUS RESIDENTS ONLY Jarratt, VA

Fee Scale July 1, 2018- June 30, 2019 FEES ARE FOR SCHOOL IN SESSION DAYS ONLY

Service Intervention:

Daily Rates:

Gwaltney School

All main campus students must be enrolled in one of the services below except infants/toddlers or residents in ILP II program who work full-time and have a high school diploma or a GED:

Full-Time Students of Gwaltney School

Residential Education without an IEP

\$140.00

←7.69% Inc. \$130.00 to \$140.00

Full-time student- vocational education, GED, on-line or distance learning college courses)
(billing is for scheduled school days only – based on 220 calendar days/year)

Full-Time Students of Gwaltney School

Residential Education with an IEP

\$185.00

←4.52% Inc. \$177.00 to \$185.00

Full-time student- vocational education, GED, on-line or distance learning college courses)
(billing is for scheduled school days only – based on 220 calendar days/year)

Part-Time Students of Gwaltney School

Part-Time Residential Education without an IEP

\$70.00

←7.69% Inc. \$65.00 to \$70.00

Part-Time Residential Special Education-with an IEP

\$92.50

←4.52% Inc. \$88.50 to \$92.50

Part-time student (3 courses or less) in addition to attending off-campus community college part-time
(billing is for scheduled school days only – based on 220 calendar days/year)

College Students of Local Community College

\$50.00

Transportation, tutoring & daily homework/study monitoring by Gwaltney School teacher for off-site college students
(This is a daily rate)

Signature: _____

[Effective 7/1/18]

**JACKSON FELD
BEHAVIORAL HEALTH SERVICES**

OUTPATIENT THERAPEUTIC SERVICES

Effective July 1, 2018 thru June 1, 2019

Outpatient Therapeutic Services will be billed to Virginia Medicaid for residents who are Medicaid eligible and are approved for these services. Agencies will be billed for these services for residents who do not meet the criteria for Virginia Medicaid or who are not insured by Virginia Medicaid.

| | |
|--|------------------------------|
| Psychiatrist Psy dx interview (45 Min) | \$257.00 |
| Psychiatrist Psy dx interview (35 Min) | 205.00 |
| Psychiatrist Psy dx interview (25 Min) | 154.00 |
| Psy dx interview LCSW | 154.00 |
| Psychiatrist Individual Therapy (60 min) | 180.00 |
| Psychiatrist Individual Therapy (45 min) | 154.00 |
| Psychiatrist Individual Therapy(30 min) | 128.00 |
| Individual Therapy (60 min) | 128.00 |
| Individual Therapy (45min) | 103.00 |
| Individual Therapy (30 min) | 77.00 |
| Family Therapy w/p | 103.00 |
| Family Therapy w/o patient | 77.00 |
| Group Therapy | 41.00 |
| Medication Management (10 Min) | 82.00 |
| Medication Management (15 Min) | 103.00 |
| Medication Management (25 Min) | 128.00 |
| Medication Management (35 Min) | 154.00 |
| Psycho-sexual exam | 1200.00 |
| Aftercare Services | \$ 53.00/hr |
| Language Line | \$1.50 per minute |

Signed: _____

[Effective 7/1/18]

**JACKSON FELD
BEHAVIORAL HEALTH SERVICES
ADDITIONAL SERVICES**

Effective July 1, 2018 thru June 1, 2019

| | |
|---|-----------------------|
| Transportation | 25.00 per hour |
| Outside of contracted requirements | |
| 1:1 Supervision | 27.00 per hour |
| 1:1 staff coverage provided to residents who are in a crisis situation in order to insure a safe environment. This service is coordinated with the referral source, and or approved through the Dept. of Medical Assistance. | |

Signed: _____

[Effective 7/1/18]

JACKSON-FEILD BEHAVIORAL HEALTH SERVICES

Medicaid Level C Psychiatric Residential

ARTS (Addiction & Recovery Treatment Services)

MAIN CAMPUS
Jarratt, VA

← New Service not
on FY18 Rate
Sheet

Fee Scale July 1, 2018- June 30, 2019

| Service Intervention: | <u>Daily Rates:</u> |
|---|----------------------------|
| Psychiatric Residential Services | |
| Residential Room & Board | 162.69 |
| Residential Daily Supervision | 162.35 |
| Residential Case Management | 22.00 |
| Residential Medical Counseling | 34.66 |
| Residential Supplemental Therapies | <u>11.80</u> |
| Total Medicaid Residential Rate: | \$393.50 |

Jackson-Field Behavioral Health Services provides Addiction and Recovery Treatment Services for co-occurring disorders in the PRTC as well as a separately licensed eight bed program distinctly located a short distance from the PRTC but still on site. Certified Substance Use Addiction Counselors (CSAC), Neuro-therapy under the provision of a licensed and Neuro-feedback Certified Psychologist are essential components of the ARTS program along with Psychiatrist, Licensed Clinical Social Workers, and Registered Nurses.

Signature: _____

Resident Advocacy
[Effective 7/1/18]

**JACKSON-FEILD BEHAVIORAL HEALTH SERVICES
JARRATT, VIRGINIA**

Residential Addiction and Recovery Treatment Services
Effective July1, 2018 – June 30, 2019

RESIDENTIAL ROOM & BOARD

| | |
|-------------------------------------|--|
| Housing/Basic Clothing Maintenance | Personal Hygiene Items |
| Three RDA/USDA Approved Meals Daily | Cottage Supplies & Other Functional Supplies |
| Two Nutritional Snacks Daily | Personal Linen |
| Recreational Fitness Program | Transportation for program services |

RESIDENTIAL DAILY SUPERVISION

24-hour awake supervision – a resident to staff ratio of 1:4 awake hours
and 1:8 sleeping hours, with documented supervision checks every 15 minutes

RESIDENTIAL THERAPEUTIC SERVICES

| | |
|--|--|
| Residential Medical Counseling | Resident Advocacy |
| Residential Supplemental Therapy | Mindfulness and Yoga Group |
| Residential Case Management | Life Skills Group |
| Individual Treatment Planning | Social Skills and Healthy Living Group |
| 24 hour psychiatric services | Anger Management Group |
| Dietitian Services and Assessment | Personal, Ethical and Moral Development |
| Socialization/Recreational Services | Substance Abuse Education, Prevention, and Treatment |
| Behavior Enhancement System | Substance Abuse Process Group |
| Health Education & Prevention | Practical Skill-Building Group |
| Chaplaincy Services | Motivational Interviewing |
| Independent Living Assessments & Instructions | Horticulture Therapy |
| Assistance to families with accommodations in the area, if needed, when participating in family counseling with their youth. | |

PROFESSIONAL SERVICES (AS NEEDED)

Individual Therapy (3 times weekly)
Family Therapy
Group Psychotherapy
Addiction and Relapse Prevention Groups
Psychiatric Services
Neurotherapy and Biofeedback
EMDR (Eye Movement Desensitization
& Reprocessing)

Education Services are separate – See Gwaltney School Education Services

[Effective 7/1/18]

Assistance to families with accommodations in the area, if needed, when participating in family counseling with their youth.

PROFESSIONAL SERVICES (AS NEEDED)

Individual Therapy (3 times weekly)
Family Therapy
Group Psychotherapy
Addiction and Relapse Prevention Groups
Psychiatric Services
Neurotherapy and Biofeedback
EMDR (Eye Movement Desensitization
& Reprocessing)

Education Services are separate – See Gwaltney School Educational Service

[Effective 7/1/18]

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

| | | | |
|--|---|--------------------------------|--|
| Lutheran Family Services of Virginia | | | Effective 07/01/18 to 6/30/19 |
| Web Site | www.lfsva.org | | |
| Service Location | Service Contact | | |
| Newport News, VA | Treatment Foster Care- Amy Barbour | (757) 722-4707 | abarbour@lfsva.org |
| Richmond, VA | Treatment Foster Care- Amy Barbour | (804) 288-0122 | abarbour@lfsva.org |
| Winchester, VA | Children's Behavioral Health-Kimberly Harrison | (540) 450-2782 | kharrison@lfsva.org |
| Services Offered by Lutheran Family Services of Virginia | | | |
| Service (Follow links for more detail) | Description | Rate | Brief Description |
| Specialized/Therapeutic Foster Care Services | Room & Board Foster Care - Ages 0-4 | \$471/month | Basic Maintenance Reimbursement, ages 0-4. |
| Specialized/Therapeutic Foster Care Services | Room & Board Foster Care Ages 5-12 | \$552/month | Basic Maintenance Reimbursement, ages 5-12 |
| Specialized/Therapeutic Foster Care Services | Room & Board Foster Care Ages 13+ | \$700/month | Basic Maintenance Reimbursement, ages 13 & over. |
| | Independent Living Arrangements Stipend | \$644/month | Monthly stipend for independent living arrangements |
| Specialized/Therapeutic Foster Care Services | TFC - Case Management | \$326.50/ month \$10.73/day | Activities that assist Medicaid recipients in gaining access to and coordination of necessary care and services appropriate to their needs. |
| Specialized/Therapeutic Foster Care Services | Non-treatment Foster Care | \$65.00 | Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed. This level is typically a step down level for youth who have stabilized in their current Treatment Foster Care Home. This level includes one case management face-to-face contact per month and quarterly service plans. Youth at this level would have minimal to no emotional or behavioral challenge. Number of youth placed at this level is determined on a child specific basis and includes an assessment as to how an additional placement may impact other youth in the home. |
| Specialized/Therapeutic Foster Care Services | TFC - Level 1 | \$99.00 | This level of service is designed for children in need of a therapeutic home setting due to emotional, behavioral, or mental health needs. Typical needs associated with children at this level would be on-going supervision and support to manage minimal behaviors, and are successful in environments that provide a structured and nurturing treatment setting to maintain their placement in the community. Youth would require monitoring and may need to provide services to lessen the likelihood that identified needs will become more acute or return after being "resolved". Children served at Level 1 will typically demonstrate a relatively low level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development. In this level, children will receive the following as appropriate to their need and skill level: Independent Living (assessment, skills training, and service planning); 24/7 Crisis Intervention. Includes at least four contacts per month, at least two of which will be face to face. LFSVA will facilitate quarterly treatment team meetings, provide monthly written progress reports and quarterly service plan updates. Twelve days of short term foster care per fiscal year is provided to the child and family. Step down between levels is a child specific decision based on collaboration among treatment team members. No more than two treatment level youth are placed at this level without written justification in accordance with VDSS licensing guidelines. |
| Specialized/Therapeutic Foster Care Services Level 1 has 10% Increase \$90.00 to \$99.00 | | | |
| Specialized/Therapeutic Foster Care Services | TFC - Level 2 | \$120.00 | This level of service is designed for children in need of a therapeutic home setting due to emotional, behavioral, or mental health needs. Children at this level of care would exhibit moderate emotional and behavioral challenges requiring intervention to keep youth in a community-based setting. The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. Children served at Level 2 will typically demonstrate a relatively moderate level of social/emotional/behavioral/ medical/personal care needs or impairment for normal range of age and development. In this level, children will receive the following as appropriate to their need and skill level: Independent Living (assessment, skills training, and service planning); 24/7 Crisis Intervention. Includes at least six contacts per month, at least three of which will be face to face. LFSVA will facilitate monthly treatment team meetings, provide monthly written progress reports and quarterly service plan updates. Eighteen days of short term foster care per fiscal year is provided to the child and family. Additional therapeutic and supportive services may be provided based on assessment of youth's needs & availability. Step down between levels is a child specific decision based on collaboration among treatment team members. No more than two treatment level youth are placed at this level without written justification in accordance with VDSS licensing guidelines. |
| Specialized/Therapeutic Foster Care Services Level 2 has 9.09% Increase \$110.00 to \$120.00 | | | |

Services Offered by Lutheran Family Services of Virginia

| Service (Follow links for more detail) | Description | Rate | Brief Description |
|--|--|-----------------------------|--|
| Specialized/Therapeutic Foster Care Services | TFC - Level 3 | \$135.00 | This level is designed for children in need of a therapeutic foster home setting due to more intensive and frequent behavioral issues. The needs of a child served at Level 3 ongoing treatment foster care require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. Without such intervention the child may be at risk of residential placement. Children served at Level 3 will demonstrate a high level of social/emotional/ behavioral/medical/personal care needs or impairment for normal range of age and development. This level is also appropriate for children who are stepping down from residential placements or psychiatric hospitalizations or who have diagnoses of developmental delays/autism spectrum disorders, or who are considered to be medically fragile. In this level, children will receive the following as appropriate to their need and skill level: Independent Living (assessment, skills training, and service planning); 24/7 Crisis Intervention. Includes at least eight contacts per month, at least four of which will be face to face. LFSVA will facilitate monthly treatment team meetings, provide monthly written progress reports and quarterly service plan updates. Twenty four days of short term foster care per fiscal year is provided to the child and family. Additional therapeutic and supportive services are provided based on assessment of youth's needs and availability. Step down between levels is a child specific decision based on collaboration among treatment team members. No more than two treatment level youth are placed at this level without written justification in accordance with VDSS licensing guidelines. |
| Specialized/Therapeutic Foster Care Services | TFC - Assessment Level | \$135.00 | Children shall be placed at the Assessment Treatment Level upon initial placement with Lutheran Family Services of Virginia and when a child is moved from another LCPA to LFSVA. The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan. During the assessment period, children will receive eight case management contacts per month, at least four of which will be face to face and 24/7 crisis intervention services. LFSVA will facilitate monthly treatment team meetings and monthly written progress reports. Short term foster care is available to the youth and family during the assessment level. An assessment report outlining strengths and needs and a recommendation of the appropriate level will be completed within 45 to 60 days. No more than two treatment level youth are placed at this level without written justification in accordance with VDSS licensing guidelines. |
| Specialized/Therapeutic Foster Care Services | Enhanced Maintenance Payment | See VEMAT | Foster Parent Enhanced Maintenance Payment rates will be determined according to VEMAT guidelines. |
| Specialized/Therapeutic Foster Care Services | Independent Living Arrangements | \$50/day | This is a placement service to help youth transition from a foster care placement to an independent living arrangement. Assistance will be provided to the youth and guardian to identify a suitable living environment. The living arrangements will be assessed, inspected and monitored. Youth will be assessed for eligibility and IL skills, strengths and areas of growth. A service plan including a workable budget will be developed. Assistance will be provided to meet educational and job readiness needs. Youth will be seen at least once a month and 24/7 crisis intervention will be offered. |
| Customized Services | Intensive Placement and Treatment Coordination Services (non-placed youth) | \$45/hour | Services are provided on an hourly basis for youth who are not currently placed in the agency's TFC program but the referring locality has requested that LFS either continue to or begin participating in the youth's transition plan in order to prepare for youth's placement in an LFS home. This service is billed when LFS support and coordination are requested for longer than one month from time of referral to time of placement and if more than 5 hours per month are provided. Services may include but are not limited to participation in regular treatment team meetings, additional training for foster parents related to child specific issues, FAPT meetings and visits/direct work with youth. |
| Customized Services | Pre-placement overnight visits(non-placed youth) | \$60.00 | Services are provided for youth who have been matched with an LFSVA home and overnight visits are being requested by the LDSS to determine suitability/matching of youth and resource families prior to placement. A daily rate will be charged for overnight visits to provide support and supervision to youth in the home. |
| Adoption | Home Study | \$1,400 | Includes three face to face interviews and the completion of the home study report meeting Virginia legal and regulatory requirements. |
| Adoption | Training | \$500 | 18 hours of comprehensive training includes 22 core-competencies required by VDSS licensing for individuals who want to adopt in the state of Virginia. Training is designed to prepare families to adequately parent youth from the foster care system. |
| Adoption | Application Fee | \$350 | Charged for families who are searching for out of state children. |
| Adoption | Post Placement Supervision | \$300 | Charged for post placement supervision for out of state cases where additional supervision is needed beyond the six months included in finalization fee (see finalization out of state fee below). |
| Adoption | Placement (out of state adoption) | \$3,000 | Includes training, homestudy, prep for placement including ICPC paperwork and coordination and coordination for pre-placement visits and placement. |
| Adoption | Finalization (out of state adoption) | \$3,000 | Includes monthly post placement supervision and supervisory reports for six months and report of investigation as well as supportive services as assessed as necessary to support the placement. |
| Adoption | Groups | \$30 per session per family | Post-Adoption Groups to include topics related to the core issues of adoption. |

| Services Offered by Lutheran Family Services of Virginia | | | |
|--|--|--------------|---|
| Service (Follow links for more detail) | Description | Rate | Brief Description |
| Customized Services | Therapeutic Support Services | \$45/hour | Includes assessment and service planning with a focus on life skill challenges including independent living skills coaching and relationship building. Assistance with transition plans to help youth achieve independence. Services are provided by a therapeutic mentor in order to address behaviors that will assist the placement stability, help youth transition into adulthood and/or may reduce the risk of removal from their present placement. |
| Customized Services | Guided Visitation- Stand Alone | \$60/hour | Provides monitoring of visits between children and their parents or legal guardians and/or assessment of parenting skills. |
| Customized Services | Guided Visitation-TFC placements | \$30/hour | Provides monitoring of visits between children placed and their parents or legal guardians. |
| Customized Services | Therapeutic Day Treatment | \$36.53/unit | Include the following components provided to youth in an educational and/or community-based setting: Comprehensive Assessment, Individualized Service/Treatment Planning, Individual and Group Counseling, Family Therapeutic Services, including Parenting Education, Case Coordination, Social and Interpersonal Skills Training, Medication Education and Coordination, Situational Crisis Intervention, Behavior Management Strategies, and Discharge Planning. Services are provided to children between the ages of four and nineteen years of age (and their families) who are experiencing social and emotional problems that result in significant impairments in functioning in the school, home and community environments. Maximum three units per day. |

| Minnick Schools | | | | | | |
|--|-----------------------------------|---|---------------------------------------|--------------------------------------|--|--|
| Harrisonburg, Roanoke, Wise, Bristol, and Wytheville | | | | | | |
| Rates Effective July 1, 2018 to June 30, 2019 | | | | | | |
| Educational Services - Maximum Rates | | | | | | |
| Type of Service | Site/Rate | | | | | |
| | Bristol | Harrisonburg | Roanoke | Wise | Wytheville | Service Description |
| Tuition - Day School Services | 4.88% Inc. \$205.00 to \$215.00 ↓ | 5% Inc. \$200.00 to \$210.00 ↓ | ↓ | 4.88% Inc. \$205.00 to \$215.00 ↓ | 5% Inc. \$200.00 to \$210.00 ↓ | Licensed and trained teachers and assistant teachers provide instruction based on Virginia's K-12 curriculum and the student's Individualized Education Program (IEP). Students work toward short term and long term goals that ultimately allow for placement back to the home school environment. A Functional Behavior Analysis is conducted on each student. The resulting data is used to create a Behavior Intervention Plan with the intent to reduce or replace negative behaviors with appropriate behaviors. Daily reports are sent to parents and the student is monitored twice during a grading period or as the IEP dictates. Parents are contacted weekly by phone, home visits, email, or at the school to maintain parent involvement. |
| Tuition - Day School Services Half-day | \$215.00/day | \$210.00/day | \$210.00/day | \$215.00/day | \$210.00/day | Minnick School offers prorated tuition rates to accommodate students who require instruction for a portion of the day. (Rate shown based on 1/2 day of attendance. All other partial days will be billed according to the portion of the day attended.) |
| Tuition - Day School Services Autism/Multi-Categorical | ↑ New Service to Bristol | ↑ 5% Inc. \$100.00 to \$105.00 4.91% Inc. \$285.00 to \$299.00 ↓ | 5.15% Inc. \$330.00 to \$347.00 ↓ | ↑ 4.88% Inc. \$102.50 to \$107.50 | ↑ 5% Inc. \$100.00 to \$105.00 5% Inc. \$280.00 to \$294.00 ↓ | All educational staff members are trained in using Applied Behavior Analysis. Academic and behavioral skills are broken into small measurable units and are positively reinforced, helping students to continue the positive behavior in all environments. Each student has a prepared program book addressing various protocols used in instructing the student in zones of Academic, Leisure, Independent Activities, and Vocational Activities. Data is maintained on each student while in each zone. This data is used to adjust instruction and protocols. A Board Certified Behavior Analyst oversees all Autism and Multi-Categorical Services and collects data on educational staff so they maintain a desirable level of performance in working with students. The goal of the services is to return the student to the public school or to an agreed upon, supportive environment. |
| Tuition - Day School Services Autism/ Multi-Categorical Half-day | | \$299.00/day | \$347.00/day | N/A | \$294.00/day | Minnick School offers prorated tuition rates to accommodate students who require instruction for a portion of the day. (Rate shown based on 1/2 day of attendance. All other partial days will be billed according to the portion of the day attended.) |
| Tuition - Vocational Program | | ↑ 4.91% Increase \$142.50 to \$149.50 | ↑ 5.15% Increase \$165.00 to \$173.50 | | ↑ 5% Increase \$140.00 to \$147.00 | Starkey Station Program: Vocational program serving students ages 15-22 providing instruction on academic, behavioral, leisure, independent activities, and vocational skills. Vocational skills include skills that are used in a community placement for supported employment. The program serves high functioning students on the spectrum as well as MD/ID students. Educational staff members are trained in using Applied Behavior Analysis. Data is collected and maintained on each student throughout the day. The goal of the service is to return student to the public school or to an IEP agreed upon, supportive environment to maintain above IEP goals and skills. This is a 205 day program for students. |
| | | N/A | \$284/day | N/A | N/A | |
| | | | ↑ 5.19% Increase \$270.00 to \$284.00 | | | |

| Minnick Schools | | | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|---|--|
| Harrisonburg, Roanoke, Wise, Bristol, and Wytheville | | | | | | | |
| Rates Effective July 1, 2018 to June 30, 2019 | | | | | | | |
| Educational Services - Maximum Rates | | | | | | | |
| Type of Service | Site/Rate | | | | | Service Description | |
| | Bristol | Harrisonburg | Roanoke | Wise | Wytheville | | |
| Educational Aide | | \$32.00/hour | \$32.00/hour | \$32.00/hour | \$32.00/hour | Behavior support aides are required to implement a Behavior Intervention Plan. The Educational Aide takes data on behaviors indicated in the Behavior Intervention Plan. The Educational Aided support is typically required to maintain the student's placement with the goal of phasing the Educational Aide out of the student's educational program. Behavior Aides are trained in strategies based on the science of Applied Behavior Analysis and in de-escalation and physical management techniques. | |
| Tuition - Extended School Year | \$110.00/day | \$162.50/day | \$135.00/day | \$110.00/day | \$110.00/day | Licensed and trained staff provide instruction in academics and behavior to prevent the regression of IEP goals as identified by the IEP team. | |
| Tuition - Extended School Year Autism-Multi-Categorical | | \$187.50/day | \$165.00/day | N/A | \$135.00/day | Licensed and trained staff provide instruction in academics and behavior to prevent the regression of IEP goals as identified by the IEP team. | |
| Community Based Employment Support | | | \$32/hour | | | At the Minnick School at Starkey Station, we provide CBES (Community Based Employment Support) to our clients as an add-on to their educational services. The mission for CBES services is to help create real life solutions to maximize employment, independence, and full inclusion of our students within society. CBES services include the following: <ul style="list-style-type: none"> • Assistance with non-medical activities critical to employment, such as; dressing, hygiene, grooming, laundry, and food preparation. • Time management education • Self-advocacy in the workplace • Job skills processing with student • Collaboration with student's support system outside of school • Resume preparation • Application assistance • Interview preparation | |
| Note: Students in transition for 3 or more hours between the General and Autism Programs: Hourly rate based on the day rate for each program. | | | | | | | |
| Transition services back to home school: \$32.00 an hour for any staff accompanying the student in the transition, providing supports and services while in the public school. | | | | | | | |
| Day rate reduced by the number of hours the student is actually in attendance at the home school. | | | | | | | |
| *Minnick Schools follows the Public Schools Calendar of the local county or city in which they are located, and will bill for the projected number of instructional days of service in each month, regardless of inclement weather closings. Inclement weather days will be made up as determined by the county or city Public School Board, including the usage of make-up days or the application of instructional hours accrued in excess of the required 990 hours required by the Code of Virginia (8 VAC 21-521-10 et seq). | | | | | | | |

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

FY19

Effective July 1, 2018 - June 30, 2019

Northern VA Region
Winchester

Family Support Services

Home Based Services

| | |
|-----------------------------------|--------------|
| Home & Community Based Counseling | \$64.89/Hour |
| Residential Diversion Program | \$64.89/Hour |
| Crisis Support Services | \$89.00/Hour |
| Adult Support Services | \$64.89/Hour |

← 6.68% Inc. \$83.43 to \$89.00

Parent Partnership Services

| | |
|------------------------------------|------------------|
| Basic Parenting Assessment | \$295/ Each |
| Comprehensive Parenting Assessment | \$595/ Each |
| Supervised Visitation | \$64.89/Hour |
| Structured Family Visitation | \$64.89/Hour |
| Parenting Class | \$325.00/ Course |
| 1:1 Parent Coaching | \$64.89/Hour |
| Family Reunification | \$64.89/Hour |

← New Svc. not on FY18 Rate Sheet

Mentoring

| | |
|-----------------------|--------------|
| Therapeutic Mentoring | \$61.20/Hour |
|-----------------------|--------------|

← 4.9% Inc. \$58.34 to \$61.20

Independent Living Services

| | |
|---|--------------|
| Casey Life Skills Coaching & Assessment | \$64.89/Hour |
|---|--------------|

Outpatient

| | |
|---|---|
| Mental Health Evaluations | \$273.15/Each |
| Substance Abuse Evaluations | \$273.15/Each |
| Substance Abuse Treatment | \$144.20/Hour (Licensed) \$103.00/Hour (non-licensed) |
| Group Substance Abuse Treatment | \$54.64/Session |
| Individual & Family Counseling | \$144.20/Hour (Licensed) \$103.00/Hour (Resident/Supervisee) |
| Adolescent Dual Diagnosis Group Program | \$154.50/Session/Person \$273.16 per Assessment |
| Adolescent Family Group | \$125.66 per week |
| Substance Abuse Education Course | \$218.51/ Course |
| Adult Co-Occurring Diagnosis Group | \$54.64/Session |
| Relapse Prevention Group | \$54.64/Session |
| RETHINK Anger Management Program | \$45.00/group/person \$64.89/individ session |
| Psychological Testing | \$1,545.00/Each |
| Psychosexual Evaluation | \$1,650.00/Each |
| Parental Capacity Evaluation | \$1,650.00/Each |
| Court Appearance Retainer | \$250.00/Flat Fee |
| Court Appearance | \$103.00/Hour |
| Threat Risk Assessment | \$1,545.00/Each |

← 59.9% Inc. \$90.18 to \$144.20

Intensive In-Home

| | |
|----------------------------|---------------|
| Intensive In-Home Services | Medicaid Rate |
|----------------------------|---------------|

Mental Health Skill-Building

| | |
|---------------------------------------|---------------|
| Mental Health Skill-Building Services | Medicaid Rate |
|---------------------------------------|---------------|

School-based Services

| | |
|---------------------------|--------------|
| Therapeutic Day Treatment | \$53.04/Hour |
|---------------------------|--------------|

Crisis Stabilization

| | |
|----------------------|---------------|
| Crisis Stabilization | Medicaid Rate |
|----------------------|---------------|

Other

Drug Testing Services

| | |
|------------------------|--------------|
| Drug Screen (10-Panel) | \$52.95/Each |
|------------------------|--------------|

Transportation

| | |
|----------------|----------------------|
| Transportation | \$0.575/mile Federal |
|----------------|----------------------|

S/A Treatment & Group S/A Treatment - New Services not on FY18 Rate Sheet →

Resident/Supervise rate not on FY18 Rate sheet →

Adoles. Dual Diag. Prog. – New Service Not → On FY18 Rate Sheet

All Services to the right of this box are new and not on FY18 Rate Sheet →

FY19

Newport News Behavioral Health Center

Residential Treatment Facility

Rate Sheet

Effective July 1, 2018 - June 30, 2019

Residential Services Provided for: Males & Females ages 11 – 18

| | <u>Medicaid Rate</u> | <u>Non-Medicaid Rate</u> |
|---|---|---|
| Residential Room & Board | \$196.04 | \$196.04 |
| <u>Combined Residential</u> | <u>\$197.46</u> | <u>\$197.46</u> |
| Total of Above | \$393.50* | \$393.50* |
| Medical Services | These services would be provided and billed by outside Medicaid provider. | Payment for these services would be authorized prior to resident receiving by DSS/Guarantor |
| Physician Charges | Billed to Medicaid | \$16.50 (Billed to Guarantor) |
| Therapy Charges <i>(includes individual, family and groups)</i> | Billed to Medicaid | \$30.00 (Billed to Guarantor) |
| Total of Above | \$393.50 | \$440.00 |
| Customized Services: 1:1 Supervision <i>(at placing agency request)</i> | | \$25.00 per hour |
| Residential Educational Services <i>(estimated 240 billable days, July 1st – June 30th)</i> | N/A | Special Education - \$195.00 - 5.41% ↑ Regular Education - \$145.00 - 7.41% ↑ |

Our Combined Residential is broken down as follows

- Daily Supervision \$115.00 - Daily supervision is required to maintain mandatory staff ratio and all corresponding checks of students for all shifts 24 hours a day. This rate does not include any Administrative cost.
 - Residential Case Management \$30.00 •Residential Supplemental Therapies \$37.46 •Residential Medical Counseling \$15.00
 - IV-E Eligible Rate \$311.04-includes Residential R&B and Daily Supervision. The locality is responsible for paying the \$311.04 and Medicaid is billed \$82.46
- *These rates are subject to change and will be adjusted to Virginia Medicaid's Rate setting as per the contract once the rates are assigned by them. **

Remit all payments to lockbox address:
 Newport News Behavioral Health Center
 PO Box 102550
 Atlanta, Georgia 30368-2550

Newport News Behavioral Health Center

FY 2019 Education Rate Justification

The Academy at Lee Hall will add several Health and PE enhancements in FY 2019, to include CPR and First Aid, with Driver's Education added to the curriculum.

An Assistant Director of Education has been added for education enhancements. She will work to individualize our provision of educational services to students in general education, and to grow and further develop our CTE and career service programs.

The Academy offers Discovery Education, BrainPop, and Flocabulary as teaching resources.

The ISAEP (individual student alternative education plan) is successful, with a minimum of 12 GEDs earned on-site, annually, over the last three consecutive years.

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.



Staunton Office | 1215 N. Augusta Street | Staunton VA 24401 | Phone: (540) 885 - 8841 | Fax: (540) 886-6379
 Charlottesville Office | 1002 E. Jefferson Street | Charlottesville VA 22902 | Phone: (434) 979-0335 | Fax: (434) 979-0202
 Harrisonburg Office | 185 Half Avenue Suite 101 | Harrisonburg VA | Phone: (540) 437-1857 | Fax: (540) 437-9321

"Dedicated to providing therapeutic services within the community, and nurturing safe and lasting relationships for children and families."

Contractual Services & Rates 2018-2019
 7/1/2018 - 6/30/2019

| Service | Rate / Unit | SFD Code |
|--|---|----------------------------|
| Maintenance: Basic 0-4 yrs. | \$471./month-state rate | SF - 35670 |
| Maintenance: Basic 5-12 yrs. | \$552./month-state rate | SF - 35672 |
| Maintenance: Basic 13+ yrs. | \$700./month-state rate | SF - 35677 |
| Maintenance: Enhanced | VEMAT | SF - 35678 |
| Maintenance: Independent Living | \$644./month-state rate | IL - 35679 |
| Maintenance: Client's Infant/Dependent | \$471./month-state rate | SF - 35731 |
| Maintenance: Clothing Supplement | Custom | SF - 35680 |
| Maintenance: Child Care Assistance | Custom | SF - 35681 |
| Maintenance: Transportation | State rate: \$0.54/mile | SF - 35685 |
| Private Foster Care: TFC Assessment Level | ← 8.11% Inc. \$111.00 to \$120.00 (Asst. Lvl.) | \$120.00/day SF - 35686 |
| Private Foster Care: Non-Treatment Level | ← 8.33% Inc. \$60.00 to \$65.00 (Non-TFC) | \$65.00/day SF - 35687 |
| Private Foster Care: TFC Level 1 | ← 25% Inc. \$80.00 to \$100.00 (TFC-Lvl. 1) | \$100.00/day SF - 35688 |
| Private Foster Care: TFC Level 2 | ← 20% Inc. \$100.00 to \$120.00 (TFC-Lvl. 2) | \$120.00/day SF - 35689 |
| Private Foster Care: TFC Level 3 | ← 12.5% Inc. \$120.00 to \$135.00 (TFC-Lvl. 3) | \$135.00/day SF - 35690 |
| TFC Case Management: Medicaid | \$326.50/month | CM - 25308 |
| TFC Case Management: FAPT | \$326.50/month | CM - 35736 |
| Private Foster Care: Supervised Visits | ← 10% Inc. \$50.00 to \$55.00 (Supervised Visits) | \$55/hour SF - 35696 |
| Private Foster Care: Clinical Visits | ← 8.33% Inc. \$60.00 to \$65.00 (Clinical Visits) | \$65/hour SF - 35703 |
| Therapeutic Groups | ← New / Not on FY18 Rate Sheet | \$46/hour CS - 37770 |
| Family Support Service PostAdoption Lvl1 | ← 25% Inc. \$80.00 to \$100.00 | \$100.00/day HE - 35704 |
| Family Support Service PostAdoption Lvl2 | ← 20% Inc. \$100.00 to \$120.00 | \$120.00/day HE - 35739 |
| Family Support Service PostAdoption Lvl3 | ← 12.5% Inc. \$120.00 to \$135.00 | \$135.00/day HE - 35740 |
| Family Support Service Family Mentoring | \$57.50/hour | HE - 35705 |
| Family Support Service Supervised Visits | \$60/hour | HE - 35706 |
| Family Support Service Clinical Visits | \$70/hour | HE - 35707 |
| IL Service: Support Supervision Casework | \$74.76/day | IL - 35709 |
| IL Service: Mentoring | ← 8.7% Inc. \$46.00 to \$50.00 | \$50/hour IL - 35710 |
| Individualized Support Case Conferencing | \$60/hour | CS - 35738 |
| Private Day School: Tuition and Supplies | \$175/day | ED - 35713 |
| Private Day School: Summer School | \$95/day | ED - 35714 |
| Therapeutic Mentoring | ← 5.26% Inc. \$47.50 to \$50.00 | \$50.00/hour CS - 35715 |
| Transportation | \$40/hour + State rate: \$0.54/mile | TR - 36396 |
| Outpatient Service Individual Counseling | \$100/hour | CT - 35716 |
| Outpatient Services Family/Attachment Counseling | \$100/hour | CT - 35717 |
| Other: | | |

FY19

POPLAR SPRINGS Hospital

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

2018/2019 CSA RATES EFFECTIVE JULY 1, 2018

(These rates are subject to change and will be adjusted to Virginia Medicaid's Rate setting, as per the contract, once the rates have been assigned)

| SERVICE DESCRIPTION | UNIT OF SERVICE | RATE FOR MEDICAID ELIGIBLE SERVICES | RATE FOR NON-MEDICAID ELIGIBLE SERVICES |
|---|-----------------|-------------------------------------|---|
| RESIDENTIAL SERVICES | | | |
| RESIDENTIAL ROOM & BOARD | Daily | 179.00 | 179.00 |
| RESIDENTIAL DAILY SUPERVISION | Daily | 75.00*** | 75.00*** |
| RESIDENTIAL SUPPLEMENTAL THERAPIES | Daily | 104.50 | 104.50 |
| RESIDENTIAL MEDICAL COUNSELING | Daily | 35.00 | 85.00* |
| RESIDENTIAL CASE MANAGEMENT | | | |
| TOTAL RESIDENTIAL RATE | | 393.50** | 443.50 |
| RESIDENTIAL EDUCATION | | | |
| GENERAL EDUCATION SERVICES 5 Days per Week - Total 180 Days per Year | 5 Days/Week | 135.00 | 135.00 |
| EXCEPTIONAL EDUCATION SERVICES 5 Days per Week - Total 180 Days per Year | 5 Days/Week | 185.00 | 185.00 |
| EXTENDED ACUTE SERVICES | | | |
| ROOM & BOARD | Daily | | 180.00 |
| ACUTE SERVICES | Daily | | 420.00 |
| ONE-TO-ONE SERVICES | | | |
| ONE-TO-ONE | Hourly | 25.00 | 25.00 |

← Inc. 12.5% \$120 to \$135

← New Service not on FY18 rate sheet.

← 20% Inc. \$350.00 to \$420.00

*Includes \$50.00 Physician Cost

**Physician bills Medicaid separately

Rates do not include Administration cost

***Daily Therapeutic Supervision is required to maintain mandatory staff ratios and all corresponding checks of students for all shifts 24hrs/day.

If Medicaid approved, then most CANS, Certificate of Need, FAPT Assessment and Service Plan are required before submission to Magellan for authorization for CSA mandated recipients.

Michael T. Bolton, Sr.

Michael T. Bolton, Sr., Chief Financial Officer



Premier Therapeutic Foster Care, Inc.
Fee Schedule
2018-2019

Determination of Level of Care

1. Premier TFC offers non-treatment, treatment, and short-term foster care to children. Additional services include supervised visitation, reunification services, dependent infant care, and transportation services.
2. Premier provides the Family Assessment and Planning Team (FAPT) with the necessary documentation to substantiate the requested level of care.
3. Children admitted who have not been in treatment foster care previously shall be admitted at the Assessment Level which is designed to determine the strengths and needs of the child. The maximum length of time on this level is 60 days.
4. At the completion of the Assessment period, Premier shall submit a FAPT report outlining its findings and treatment recommendations, including the level of care.
5. Children accepted from a former foster home shall remain on their current level until the next scheduled FAPT meeting.

Assessment Level: Children recently placed in treatment foster care for whom a determination must be made on their strengths and service needs. This level shall not exceed 60 days. **Daily fee: \$130** → 8.33% ↑

Non-Treatment Level: Children on this level is generally in good health, developmentally on target, and demonstrates age-appropriate behaviors for their age. Used for a sibling of a child who meets the criteria for treatment foster care. Case management once monthly and crisis intervention is available. **Daily fee: \$105**



Level 1 Mild: children on this level requires a low level of monitoring to lessen the probability of increased service needs or a return to previous level of social/emotional/behavioral/personal care needs. Child requires monitoring with face-to face case management visits twice monthly and 24 hours crisis Face-to-face case management. **Daily fee: \$128** → 4.92% ↑

Level 2: Moderate: Moderate social/emotional/behavioral/personal care needs that requires increased case management services to meet the child's needs. Child may present with school performance issues, oppositional behaviors, school issues, occasional physical aggression and moderate level of medical needs. **Daily fee: \$135** → 5.47% ↑

Level 3: Intensive: Child's social/emotional/behavioral/personal care needs are severe on this level and requires intensive intervention to prevent home disruption and residential placement. Areas of needs on this level may include but not limited to severe depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, eating disorder, physical health problems, developmental delay, or intellectually disabled. **Daily fee: \$140** → 6.87% ↑

Specialized Level: Child's social/emotional/behavioral/personal needs are so severe they require five (5) or more visits monthly to stabilize youth and prevent transition to a higher level of care. Areas of need on this level includes but not limited to intensive case management, frequent school interaction, assistance with medical and psychiatric needs, etc. **Daily fee: \$145** → New Service not on FY18 rate sheet

Short-Term Foster Care: This Level is designed for child who requires crisis or alternate planned-support relief for up to 29 consecutive calendar days to families in need of substitute care for youth placed in their home. **Daily fee: \$120**

Infant/Dependent Care: Services are for infant child of youth in foster care. Services include monitoring of infant during home visits with mother to ensure child is cared for properly including infant health and welfare, teen parent education, child specific resource referral, and 24-hour crisis support. An alternative level of care may be requested from FAPT if the infant requires specialized services.

Daily fee: \$27 → 8% ↑

Supervised Visitation: Supervision of visitation between client and visitors approved by the legal guardian. This includes written documentation of observations and feedback to legal guardian. **Hourly fee: \$65**

Reunification Services: Assist parent/legal guardian and child during the transition home for up to six (6) months after discharge to include all face-to-face solution-focused intervention.

Hourly fee: \$65



Transportation: Children requiring transportation more than thirty (30) miles one way for services.
\$0.54 per mile.

2116 Dabney Road, Suite A2
Richmond, VA 232230
(804) 204-1899

FV19



Sinclair Health Clinic

Drug Screen Request Form
Frederick County, Department of Social Services
107 N Kenst Street
Winchester, VA 22601

Contact: Phone: 540.536.1683 Fax: 540.662.3153
(T, W, F 9am-4:30pm)(M, Th 9am-7:30pm)

Email Requests to: Testing@FMCwinchester.org

Client Name: _____ Client DOB: _____

Worker Name: _____ Phone: _____

All prices are subject to change

I would like this test to be OBSERVED \$20.00

| RAPID Urine Drug Screen (Select test below) | |
|--|---------|
| <input type="checkbox"/> 10-Panel -Methamphetamine, Opiates/Morphine, PCP, Amphetamines, Cocaine, Marijuana Benzodiazapines, Methadone, Barbiturates, Propoxyphene <small>**Lab report includes Opiates/Morphine, Amphetamines, Cocaine, Marijuana, Benzodiazapines, Methadone, Barbiturates, Propoxyphene, Phencyclidine**</small> | \$27.00 |
| <input type="checkbox"/> 12-Panel -Oxycodone, Propoxyphene, Methamphetamine, Morphine/Opiates, PCP, Benzodiazapines, Methadone, Barbiturates, Amphetamines, Cocaine, Marijuana, Buprenorphine <small>**Lab report includes Opiates/Morphine, Amphetamines, Cocaine, Marijuana, Benzodiazapines, Methadone, Barbiturates, Propoxyphene, Phencyclidine, Oxycodone**</small> | \$61.00 |
| <input type="checkbox"/> Suboxone (Buprenorphine)(Must be purchased if lab report is needed) <small>**Must be purchased with a 12 panel. Will only be charged if specimen test's non-negative for Buprenorphine with a rapid screen and is sent to the lab for verification</small> | \$50.00 |

| Lab-Based Urine Drug Screen (Select Test Below) | |
|--|----------|
| <input type="checkbox"/> 5-Panel -Marijuana, Cocaine, Amphetamines, PCP, and Opiates (Heroin) | \$35.00 |
| <input type="checkbox"/> 7-Panel -Adds Benzodiazepines and Barbiturates to 5-Panel | \$35.00 |
| <input type="checkbox"/> 10-Panel -(Adds Methadone, Methaqualone, Propoxyphene to 7-Panel) | \$35.00 |
| <input type="checkbox"/> Expanded Opiates 10-Panel (Adds Hydrocodone, Hydromorphone, Oxycodone and Oxymorphone.) | \$41.00 |
| <input type="checkbox"/> Suboxone (Buprenorphine) | \$87.00 |
| <input type="checkbox"/> K2 (Synthetic Marijuana -Spice) | \$65.00 |
| <input type="checkbox"/> Urine Alcohol | \$20.00 |
| <input type="checkbox"/> Kratom | \$225.00 |
| <input type="checkbox"/> Fentanyl | \$70.00 |

> New Services

| Other Screens | |
|--|---------|
| <input type="checkbox"/> Breath Alcohol | \$12.00 |
| <input type="checkbox"/> Hair Follicle | \$80.00 |
| <input type="checkbox"/> Expanded Hair (Opiates) | \$85.00 |

Medical Review Officer \$20.00 - 100% ↑

Total: \$0.00

Authorized Signature/Lead Worker _____ Date _____

Date of Service _____

Rates increase more than 3% noted. All other rates/services are the same or less.

FY19

Sneakers Educational Childcare, INC.

Financial Agreement

My child _____ (name) is being enrolled at Sneakers Educational Childcare, Inc. on _____ (date).

___ Registration Fee \$50
(Classes: Turtles, Penguins and School age)

___ Curriculum fee \$75 (per child)
(Classes: Monkeys, Hoppers, Bugs and Pandas)

___ 2 days week (circle designated days- Monday, Tuesday, Wednesday, Thursday, Friday)
Tuition is \$100 (\$50 a day) (If available)

___ 3 days a week (Circle designated days-Monday, Tuesday, Wednesday, Thursday, Friday)
Tuition is \$150 (\$50 a day) (If available)

___ Full time program (Monday- Friday)

___ Infant: 6 weeks- 12 months - \$210a week

← Infant/Penguins 5% Inc. \$200.00 to \$210.00

___ Penguins: 12 months to 16 months - \$210 a week

___ Monkeys: 16 months to 2 years - \$ 195 a week

___ Hoppers: 2 years to 3 years - \$195 a week

←Hoppers 8.33% Inc. \$185.00 to \$195.00

___ Bugs: 3 years to 4 years - \$190 a week

←Bugs/Pandas 5.55% Inc. \$180.00 to \$190.00

___ Pandas: 4 years to 5 years- \$190 a week

___ School age:

___ School year- \$60 a week (After School Only)

(There will be an extra charge of \$20 per day when the children are here for the full day.)

(There is no extra charge for school delay or early dismissal)

___ Summer Camp- \$150 a week

___ Discount Program:

I agree to pay the weekly tuition of _____. Tuition is due each Monday while enrolled at Sneakers Educational Childcare, Inc. If payment is not received by close of business on Monday you will be charged a late fee of \$50.00. If your check is returned for NSF you will be charged a return fee of \$35.00 as well as a late tuition fee of \$50.00. This will be due by the means of cash, or money order by the 2nd business day after you receive notice. Failure to do so could result in termination of care until the matter is resolved and advance payment is made.

I may not terminate my financial obligation during my child's enrollment without a written notice of two (2) weeks in advance of departure. In the event of your departure without providing a two (2) week notice you will still be responsible for 2 weeks of tuition. Any fees still owed to Sneakers Educational Childcare, Inc. that have not been paid upon leaving will be turned over to collections. All fees associated with collecting said owed money will also be added to the said amount.

I agree with and understand that there is no reduction in fees for absences due to illness, vacation, snow days, or any weather related closings or emergencies (except for what is written above).

To ensure your child's enrollment the signed form must be accompanied with the registration fee and first weeks tuition if reserving the child's space for future enrollment. This fee is non-refundable.

Parent/Guardian Signature

Social Security #

Date

Director/Assistant Director Signature

Date

Rates exceeding 3% are noted. All other rates and services are the same and/or below 3% rate.



FY19

The Bair Foundation of Virginia

FY 18/19

Ast. Trtmnt. Lvl. – 5% Incr. \$123.48 to \$129.65
 Non-TFC – 4.99% Inc. \$72.77 to \$76.40
 Lvl. 1 – TFC 5% Inc. \$94.82 to \$99.56
 Lvl. 2 – TFC 5% Inc. \$116.87 to \$122.71
 Lvl. 3 – TFC 5% Inc. \$132.30 to \$138.92

1. Private Foster Care Support, Supervision, and Administration:

2. Basic

| Assessment Treatment Level 36038 | Non-Treatment Foster Care 35502 | Level 1 Treatment Foster Care-Moderate 27348 | Level 2 Treatment Foster Care Significant 24312 | Level 3 Treatment Foster Care Significant with severe risk factors 22053 |
|-------------------------------------|------------------------------------|---|--|---|
| <u>Daily Rate</u> \$129.65 | <u>Daily Rate</u> \$76.40 | <u>Daily Rate</u> \$99.56 | <u>Daily Rate</u> \$122.71 | <u>Daily Rate</u> \$138.92 |
| <u>Monthly Visits</u> 4 | <u>Monthly Visits</u> 1 | <u>Monthly Visits</u> 2 | <u>Monthly Visits</u> 2 | <u>Monthly Visits</u> 4 |

Maintenance Rate Room and Board:

| AGES | Per Month |
|-----------|-----------|
| 0-4 | \$471 |
| 5-12 | \$552 |
| 13 & Over | \$700 |

3. Enhanced VEMAT Maintenance Rates:

*Determined by VEMAT

4. Community-Based Services:

*See attachment

TREATMENT FOSTER CARE CASE MANAGEMENT

* \$326.50 Per Month/ \$10.88 per day per DMAS assigned rate



The Bair Foundation of Virginia

PATH to Permanency Program
Scope of Services

The Bair Foundation provides a diversified spectrum of services through the PATH to Permanency Program utilizing the evidence-based Nurturing Parents Program (NPP). Bair is a full service provider for children youth and families; therefore, continuity of care is built into the service array. As a Trauma Informed Service Provider, Bair recognizes that when children and families have fewer staff working with them in a concentrated manner, they are able to achieve expedited success. Not only does it reduce duplication of services and the need for multiple treatment plans, it also provides them with seamless access without needing to communicate with multiple service providers. Reduction in duplication along with a focus on time-limited services may come at an initial upfront cost, but ultimately creates a cost savings on the child delivery system. Creating healthy children and families for a permanent tomorrow is the desired outcome of the PATH to Permanency Program.

Every branch of a tree grows in different directions taking alternate *paths*, but the tree maintains the same roots. The PATH to Permanency Program assists children and families as their *path* develops into permanency for children. Helping families understand the ultimate goal is to prevent a disruption of a child's growth, but when that is not able to occur children need to maintain their roots while growing on another *path*. That *path* may be growing with a kinship family, growing with an adoptive family or possibly even growing out to be on their own through independent living and employment. For these children, Bair's older youth initiative strives to *Foster Futures* of young people who are in need of forever connections with trusting adults and the skills necessary to achieve success. Regardless of the *path*, Bair is here to help the child and family as they work through these stages of growth in permanency. Therefore, the Bair Foundation developed the PATH to Permanency Program to help children and families as they journey to permanency.

The PATH to Permanency Program is built on the following core principles:

- All families have strengths.
- All families need and deserve support; the degree and type of support varies throughout life.
- Successful families are not dependent on long-term public support, but maintain healthy interdependence on extended family, friends, spiritual and cultural organizations, schools, and other natural environments.
- Families and Service Workers are equally important partners in the process, contributing valuable knowledge to meet mutual service planning goals.
- The Services Worker's role includes empowering the family to set achievable goals, providing access to services needed to achieve goals, and offering guidance and encouragement throughout the process.



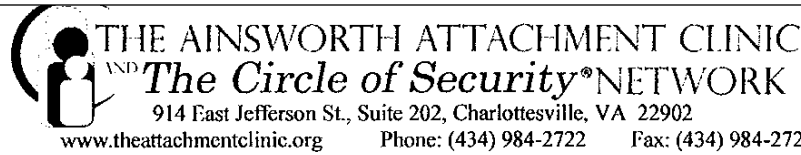
The PATH to Permanency Program provides the following service areas:

- **Prevention Family Services**** (36820) - *Services for biological families when no out-of-home episode is occurring.*
- **Life Skills Training/Job Coaching**** (29186) - *Services to teach teens ages 17-21 skills to transition to adulthood and skills to attain and maintain employment.*
- **Reunification Services***** (34735) - *Case management and support services for families as they work towards reunification with their children who are placed in out-of-home settings.*
- **Adoptive Home Study******* (36821) - *Utilizes the S.A.F.E. home assessment process to ensure families are safe and enhance overall wellbeing as appropriate forever resources for children through adoption or guardianship.*
- **Adoptive Home Visits***** (36822) - *Provides pre-adoptive visits in the home of resource families to ensure that all safety and wellbeing measures are met prior to final determinations of adoption.*
- **Guided Visitation***** (37203) - *Services provided during an out-of-home episode of children as they visit with their biological families. This service provides safety and supervision of the visit while the worker prompts and guides the family in best practices of parenting skills.*
- **Parent Support/Prevention Services***** (28264) - *Service assists parents with the skills needed for family stabilization, appropriate discipline, transportation, budgeting, and life skills.*
- **Transportation******* (36037) - *.55 per mile in accordance with federal reimbursement + \$10/hr.*
- **Pre-Placement Foster Family Visits*** (34736) – *Resource family visits child at the child’s location.*
- **Pre-Placement Employee Facilitated**** (37205) - *Bair employee coaches and facilitates visitation between the child and the identified perspective resource parent.*
- **Overnight Pre-Placement Visitation****** (37009) – *Resource family hosts the child in their home for overnight pre-placement/matching visitation.*
- **Mentoring Services**** (37262) – *Mentoring to assist youth transitioning out of RTC or needing additional wrap around services to maintain or preserve their placement. Provides client directed coaching, skill building, training or recreation in order to reduce and eliminate negative behaviors and increase positive pro-social coping skills.*

| Class Menu Item | Rate |
|-----------------|--|
| * | \$16.87/hr |
| ** | \$96.45/hr |
| *** | \$102.20/hr 4.99% Inc. - \$97.34 to \$102.20 |
| **** | \$137.20/day |
| ***** | \$8354.59/home study 5% Inc. - \$7956.75 to \$8354.59 |
| ***** | \$10/hr+.535/mile |

All Rates are the Same as FY18. New services are noted. – Rates are very high and need CPMT Approval.

FY19



RATE SHEET – FISCAL YEAR 2018-19 (Revised 4/18/17)
Types of Service: Attachment/Trauma Evaluation, Consultation, Intervention, and Training

Circle of Security® (COS) Network Services

| SERVICE/DESCRIPTION | UNITS OF SERVICE | RATE |
|---|--|---|
| COS Network Evaluations | | |
| Circle of Security (COS) Video Data for Parent Course or COS Essentials, if requested | Data Collection + Brief Report | \$2500 |
| Circle of Security (COS) Evaluation for COS Full Intervention | Evaluation + Brief Report | \$3500 |
| Full Attachment-Caregiving Evaluation for Decision Regarding Type of intervention | Full Evaluation + Brief Report | \$5000 |
| Attachment-Caregiving Evaluation for Placement and Forensic Decisions | Evaluation + Full Forensic Report | \$6000 |
| Specialized Attachment-Caregiving Evaluation (e.g., partial evaluations, evaluations for prospective foster or adoptive placements, high-conflict custody and/or visitation) | Evaluation + Negotiated Follow-up | Negotiated case by case |
| COS Intervention Protocol | | |
| 1. <u>COS Parent Course Intervention</u> (Parenting education not including psychotherapy) Course registration fee per family for 10-week course, paid at registration Weekly session cost per family if one family attends that session Weekly session cost per family if two families attend that session | Ten 2-hour sessions, one or two families One-time Flat Rate/family Per session Per session | \$1000 \$260 \$150 each family |
| 2. <u>COS Essentials Intervention</u> (Parenting education and psychotherapy using the basic COS protocol; one family; 2-hour sessions, twice/week) Flat Rate per month Per session cost, one family, two hours/session, twice weekly (once/week under special circumstances as negotiated) | Flat Rate Per session | \$400 \$260 |
| 3. <u>COS Full Intervention Protocol</u> (Monthly flat rate + per session cost) Monthly Flat Rate Level 1 (Standard degree of difficulty/complexity) Monthly Flat Rate Level 2 (Significantly increased difficulty/complexity*) Cost per session (Rates for sessions 1-5 per month are higher than for sessions 6-9) Out-of-area fee per session, if needed | Full COS protocol, one family, 2-hour sessions, once or twice/week First 5 sessions Sessions 6-9 Per Session, based on hourly travel by therapist | \$700 \$1,000 \$350/session \$200/session \$60-negotiated |
| Case Conferencing | Hourly | \$60 |
| Additional services beyond the customary COS protocols (e.g., adult attachment therapy, child therapy, trauma therapy) | Hourly | \$125 - 300 |

← New service not on FY18 rate sheet

Ainsworth Attachment Center Services**

| SERVICE/DESCRIPTION | UNITS OF SERVICE | RATE |
|--|---------------------|------------|
| Attachment Center Consultation | | |
| Clinical Case Consultation without Evaluation | Hourly Consultation | \$150-300 |
| Court Related Expert Testimony | | |
| Court-related case consultation | Hourly | \$300 |
| Preparation for court testimony | Hourly | \$300 |
| Local court-related travel (not applied to ACDSS or CDSS because of proximity) | Hourly | \$300 |
| Time in courthouse (witness waiting room or on the stand) | Hourly | \$550 |
| Training/Educational Workshops for Professionals | Negotiated | Negotiated |

Notes: * **Level 2 (Significantly increased difficulty/complexity)** refers to cases in which it is known there will be many additional hours of team work and consultation with DSS and/or other service providers to engage and/or maintain the family's involvement in services, and/or cases in which the family is very likely to miss or is missing a significant number of sessions as part of their high-risk pattern. Assignment to Level 1 or Level 2 will be decided in consultation with the DSS Case Manager. Flat rate may shift from one level to another based on the course of treatment and discussions with the Case Manager followed by proposed to FAPT.

** Please note that any services provided by the Ainsworth Attachment Clinic may be invoiced through the Circle of Security Network.



**CSA/CPMT
DAILY RATES**

Effective: July 1, 2018 thru June 30, 2019

| | |
|---|--------------------|
| Residential Room and Board | \$225.75 |
| Combined Residential | \$167.75 |
| Private Residential School/Residential Education with a Vocational Focus | \$250.00 - 3.31% ↑ |

Per Diem Rate with Education **\$643.50**

Our Combined Residential is broken down as follows:

| | |
|------------------------------------|---------|
| Residential Daily Supervision | \$70.56 |
| Residential Case Management | \$30.43 |
| Residential Supplemental Therapies | \$50.00 |
| Residential Medical Counseling | \$16.76 |

\$167.75

ADDITIONAL SERVICES (Provided as needed)

| | | |
|------------------------|--------------|---------|
| One to One Supervision | \$30.00/hour | > 20% ↑ |
| Transportation** | \$30.00/hour | |

Special Educational Related Services (to be provided by The Center for Pediatric Therapies)

As indicated in the IEP (Occupational Therapy, Physical Therapy, Speech Therapy)

| | |
|-------------------------------------|---------------------|
| Evaluation and progress evaluation- | \$175.00 - 16.62% ↑ |
| 30 minutes treatment- | \$80 |
| 60 minutes treatment- | \$160 |

Psychological Testing (to be completed by Counseling and Psychological Services)

As requested-\$750

Please note, reimbursement for treatment services will be utilized first by Medicaid. If and when Medicaid funding is not available the CSA/CPMT will be responsible. Medicaid cannot regulate a Provider's negotiated rate with CSA/CPMT that the Provider makes public. Medicaid can mandate, that if the recipient is eligible, the CSA/CPMT cannot be billed more than what Medicaid would pay the Provider for Room and Board. This excludes educational fees and combined residential services.

The Hughes Center

Below is a list of all services provided by The Hughes Center and the costs associated with those services using the **STANDARDIZED SERVICE NAMES** (7/1/15) provided by the Office of Comprehensive Services for CSA Purchased Services. The details below each service were included by OCS and left "as is" and are not meant to be a full description of the services provided by The Hughes Center. A traditional CSA/CPMT Daily Rate Sheet for dates July 1, 2018 – June 30, 2019 is attached. The rates quoted below are for Virginia youth placed via the IEP or CSA process only.

- 3.3190 ↑

Residential Education ~ \$250.00 per school day

A component of the total daily cost of placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

Residential Room and Board ~ \$225.75 per day

A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management ~ \$30.43 per day

A component of the total daily cost for placement in a licensed congregate care facility. Activities including maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision ~ \$70.56 per day

A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision

Residential Supplemental Therapies ~ \$50.00 per day

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 interventions. The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

Residential Medical Counseling ~ \$16.76 per day

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus / on-call physician. Activities also include the doctor and nurse at every treatment planning meeting for the resident.

Special Education Related Services ~

1:1 Behavior Aide: \$30 per hour

OT, PT, and ST (listed below) are provided by The Center for Pediatric Therapies at The Hughes Center.

Occupational Therapy, Physical Therapy, Speech Therapy evaluations: \$175 - 16.67% ↑

Occupational Therapy, Physical Therapy, Speech Therapy 30 minute treatment: \$80

Occupational Therapy, Physical Therapy, Speech Therapy 60 minute treatment: \$160

Services identified within an IEP to be delivered to youth placed in private educational schools. Services include, but are not limited to: occupational therapy, physical therapy, speech therapy.

Psychological Testing ~

As requested: \$750

This service will be provided by Counseling and Psychological Services in Danville. Transportation and staffing will be provided by The Hughes Center.

Transportation ~ \$30 - 20% ↑ per hour (No charge for transports under a ten-mile radius of the facility. No charge for one transport per quarter outside of a ten-mile radius. Additional transports outside of a ten-mile radius require a written request at least ten days prior to the date of the transport and a service funding agreement for the one time service.)

Transportation to support attainment of the goals in a child's service plan, either through contracted services or payment of mileage. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Private Day School ~ \$250.00 per school day - 3.31% ↑

Special Education services identified through an IEP in which the "least restrictive environment" is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the Regulations governing Special Education Programs for Children with Disabilities in Virginia.

Private Residential School ~ \$643.50 per school day/\$393.50 per non-school day
Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the "least restrictive environment" is identified as a private residential school.

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

FY19

TIMBER RIDGE SCHOOL

PROJECTED EFFECTIVE THROUGH July 1, 2018 – June 30, 2019

Program: Leary Educational Foundation, Inc. d/b/a Timber Ridge School
Address: P.O. Box 3160, Winchester, Virginia 22604 **Phone:** (540) 888-3456 **Fax:** (540) 888-3583
Admissions - Virginia: Tim Elliott, M.Ed. Elliott@trschoool.org
Admissions – West Virginia: Adam Collis collis@trschoool.org
Admissions – Director: Derek Unger unger@trschoool.org
Business office: Cathy Clayton Clayton@trschoool.org

| Program | Unit | Enhanced Services * | Substance Abuse- 3.5 * | Goal Based | |
|--|---------|---------------------|------------------------|-----------------|--|
| Residential Room and Board | Day | \$92.20 | \$92.20 | \$92.20 | ←4% Inc. \$88.65 to \$92.20 |
| Residential Daily Supervision | Day | \$145.90 | \$145.90 | \$95.09 | ←4% Inc. \$91.43 to \$95.09 |
| Residential Case Management | Day | 20.74 | 20.74 | \$12.46 | |
| Residential Supplemental Therapies | Day | \$155.40 | \$155.40 | \$96.08 | ←4% Inc. \$11.98 to \$12.46 ←9.06% Inc. \$88.10 to \$96.08 |
| TOTAL per day, not including school | | \$414.24 | \$414.24 | \$295.83 | |
| Residential Education (Does not include tutor/ESL/Speech/OT) | Sch Day | \$210.23 | \$210.23 | \$210.23 | ←5.5% Inc. \$280.16 to \$295.83 ←4% Inc. \$202.14 to \$210.23 |
| Total per School Day | | \$624.47 | \$624.47 | \$506.06 | ←4.3% Inc. \$482.30 to \$506.06 |

*Virginia Medicaid funded program (subject to increase if Medicaid maximum changes) – RRC should indicate \$393.50 or \$155.40 if IVE

Additional Services

| SERVICE | RATE |
|---|---------------|
| Translating Services | \$ 65/hour |
| Post-Secondary (Work Study/Career Exploration/Job Skills) | \$ 125.75/day |
| Educational Monitoring (Post-Secondary) | \$ 500/month |
| Educational Monitoring (Secondary) | \$ 700/month |
| K2 or other Additional Drug Testing | \$ 30/test |
| 1-to-1 Supervision/Tutoring/ESL | \$ 26/hour |
| Speech and Hearing/OT | \$ 100/hour |
| Individual/Family Counseling – Outpatient Services | \$103/hour |
| Group Counseling – Outpatient Services | \$ 60/hour |

FY19

Rates increase of more than 3% noted. New services are noted. All other rates/services are the same or less.

TREATMENT FOSTER CARE

CSA Rates; Effective July 1, 2018 through June 30, 2019



| | Unit | 0-4 Years Old | 5-12 Years Old | 13+ Years Old |
|--|-----------------------------------|---------------------------|----------------|---------------|
| TREATMENT FOSTER CARE SERVICES | | | | |
| Maintenance - Basic | Month | \$471.00 | \$552.00 | \$700.00 |
| Treatment Foster Care Case Management ¹ | Month | \$326.50 | \$326.50 | \$326.50 |
| Maintenance - Enhanced | Month | Determined by VEMAT Score | | |
| Private Foster Care Support, Supervision & Administration ³ | Month | See Table Below | | |
| ADDITIONAL TFC SERVICE | | | | |
| Pre-Placement ⁴ | Day | \$60.83 | \$60.83 | \$60.83 |
| Respite Care ⁵ | Day | \$30.00 | \$30.00 | \$30.00 |
| Maintenance – Transportation ⁶ | Mile | \$0.50 | \$0.50 | \$0.50 |
| Dependent Care | See Community Based Service Rates | | | |

←100% Inc. \$15.00 to \$30.00

↑New Service not on FY18 rate sheet.

| | Unit | Assessment Level | Level 1 | Level 2 | Level 3 | Non-Treatment Level ^{1, 2} |
|--|------|------------------|---------|---------|----------|-------------------------------------|
| PRIVATE FOSTER CARE SUPPORT, SUPERVISION & ADMINISTRATION | | | | | | |
| Fredericksburg | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Lynchburg | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Northern Virginia | Day | \$99.70 | \$95.68 | \$99.70 | \$153.25 | \$91.66 |
| Richmond | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| South Hill | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Tidewater | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |

¹ If all qualifications are met and approved by Magellan, this portion will be billed on your behalf to DMAS. If not approved by Magellan, Treatment Foster Care Case Management services are the responsibility of the placing agency, with exception of the Non-Treatment Level.

² Case Management is built into the rate for the Non-Treatment Level and is therefore not submitted to Medicaid or billed to the placing agency as a separate rate.

³ Does not include Maintenance – Basic or Treatment Foster Care Case Management

⁴ UMFS allows for two nights of Pre-Placement in Treatment Foster Care at no cost. The listed rate applies to Pre-Placement beyond two nights.

⁵ There are 10 days of Respite placement (Day or Overnight) built into the TFC enrollment. The above rate applies for Respite placements (Day or Overnight) in excess of 10 days for an individual enrolled in TFC.

⁶ UMFS will cover the first 75 miles of transportation for: (a) birth family visits, (b) assessment and clinical services, (c) court hearings outside of foster care hearings. This service is only available for clients who are currently enrolled in the UMFS Treatment Foster Care program.

COMMUNITY BASED SERVICES

CSA Rates; Effective July 1, 2018 through June 30, 2019



| | Unit | Fredericksburg | Lynchburg | NOVA | Richmond | South Hill | Tidewater |
|---|---------|----------------|-------------|----------|----------|-------------|-------------|
| COMMUNITY BASED SERVICES | | | | | | | |
| Community Respite | Day | \$125.00 | \$125.00 | \$129.00 | \$125.00 | \$125.00 | \$125.00 |
| Intensive Care Coordination (ICC) | Month | \$1,000 | \$1,000 | \$1,200 | \$1,000 | \$1,000 | \$1,000 |
| Family Support Partner ₁ | Hour | \$50.00 | \$50.00 | \$51.75 | \$50.00 | \$50.00 | \$50.00 |
| Supervised Visitation | Hour | \$40.00 | \$40.00 | \$41.40 | \$40.00 | \$40.00 | \$40.00 |
| Therapeutic Visitation | Hour | \$65.00 | \$65.00 | \$67.28 | \$65.00 | \$65.00 | \$65.00 |
| Family Stabilization | Hour | \$50.00 | \$50.00 | \$51.75 | \$50.00 | \$50.00 | \$50.00 |
| Outpatient Therapy – Individual | Hour | Not Offered | Not Offered | \$71.65 | \$71.65 | Not Offered | Not Offered |
| Outpatient Therapy – Family w/ Patient | Session | Not Offered | Not Offered | \$59.95 | \$59.95 | Not Offered | Not Offered |
| Outpatient Therapy – Family w/o Patient | Session | Not Offered | Not Offered | \$57.73 | \$57.73 | Not Offered | Not Offered |

| | Unit | 0-4 Years Old | 5-12 Years Old | 13+ Years Old |
|---|-------|----------------------------------|----------------|---------------|
| COMPREHENSIVE CARE COORDINATION SERVICES | | | | |
| Comprehensive Care Coordination Maintenance - Basic | Month | \$471.00 | \$552.00 | \$700.00 |
| Comprehensive Care Coordination Maintenance - Enhanced | Month | Determined by VEMAT Score | | |
| Comprehensive Care Coordination Support, Supervision & Administration | Month | See Table Below | | |
| ADDITIONAL CCC SERVICES | | | | |
| CCC Respite ₂ | Day | See Community Respite Rate Above | | |
| Dependent Care ₃ | Month | \$471.00 | \$552.00 | \$700.00 |

| | Unit | Assessment Level | Level 1 | Level 2 | Level 3 | Non-Treatment Level ₂ |
|--|------|------------------|---------|---------|----------|----------------------------------|
| COMPREHENSIVE CARE COORDINATION SUPPORT, SUPERVISION & ADMINISTRATION | | | | | | |
| Fredericksburg | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Lynchburg | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Northern Virginia | Day | \$99.70 | \$95.68 | \$99.70 | \$153.25 | \$91.66 |
| Richmond | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| South Hill | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |
| Tidewater | Day | \$94.61 | \$91.86 | \$94.61 | \$147.14 | \$88.00 |

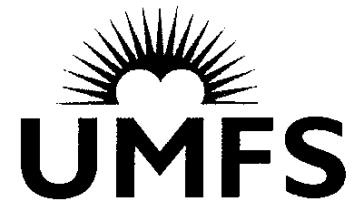
₁ This includes both ICC and Non-ICC FSP Cases

₂ There are 10 days of Community Respite built into the CCC enrollment. The above rate applies for respite days in excess of 10 days for an individual enrolled in CCC.

₃ Dependent Care is a pass-through amount that goes directly to the foster home where the dependent child is placed with their parent. This rate is only used when the dependent child is placed in the same home as their parent.

RESIDENTIAL SERVICES

CHILD & FAMILY HEALING CENTER



CSA Rates; Effective July 1, 2018 through June 30, 2019

| | Unit | Rate |
|---|------------|-----------------|
| INSTITUTIONAL RATES | | |
| Residential Room & Board | Day | \$91.00 |
| Residential Daily Supervision | Day | \$181.50 |
| Residential Supplemental Therapies | Day | \$121.00 |
| Daily Total | Day | \$393.50 |
| ADDITIONAL SERVICES | | |
| Medication Evaluation – Low Complexity | Week | \$30.32 |
| Initial Psychiatric Evaluation with Medical | Intake | \$119.91 |
| Initial Psychiatric Evaluation without Medical | Intake | \$106.45 |
| Individual Therapy – 60 Minute Session | Session | \$71.65 |
| Individual Therapy – 45 Minute Session | Session | \$47.63 |
| Individual Therapy – 30 Minute Session | Session | \$35.73 |
| Family Therapy with Client | Session | \$59.95 |
| Family Therapy without Client | Session | \$57.73 |
| Group Therapy | Hour | \$14.33 |
| Residential One-to-One Support | Hour | \$25.61 |
| Transportation ² | Mile | \$0.50 |
| EDUCATIONAL SERVICES ¹ | | |
| Private Residential School - General Curriculum Day Services (ED, LD, OHI) | Day | \$209.00 |
| Private Residential School - Neurological Differences Day Services (ASD, ID) | Day | \$255.00 |
| Private Day School - Elementary Day Services | Day | \$259.00 |
| Private Day School - Applied Curriculum Day Services (Severe Medical and Developmental Needs) | Day | \$361.00 |
| Classroom Behavior Support | Hour | \$33.00 |
| Speech Therapy | Hour | \$130.00 |
| Physical Therapy | Hour | \$130.00 |
| Occupational Therapy | Hour | \$130.00 |

← New Rates Not
← on FY18 rate
sheet.
←

← 3.12% Inc.
← \$32.00 to
\$33.00

| INSTRUCTION DAYS PER MONTH | | | |
|---|------|----------|------|
| Month | Days | Month | Days |
| July | 21 | January | 21 |
| August | 16 | February | 20 |
| September | 19 | March | 20 |
| October | 23 | April | 17 |
| November | 20 | May | 22 |
| December | 13 | June | 20 |
| Total Number of Billable School Days = 232 | | | |

¹ All Educational Services at Child and Family Healing Center are provided by Charterhouse School in Richmond, VA.

² UMFS will cover the first 75 miles of transportation for: (a) birth family visits, (b) assessment and clinical services, (c) court hearings outside of foster care hearings and cases scheduled prior to admission. This service is only available for clients who are currently enrolled in the UMFS Child & Family Healing Center.

To make a referral please contact our intake office at our toll-free admission number 1-800-767-3317 or www.umfshc.org.
Having questions? Call our client helpline 1-800-767-3317 or email info@umfshc.org

CHARTERHOUSE SCHOOL

CSA Rates; Effective July 1, 2018 through June 30, 2019



| | Unit | Richmond | Edinburg |
|---|------|----------|----------|
| PRIVATE DAY EDUCATIONAL SERVICES ; | | | |
| Private Day School - General Curriculum Day Services (ED,LD,OHI) | Day | \$209.00 | \$221.00 |
| Private Day School - Neurological Differences Day Services (ASD, ID) | Day | \$255.00 | \$259.00 |
| Private Day School - Elementary Day Services | Day | \$259.00 | \$259.00 |
| Private Day School - Applied Curriculum Day Services (Severe Medical and Developmental Needs) | Day | \$361.00 | \$308.00 |
| Private Day School - Extended School Year ₂ | Day | \$171.00 | \$171.00 |
| Classroom Behavior Support | Hour | \$33.00 | \$33.00 |
| Speech Therapy | Hour | \$130.00 | \$113.00 |
| Physical Therapy | Hour | \$130.00 | \$113.00 |
| Occupational Therapy | Hour | \$130.00 | \$113.00 |
| Home Bound Instruction | Hour | \$36.25 | \$36.25 |

←3.12%
Inc. \$32.00
to \$33.00

| INSTRUCTION DAYS PER MONTH | | | | |
|---|----------------------|----------------------|--------------|--------------|
| Month | Richmond School Year | Edinburg School Year | Richmond ESY | Edinburg ESY |
| July | 0 | 0 | 17 | 4 |
| August | 0 | 20 | 6 | 0 |
| September | 19 | 19 | 0 | 0 |
| October | 23 | 22 | 0 | 0 |
| November | 20 | 19 | 0 | 0 |
| December | 13 | 15 | 0 | 0 |
| January | 21 | 21 | 0 | 0 |
| February | 20 | 19 | 0 | 0 |
| March | 20 | 21 | 0 | 0 |
| April | 17 | 17 | 0 | 0 |
| May | 22 | 13 | 0 | 4 |
| June | 10 | 0 | 4 | 20 |
| Total Number of Billable School Days | 185 | 186 | 27 | 28 |

| COURAGE TO SUCCEED | | |
|---------------------------|------|------------|
| Term | Unit | Tuition |
| Spring Semester | Term | \$4,500.00 |
| Summer Session | Term | \$2,500.00 |
| Fall Semester | Term | \$4,500.00 |

1 Residential Educational Services rates are listed with the Child & Family Healing Center.

2 Extended School Year rate is subject to change July 1, 2019 with the start of the new fiscal year.

FY 2019 RATE SHEET/QUICK GUIDE

effective July 1, 2018 - June 30, 2019

All rates are the same.
New service is noted
below



Virginia Home for Boys and Girls (VHBG) is a trusted statewide community partner committed to working with agencies and individuals who serve children with emotional and behavioral health concerns. Using our longstanding relationships, we are uniquely positioned to help families and professionals navigate complex child welfare and mental health systems.



OUTPATIENT SERVICES:

| | |
|---|--------------------------|
| Initial Counseling Evaluation (60 to 90 minutes) | \$133.90 (Insurance/CSA) |
| Full Service Counseling Unit (45 to 60 minutes) | \$92.70 (Insurance/CSA) |
| Half Service Counseling Unit (less than 45 minutes) | \$46.35 (Insurance/CSA) |

COMMUNITY-BASED SERVICES:

| | |
|-----------------------|--------------------------|
| Intensive In-Home | \$ 60.00/hour (Medicaid) |
| Counseling Home-based | \$61.80/hour (CSA) |
| Counseling Mentoring | \$51.50/hour (CSA) |

VHBG's clinical professionals provide a continuum of trauma-informed care and our licensed clinicians provide individual, group, and family therapies. Services are strengthened through coordination with our on-campus nursing and psychiatry staff.



GROUP CARE SERVICES

| | |
|--------------------------------|--------------------|
| in Teaching-Family Group Homes | \$252.00/day (CSA) |
| add on group care services: | |
| 1:1 support | \$160.00/day(CSA) |
| Single occupancy | \$200.00/day(CSA) |

VHBG uses the evidence-based Teaching-Family approach to help boys and girls ages 11-17 who live in our DSS licensed group homes. VHBG is the only certified Teaching-Family Model site in Virginia and has successfully implemented this model since 1998.

INDEPENDENT LIVING ARRANGEMENT

| | |
|---|---|
| | \$ 644.00/month (FosteringFutures, Title IV-E or CSA) |
| Case Management and Independent Living Skills Development | \$175.00/day individualized by levels |
| Transportation: less than 30 miles | \$40 flat rate/one way per youth |
| Transportation: more than 30 miles | \$60 per hour plus IRS mileage rate |

Both transportation services are new to the rate sheet for FY19 →

Independent Living Arrangement (ILA) for males and females ages 17-21 who are transitioning out of foster care. ILA fees are individualized based on the service needs of the youth and agreed upon via contract with the locality paying for the services. Medical and therapeutic services are accessed through individual Medicaid and financial agreement.



SPECIALIZED EDUCATION:

| | |
|---|-------------------|
| John G. Wood I - Grades K-12 | \$206.00/day(CSA) |
| John G. Wood II - Self Contained Classrooms Grades 6-12 | \$237.00/day(CSA) |
| Individual Student Alternative Education Plan (ISAEP)-GED | \$195.00/day(CSA) |
| Extended School Year | \$155.00/day(CSA) |
| add-on educational services: | |
| 1:1 support | \$150.00/day(CSA) |

VHBG's K-12 specialized school is licensed by VA-DOE and accredited by VAISEF. We provide specialized education to VHBG residential students and private day students who have behaviors that impact their ability to be successful in a public school environment. The school's general educational curriculum is aligned with VA-SOLs.

Authorizing Authority:
Claiborne Mason, President
Date: 3-23-18

Claiborne Mason

8716 West Broad Street Henrico, Virginia 23294 804.270.6566 VHBG.org



Joe Gibbs
Founder and Chairman

Susan LaPierre, President
Board of Trustees

Dr. Gary L. Jones
Chief Executive Officer

FISCAL YEAR 2019
(JUL 1, 2018 – JUN 30, 2019)

STANDARD PROGRAM RATE SHEET

Provider Name: Youth For Tomorrow New Life Center
Facility Name: Youth For Tomorrow
Facility Address: 11835 Hazel Circle Drive
Bristow, VA 20136

Tax ID #: 52-1342268
Profit/Non-Profit: N

Website: www.youthfortomorrow.org

Contract Contact: Lori Perez, Controller (703-636-5100) (lperez@yftva.com)

Billing Contact: Melody Ridgeway (703-659-9879) (mridgeway@yftva.com)

Admissions Contact: Tonia Copeland (703-659-9836) (FAX: 703-365-2239) (tcopeland@yftva.com)

Facility Phone: Metro 703-634-3360/ Local 703-368-7998

Type of Facility; Children's residential Facility and Private Secondary School (special ed)

RATES for Medicaid Clients:

| | |
|-----------|---------------------------|
| Education | \$195.00 (per school day) |
| Total | \$ 195.00 |

Residential Services, Room and Board and Counseling services to Medicaid eligible children will be billed to VA Medicaid.

Clothing and personal allowance are at the placing agency/parent discretion



Joe Gibbs
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Board of Trustees

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FISCAL YEAR 2019
(JUL 1, 2018 – JUN 30, 2019)

STANDARD PROGRAM RATE SHEET

Provider Name: Youth For Tomorrow New Life Center
Facility Name: Youth For Tomorrow
Facility Address: 11835 Hazel Circle Drive
Bristow, VA 20136

Tax ID #: 52-1342268
Profit/Non-Profit: N

Website: www.youthfortomorrow.org

Contract Contact: Lori Perez, Controller (703-636-5100) (lperez@yftva.com)

Billing Contact: Melody Ridgeway (703-659-9879) (mridgeway@yftva.com)

Admissions Contact: Tonia Copeland (703-659-9836) (FAX: 703-365-2239) (tcopeland@yftva.com)

Facility Phone: Metro 703-634-3360/ Local 703-368-7998

Type of Facility; Children's residential Facility and Private Secondary School (special ed)

RATES for Non-Medicaid Clients:

| | |
|---------------------|----------------------------------|
| Daily Supervision | \$114.00 |
| Room and Board | \$ 88.00 |
| Education (Regular) | <u>\$166.00</u> (per school day) |
| Total | \$ 368.00 |

NOTE: Special Education is billed at a Rate of \$190.00 per day

Counseling services to non-Medicaid eligible children will not be billed to placing agencies.

Clothing and personal allowance are at the placing agency/parent discretion



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Board of Trustees

Dr. Gary L. Jones
Chief Executive Officer

FISCAL YEAR 2019
(JUL 1, 2018 – JUN 30, 2019)

PREGNANT TEEN / MOMMY & ME PROGRAM

Provider Name: Youth For Tomorrow New Life Center
Facility Name: Youth For Tomorrow
Facility Address: 11835 Hazel Circle Drive
Bristow, VA 20136

Tax ID #: 52-1342268
Profit/Non-Profit: N

Website: www.youthfortomorrow.org

Contract Contact: Lori Perez, Controller, (703-636-5100) (lperez@yftva.com)

Billing Contact: Melody Ridgeway (703-659-9879) (mridgeway@yftva.com)

Admissions Contact: Tonia Copeland (703-659-9836) (FAX: 703-365-2239) (tcopeland@yftva.com)

Facility Phone: Metro 703-634-3360/ Local 703-368-7998

Type of Facility: Children's residential Facility and Private Secondary School (special ed)

RATES for non-Medicaid Clients:

| | |
|----------------------------------|---------------------------|
| Daily Supervision (Teen) | \$181.00 |
| Room and Board (Teen) | \$167.00 |
| Education | \$166.00 (per school day) |
| Room and Board (child 1-4yrs) | \$ 23.00 → 4.55% ↑ |
| Daily Supervision (child 1-4yrs) | \$ 27.00 → 3.85% ↑ |
| Resident (infant 0-1yr) | \$ 20.00 → 5.26% ↑ |

NOTE: Special Education is billed at a rate of \$190.00 per day.

Counseling services to non-Medicaid eligible children will not be billed to placing agencies.

Clothing and personal allowance are at the placing agency/parent discretion.



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FISCAL YEAR 2019
(JUL 1, 2018 – JUN 30, 2019)

STANDARD PROGRAM RATE SHEET

Provider Name: Youth For Tomorrow New Life Center
Facility Name: Youth For Tomorrow
Facility Address: 11835 Hazel Circle Drive
Bristow, VA 20136

Tax ID #: 52-1342268
Profit/Non-Profit: N

Website: www.youthfortomorrow.org

Contract Contact: Lori Perez, Controller (703-636-5100) (lperez@yftva.com)

Billing Contact: Melody Ridgeway (703-659-9879) (mridgeway@yftva.com)

Admissions Contact: Tonla Copeland (703-659-9836) (FAX: 703-365-2239) (tcopeland@yftva.com)

Facility Phone: Metro 703-634-3360/ Local 703-368-7998

Type of Facility: Children's residential Facility and Private Secondary School (special ed)

RATES for Medicaid Clients with Title IV Funds :

| | |
|---------------------------------|---------------------------|
| Residential Room and Board | \$ 88.00 (per day) |
| Combined Residential Services** | <u>\$305.50</u> (per day) |
| Total of Above* | \$393.50 (per day) |

| | |
|----------------------------------|---------------------------|
| Residential Educational Services | \$195.00 (per School day) |
|----------------------------------|---------------------------|

** Combined Residential Services consists of Daily Supervision that is required to maintain mandatory staff ratio and all checks of students for all shifts in a 24 hour day. It also includes all required case management, residential therapies and medical counseling.

*These rates are subject to change and will be adjusted to Virginia Medicaid's Rate setting as per the contract once the rates are assigned by them.

Clothing and personal allowance are at the placing agency/parent discretion

FY 2019 Rate Sheet

Provider Name: Youth For Tomorrow **Tax ID#:**
Facility Name: Youth For Tomorrow **Profit/Non-Profit:** Non-Profit
Facility Address: 6800 Backlick Road, Suite 300
 Springfield, VA 22150
Contract Contact: Jermaine H. Johnson, LMFT
Admissions Contact: Jessica Willis, BA
Facility Contact Phone#: (703) 425-9200 **Facility FAX#:** (866) 295-9344
Provider Email: jjohnson@yftva.com

Effective Date: July 1, 2018 **End Date:** June 30, 2019

Treatment Foster Care (TFC)

TFC is an alternative to residential placement or a step down from residential placement that consists of specialized services delivered primarily by YFT's trained and professionally supported Treatment Foster Parents in their homes. Treatment Foster Care Case Management and Private Foster Care Support, Supervision, and Administration are provided by Qualified Mental Health Professionals who are Masters and Bachelors prepared human service professionals under the supervision of licensed professionals.

Room and Board: The following rates apply to all levels of TFC and reflect the State rates for monthly maintenance.

| Name/Type of Service | Unit | Max. Units | FY 2018 Rate* | FY2019 Proposed Rate |
|-------------------------------|-------|------------|---------------|----------------------|
| Maintenance-Basic Ages 0 - 4 | Month | 12 | \$471.00 | _____ |
| Maintenance-Basic Ages 5 - 12 | Month | 12 | \$552.00 | _____ |
| Maintenance-Basic Ages 13+ | Month | 12 | \$700.00 | _____ |

The Following rates apply to all levels of TFC and reflect the CSA requirements for Enhanced Maintenance:

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|-------------------------------|-------|------------|-------------|----------------------|
| Maintenance-Enhanced VEMAT 4 | Month | 12 | \$ 224.00 | _____ |
| Maintenance-Enhanced VEMAT 8 | Month | 12 | \$ 448.00 | _____ |
| Maintenance-Enhanced VEMAT 12 | Month | 12 | \$ 672.00 | _____ |
| Maintenance-Enhanced VEMAT 16 | Month | 12 | \$ 896.00 | _____ |
| Maintenance-Enhanced VEMAT 20 | Month | 12 | \$1,120.00 | _____ |
| Maintenance-Enhanced VEMAT 24 | Month | 12 | \$1,344.00 | _____ |
| Maintenance-Enhanced VEMAT 28 | Month | 12 | \$1,568.00 | _____ |
| Maintenance-Enhanced VEMAT 32 | Month | 12 | \$1,792.00 | _____ |
| Maintenance-Enhanced VEMAT 36 | Month | 12 | \$2,016.00 | _____ |

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|--|-------|------------|-------------|----------------------|
| Treatment Foster Care Case Management* | Month | 12 | \$326.50 | <u>\$326.50</u> |

*This rate applies to all levels of TFC and will be determined by Medicaid. If not eligible for Medicaid Treatment Foster Care Case Management the county will be billed.

Assessment Level

This is a new service that is required by the Office of Comprehensive Services for “Standardizing Levels of Therapeutic Foster Care.” The Assessment Level is provided to all youth at entry to YFT’s TFC Program. The assessment treatment level will not exceed 60 days and is used to assess the youth’s strengths and needs and provide treatment foster care services.

Services Include: Treatment Foster Care Case Management and Assessment activities. During the assessment, the youth will be assigned an YFT Family Specialist, who will be responsible for gathering the needed information to assess the youth’s treatment and service needs. All youth are assessed by YFT’s consultant psychiatrist, unless the guardian requests that an outside psychiatrist be used. An Initial Planning Meeting is conducted either prior to placement or in the first week, to organize the treatment team and start the assessment process. Treatment Foster Care Case Management Services: Develop and monitor individualized treatment goals for each client, coordinate services with others involved in the treatment plan and provide referrals to appropriate resources for services and treatment.

During the intake process or in the first week of placement (in emergency placement situations) a comprehensive interview is conducted which assesses the youth in a variety of domains. Initial Plan of Care is developed with short term goals to be used until the Master Treatment Plan is developed. A Foster Home Contract and Safety Plan (as needed) are completed with each youth and their foster family. YFT completes a Bio/Psycho/Social Assessment during the first 30 days of service. This document is a comprehensive assessment of the youth and his/her family’s strengths and needs and includes recommended goals for the Master Treatment Plan. YFT will use this document to create a shorter Assessment Summary and Recommendation for Level of Care for the Family Assessment and Plan Team (FAPT) to use in determining the youth’s TFC level of care.

Private Foster Care Support, Supervision, and Administration

- License, train, and support TFC Foster Parents
- Ensure individualized service/treatment coordination.
- Support and supervise foster parents in the delivery of specialized services to youth placed in their homes, and collect information on the youth’s strengths and needs.
- Weekly face-to-face meetings with each youth to work on and support the youth meeting treatment plan goals and collect necessary information to complete the assessment.
- Family Specialists assigned to complete assessments may not have a caseload of more than 8 TFC (level 1, 2, or 3) clients.
- 24 hour a day crisis intervention and support
- Up to 24 paid days of respite provided to the TFC parent to support maintenance of the youth in the home.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|---|------|------------|----------------|-------------------------|
| Private Foster Care Support, Supervision, and Administration- Intensive | Day | 365 | \$145.00 | \$145.00 |

Treatment Foster Care - Level 3

These services are based on “Standardized Levels of Care for Therapeutic Foster Care” as defined by the Office of Comprehensive Services. Level 3 Services are provided to youth who demonstrate a significant level of social/emotional/behavioral/medical/personal care needs of impairment of normal of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child’s needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement.

Services Include:

Treatment Foster Care Case Management: Develop and monitor individualized treatment goals for each client, coordinate services with others involved in the treatment plan and provide referrals to appropriate resources for services and treatment.

Private Foster Care Support, Supervision, and Administration

- License, train, and support TFC Foster Parents
- Ensure individualized service/treatment coordination and crisis stabilization.
- Support and supervise foster parents in the delivery of specialized services to youth placed in their homes.
- Six monthly face-to-face meetings with each youth to work on and support the youth meeting treatment plan goals.
- Family Specialists may carry a caseload of no more than 8 TFC (level 1, 2, or 3) clients.
- 24 hour a day crisis intervention and support
- Up to 24 paid days of respite provided to the TFC parent to support maintenance of the youth in the home.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|--|------|------------|-------------|----------------------|
| Private Foster Care Support, Supervision, and Administration | Day | 365 | \$150.00 | \$150.00 |

Treatment Foster Care - Level 2

These services are based on “Standardized Levels of Care for Therapeutic Foster Care” as defined by the Office of Comprehensive Services. Level 2 services are provided to youth who demonstrate a moderate level of social/emotional/behavioral/medical/person care needs of impairment of normal of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child’s needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.

Services Include:

Treatment Foster Care Case Management: Develop and monitor individualized treatment goals for each client, coordinate services with others involved in the treatment plan and provide referrals to appropriate resources for services and treatment.

Private Foster Care Support, Supervision, and Administration

- License, train, and support TFC Foster Parents
- Ensure individualized service/treatment coordination.
- Support and supervise foster parents in the delivery of specialized services to youth placed in their homes.
- Four monthly face-to-face meetings with each youth to work on and support the youth meeting treatment plan goals.
- Family Specialists may carry a caseload of no more than 8 TFC (level 1, 2, or 3) clients.
- 24 hour a day crisis intervention and support
- Up to 24 paid days of respite provided to the TFC parent to support maintenance of the youth in the home.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|--|------|------------|-------------|----------------------|
| Private Foster Care Support, Supervision, and Administration | Day | 365 | \$141.00 | \$143.00 |

Treatment Foster Care - Level 1

These services are based on “Standardized Levels of Care for Therapeutic Foster Care” as defined by the Office of Comprehensive Services. Level 1 services are provided to youth who demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The youth’s needs require monitoring or YFT may need to provide services to lessen the likelihood needs will return.

Services include:

Treatment Foster Care Case Management: Develop and monitor individualized treatment goals for each client, coordinate services with others involved in the treatment plan and provide referrals to appropriate resources for services and treatment.

Private Foster Care Support, Supervision, and Administration

- License, train, and support TFC Foster Parents
- Ensure individualized service/treatment coordination.
- Support and supervise foster parents in the delivery of specialized services to youth placed in their homes.
- Two monthly face-to-face meetings with each youth to work on and support the youth meeting treatment plan goals.
- Family Specialists may carry a caseload of no more than 8 TFC (level 1, 2, or 3) clients.
- 24 hour a day crisis intervention and support
- Up to 24 paid days of respite provided to the TFC parent to support maintenance of the youth in the home.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|--|------|------------|-------------|----------------------|
| Private Foster Care Support, Supervision, and Administration | Day | 365 | \$109.00 | \$111.00 |

Non-Treatment Foster Care

Provided to youth who may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level, if the assessment indicates treatment foster care services are not needed. In most circumstances these are services are provided to youth who are siblings of Treatment Level youth, or youth who were originally placed with a need for TFC, but have progressed to no longer needing it.

Services include:

Treatment Foster Care Case Management: Develop and monitor individualized treatment goals for each client, coordinate services with others involved in the treatment plan and provide referrals to appropriate resources for services and treatment.

- License, train and support TFC Foster Parents (all YFT Foster Parents are trained at the TFC level)
- Ensure individualized service coordination
- Support and supervise foster parents in the delivery of services to youth placed in their home.
- One monthly face-to-face contact with foster youth to ensure needs are being met.
- Family Specialists may carry a caseload of no more than 8 TFC (level 1, 2, or 3) clients.
- 24 hour a day of professional crisis intervention and support
- Up to 24 paid days of respite provided to the TFC parent to support maintenance of the youth in the home.

Youth For Tomorrow
Rate Sheet – June 30, 2018

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|---|------|------------|----------------|-------------------------|
| Private Foster Care Support, Supervision, and Administration Day | | 365 | <u>\$75.00</u> | <u>\$76.00</u> |

Non-Custodial Placements would receive services as described above and also billed at the same rates as short-term foster care. In both cases, Maintenance state rates apply.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|---|------|------------|-----------------|-------------------------|
| Treatment Foster Care Case Management | Day | 365 | <u>\$ 10.73</u> | <u>\$ 10.73</u> |
| Maintenance-Enhanced * *VEMAT rate will be used if completed | Day | 365 | <u>\$ 38.17</u> | <u>\$ 38.17</u> |

Respite

Placements up to 30 days. May be used as an overnight respite for clients formally with YFT in order to assist in the transition home, to maintain community contacts when children/youth are placed in residential programs out of the area, or for children placed with biological family. May be parental/community placements designed to provide families with support in caring for emotionally or behaviorally disturbed youth. Assessment and Treatment Foster Care Case Management are provided by Qualified Mental Health Professionals who are Masters and Bachelors prepared human service professionals supervised by licensed professionals. Placements are made in homes with families who are certified and trained to provide Treatment Foster Care and Short-Term Foster Care.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|----------------------|------|------------|-----------------|-------------------------|
| Respite | Day | 30 | <u>\$157.00</u> | <u>\$157.00</u> |

Pre-Placement Visits

Overnight pre-placement visitation between potential foster family and child to ensure an appropriate match.

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|----------------------|------|------------|-----------------|-------------------------|
| Pre-Placement | Day | 326 | <u>\$100.00</u> | <u>\$100.00</u> |

Mother/Child Services

Mother/Child services are for children who remain in the custody of a Treatment Foster Care client. This service includes case monitoring, assessment of child's needs for services regarding nutritional and medical, along with training and guidance to the parent (Treatment Foster Care client) and foster family. Within this service 24 hour on-call crisis intervention is provided for the Treatment Foster Care client and child. This additional service that can be contracted on a case by case basis. Services for the child will be monitored through the relationship with the client when placed together.

Youth For Tomorrow
Rate Sheet - June 30, 2018

| Name/Type of Service | Unit | Max. Units | FY2018 Rate | FY2019 Proposed Rate |
|-----------------------|------|------------|----------------|-------------------------|
| Mother/Child Services | Day | 326 | <u>\$26.00</u> | <u>\$26.00</u> |



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES *Administering the Children's Services Act*

ADMINISTRATIVE MEMO #18-04

TO: CPMT Chairs
CSA Fiscal Agents
CSA Coordinators

FROM: Maris Adcock, ^{MA} Finance and Business Operation Manager

DATE: June 5, 2018

SUBJECT: FY19 WRAP-AROUND SERVICES FOR STUDENTS WITH DISABILITIES

The FY2019 budget for CSA appropriates \$2.2 million for services in the category "Wrap-Around Services for Students with Disabilities" (SPED Wrap-Around). This specific appropriation represents a continuation for the CSA "earmark" funding for this particular service category.

This limited appropriation places several restrictions on expenditures for this category (i.e. expenditures may not exceed \$2.2 million general funds statewide and the funds cannot be used for or transferred to other service categories). As with all CSA service funds, unspent funds cannot be carried forward from one fiscal year to the next. The Office of Children's Services (OCS) must allocate and manage these funds in such a manner as to ensure compliance with these restrictions.

The allocation and management of the funds are based on the following principles.

1. All localities should have an opportunity to utilize funds,
2. All localities should have access to funds, and
3. 100% of the earmarked funds will be available for allocation.

The process for allocation and management of FY2019 SPED Wrap-Around funds has changed from prior years. Please see the description below.

1. The initial allocation is calculated based on a locality's average utilization of SPED WRAP-Around funds over four funding years (FY2015 – FY2018).
 - a. If a locality has not expended these funds during the three most recently completed fiscal years (FY2015-2017), nor have they requested these funds during the current fiscal year (FY2018), they will not receive an initial SPED Wrap-Around Allocation for FY2019.
2. If a locality does not receive SPED Wrap-Around funds in the initial allocation, they can submit an email request to the OCS Finance and Business Office. The request must explain the need that has resulted in the proposed utilization of these funds and an anticipated utilization for FY2019.

3. Mid-year recovery and reallocation of unutilized SPED Wrap-Around allocation:
 - a. Following the close of the second quarter (December 2018), a locality's expenditures of SPED Wrap-Around services will be analyzed.
 - b. If a locality has not recorded any expenditures for SPED Wrap-Around services in the CSA LEDRS system, the locality's current, SPED Wrap-Around allocation may be unallocated and made available for redistribution.
 - c. A locality whose SPED Wrap-Around allocation has been unallocated due to no expenditures having been reflected in the CSA LEDRS system may request a reallocation of SPED Wrap-Around funds.
 - d. This will require an email request to the OCS Finance and Business Office. The request must explain the proposed utilization of these funds in the remainder of FY2019.
4. If at any point in FY2019, a locality in need of additional SPED Wrap-Around funds may submit an email to the OCS Finance and Business Office requesting consideration for allocation of additional funds. The request must explain the proposed additional allocation request.

Additional, requested funds will be supported based on available unallocated funds. The total SPED Wrap-Around Allocation cannot exceed \$2,200,000.

The use of mandated funds for "Wrap-Around Services for Students with Disabilities" allows communities to provide services to youth when their identified educational disabilities affect adjustment outside the school environment. Such services may provide critical supports for youth who face significant challenges in the home or community. Communities are encouraged to consider their local policies regarding the provision of SPED Wrap-Around services and to identify strategies to maximize utilization of community-based supports for all youth.

The Office of Children's Services has been waiting until the General Assembly had presented a budget to the Governor. The allocations described in the Administrative Memorandum are contingent on the Governor's actual signing of the Budget for the upcoming biennium. The state appropriation numbers are based on the Governor signing the current proposed budget as it has been enrolled by the General Assembly.

Questions regarding the SPED Wrap-Around allocation process may be directed to Maris Adcock by phone at (804) 662-7451 or by e-mail at maris.adcock@csa.virginia.gov.

cc: Scott Reiner
Zandra Relaford

Office of Children's Services
 WRAP Allocation based on Average Utilization

WRAP2019

FY2019

| FIPS | Locality | Local Match | FY | State and Local Share | State Share | Local Share |
|------|-------------------------|-------------|----|-----------------------|-------------|-------------|
| 1 | Accomack | 0.2332 | 18 | 6,556.00 | 5,027.00 | 1,529.00 |
| 3 | Albemarle | 0.4474 | 18 | 102,454.00 | 56,616.00 | 45,838.00 |
| 5 | Alleghany/Clifton Forge | 0.1924 | 18 | 7,379.00 | 5,959.00 | 1,420.00 |
| 7 | Amelia | 0.3268 | 18 | 7,467.00 | 5,027.00 | 2,440.00 |
| 9 | Amherst | 0.2722 | 18 | 20,998.00 | 15,282.00 | 5,716.00 |
| 11 | Appomattox | 0.2639 | 18 | 6,829.00 | 5,027.00 | 1,802.00 |
| 13 | Arlington | 0.4602 | 18 | 52,499.00 | 28,339.00 | 24,160.00 |
| 15 | Augusta | 0.3302 | 18 | 11,914.00 | 7,980.00 | 3,934.00 |
| 17 | Bath | 0.4278 | 18 | - | - | - |
| 19 | Bedford County | 0.3111 | 18 | - | - | - |
| 21 | Bland | 0.2109 | 18 | - | - | - |
| 23 | Botetourt | 0.3602 | 18 | 12,209.00 | 7,811.00 | 4,398.00 |
| 25 | Brunswick | 0.2439 | 18 | 6,649.00 | 5,027.00 | 1,622.00 |
| 27 | Buchanan | 0.3156 | 18 | 7,345.00 | 5,027.00 | 2,318.00 |
| 29 | Buckingham | 0.2023 | 18 | 18,488.00 | 14,748.00 | 3,740.00 |
| 31 | Campbell | 0.3107 | 18 | 17,036.00 | 11,743.00 | 5,293.00 |
| 33 | Caroline | 0.3308 | 18 | 7,512.00 | 5,027.00 | 2,485.00 |
| 35 | Carroll | 0.291 | 18 | - | - | - |
| 36 | Charles City | 0.3131 | 18 | - | - | - |
| 37 | Charlotte | 0.2204 | 18 | 11,136.00 | 8,682.00 | 2,454.00 |
| 41 | Chesterfield | 0.3853 | 18 | 54,265.00 | 33,357.00 | 20,908.00 |
| 43 | Clarke | 0.4797 | 18 | 9,662.00 | 5,027.00 | 4,635.00 |
| 45 | Craig | 0.2901 | 18 | - | - | - |
| 47 | Culpeper | 0.3767 | 18 | 85,713.00 | 53,425.00 | 32,288.00 |
| 49 | Cumberland | 0.304 | 18 | 7,223.00 | 5,027.00 | 2,196.00 |
| 51 | Dickenson | 0.3042 | 18 | 10,167.00 | 7,074.00 | 3,093.00 |
| 53 | Dinwiddie | 0.3358 | 18 | 28,391.00 | 18,857.00 | 9,534.00 |
| 57 | Essex | 0.3853 | 18 | 8,178.00 | 5,027.00 | 3,151.00 |
| 61 | Fauquier | 0.4584 | 18 | 66,208.00 | 35,858.00 | 30,350.00 |
| 63 | Floyd | 0.2324 | 18 | - | - | - |
| 65 | Fluvanna | 0.3811 | 18 | 34,487.00 | 21,344.00 | 13,143.00 |
| 67 | Franklin County | 0.283 | 18 | 81,720.00 | 58,593.00 | 23,127.00 |
| 69 | Frederick | 0.4348 | 18 | 13,730.00 | 7,760.00 | 5,970.00 |
| 71 | Giles | 0.2898 | 18 | - | - | - |
| 73 | Gloucester | 0.3687 | 18 | 7,963.00 | 5,027.00 | 2,936.00 |
| 75 | Goochland | 0.4871 | 18 | - | - | - |
| 77 | Grayson | 0.2109 | 18 | - | - | - |
| 79 | Greene | 0.3471 | 18 | 14,792.00 | 9,658.00 | 5,134.00 |
| 83 | Halifax | 0.2335 | 18 | 22,097.00 | 16,937.00 | 5,160.00 |
| 85 | Hanover | 0.4444 | 18 | 40,920.00 | 22,735.00 | 18,185.00 |
| 87 | Henrico | 0.3755 | 18 | 53,377.00 | 33,334.00 | 20,043.00 |
| 89 | Henry | 0.2786 | 18 | - | - | - |
| 91 | Highland | 0.3822 | 18 | - | - | - |
| 93 | Isle of Wight | 0.3613 | 18 | - | - | - |

Office of Children's Services
 WRAP Allocation based on Average Utilization

WRAP2019

FY2019

| FIPS | Locality | Local Match | FY | State and Local Share | State Share | Local Share |
|------|-----------------|-------------|----|-----------------------|-------------|-------------|
| 95 | James City | 0.4483 | 18 | 9,112.00 | 5,027.00 | 4,085.00 |
| 97 | King & Queen | 0.3144 | 18 | 7,332.00 | 5,027.00 | 2,305.00 |
| 99 | King George | 0.3627 | 18 | - | - | - |
| 101 | King William | 0.3853 | 18 | 12,421.00 | 7,635.00 | 4,786.00 |
| 103 | Lancaster | 0.4391 | 18 | 8,962.00 | 5,027.00 | 3,935.00 |
| 105 | Lee | 0.2245 | 18 | 22,872.00 | 17,737.00 | 5,135.00 |
| 107 | Loudoun | 0.4764 | 18 | 65,267.00 | 34,174.00 | 31,093.00 |
| 109 | Louisa | 0.4401 | 18 | 8,978.00 | 5,027.00 | 3,951.00 |
| 111 | Lunenburg | 0.1698 | 18 | 7,122.00 | 5,913.00 | 1,209.00 |
| 113 | Madison | 0.3355 | 18 | 12,522.00 | 8,321.00 | 4,201.00 |
| 115 | Mathews | 0.4271 | 18 | - | - | - |
| 117 | Mecklenburg | 0.2286 | 18 | 42,257.00 | 32,597.00 | 9,660.00 |
| 119 | Middlesex | 0.4333 | 18 | - | - | - |
| 121 | Montgomery | 0.2834 | 18 | - | - | - |
| 125 | Nelson | 0.3132 | 18 | 7,319.00 | 5,027.00 | 2,292.00 |
| 127 | New Kent | 0.4329 | 18 | 8,864.00 | 5,027.00 | 3,837.00 |
| 131 | Northampton | 0.1971 | 18 | 6,261.00 | 5,027.00 | 1,234.00 |
| 133 | Northumberland | 0.3304 | 18 | 7,507.00 | 5,027.00 | 2,480.00 |
| 135 | Nottoway | 0.2686 | 18 | - | - | - |
| 137 | Orange | 0.4083 | 18 | 22,538.00 | 13,336.00 | 9,202.00 |
| 139 | Page | 0.2865 | 18 | 15,018.00 | 10,715.00 | 4,303.00 |
| 141 | Patrick | 0.2539 | 18 | - | - | - |
| 143 | Pittsylvania | 0.2355 | 18 | 12,887.00 | 9,852.00 | 3,035.00 |
| 145 | Powhatan | 0.4342 | 18 | 30,624.00 | 17,327.00 | 13,297.00 |
| 147 | Prince Edward | 0.2232 | 18 | 6,471.00 | 5,027.00 | 1,444.00 |
| 149 | Prince George | 0.3716 | 18 | - | - | - |
| 153 | Prince William | 0.3414 | 18 | - | - | - |
| 155 | Pulaski | 0.2923 | 18 | 49,466.00 | 35,007.00 | 14,459.00 |
| 157 | Rappahannock | 0.4199 | 18 | 14,725.00 | 8,542.00 | 6,183.00 |
| 159 | Richmond County | 0.3227 | 18 | - | - | - |
| 161 | Roanoke County | 0.4397 | 18 | 36,855.00 | 20,650.00 | 16,205.00 |
| 163 | Rockbridge | 0.2336 | 18 | 6,975.00 | 5,346.00 | 1,629.00 |
| 165 | Rockingham | 0.3445 | 18 | 7,669.00 | 5,027.00 | 2,642.00 |
| 167 | Russell | 0.1894 | 18 | 19,096.00 | 15,479.00 | 3,617.00 |
| 169 | Scott | 0.3154 | 18 | - | - | - |
| 171 | Shenandoah | 0.3517 | 18 | 22,482.00 | 14,575.00 | 7,907.00 |
| 173 | Smyth | 0.2337 | 18 | - | - | - |
| 175 | Southampton | 0.323 | 18 | - | - | - |
| 177 | Spotsylvania | 0.4588 | 18 | 68,544.00 | 37,096.00 | 31,448.00 |
| 179 | Stafford | 0.4439 | 18 | 52,712.00 | 29,313.00 | 23,399.00 |
| 181 | Surry | 0.3979 | 18 | - | - | - |
| 183 | Sussex | 0.2387 | 18 | - | - | - |
| 185 | Tazewell | 0.2455 | 18 | 27,139.00 | 20,476.00 | 6,663.00 |
| 187 | Warren | 0.3853 | 18 | 9,102.00 | 5,595.00 | 3,507.00 |

Office of Children's Services
 WRAP Allocation based on Average Utilization

WRAP2019

| | | | | FY2019 | | |
|-------------------------|----------------------|-------------|----|-----------------------|---------------------|---------------------|
| FIPS | Locality | Local Match | FY | State and Local Share | State Share | Local Share |
| 191 | Washington | 0.276 | 18 | - | - | - |
| 193 | Westmoreland | 0.3025 | 18 | 7,207.00 | 5,027.00 | 2,180.00 |
| 195 | Wise | 0.2755 | 18 | 86,831.00 | 62,909.00 | 23,922.00 |
| 197 | Wythe | 0.2708 | 18 | - | - | - |
| 199 | York | 0.3888 | 18 | 8,225.00 | 5,027.00 | 3,198.00 |
| 510 | Alexandria | 0.5309 | 18 | 139,026.00 | 65,217.00 | 73,809.00 |
| 520 | Bristol | 0.2547 | 18 | - | - | - |
| 530 | Buena Vista | 0.2329 | 18 | 6,553.00 | 5,027.00 | 1,526.00 |
| 540 | Charlottesville | 0.3068 | 18 | 48,485.00 | 33,610.00 | 14,875.00 |
| 550 | Chesapeake | 0.3715 | 18 | 106,461.00 | 66,911.00 | 39,550.00 |
| 570 | Colonial Heights | 0.4027 | 18 | - | - | - |
| 580 | Covington | 0.2496 | 18 | 6,699.00 | 5,027.00 | 1,672.00 |
| 590 | Danville | 0.2223 | 18 | 24,916.00 | 19,377.00 | 5,539.00 |
| 620 | Franklin City | 0.371 | 18 | - | - | - |
| 630 | Fredericksburg | 0.3441 | 18 | 13,129.00 | 8,611.00 | 4,518.00 |
| 640 | Galax | 0.3146 | 18 | - | - | - |
| 650 | Hampton | 0.3223 | 18 | 68,578.00 | 46,475.00 | 22,103.00 |
| 660 | Harrisonburg | 0.3808 | 18 | 14,226.00 | 8,809.00 | 5,417.00 |
| 670 | Hopewell | 0.2667 | 18 | 65,672.00 | 48,157.00 | 17,515.00 |
| 678 | Lexington | 0.3302 | 18 | - | - | - |
| 680 | Lynchburg | 0.2736 | 18 | 38,790.00 | 28,177.00 | 10,613.00 |
| 683 | Manassas City | 0.4168 | 18 | - | - | - |
| 685 | Manassas Park | 0.4273 | 18 | 8,778.00 | 5,027.00 | 3,751.00 |
| 690 | Martinsville | 0.3321 | 18 | - | - | - |
| 700 | Newport News | 0.2773 | 18 | - | - | - |
| 710 | Norfolk | 0.2455 | 18 | 122,854.00 | 92,693.00 | 30,161.00 |
| 720 | Norton | 0.3254 | 18 | 7,452.00 | 5,027.00 | 2,425.00 |
| 730 | Petersburg | 0.3535 | 18 | 49,558.00 | 32,039.00 | 17,519.00 |
| 735 | Poquoson | 0.2787 | 18 | - | - | - |
| 740 | Portsmouth | 0.2605 | 18 | - | - | - |
| 750 | Radford | 0.2035 | 18 | - | - | - |
| 760 | Richmond City | 0.3691 | 18 | - | - | - |
| 770 | Roanoke City | 0.3072 | 18 | 7,256.00 | 5,027.00 | 2,229.00 |
| 775 | Salem | 0.3513 | 18 | 7,749.00 | 5,027.00 | 2,722.00 |
| 790 | Staunton | 0.2699 | 18 | 6,885.00 | 5,027.00 | 1,858.00 |
| 800 | Suffolk | 0.2432 | 18 | - | - | - |
| 810 | Virginia Beach | 0.3569 | 18 | - | - | - |
| 820 | Waynesboro | 0.3843 | 18 | 8,800.00 | 5,418.00 | 3,382.00 |
| 830 | Williamsburg | 0.4553 | 18 | - | - | - |
| 840 | Winchester | 0.4587 | 18 | 18,788.00 | 10,170.00 | 8,618.00 |
| 1200 | Greensville/Emporia | 0.2266 | 18 | 6,500.00 | 5,027.00 | 1,473.00 |
| 1300 | Fairfax/Falls Church | 0.4611 | 18 | 732,674.00 | 394,838.00 | 337,836.00 |
| Total Allocation | | | | 3,076,555.00 | 1,899,999.00 | 1,176,556.00 |




COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES *Administering the Children's Services Act*

ADMINISTRATIVE MEMO #18-05

To: CPMT Chairs
CSA Coordinators
CSA Fiscal Agents

From:  Maris Adcock, Finance and Business Operation Manager

Date: June 6, 2018

Subject: FY2018 CSA Expenditure Reporting
FY2018 Federal Expenditure Report
FY2019 CSA Base Pool Allocation and Non-Mandated / Protected funds
FY2019 CSA Expenditure Reporting
FY2019 Administrative Funding

FY2018 Year End Expenditure Reporting

September 30 is the cut-off for reporting program year 2018 CSA pool fund expenditures (Services from July 1, 2017 through June 30, 2018). Please refer to Section 4.5.2 (Pool Fund Reimbursement) of the CSA Policy Manual for additional information regarding reporting requirements.

The CSA Local Expenditure Data and Reimbursement System (LEDRS) will be available until midnight, September 30, 2018, for Fiscal Agent approval of FY2018 expenditures. The CSA LEDRS has the ability to look at multiple fiscal years (FY). The CSA LEDRS looks at the payment date and the purchase order fiscal year to determine the program service year and the month of service.

For July and August 2018, you can submit only one LEDRS file each month, however, the data submitted may include expenditures for both 2018 and 2019 program service years. The LEDRS system will determine the proper programs service year to post the entry.

In order that all 2018 program service year expenditures are reported by the September 30 cut-off, in the month of September a locality can submit up to three (3) LEDRS files with Fiscal Agent approval. **Only** in the month of September will the system allow you to post expenditures incurred in that month.

Effective Monday, October 1, 2018, the LEDRS system will no longer accept FY2018 expenditures.

FY2018 Federal Expenditure Reporting Requirements

During the 2018 fiscal year, the Children's Services Act received \$9,419,998 in Temporary Assistance for Needy Families (TANF)/Social Services Block Grant (SSBG) funding. The funds are used to reimburse localities for eligible Title IV-E clients. A report will be made available on the fiscal agent site of the CSA website in July 2018, reflecting individual locality reimbursement using SSBG (Catalog of Federal Domestic Assistance, CFDA # 93667) funds. You will need this information for your annual Statement of Expenditures of Federal Awards (SEFA) reporting.

FY2019 Base Pool Allocation and Non-Mandated (Protected) funds

Attached to this memorandum is a table with the FY2019 Base Pool Allocation by locality. The funding shown in this table will be the Base Pool Allocation by locality shown in the CSA Transaction History Report. As a result of the increased appropriation levels in the subject Base Pool Allocations, many localities will receive an increase in the base allocation over prior years. Please carefully review the amount allocated to your locality.

Non-Mandated/Protected funds are a subset of your Base Pool Allocation. The Non-Mandated/Protected funds are not additional funds. It is an amount of your Base Pool Allocation that has been identified for possible expenditures for non-mandated services. The FY2019 Non-Mandated / Protected amount will be available in July on the local CSA Fiscal Agent Site.

FY2019 Expenditure Reporting

The LEDRS System will open for FY2019 program service year reporting (*services from July 1, 2018 through June 30, 2019*) on August 1, 2018. The LEDRS will be the CSA expenditure system of record and shall be the source to report and calculate CSA state share reimbursement to localities.

Be aware that the LEDRS will not allow a locality to upload a reimbursement request, which exceeds any of the following areas of identified funding streams.

- Base Pool Allocation (unless a supplemental allocation has been requested and approved)
- The amount allocated in the Non-Mandated category
- The amount allocated in the Special Education Wrap-Around category *please refer to OCS Administrative Memo #18-04, issued June 5, 2018.

June 6, 2018

FY2018 Administrative Funds

The Office of Children's Services is in the process of developing an improved method of requesting CSA Local Administrative Funds. Further guidance for requesting these funds will be forthcoming. The new process for requesting CSA Administrative funds will be available by October 1, 2018.

Attached to this memorandum is a table showing each locality's allocated FY2019 CSA Local Administrative funds.

The Office of Children's Services has been waiting until the General Assembly had presented a budget to the Governor. The allocations described in the Administrative Memorandum are contingent on the Governor's actual signing of the Budget for the upcoming biennium. The state appropriation numbers are based on the Governor signing the current proposed budget as it has been enrolled by the General Assembly.

Office of Comprehensive Services
 Pool Fund Expenditures
 Three Year Average - For Base Allocations

Base2019

| ID | Locality Name | Local Pool Fund Match Rate | FY19 Total Base Allocation | FY19 State Base Allocation | FY19 Local Base Allocation |
|----|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | Accomack | 23.32% | 707,964 | 542,834 | 165,130 |
| 3 | Albemarle | 44.74% | 8,845,512 | 4,888,170 | 3,957,342 |
| 5 | Alleghany/Clifton Forge | 19.24% | 1,288,229 | 1,040,357 | 247,872 |
| 7 | Amelia | 32.68% | 430,072 | 289,523 | 140,549 |
| 9 | Amherst | 27.22% | 1,221,667 | 889,174 | 332,493 |
| 11 | Appomattox | 26.39% | 1,568,129 | 1,154,316 | 413,813 |
| 13 | Arlington | 46.02% | 6,850,690 | 3,698,321 | 3,152,369 |
| 15 | Augusta | 33.02% | 3,822,235 | 2,560,094 | 1,262,141 |
| 17 | Bath | 42.78% | 163,604 | 93,617 | 69,987 |
| 19 | Bedford County | 31.11% | 2,364,638 | 1,628,999 | 735,639 |
| 21 | Bland | 21.09% | 306,009 | 241,470 | 64,539 |
| 23 | Botetourt | 36.02% | 1,176,747 | 752,853 | 423,894 |
| 25 | Brunswick | 24.39% | 792,900 | 599,510 | 193,390 |
| 27 | Buchanan | 31.56% | 1,531,087 | 1,047,910 | 483,177 |
| 29 | Buckingham | 20.23% | 1,280,567 | 1,021,507 | 259,060 |
| 31 | Campbell | 31.07% | 2,145,972 | 1,479,177 | 666,795 |
| 33 | Caroline | 33.08% | 1,612,238 | 1,078,909 | 533,329 |
| 35 | Carroll | 29.10% | 1,590,113 | 1,127,429 | 462,684 |
| 36 | Charles City | 31.31% | 216,119 | 148,461 | 67,658 |
| 37 | Charlotte | 22.04% | 932,998 | 727,365 | 205,633 |
| 41 | Chesterfield | 38.53% | 9,785,991 | 6,015,325 | 3,770,666 |
| 43 | Clarke | 47.97% | 778,746 | 405,174 | 373,572 |
| 45 | Craig | 29.01% | 376,618 | 267,349 | 109,269 |
| 47 | Culpeper | 37.67% | 4,317,398 | 2,691,028 | 1,626,370 |
| 49 | Cumberland | 30.40% | 658,461 | 458,267 | 200,194 |
| 51 | Dickenson | 30.42% | 1,200,289 | 835,221 | 365,068 |
| 53 | Dinwiddie | 33.58% | 1,589,161 | 1,055,544 | 533,617 |
| 57 | Essex | 38.53% | 785,676 | 482,950 | 302,726 |
| 61 | Fauquier | 45.84% | 5,023,800 | 2,721,078 | 2,302,722 |
| 63 | Floyd | 23.24% | 376,045 | 288,649 | 87,396 |
| 65 | Fluvanna | 38.11% | 2,185,623 | 1,352,656 | 832,967 |
| 67 | Franklin County | 28.30% | 4,326,685 | 3,102,298 | 1,224,387 |
| 69 | Frederick | 43.48% | 3,053,022 | 1,725,434 | 1,327,588 |
| 71 | Giles | 28.98% | 1,288,055 | 914,790 | 373,265 |
| 73 | Gloucester | 36.87% | 957,765 | 604,638 | 353,127 |
| 75 | Goochland | 48.71% | 1,346,206 | 690,519 | 655,687 |
| 77 | Grayson | 21.09% | 491,207 | 387,626 | 103,581 |
| 79 | Greene | 34.71% | 1,241,595 | 810,644 | 430,951 |
| 83 | Halifax | 23.35% | 2,196,552 | 1,683,587 | 512,965 |
| 85 | Hanover | 44.44% | 4,123,629 | 2,291,117 | 1,832,512 |
| 87 | Henrico | 37.55% | 10,604,189 | 6,622,350 | 3,981,839 |
| 89 | Henry | 27.86% | 658,466 | 475,047 | 183,419 |

| ID | Locality Name | Local Pool Fund Match Rate | FY19 Total Base Allocation | FY19 State Base Allocation | FY19 Local Base Allocation |
|-----|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 91 | Highland | 38.22% | 21,478 | 13,270 | 8,208 |
| 93 | Isle of Wight | 36.13% | 222,998 | 142,423 | 80,575 |
| 95 | James City | 44.83% | 1,005,918 | 554,921 | 450,997 |
| 97 | King & Queen | 31.44% | 431,175 | 295,613 | 135,562 |
| 99 | King George | 36.27% | 1,651,703 | 1,052,633 | 599,070 |
| 101 | King William | 38.53% | 675,883 | 415,474 | 260,409 |
| 103 | Lancaster | 43.91% | 955,606 | 536,007 | 419,599 |
| 105 | Lee | 22.45% | 938,620 | 727,942 | 210,678 |
| 107 | Loudoun | 47.64% | 6,285,696 | 3,291,466 | 2,994,230 |
| 109 | Louisa | 44.01% | 3,016,929 | 1,689,124 | 1,327,805 |
| 111 | Lunenburg | 16.98% | 791,219 | 656,894 | 134,325 |
| 113 | Madison | 33.55% | 2,696,646 | 1,792,030 | 904,616 |
| 115 | Mathews | 42.71% | 235,684 | 135,025 | 100,659 |
| 117 | Mecklenburg | 22.86% | 1,684,862 | 1,299,632 | 385,230 |
| 119 | Middlesex | 43.33% | 427,749 | 242,406 | 185,343 |
| 121 | Montgomery | 28.34% | 660,134 | 473,052 | 187,082 |
| 125 | Nelson | 31.32% | 716,340 | 491,976 | 224,364 |
| 127 | New Kent | 43.29% | 1,079,594 | 612,237 | 467,357 |
| 131 | Northampton | 19.71% | 447,247 | 359,080 | 88,167 |
| 133 | Northumberland | 33.04% | 351,944 | 235,663 | 116,281 |
| 135 | Nottoway | 26.86% | 632,644 | 462,709 | 169,935 |
| 137 | Orange | 40.83% | 2,440,758 | 1,444,079 | 996,679 |
| 139 | Page | 28.65% | 1,138,662 | 812,384 | 326,278 |
| 141 | Patrick | 25.39% | 316,717 | 236,293 | 80,424 |
| 143 | Pittsylvania | 23.55% | 3,916,403 | 2,993,930 | 922,473 |
| 145 | Powhatan | 43.42% | 1,896,806 | 1,073,266 | 823,540 |
| 147 | Prince Edward | 22.32% | 784,832 | 609,684 | 175,148 |
| 149 | Prince George | 37.16% | 1,087,384 | 683,313 | 404,071 |
| 153 | Prince William | 34.14% | 9,220,262 | 6,072,598 | 3,147,664 |
| 155 | Pulaski | 29.23% | 2,976,526 | 2,106,602 | 869,924 |
| 157 | Rappahannock | 41.99% | 1,370,272 | 794,898 | 575,374 |
| 159 | Richmond County | 32.27% | 298,372 | 202,079 | 96,293 |
| 161 | Roanoke County | 43.97% | 6,234,926 | 3,493,437 | 2,741,489 |
| 163 | Rockbridge | 23.36% | 1,834,721 | 1,406,068 | 428,653 |
| 165 | Rockingham | 34.45% | 4,546,434 | 2,980,033 | 1,566,401 |
| 167 | Russell | 18.94% | 1,389,403 | 1,126,266 | 263,137 |
| 169 | Scott | 31.54% | 658,523 | 450,827 | 207,696 |
| 171 | Shenandoah | 35.17% | 2,366,123 | 1,534,058 | 832,065 |
| 173 | Smyth | 23.37% | 828,467 | 634,859 | 193,608 |
| 175 | Southampton | 32.30% | 461,696 | 312,546 | 149,150 |
| 177 | Spotsylvania | 45.88% | 9,126,745 | 4,939,778 | 4,186,967 |
| 179 | Stafford | 44.39% | 4,901,428 | 2,725,469 | 2,175,959 |
| 181 | Surry | 39.79% | 131,550 | 79,205 | 52,345 |
| 183 | Sussex | 23.87% | 457,302 | 348,126 | 109,176 |
| 185 | Tazewell | 24.55% | 1,447,462 | 1,092,040 | 355,422 |
| 187 | Warren | 38.53% | 1,597,285 | 981,850 | 615,435 |

| ID | Locality Name | Local Pool Fund Match Rate | FY19 Total Base Allocation | FY19 State Base Allocation | FY19 Local Base Allocation |
|------------------|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 191 | Washington | 27.60% | 1,390,296 | 1,006,565 | 383,731 |
| 193 | Westmoreland | 30.25% | 1,050,174 | 732,450 | 317,724 |
| 195 | Wise | 27.55% | 1,367,216 | 990,565 | 376,651 |
| 197 | Wythe | 27.08% | 1,469,394 | 1,071,482 | 397,912 |
| 199 | York | 38.88% | 993,994 | 607,482 | 386,512 |
| 510 | Alexandria | 53.09% | 8,426,031 | 3,952,593 | 4,473,438 |
| 520 | Bristol | 25.47% | 1,617,582 | 1,205,621 | 411,961 |
| 530 | Buena Vista | 23.29% | 978,767 | 750,818 | 227,949 |
| 540 | Charlottesville | 30.68% | 5,772,815 | 4,001,571 | 1,771,244 |
| 550 | Chesapeake | 37.15% | 3,252,120 | 2,043,843 | 1,208,277 |
| 570 | Colonial Heights | 40.27% | 712,522 | 425,593 | 286,929 |
| 580 | Covington | 24.96% | 765,382 | 574,338 | 191,044 |
| 590 | Danville | 22.23% | 2,893,633 | 2,250,483 | 643,150 |
| 620 | Franklin City | 37.10% | 164,615 | 103,535 | 61,080 |
| 630 | Fredericksburg | 34.41% | 1,651,324 | 1,083,104 | 568,220 |
| 640 | Galax | 31.46% | 278,880 | 191,144 | 87,736 |
| 650 | Hampton | 32.23% | 5,021,137 | 3,402,968 | 1,618,169 |
| 660 | Harrisonburg | 38.08% | 4,065,251 | 2,517,089 | 1,548,162 |
| 670 | Hopewell | 26.67% | 2,538,914 | 1,861,707 | 677,207 |
| 678 | Lexington | 33.02% | 192,730 | 129,086 | 63,644 |
| 680 | Lynchburg | 27.36% | 5,062,213 | 3,676,959 | 1,385,254 |
| 683 | Manassas City | 41.68% | 1,428,636 | 833,239 | 595,397 |
| 685 | Manassas Park | 42.73% | 790,206 | 452,519 | 337,687 |
| 690 | Martinsville | 33.21% | 192,608 | 128,640 | 63,968 |
| 700 | Newport News | 27.73% | 7,227,262 | 5,223,120 | 2,004,142 |
| 710 | Norfolk | 24.55% | 7,200,953 | 5,433,248 | 1,767,705 |
| 720 | Norton | 32.54% | 122,721 | 82,789 | 39,932 |
| 730 | Petersburg | 35.35% | 4,207,246 | 2,719,984 | 1,487,262 |
| 735 | Poquoson | 27.87% | 328,588 | 237,013 | 91,575 |
| 740 | Portsmouth | 26.05% | 2,377,563 | 1,758,208 | 619,355 |
| 750 | Radford | 20.35% | 766,132 | 610,260 | 155,872 |
| 760 | Richmond City | 36.91% | 16,881,799 | 10,651,174 | 6,230,625 |
| 770 | Roanoke City | 30.72% | 8,733,296 | 6,050,177 | 2,683,119 |
| 775 | Salem | 35.13% | 1,388,314 | 900,601 | 487,713 |
| 790 | Staunton | 26.99% | 2,085,896 | 1,523,011 | 562,885 |
| 800 | Suffolk | 24.32% | 1,045,616 | 791,302 | 254,314 |
| 810 | Virginia Beach | 35.69% | 10,118,798 | 6,507,565 | 3,611,233 |
| 820 | Waynesboro | 38.43% | 2,205,287 | 1,357,795 | 847,492 |
| 830 | Williamsburg | 45.53% | 223,552 | 121,767 | 101,785 |
| 840 | Winchester | 45.87% | 2,181,458 | 1,180,754 | 1,000,704 |
| 1200 | Greensville/Emporia | 22.66% | 567,471 | 438,897 | 128,574 |
| 1300 | Fairfax/Falls Church | 46.11% | 38,860,336 | 20,940,183 | 17,920,153 |
| Statewide | | | 341,170,525 | 216,025,794 | 125,144,731 |

State Executive Council for Children's Services (SEC)

Notice of Intent to Develop Policy (SEC Policy 2.4)

Title of Proposed Policy: Mandatory Uniform Assessment Instrument (SEC Policy 3.6, Revised)

Summary:

The Code of Virginia (§2.2-2648.11) requires “a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Children's Services Act (CSA) youth”; §2.2-5210 specifies “Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § 2.2-2648.”; §2.2-5212.A. states “In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, ... and shall be determined through the use of a uniform assessment instrument ...”; and the FY2017-2018 Appropriation Act (Chapter 836, Item 285. B 8) specifies that “The State Executive Council shall require a uniform assessment instrument.” Existing policy (SEC Policy 3.6 adopted on December 18, 2007 and updated on May 12, 2008) states:

“The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the uniform assessment instrument for children and youth receiving services funded through the state pool. Use of the CANS shall be effective July 1, 2009.”

Additional guidance concerning administrative aspects of the implementation of the CANS (e.g., frequency of administration, entry of assessments into the state-provided CANVaS software system, requirements for certification of those performing assessments) has been developed and issued by the Office of Children's Services.

Intent of Proposed Policy: The proposed policy will replace existing SEC Policy 3.6 for the following purpose:

- To provide consolidated and comprehensive guidance to local CSA programs with regard to the requirements for the use of the CANS. The proposed policy will also replace all appropriate existing guidance documents.

Date of SEC Action: June 21, 2018

Stage: Notice

Public Comment Period: June 25, 2018 – August 10, 2018 (45 days)

Date/Stage of Next SEC Action: September 20, 2018 / Consider approval for the Proposed Stage for a minimum of 60 days of public comment.

Public Comment will be accepted through the CSA website: www.csa.virginia.gov

Individuals wishing to be placed on the CSA Notification List should make such request via e-mail to csa.office@csa.virginia.gov