FREDERICK COUNTY CPMT AGENDA

March 22, 2021 1:00 PM 107 N Kent St Winchester, VA Microsoft Teams Video Conference

Microsoft Teams meeting Join on your computer or mobile app

Click here to join the meeting

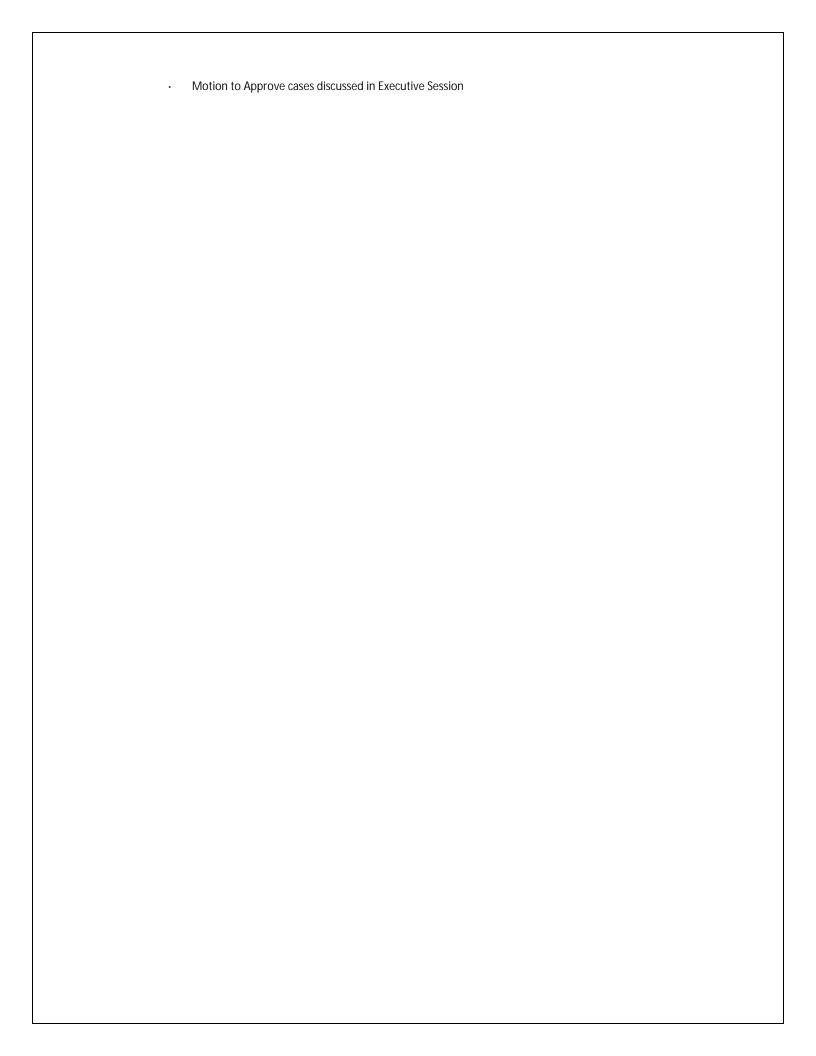
Agenda

l.	Intro	ductions		
II.	Adop	tion of Agenda		
III.	Cons	ent Agenda		
	A.	February Minutes		
	B.	Budget Request Forms		
IV.	Executive Session			
	A.	None		
V.	Committee Member Announcements			
	A.	COVID-19 Update	Dr. Greene	
	B.	Agency Announcements		
VI.	CSA Report		Jackie Jury	
	A.	Financial Report		
	B.	COVID Relief Flyer		
VII.	Old Business		Jackie Jury	
	A.	Tabled until further Notice: Strategic Plan Update		

- B. EBP Regional Learning Collaborative & FFPSA Integration Model
- C. Access to funding by Non-CSA youth
- D. Legislative Bills/JLARC Update Jury/Michele Sandy
- VIII. New Business
 - A. Funding Authorization Practices
 - B. FCPS MOA
 - C. Administrative Memo #21-02
 - D. Administrative Memo #21-03
 - E. Administrative Memo #21-04
- IX. Assigned Tasks
- X. Next Meetings
 - CPMT April 26, 2012 via Microsoft Teams- See Memo for future dates
- XI. Adjourn

- 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

^{**}Instructions for Closed Session:



CPMT Meeting Minutes: Monday February 22, 2021

The Community Policy and Management Team (CPMT) Committee met on February 22, 2021. Members participated via Microsoft Teams video conference.

The following members were present via Microsoft Teams video conference:

- Tamara Green, Frederick County Department of Social Services
- Jay Tibbs, Frederick County Government
- · Michele Sandy, Frederick County Public Schools
- · Janie Grinnan, 26th District Juvenile Court Service Unit
- · Denise Acker, Northwestern Community Services Board
- · David Alley, Private Provider Representative, Grafton Integrated Health Network

The following members were not present:

- · Dawn Robbins, Parent Representative
- · Dr. Colin M. Greene, Lord Fairfax District Health Department

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- · Robbin Lloyd, CSA Account Specialist

Call to Order: Tamara Green called the meeting to order at 1:07pm.

Adoption of January Agenda: Michele Sandy made a motion to adopt the February agenda; Janie Grinnan seconded; CPMT approved.

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

- January 21, 2021 CPMT Minutes
- Budget Request Forms Confidential Under HIPAA

Denise Acker made a motion to approve the Consent Agenda as distributed, Michele Sandy seconded, CPMT approved.

Executive Session: No session was needed this month.

Committee Member Announcements:

· Covid-19 Update – Dr. Greene was unable to attend, no COVID update was available.

CSA Financial Report:

- January 2021 Financial Report
 - o Spent \$408,828.41, which was 11% of the budget
 - § Spending was high in January due to some back payments to Grafton and other vendors.
 - § \$2,334,552.29 remaining funds which does not include SpEd Wrap
 - § YTD total spent including SpEd Wrap is \$1,364,550.61
 - § Served 102 youth
 - 71 in Community Based Services

- 22 in Private Day School
- 14 in Congregate Care
- 17 in TFC
- § Non-mandated Funds: \$202.50 spent, \$59,977.50 remaining.
- § SpEdWrap Funds: \$135,951,90 spent, \$8,249.94 remaining, additional funds will have to be requested.

Utilization of Residential Care

- Provides data for all localities regarding youth in congregate care across 2018-2020 fiscal years. These data include number of youths placed in congregate care settings, collective days spent in congregate care, average length of stay and amount spent. Frederick County information is as follows:
 - § 2018 28 youth served, 5,527 days, (197 average days for length of stay)
 - § 2019 24 youth served, 4,040 days, (168 average days for length of stay)
 - § 2020 23 youth served, 4,970 days, (216 average days for length of stay)
 - Note: COVID-19 negatively impacted LOS for most of 2020, as visitation and passes were intermittently suspended.

Old Business:

- Tabled until further notice: Strategic Plan Update
- Tabled until further notice: Families First Prevention Services Integration Model
- EBP Regional Learning Collaborative
 - o Regional teams were created last year to assist localities in effectively integrating agency initiatives together. Trainings were put on hold due to COVID-19. With the upcoming implementation of some of these initiatives, virtual trainings are now being scheduled.
- Access to funding of Non-CSA youth
 - o School staff had met with CPMT in 2020 to voice their concerns regarding youth who are not involved with CSA but might meet eligibility criteria to utilize CSA funding. The team recommended a smaller group discussion to review current policy and procedure. This was tabled due to COVID-19, but will begin again as schedules permit.
- · Legislative Bills Update
 - o HB2117 and SB1313 are companion bills that passed the House and Senate and are awaiting the governor's signature. The bills require programs for funds expended for Special Education Services be licensed by DOE. Allows youth placed for at least 6 months in Private Day School programs to utilize CSA funds in the public school system for up to 12 months to support the transition. Directs DOE and OCS to establish a work group to develop a plan to transition special education private placement funds from the state pool to DOE and develop standardized reporting process and requirements for private day schools. The work group must submit a plan and recommendations to their respective committees by November 1, 2021.
 - o HB2212 bill passed both the House and the Senate and is being forwarded to the governor's desk for signing. This bill requires the OCS director to monitor local CSA programs and provide technical assistance with CSA's that consistently underperform.

- o SB1114 and SB1099 were both incorporated into the SB1313 and HB2117.
- SB1133 bill was passed over indefinitely by the Senate Finance and Appropriations Committee and will most likely dissolve. This bill expanded the eligibility for state pooled funds to allow services in the public school and required Day Schools to be licensed by DOE.
- JLARC Study Jackie and Michelle will meet to discuss this further. Michele Sandy noted that
 the above-mentioned bills will allow for a more focused discussion.

New Business:

None

Next Meeting: The next CPMT meeting will be held Monday, April 26, 2021 at 1:00 p.m. via video conference.

Adjournment: Janie Grinnan made a motion to adjourn; David Alley seconded; the CPMT approved. The meeting was adjourned.

Minutes Completed By: Robbin Lloyd



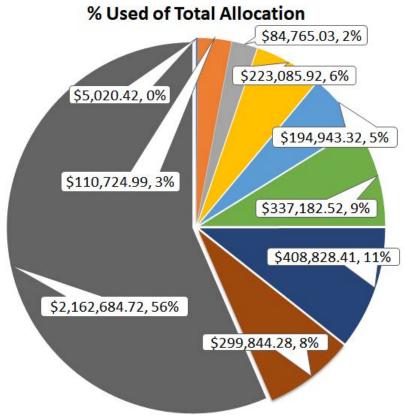
Frederick County CSA Financial Update: February 2021

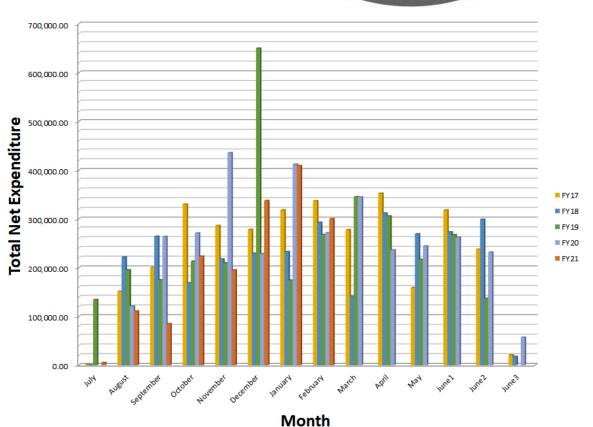
of Reports Submitted: 8

YTD Total Net Spent with Wrap: \$1,664,394.89

YTD Local Net: \$696,259.09

Remaining w/o Wrap: \$2,132,105.26



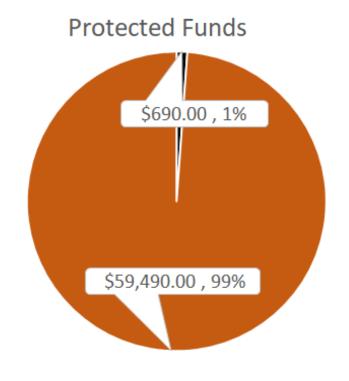


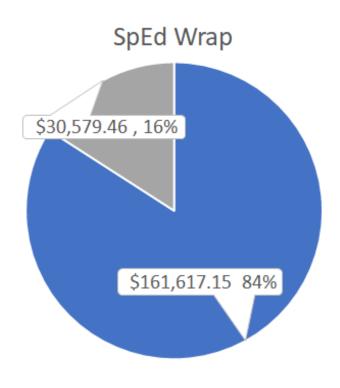
Placement Environment



Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

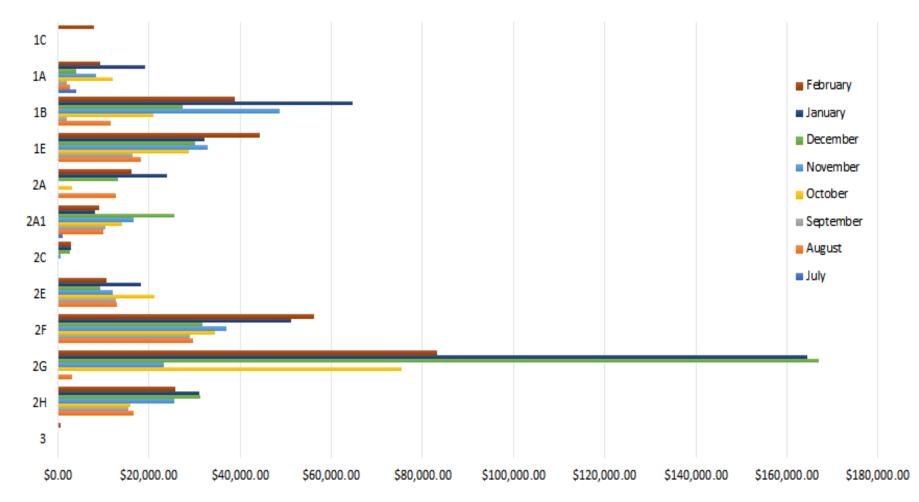
NonMandated Encumbered: \$9,055.00 SpEd Wrap Encumbered: \$94,960.20

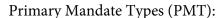




^{*}Possible duplication of Private Day School students with youth in Congregate Care

Primary Mandate Type Expenditures by Month





- 1A- IV-E Congregate Care
- 1B- Non IV-E Congregate Care
- 1C- Parental Agreement Congregate Care
 *PMTs from 1A-1C do not include Daily Education
 payment of congregate care placements

1E- Residential Education

*Includes all services for RTC IEP and Education only for all other RTC placements

- 2A- IV-E Treatment Foster Home
- 2A1- Non IV-E Treatment Foster Home
- 2A2- Parental Agreement Treatment Foster Home
- 2C- IV-E Community Based Services
 *Only for youth placed in CFW Foster Homes
- 2E- Maintenance and Other Services

 *Only Basic Maintenance and Daycare for youth in Foster Care

- 2F- Non IV-E Community Based Services
 *Includes Daycare for youth not in Foster
 Care or IV-E CBS for youth placed in TFC or
 Cong Care
- 2G- Private Day School
- 2H- Special Education Wrap Around Services
- 3- Protected Funds
 *NonMandated

Are you between the ages of 18-27 and previously a teen in foster care?

If so, you may be eligible for COVID-19 **financial relief**.

Visit FosterMyFuture.com



Scan this **QR code** for more information!



Visit COVID.Virginia.gov/app to download the COVID-19 Virginia Resources mobile app for streamlined access to critical and actionable resources from 2-1-1 Virginia, CommonHelp, and other state and federal agencies.





FREDERICK COUNTY, VA CSA PROVIDER INFORMATION FY2021

PROVIDER:

Corporate (Legal) Name:	
DBA (if applicable):	
Address:	
Phone:	Website:
Profit Status: (circle one): For profit Non-profit Gov't Faith- based CEO: CEO E-Mail:	Admissions Contact: Admissions E-mail: Admissions Phone: Admissions Fax:
Contract Contact: Contract E-mail: Contract Phone:	Payment Contact: Payment E-mail: Payment Phone: Payment Fax:
PROVIDER SERVICES UNDER PURCHASE A	
☐ Therapeutic Group Home	☐ Psychiatric RTF
☐ Private Day School	☐ Home-Based Services
☐ Treatment Foster Care	☐ Other:
PROVIDER SERVICES THAT ARE MEDICAL	D ELIGIBLE:
☐ Therapeutic Group Home:	☐ Psychiatric RTF: Level C
☐ Home-Based Services	☐ Other:
☐ Treatment Foster Care	
LIST ALL OTHER INSURANCE ACCEPTED:	

MEMORANDUM OF AGREEMENT (MOA) For the provision of Occupational Therapy

1. PARTIES TO THE AGREEMENT:

The agencies listed below have entered into this non-binding MOA:

- A. Community Policy & Management Team (CPMT), herein referred to as the Buyer
- B. Frederick County Public Schools (FCPS), herein referred to as the Provider

2. PERIOD OF MOA:

The initial period of this MOA shall be for the term of the student's Individualized Education Plan (IEP). At that time the MOU shall be reviewed by all parties to determine whether changes are required. If no changes are required, then this MOU shall remain in force and effect until the IEP team determines that Occupational Therapy is no longer necessary. Any modifications to this MOU shall be implemented only upon agreement of all parties.

3. PURPOSE:

It is the intent of FCPS to provide for the educational needs of its students in accordance with established federal law. The Individuals with Disabilities Education Act (IDEA) ensures all students with disabilities the right to a Free Appropriate Public Education (FAPE). For students in need of Special Education services where the public school system is unable to meet the child's individual needs, referrals are made to private day schools. Guidelines in the Code of Virginia further direct funding for such accommodations to come out of the Children's Services Act (CSA) state pool. FCPS is a collaborative partner and stakeholder in the CSA process. Therefore, it is necessary to establish this agreement outlining the terms of the partnership.

4. TARGET POPULATION:

FCPS has identified a student in need of in-person occupational therapy while in the private day school environment. This private day school is not allowing outside providers in the building. It was proposed that FCPS will secure an employee of the school division who can provide this service. – FCPS will identify someone from the existing FCPS contracted occupational therapists to perform the duties needed in this situation.

5. SCOPE OF CONTENTS OF THE MOA

A. Definition of special education services needed:

Occupational therapy (OT) as outlined in the IEP for a student is required and will be provided in-person and in accordance with the IEP services.

B. Responsibilities of the FCPS, IEP Team, CSA Office and CPMT:

- i. The FCPS and IEP Team will meet in accordance with federal regulations to review and determine necessary services and accommodations for individuals with disabilities to receive FAPE.
- ii. The FCPS shall provide a copy of the IEP to the CSA office. If the IEP team determines that changes to the service are necessary, FCPS will notify the CSA Office and submit a copy of the Addendum to the IEP.
- iii. The CSA Office will issue a Purchase of Service Order and monthly Invoices indicating the frequency, duration, and number of hours allowed, as identified in the IEP.
- iv. The FCPS shall submit invoices to the CSA Office for the hours of services provided directly to the student, along with a summary of the services provided.
- v. The CPMT agrees to provide payment for the services rendered within 30 days of receipt of the invoice.
- vi. In the event the identified staff is unable to report to work the Private Day Specialist will work collaboratively with the contracted occupational therapist to reschedule.

C. Occupational Services

The frequency, duration, and number of hours being provided by occupational therapist shall be determined by the IEP Team and provided in accordance with the IEP. The current time indicated in the IEP for this service is 70 minutes weekly. The professional will design and facilitate specially designed instruction based on the goal and/or objectives of the current, consented to IEP.

D. Responsibilities of the Employee:

- i. The primary responsibility of the occupational therapist is to design, facilitate, and evaluate the student's progress toward the IEP goals/objectives.
- ii. Collaborate with the private day specialist and the IEP team on the continued need for the services as outlined in the IEP.

E. Other Provisions:

- i. Neither the FCPS, nor its employees, volunteers, assignees or subcontractors shall be deemed employees or agents of the CPMT by virtue of the services to be performed pursuant to this MOA or the relationship established hereby. The FCPS shall have the sole responsibility for its staff and volunteers, including their work, personal conduct, directions and compensation.
- ii. All parties to this Agreement shall adhere to all Federal and State laws and regulations regarding confidentiality.
- iii. This Agreement is subject to the provisions of the Code of Federal Regulations, the amendments thereto, and relevant state and local laws, ordinances, regulations and pertinent health and behavioral health accreditation agencies/organizations. The Buyer may modify this Agreement to comply with any requirements mandated by federal, state or local law by giving written notice of said modification to the Provider.

6. QUALITY OF CARE:

The Provider will assure that the treatment services delivered are consistent with the IEP of the student. The Provider will ensure that the student is progressing toward the goals IEP and will notify the IEP Team if progress is not being made.

7. REPORTING:

A. INDIVIDUAL EDUCATION PLAN

The Provider shall submit to the Buyer a complete signed IEP prior to the initiation of services. All IEPs must be submitted on documents which contain all Department of Education approved IEP required elements.

- **i.** Progress reports and data collection will be required and shared with the FCPS Private Placement Specialist quarterly.
- ii. These reports must be submitted to FCPS Private Placement Specialist each Monday.

B. INFORMATION & DATA REPORTS

Information and Data sheets shall be submitted to the Buyer's case manager and CSA Office within 30 days of the reporting period.

8. CONFIDENTIALITY:

- A. Any information obtained by the Provider concerning the child pursuant to this Agreement shall be maintained as confidential. Use and/or disclosure of such information by the Provider shall be limited to purposes directly connected with the Provider's responsibilities for services under this Agreement. If applicable, it is further agreed by both parties, that this information shall be safeguarded in accordance with the provisions of Title 63.2, Sections 102 and 104 of the Code of Virginia (1950), as amended, and any other applicable provisions of State and federal laws and regulations including but not limited to the Individuals with Disabilities Education Act, 20 USCS@1400, et seq. (2002) (IDEA), the Family Education Rights Privacy Act of 1974 and/or Educational Records Management regulations, and the Health Insurance Portability and Accountability Act of 1996, as amended.
- B. The Provider shall comply with the confidentiality provisions of VA. Code Section 2.2-5210. This includes, among others, not photographing the child/youth placed by the Buyer nor permitting media coverage of the child/youth without the written permission of the parent(s) or the legal guardian, as the case may be. It further precludes audiovisual recording of the child/youth as well as prohibits the child's/youth's participation in any research projects without the written permission of the parent(s) or the legal guardian, as the case may be.

9. EMPLOYEES/SUBCONTRACTORS:

A. Neither the Provider, nor its employees, volunteers, assignees or subcontractors shall be deemed employees or agents of the Buyer by virtue of the services to be performed pursuant to this Agreement or the contractual relationship established hereby. The Provider shall have the sole responsibility for its staff and volunteers, including its work, personal conduct, directions and compensation. The Provider hereby agrees to indemnify and hold harmless the Buyer from any and all employee tax liability (including withholding liability) and any

- employment-related claims, including any claim of entitlement to employee benefits, imposed or threatened to be imposed solely as a result of the contractual relationship established hereby.
- B. Upon request of the Buyer, the Provider will submit resumes and, if applicable, credential information for certain employees, so long as no Federal or State law is breached as to information protected by confidentiality laws.

10. DISCRIMINATION: DURING THE PERFORMANCE OF THIS AGREEMENT, THE PROVIDER AGREES AS FOLLOWS:

- A. It will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, or disability, except where religion, sex, national origin, or physical and mental ability is a bona fide occupational qualification reasonably necessary to the normal operation of the Provider. The Provider agrees to post in conspicuous places, available to employees or applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- **B.** The Provider, in all solicitations or advertisements for employees placed by or on behalf of the Provider, will state that such Provider is an equal opportunity employer.
- C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- D. The Provider shall include the provisions of the foregoing paragraphs A, B and C in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor of the Provider.

11. INDEPENDENT CONTRACTOR STATUS:

Provider and the County understand and intend that Provider shall perform the Services specified under this Agreement as an independent contractor and not as an employee of the County. The manner of and means by which the Provider executes and performs its obligations hereunder are to be determined by Provider in its reasonable discretion. Provider is not authorized to assume or create any obligation or responsibility, express or implied, on behalf of, or in the name of, the County or to bind the County in any manner, unless, in each instance, Provider shall receive the prior written approval of the County to so assume, obligate, or bind the County.

12. PURCHASE OF SERVICE ORDER:

- A. This Agreement and the attached Rate Sheet contain the entire terms for purchase of services contemplated hereby, but do not obligate the actual purchase of any services. A Purchase of Service Order (PO) setting forth a description of the discrete services purchased and the duration thereof, will be presented to the Provider on a child specific basis when the Buyer chooses to purchase services. The PO will be mailed to the Provider for review, acceptance and signature indicating approval with the child specific service terms.
- B. CPMT approval provides the authority for the Buyer to access CSA pool funds on behalf of CSA eligible children for specific levels and types of service within the established operating procedures. To commence services, Providers must be in receipt of a Purchase of Service Order. In an emergency situation as defined by the Buyer, a copy of an Emergency Funding Authorization form will be provided by the Buyer to commence services prior to provider receipt of a Purchase of Service Order.
- C. The Provider shall charge the Buyer only when and as authorized by the PO signed by the Buyer or its representative. The PO is incorporated into this Agreement by reference.

13. BUYER ADJUSTMENT OR TERMINATION OF PURCHASE OF SERVICE ORDER:

The Purchase of Service Order may be modified, amended or terminated by the Buyer at any time for child-related causes to include, but not limited to, changes in eligibility and changes in child progress as well as for the provision of inadequate or inappropriate services for the child. The Buyer may not terminate or adjust the Purchase of Service Order arbitrarily or without cause. In the event that the Buyer becomes unable to honor the approved PO for causes beyond the Buyer's reasonable control, including but not limited to, failure to receive sufficient federal, State or local government funds, the Buyer may terminate, amend or modify any or all Purchase of Service Orders pursuant to this Agreement as necessary to avoid delivery of service for which the Buyer cannot make payment. The

Buyer or its representative shall notify the Provider immediately in writing of any cause for termination hereunder. The Buyer shall pay the Provider for any authorized services rendered prior to the Provider's receipt of notice of termination hereunder.

14. PROVIDER TERMINATION OF PURCHASE OF SERVICE ORDER:

After accepting the PO, the Provider may request of the Buyer to terminate service provision to the client for child-related causes, including but not limited to, the Provider determining that the Buyer required services are not available, or not therapeutically appropriate. The Provider may not request the Buyer to terminate or adjust the Purchase of Service Order arbitrarily or without cause. The Provider must give thirty (30) calendar days advance written notice to the Buyer or its representative of any request for termination. However, in the event that a child poses an imminent safety risk to him/herself, staff, or other children, the Provider may request termination of services with 7 days' notice. Services may be terminated early so long as the parent or legal guardian, as the case may be, Buyer or its representative, and the Provider agree to such termination. For either a 30-day request for termination, or a request for early termination, the Provider must work with the Buyer or its representative to provide transition from the Provider's services.

15. INVOICES:

- A. Each month FCPS shall submit to the CSA Office separate invoices for each child for units of services authorized by the Buyer and actually delivered by the Provider during the preceding month. The Provider shall not mail invoices to the case managers of the Buyer. The Provider shall mail all invoices to the Frederick County CSA Office, 107 N Kent Street, 2nd Floor, Winchester, VA 22601.
- B. All invoices must contain the following information: legal name of the Provider; child/youth name; month service was provided; purchase order number; Buyer's case manager name; the provided service as defined on the Rate Sheet; agreement unit price; # of units; and specific service dates.
- C. Providers are not to bill for more services than the maximum monthly number of units on the PO. Should the Provider receive a request from the Buyer's case manager for additional services for that month, the Provider shall immediately notify the CSA Coordinator at (540) 722-8395. Additional services are only authorized by an amendment to the PO.
- D. Provider invoices which are not approved will be returned to the Provider for correction or modification. The Provider promptly shall re-submit a corrected invoice within 14 business days.
- E. The Buyer processes invoice payments twice per month. The Provider must submit invoices with all required elements by the 5th of the month in order to be processed during the first check run. Any invoices received after the 5th of the month may be delayed until month end check run.
- F. The Buyer shall not be obligated to pay for services when the Provider fails to submit invoices within thirty (30) days following the month of the provision of the service
- G. All services will be reflected in a weekly timesheet that the employee will complete. Charterhouse School schools will be responsible for reviewing and ensuring the timesheet is correct and reflects work performed.
- H. Charterhouse will be responsible for submitting weekly timesheets to FCPS, Private Day Specialist each Monday. Then the Director will sign off on each timesheet and submit to finance for processing.

16. BILLING ERRORS:

- A. If the Provider determines the payment received for services invoiced is an underpayment, then the Provider is responsible for notifying the Buyer in writing of the billing error within forty-five (45) calendar days after receipt of the alleged underpayment. Supporting evidence describing in detail the nature of the payment error must accompany such notification. The Buyer must correct any error found or respond in writing to the Provider why no error exists within forty-five (45) calendar days after receipt of the Provider's notification. If the Provider's notification and supporting evidence are not received by the Buyer within the forty-five (45) calendar day limit, then the Buyer shall not be obligated to make any adjustments with regard to the asserted billing error.
- B. If the Provider determines that the payment received for services invoiced was an overpayment, the Provider shall notify Buyer immediately and, at Buyer's election, issue a refund payment or credit memorandum within fourteen (14) business days. Where the determination of overpayment is made initially by Buyer, then at Buyer's sole election, the Provider shall issue a refund payment within fourteen (14) business days after Buyer's request or

Buyer shall offset the overpayment amount against amounts due or to become due hereunder.

Frederick County Public Schools Provider Name		
Provider Authorized Representative	Printed Name	
Title	Date	
CSA Coordinator	Date	

IN WITNESS THEREOF the parties have caused this Agreement to be executed by officials hereunto

duly authorized.



Scott Reiner, M.S. Executive Director

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Administrative Memorandum #21-02

To:

CPMT Chairs

CSA Coordinators

From:

Scott Reiner, Executive Director Scott Reiner

Date:

February 24, 2021

Subject: Annual

Annual CSA Service Gap Survey

Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007. The Survey can also serve as a resource to local CSA programs in meeting the language of §2.2-5206.4 that each CPMT shall: "Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community ..."

In 2017, the format of the survey was changed to include a full survey in the odd-numbered years and a briefer follow-up survey in the even-numbered years. Due to the pandemic, we did not issue the follow-up survey in 2020. The Office of Children's Services is via this Administrative Memorandum, issuing the 2021 CSA Service Gap Survey and requests your careful attention.

The survey is to be completed in Survey Monkey via the internet to simplify and expedite data collection, analysis, and reporting. A paper copy is attached to this memo for use within your locality in gathering input.

Please designate an individual to be responsible for coordination of the Survey and for submitting it to OCS via the Survey Monkey. The survey is due no later than May 7, 2021.

The paper version of the survey may be used for internal use and collaboration purposes only. When your locality has completed the process of collecting input, please submit only one electronic version of the survey. Only one submission from each locality is permitted. The link to complete and submit your locality's Service Gap Survey is: https://www.surveymonkey.com/r/FSW6QNK

Thank you for your cooperation. We plan to have the results analyzed and published as soon as possible after all localities have completed the Survey.

Please direct any technical questions about the Service Gap Survey to Howard Sanderson, CSA Senior Research Analyst at howard.sanderson@dss.virginia.gov.

cc: Howard Sanderson

Attachment: Gap Survey 2021 Print.pdf





One of the primary responsibilities of the Community Policy and Management Team (CPMT) is to coordinate long range, community-wide planning to develop resources and services needed by children and families in their community (§2.2-5206).

In 2006, the Virginia General Assembly amended the Code of Virginia to further specify this requirement. This amendment included language that requires CPMTs to annually report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community (§2.2-5211.1.2). CPMTs will satisfy this requirement by completing this survey.

Thank you!





Q1) What is your locality?						
2) What is the name of the contact person for your locality?						
Q3) What is the contact person	B) What is the contact person's title?					
Q4) What is the contact person	4) What is the contact person's telephone number including area code?					
Q5) What is the contact person	's email address?					
community's ability to serv list, please identify three (3 your community. Consider exist but do not adequately	We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children in their home, school and/or community. From the following list, please identify three (3) to five (5) services which are most important to further develop in your community. Consider services that do not exist in your community, as well as those that exist but do not adequately meet your locality's needs due to constraints such as insufficient capacity, poor quality, or prohibitive costs.					
Residential Services	Community-Based Behavioral	Evidence-based Behavioral Health				
☐ Short-term Diagnostic	Health Services	Services				
☐ Group Home	☐ Assessment	☐ Multi-systemic Therapy				
☐ Residential Treatment	☐ Group Therapy	☐ Functional Family Therapy				
	, , ,					
	☐ Family Therapy	☐ Parent Child Interaction Therapy				
Crisis Services	• • •	☐ Parent Child Interaction Therapy ☐ Cognitive Behavioral Therapy				
<u>Crisis Services</u> ☐ Crisis Intervention/Stabilization	☐ Family Therapy ☐ Intensive In-Home	• •				
	☐ Family Therapy	☐ Cognitive Behavioral Therapy☐ Motivational Interviewing				
☐ Crisis Intervention/Stabilization	☐ Family Therapy☐ Intensive In-Home☐ Therapeutic Day Treatment☐ Case Management	☐ Cognitive Behavioral Therapy				
☐ Crisis Intervention/Stabilization	 ☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management 	☐ Cognitive Behavioral Therapy☐ Motivational Interviewing				
☐ Crisis Intervention/Stabilization☐ Acute Psychiatric Hospitalization	☐ Family Therapy☐ Intensive In-Home☐ Therapeutic Day Treatment☐ Case Management	☐ Cognitive Behavioral Therapy☐ Motivational InterviewingFoster Care Services				
☐ Crisis Intervention/Stabilization ☐ Acute Psychiatric Hospitalization Family Support Services	 ☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management ☐ Applied Behavior Analysis 	 ☐ Cognitive Behavioral Therapy ☐ Motivational Interviewing Foster Care Services ☐ Family Foster Care Homes 				
 □ Crisis Intervention/Stabilization □ Acute Psychiatric Hospitalization Family Support Services □ Family Partnership Facilitation 	 ☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management ☐ Applied Behavior Analysis 	 ☐ Cognitive Behavioral Therapy ☐ Motivational Interviewing Foster Care Services ☐ Family Foster Care Homes ☐ Therapeutic Foster Care Homes ☐ Independent Living Services 				
 □ Crisis Intervention/Stabilization □ Acute Psychiatric Hospitalization Family Support Services □ Family Partnership Facilitation □ Respite 	 ☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management ☐ Applied Behavior Analysis ☐ Trauma Focused/Informed Services 	 ☐ Cognitive Behavioral Therapy ☐ Motivational Interviewing Foster Care Services ☐ Family Foster Care Homes ☐ Therapeutic Foster Care Homes ☐ Independent Living Services Other Services 				
 □ Crisis Intervention/Stabilization □ Acute Psychiatric Hospitalization Family Support Services □ Family Partnership Facilitation □ Respite □ Intensive Care Coordination (ICC) □ Family Support Partner 	☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management ☐ Applied Behavior Analysis ☐ Trauma Focused/Informed Services Educational Services	 ☐ Cognitive Behavioral Therapy ☐ Motivational Interviewing Foster Care Services ☐ Family Foster Care Homes ☐ Therapeutic Foster Care Homes ☐ Independent Living Services Other Services ☐ Other: 				
 □ Crisis Intervention/Stabilization □ Acute Psychiatric Hospitalization Family Support Services □ Family Partnership Facilitation □ Respite □ Intensive Care Coordination (ICC) 	☐ Family Therapy ☐ Intensive In-Home ☐ Therapeutic Day Treatment ☐ Case Management ☐ Medication Management ☐ Applied Behavior Analysis ☐ Trauma Focused/Informed Services ☐ Private Day School	 ☐ Cognitive Behavioral Therapy ☐ Motivational Interviewing Foster Care Services ☐ Family Foster Care Homes ☐ Therapeutic Foster Care Homes ☐ Independent Living Services Other Services 				





Q7) Please identify any specific populations and age groups where there are gaps in the services that your locality has identified in Q6.

First Identified Service Gap:
Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)
Autism
☐ Intellectual Disability/Developmental Disability
☐ Potentially Disrupting or Disrupted Foster Care Placements
☐ Potentially Disrupting or Disrupted Adoptions
☐ Sex Offending/Sexually Reactive Behaviors
☐ Youth with Multiple Mental Health Diagnoses
☐ Youth Involved with the Juvenile Justice System
☐ Substance Abuse
□ No, there are not any specific populations
□ Other:
Are there any specific age groups where there are gaps in these services? (Please choose all that
apply)
☐ Pre-School Age (0-5)
☐ Elementary School Age (6-10)
☐ Middle School Age (11-13)
☐ High School Age (14-18)
☐ Transition Age (19-21)
☐ No, there are not any specific age groups
Second Identified Service Gap:
Are there any specific populations where there are gaps in these services in your locality? (Please
choose all that apply)
□ Autism
☐ Intellectual Disability/Developmental Disability
☐ Potentially Disrupting or Disrupted Foster Care Placements
□ Potentially Disrupting or Disrupted Adoptions
☐ Sex Offending/Sexually Reactive Behaviors
☐ Youth with Multiple Mental Health Diagnoses
☐ Youth Involved with the Juvenile Justice System
□ Substance Abuse
□ No, there are not any specific populations
□ Other:





Are there any specific age groups where there are gaps in these services? (Please choose all that
apply)
☐ Pre-School Age (0-5)
☐ Elementary School Age (6-10)
☐ Middle School Age (11-13)
☐ High School Age (14-18)
☐ Transition Age (19-21)
□ No, there are not any specific age groups
— ····, ······ ···· ···· ··· ··· ··· ···
Third Identified Service Gap:
And the up and a sific manufations where the up are upon in the conservations in visual coults? (Disco-
Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)
□ Autism
☐ Intellectual Disability/Developmental Disability
☐ Potentially Disrupting or Disrupted Foster Care Placements
☐ Potentially Disrupting or Disrupted Adoptions
☐ Sex Offending/Sexually Reactive Behaviors
☐ Youth with Multiple Mental Health Diagnoses
☐ Youth Involved with the Juvenile Justice System
☐ Substance Abuse
□ No, there are not any specific populations
□ Other:
Are there any specific age groups where there are gaps in these services? (Please choose all that apply)
Are there any specific age groups where there are gaps in these services? (Please choose all that apply) □ Pre-School Age (0-5)
Are there any specific age groups where there are gaps in these services? (Please choose all that apply) □ Pre-School Age (0-5) □ Elementary School Age (6-10)
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Are there any specific age groups where there are gaps in these services? (Please choose all that apply) □ Pre-School Age (0-5) □ Elementary School Age (6-10) □ Middle School Age (11-13) □ High School Age (14-18)
Are there any specific age groups where there are gaps in these services? (Please choose all that apply) □ Pre-School Age (0-5) □ Elementary School Age (6-10) □ Middle School Age (11-13) □ High School Age (14-18) □ Transition Age (19-21)
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Are there any specific age groups where there are gaps in these services? (Please choose all that apply) Pre-School Age (0-5) Elementary School Age (6-10) Middle School Age (11-13) High School Age (14-18) Transition Age (19-21) No, there are not any specific age groups Fourth Identified Service Gap (if needed): Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply) Autism Intellectual Disability/Developmental Disability Potentially Disrupting or Disrupted Foster Care Placements Potentially Disrupting or Disrupted Adoptions
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Are there any specific age groups where there are gaps in these services? (Please choose all that
apply)
☐ Pre-School Age (0-5)
☐ Elementary School Age (6-10)
☐ Middle School Age (11-13)
☐ High School Age (14-18)
☐ Transition Age (19-21)
□ No, there are not any specific age groups
Fifth Identified Service Gap (if needed):
Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)
□ Autism
☐ Intellectual Disability/Developmental Disability
☐ Potentially Disrupting or Disrupted Foster Care Placements
☐ Potentially Disrupting or Disrupted Adoptions
☐ Sex Offending/Sexually Reactive Behaviors
☐ Youth with Multiple Mental Health Diagnoses
☐ Youth Involved with the Juvenile Justice System
☐ Substance Abuse
☐ No, there are not any specific populations
□ Other:
Are there any specific age groups where there are gaps in these services? (Please choose all that
apply)
☐ Pre-School Age (0-5)
☐ Elementary School Age (6-10)
☐ Middle School Age (11-13)
☐ High School Age (14-18)
☐ Transition Age (19-21)
□ No, there are not any specific age groups





Q8) On a 5-point scale, with 1 being 'Not At All' and 5 being 'A Great Deal', please indicate the level of impact the following barriers have had on your community's ability to develop the services the you have identified. Also, please add specific comments under each barrier, as needed. Barriers related to COVID-19 (i.e. lack of Internet service, lack of in-person meetings, etc.) can be described in the comments and/or the "Other barrier' response category.

Need for greater collaboration and consensus Comments:	1 ○	<u>2</u> ○	<u>3</u>	4 ○	<u>5</u>
Lack of funding Comments:	<u>1</u> O	2	<u>3</u>	4	<u>5</u>
Lack of transportation Comments:	1	<u>2</u>	<u>3</u>	4 O	<u>5</u>
Provider availability Comments:	<u>1</u> O	2	<u>3</u>	4 O	<u>5</u>
Need more information and data Comments:	1 O	2 O	<u>3</u>	4 ○	<u>5</u>
Other barrier (please list):Comments:		2	<u>3</u>	<u>4</u>	<u>5</u>
Other barrier (please list):		2	<u>3</u>	4	<u>5</u>





Q9)	Has your locality initiated actions over the past year to address the perceived services bar	rriers?
	□ Yes □ No	
	If yes, then please describe below:	



Scott Reiner, M.S. Executive Director

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

ADMINISTRATIVE MEMORANDUM #21-03

To: CPMT Chairs

CSA Coordinators CSA Fiscal Agents CSA Report Preparers

From: Preetha Agrawal, Information Technology Director

Kristy Wharton, Business and Finance Manager

Date: February 26, 2021

Subject: Automation of Additional CSA SPED WRAP Allocation Request Process

Beginning with Fiscal Year 2021 (the current year) there are a few significant changes in our process for requesting an additional Special Education Wraparound funding (WRAP) allocation. These changes are as follows:

- 1. The local CSA Report Preparer will initiate the additional WRAP allocation request process from the Report Preparer Module in the Local Government Reporting System.
- 2. The additional WRAP allocation request process has the CPMT Chair and then the CSA Fiscal Agent in the automated approval flow. The locality's CPMT Chair will need to approve the WRAP request in the Local Government Reporting system, after the Report Preparer submits the request. Once the CPMT Chair approves it, it will be forwarded (via email notification) to the Fiscal Agent for approval in the Local Government Reporting system.
- 3. Detailed instructions for the additional WRAP request process are located on the OCS website home page under the Resources → Forms → SPEDWRAP Request Form link.

<u>Note</u>: This process applies only to requests for <u>additional</u> WRAP funds following the initial allocation made at the onset of each fiscal year. The initial allocations are based on a three-year historical expenditure analysis of the locality's WRAP expenditures.

Please feel free to contact us with questions about the WRAP process. Thank you for your cooperation.



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S. Executive Director

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

ADMINISTRATIVE MEMORANDUM #21-04

To: CPMT Chairs

CSA Coordinators CSA Fiscal Agents CSA Report Preparers

DSS T4E LEDRS File Uploaders

CC: Tiffany Gardner, VDSS

From: Preetha Agrawal, Information Technology Director

Date: March 5, 2021

Subject: LEDRS File Layout changes

Beginning Fiscal Year 2022 the LEDRS file layout is changing. Following is a list of changes:

- 1. Additional data element (Title IV–E Eligibility Flag) added to the LEDRS file layout for both Title IV-E and CSA files
- 2. Addition of new Mandate Type (MT) for capturing Kinship Guardianship Assistance
- 3. Addition of two new Expenditure Category for capturing State & Federal Kinship Guardianship
- 4. Addition of new Service Name for Special Education/Public School Transition
- 5. Accepting foster care maintenance payments until September 30, 2021 for children less than 22 years, due to the federal extension of foster care benefits related to the pandemic
- 6. Additional LASER expenditure codes for T4E LEDRS collection per VDSS requirements
- 7. Addition of IVE Adjustments mandatory data element column and changes to IVE Expenses mandatory data elements in Title IV-E LEDRS per VDSS requirements
- 8. Mandatory submission of LEDRS Title IV-E file every quarter per VDSS requirements

OCS will be making the required changes for the CBDRS application and the local software providers (e.g., Thomas Brothers, Harmony, locally developed systems) have been made aware of these new requirements.

Draft copies of relevant revised documents are hyperlinked below:

- <u>LEDRS File Layout Modification Presentation</u>
- LEDRS File Layout
- Mandate Type Definitions
- CSA Service Names
- Pool Fund Expenditure Categories and Definitions
- CSA Service Placement Types

Please feel free to contact us with questions. Thank you for your cooperation.