# AGENDA
## State Executive Council
## The Comprehensive Services Act for At Risk Youth & Families
***June 18, 2015***
***Henrico Training Center***
***7701 E. Parham Road***
***Henrico, VA***

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| **9:30 a.m.** | **Welcome & Chair Remarks** – *Dr. Bill Hazel*<br>➢ ***Action Item*** – Approval of March 2014 Minutes |
| **9:40** | **Executive Director's Report** – *Susan Clare*<br>➢ ***Action Item*** – Approval of FY16 OCS Training Plan |
| **9:50** | **SLAT Report** – *Ron Belay*<br>➢ ***Action Item*** – Approval of Nominations to SLAT |
| **10:00** | **SEC Finance Committee Report**<br>➢ ***Action Item*** – Approval of recommendation to seek additional state funding to support local CSA administration |
| **10:10** | **UMFS System of Care Presentation** |
| **10:30** | **Public Comment** |
| **10:45** | **Workgroup Report - Non-CSA Parental Placements into Residential Treatment Programs**<br>➢ ***Action Item*** - Acceptance of Recommendations<br>**Proposed Policy on Non-CSA Parental Placements into Residential Treatment Programs**<br>➢ ***Action Item*** - Adoption of Proposed Policy |
| **11:15** | **Discussion of Medicaid-funded Residential Placements and Local Medicaid Match**<br>➢ ***Action Item*** - Recommendations to General Assembly |
| **11:45** | **Member Updates** |
| **12:00 p.m.** | **Adjournment** |

**Meeting Schedule for 2015: September 17 and December 17**

DRAFT

# STATE EXECUTIVE COUNCIL (SEC)
# COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES
**Department of Taxation**
**1957 Westmoreland Street**
**Richmond, VA**
**Thursday, March 19, 2015**

**SEC Members Present:**
The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Jennifer Wexton, Member, Senate of Virginia
Michael Farley, CEO, Elk Hill
The Honorable Richard "Dickie" Bell, Member, Virginia House of Delegates
John Eisenberg for Steven Staples, Ed.D., Superintendent of Public Instruction, Virginia Department of Education
The Honorable Patricia O'Bannon, Member, Henrico County Board of Supervisors
Joseph Paxton, County Administrator, Rockingham County, Virginia
Debra Ferguson, Ph.D., Commissioner, Department of Behavioral Health and Developmental Services
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia
Margaret Schultze, Commissioner, Virginia Department of Social Services
Bob Hicks for Dr. Marissa Levine, Commissioner, Virginia Department of Health
The Honorable Anita Filson, Juvenile and Domestic Relations District Court Judge, 25th Judicial District
The Honorable Catherine Hudgins, Member, Fairfax County Board of Supervisors
Jeanette Troyer, Parent Representative
The Honorable Robert "Rob" Coleman, Vice-Mayor, City of Newport News
Cindi Jones, Director, Department of Medical Assistance Services
Deron Phipps for Andrew Block, Director, Department of Juvenile Justice

**SEC Members Absent:**
Mary Bunting, City Manager, Hampton, Virginia
Janice Schar, Parent Representative
Greg Peters, President and CEO, UMFS

**Other Staff/SLAT Members Present:**
Pam Kestner, Special Advisor on Families, Children and Poverty, Health & Human Resources
Eric Reynolds, Assistant Attorney General, Office of the Attorney General
Karen Tompkins, Vice -Chair, State and Local Advisory Team
Susan Cumbia Clare, Executive Director, Office of Comprehensive Services (OCS)
Scott Reiner, Assistant Director, OCS
Marsha Mucha, Administrative Staff Assistant, OCS

**Call to Order and Approval of Minutes**
Secretary Hazel called the meeting to order at 9:30 a.m. A quorum was present.

Mrs. Clare announced her retirement from state service effective July 1, 2015. Secretary Hazel reported that the SEC's Executive Committee will begin discussions on hiring a new executive director and report back to the SEC.

The minutes of the December 18, 2014 meeting were approved without objection.

**Public Comments**
Public comments were received from the following individuals on serving youth placed into residential treatment facilities for non-educational reasons and outside of the CSA process:

- Bill Elwood representing the Virginia Coalition of Private Provider Associations (VCOPPA) and the Virginia Association of Independent Specialized Education Facilities (VAISEF)
- Jamie Molbert representing Harbor Point
- Cecilia Kirkman representing SEIU Healthcare
- Jim Gillespie representing the Fairfax – Falls Church CSA
- Janet Areson representing the Virginia Municipal League (VML)
- Victor Evans, representing the Prince William CSA

**Workgroup Report on Non-CSA Parental Placements into Residential Treatment Programs**
Secretary Hazel reported that Ms. Hopper had reviewed the revised proposed policy with Executive Committee members. The Executive Committee endorsed the additional work completed by the Workgroup convened at the request of the SEC at the December meeting. He further reported that the issue before the SEC today was not adoption of the policy but whether or not to disseminate the proposed policy for a 60-day public comment period.

Ms. Hopper reported for the Workgroup and acknowledged those Workgroup members in attendance. She further reported that the Workgroup spent a great deal of time reviewing the process. In addition to necessary regulatory and contract changes, the workgroup identified a number of actions and matters for the SEC to consider prior to implementation of policy.

Recommended changes to the process would require referral of a child to the local community for assessment and planning as early as possible and prior to the child's admission to a residential treatment facility. Workgroup members also identified the need for development of a "universal notice" that acute facilities and residential treatment facilities would provide to families to outline service options, CSA process, parent rights and responsibilities, etc.

Mrs. Hopper reported that the Workgroup elected not to recommend a policy implementation date, but recommends that the SEC consider the additional actions required before implementation can occur. The Workgroup did acknowledge that there are best practices that can be implemented now such as collaborating earlier in the process when a child is being considered for residential treatment. Work could also begin on development of the "universal notice" to parents.

After discussion, a motion was made by Cindi Jones, seconded by Michael Farley and carried to begin drafting the "universal notice" to parents. An update will be provided at the June SEC meeting.

After additional discussion, a motion was made by Michael Farley, seconded by Joe Paxton and carried to disseminate the proposed policy for a 60-day public comment period. Catherine Hudgins and Patricia O'Bannon voted against the motion.

**SEC Retreat Group 4 Report**

Joe Paxton reported on behalf of Group 4 as the group had not had an opportunity to report previously. Group 4 had examined the need to ensure appropriate representation of stakeholder interests in SEC decision-making processes.

The Group made several recommendations which have already been implemented. Representatives of VACo and VML have been invited to participate in SLAT meetings to represent local government elected/appointed officials, to actively engage in discussions of SLAT and to serve in the capacity as informal, non-voting stakeholder representatives. The SLAT Chair has been invited to participate in SEC meetings and to actively engage in its discussions.

**Proposed Workgroup – Increasing Public Awareness of and Access to Multidisciplinary Planning**

Mrs. Clare reported that three of the four small groups convened during the SEC Retreat identified the need and/or made specific recommendations regarding increasing public awareness of local CSA teams and improving family access to local CSA teams for service planning. In addition, the Workgroup appointed by the SEC to make recommendations regarding non-CSA parental placements into residential treatment facilities recommended that the SEC take action to improve public awareness of and access to local CSA teams to reduce such placements.

Mrs. Clare asked that that the SEC approve the charter for establishment of the workgroup. The charter was approved without objection. The workgroup will provide final recommendations to the SEC no later than September 2015.

**Executive Director's Report**

Mrs. Clare noted that members had copies of the required General Assembly reports. She reported that the same reporting format has been used over the last several years. Mrs. Clare reported an overall slight increase in 2014 expenditures.

Mr. Reiner presented a draft of the OCS FY16 Training Plan for the SEC's first reading. The final Training Plan will be presented to the SEC for approval at the June meeting. He also presented an update on OCS training activities for the period July 1, 2014 through March 2015.

Mrs. Clare reported on the 2015 General Assembly Session. Legislation presented and passed during the session included:

- Changing the Comprehensive Services Act for At-Risk Youth and Families to the Children's Services Act.
- Directing CPMTs to establish a process for parents or persons who have primary physical custody of a child to refer children in their care to the teams.
- Changing the term "community management team and planning team" to community policy and management team in a section of the Code where the terminology was incorrect.
- Amending member qualifications of SLAT to require the parent representative to have a child who has received services within the purview of CSA and eliminating requirement that local government CPMT representatives serve on a CPMT.

Mrs. Clare also reported that two studies were included in the Appropriation Act:

- A study by the Secretary of Health and Human Resources, in cooperation with the Secretary of Education to provide recommendations regarding the role of the SEC. A report is due by December 1, 2015.
- A study by the SEC to examine and make recommendations for funding the educational costs for students whose placement in or admittance to state or privately operated psychiatric or residential treatment facilities for non-educational reasons has been authorized by Medicaid. A report is due by September 1, 2015.

During discussion, it was noted that the Workgroup report presented today would be utilized for the September report on educational costs.

**SEC Committee Reports**

*Executive Committee* - No additional report. Items reviewed by the Executive Committee were covered by previous discussions during the meeting.

*Outcome Committee* – Mr. Reiner reported on behalf of the Committee. He presented a draft of a Proposed Outcomes Model with six outcome measures and an example of a measurement strategy.

All measures utilize existing data collection requirements so no new data elements would need to be collected. He noted the measures could be used to identify high performing localities, encourage sharing of best practices, review of local practices, and assist in indentifying localities that need technical assistance.

**SLAT Report**

There was no report from SLAT.

**Member Updates**

There were no member updates.

**Adjournment**

There being no further business the meeting was adjourned at 11:40 a.m.

Office of Comprehensive Services
Empowering communities to serve youth

# TRAINING PLAN
## Fiscal Year 2016

*Developed in accordance with 2014 Appropriation Act, Item 279, Section B.6*
*Submitted for Approval by the State Executive Council June 18, 2015*

The mission of the Comprehensive Services Act (CSA) is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth. One important mechanism for achieving this mission is through development and implementation of a robust training plan. The Code of Virginia requires that the Office of Comprehensive Services (OCS) "provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families." In accordance with provisions of the biennial Appropriation Act, the Office of Comprehensive Services presents an annual training plan to the State Executive Council for approval. This document outlines the OCS FY2016 Training Plan for the period of July 1, 2015 – June 30, 2016.[1]

## I. GOALS

### A. TO INCREASE KNOWLEDGE, SKILLS, AND COMPETENCIES OF INDIVIDUALS HOLDING CSA SPECIFIC ROLES AND RESPONSIBILITIES TO ENSURE EFFECTIVE IMPLEMENTATION OF THE CSA.

**Objectives:**

- To enhance effectiveness and positive outcomes for youth and families by ensuring that the core requirements of CSA and the principles of a system of care are known to individuals who serve key roles within the structures of CSA.
- To assure that basic competencies in CSA practice are applied to local operations.
- To enhance the levels of knowledge and skills of core members of local CSA team members.
- To support, encourage and motivate key CSA participants to realize the mission and vision of the CSA and the system of care through collaboration and excellence in practice.

**Target Audiences:**

- CSA Coordinators; CPMT members; FAPT members; Fiscal Agents; Utilization Review Specialists; External Auditors.

**Topics:**

- CSA Mission and Vision/CSA as a System of Care
- Building effective multi-disciplinary teams/collaboration
- Overview and prioritization of local CSA Coordinator responsibilities *(§2.2-2649)*
- Provision of effective and efficient services *(§2.2-2649)*
    - Use of data and data analytics to assess service patterns and improve outcomes
    - Understanding High Fidelity Wraparound and Intensive Care Coordination
    - Utilization Management and Utilization Review *(Appropriation Act)*

[1] Where appropriate, specific statutory requirements addressed through this training plan are indicated.

- Controlling costs and utilizing alternative funding streams and revenues *(Appropriation Act)*
  - Blending & Braiding Funds – Developing a Fiscal Plan
  - Accessing the full array of Medicaid services *(Appropriation Act, with DMAS)*
- Use of state pool funds: eligibility and decision points
- FAPT determination of CHINS: parental agreements and foster care prevention
- Understanding mission, purpose, and outcomes of child-serving agencies
  - Foster care services and the CSA *(Appropriation Act, with DSS)*
  - Requirements regarding IDEA and the use of CSA funds for special education services *(Appropriation Act, with DOE)*
- Guidelines for Therapeutic Foster Care and negotiating contracts with TFC providers *(Appropriation Act)*
- Building community services/public-private partnerships *(Appropriation Act)*
- CSA program audits: compliance monitoring and program improvement; self-assessment process
- Navigating cross-jurisdictional issues: Fostering Connections; transfers; out-of state placement
- Administrative and fiscal issues: Local statutory responsibilities *(Appropriation Act)*
- Financial and data reporting requirements of CSA (supplemental funding requests, pool fund reimbursement, data set, and client based expenditures; understanding service categories, match rates)
- Engaging families, empowering client/family voice and choice
- Contracting: regional contracts, negotiating terms, performance-based contracts
- Audits of local CSA programs

**Primary implementation methods:**

- CSA Annual Conference
- New CSA Coordinators Academy
- On-line and Webinar training
- Information developed and disseminated through the CSA website

**B. TO INCREASE KNOWLEDGE, SKILLS, AND COMPETENCIES OF CHILD SERVING ENTITIES TO MAXIMIZE USE OF CSA PROCESSES AND FUNDING TO EFFECTIVELY SERVE YOUTH AND FAMILIES.**

**Objective:**

- To ensure that the key partners in the CSA gain specific and targeted knowledge and competencies to incorporate CSA into their primary areas of professional responsibility.

**Target Audiences:**

- Executive managers, supervisors, and direct service staff in local departments of social services, court service units, community services boards, and school divisions; state level managers in child-serving agencies; juvenile and domestic relations court judges; guardians ad litem; LDSS attorneys; elected and appointed local government officials; private service providers.

**Topics:**

- Becoming a Medicaid provider *(Appropriation Act, with DMAS)*
- Foster care services and the CSA *(Appropriation Act, with DSS)*
- Requirements regarding IDEA and the use of CSA funds for special education services *(Appropriation Act, with DOE)*
- Vision and mission of CSA

- Accessing CSA funded services
- CANS certification and Super Users training
- Using CANS for service planning

**Primary Implementation Methods:**
- Stakeholder venues/conferences
- Virtual learning opportunities developed and disseminated in conjunction with partner agencies

**Supporting Activities:**
- Coordinate with stakeholder organizations to plan and deliver topical CSA training within agency-specific conferences and training sessions.
- Work with the State and Local Advisory Team (SLAT), the State Executive Council (SEC), selected partner agencies, and other affiliated organizations (e.g., VML/VACO, VCOPPA) to identify "recommended" and "mandatory" CSA-related training to be incorporated into agency training requirements and plans.

## C. TO ENHANCE CSA OUTCOMES FOR YOUTH, FAMILIES AND COMMUNITIES BY ADOPTION OF EFFECTIVE, EVIDENCE-BASED PRACTICES.

**Objectives:**
- To provide opportunities for CSA stakeholders to learn about and develop competencies in effective, evidence-based models pertaining to the service needs of the CSA population.

**Target Audiences:**
- All CSA stakeholders

**Topics:**
- Best practices and evidence-based practices related to the CSA *(Appropriation Act)*
    - Introduction to Systems of Care
    - Intensive Care Coordination / High Fidelity Wraparound (HFW)
        - Facilitator training
        - Family and youth support partner training
        - Local coaching and clinical supervisors training
    - Trauma-informed services within an overall System of Care (in collaboration with DSS and DBHDS)
    - Use of the CANS as an outcomes management tool
    - Family engagement – families and youth as partners
    - Evidence-based practices in children's services

**Primary implementation methods:**
- CSA Annual Conference
- Collaborative training efforts with partner agencies
- On-line and Webinar training
- Information developed and disseminated through the CSA website

## II. TRAINING AND TECHNICAL ASSISTANCE METHODOLOGIES

### A. DELIVER OCS SPONSORED TRAINING OPPORTUNITIES

**Activities:**

- Conduct Annual CSA Conference
- Conduct Pre-conference CSA Coordinator session at annual CSA Conference
- Conduct New CSA Coordinator Academy

### B. DELIVER CSA RELATED TRAINING WITHIN STAKEHOLDER VENUES/CONFERENCES

**Projected Activities:**

- In collaboration with sponsoring entities, conduct training in a variety of venues. Examples include but are not limited to:
  - Dept. of Education: Aspiring Leaders of Special Education Academy (annually)
  - Dept. of Education: New Directors of Special Education Academy (annually)
  - Dept. of Social Services: New Local Directors Learning Experience (at least annually)
  - VA League of Social Service Executives: Conference (annually)
  - VA Association of Counties: Annual Conference
  - VA Association of Independent Special Education Facilities: Annual Conference
  - Office of Executive Secretary of the Supreme Court: Court Improvement Programs Annual Conference
  - Office of Executive Secretary of the Supreme Court: Mandatory JDR Judges Conference (annually)
- Through collaboration with stakeholder agencies and organizations, identify and schedule venues.
- Through collaboration with stakeholder agencies and organizations, the State and Local Advisory Team (SLAT), and the SLAT Training Workgroup, identify training needs and appropriate training venues/opportunities.

### C. DELIVER TARGETED, HIGH-QUALITY TECHNICAL ASSISTANCE

**Objective:**

- To respond to stakeholder identified needs for information that will enhance the effectiveness of CSA activities, minimize and/or respond to audit findings, and support overall system of care implementation

**Activities:**

- Maintain the "OCS Help Desk" on the CSA website to facilitate prompt, accurate and consistent responses to requests for specific guidance
- Provide targeted on-site training and technical assistance to meet needs identified by OCS, localities, and/or regions
- Provide targeted assistance to facilitate CPMT corrective action/program improvement activities
- Provide on-site and remote technical assistance on frequently asked questions/common issues
- Provide information through the Resource Library of the CSA website (FAQ's, Fact Sheets)

## D. DEVELOP AND OFFER VIRTUAL LEARNING OPPORTUNITIES

**Objective:**

- Maximize participation and accessibility of CSA-related training through an array of delivery platforms and designing training to meet diverse learning styles and venues

**Activities:**

- Maintain training site for CANS certification
- Administer the CSA Knowledge Center (KC) to include user account management for local users
- Plan and deliver webinars on "hot topics" (e.g., new policy guidelines), best practices, common focal issues raised by CSA stakeholders
- Develop and implement on-line and other distance learning programs to include:
  - educational opportunities through the Knowledge Center
  - ongoing availability of archived training materials from the annual conferences, webinars, and other sources
  - use of the CSA website to make available materials from national and other sources of best-practices information

## E. PROMOTE AVAILABILITY OF LIVE AND VIRTUAL TRAINING OPPORTUNITIES

**Objective:**

- Build participation levels and ensure that various stakeholders are aware of relevant training opportunities provided by both OCS and partner agencies

**Activities:**

- Maintain the on-line Training Calendar which provides information about upcoming training events and information on how to enroll in those events
- Support the work of the SLAT Training Committee to collect, provide to OCS and disseminate information on upcoming training events
- OCS will utilize various communication mechanisms (CSA listserve, CSA website, e-mail lists) to inform stakeholders of relevant upcoming training events

# III. EVALUATION

**Objective:**

- To provide accountability and continuous quality improvement for OCS training activities

**Activities:**

- Identify and assess measurable objectives for all CSA training activities
- Design course outlines, content, materials, activities, methods of instruction, and evaluation criteria for CSA training activities that reflect the principles of adult learning and best practices in instructional design
- Collect and report information regarding participants (e.g., number, primary professional affiliation) at CSA training events

- Collect and summarize evaluations of OCS training activities and utilize feedback to refine and improve training activities
- Provide quarterly reports to the State Executive Council summarizing OCS training activities
- Complete and submit an annual report to the General Assembly regarding OCS training activities

**ACTION REQUIRED**
**NOMINATIONS FOR STATE AND LOCAL ADVISORY TEAM (*SLAT*)**

**CPMT - Court Service Unit (CSU) Representatives** *(Court Service Unit Directors Association)*
**Primary**
***Ronald Belay, Director***
29th District Court Service Unit
507 Wenonah Avenue
Pearisburg, VA 24134
(540) 921-3408
ronald.belay@djj.virginia.gov

**Alternate**
***Mike Scheitle, Director***
9th District Court Service Unit
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Williamsburg, VA 23188
(757) 564-2460
michael.scheitle@djj.virginia.gov

**Alternate**
***Vincent Butaitis, Director***
15th District Court Service Unit
601 Caroline St., Suite 400
Fredericksburg, VA 22401
(540) 372-1068
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**CSA Coordinator or Program Manager Representatives** *(CSA Coordinators Network)*
**Primary**
***Karen Reilly-Jones, CSA Coordinator***
Chesterfield County – City of Colonial Heights
P. O. Box 40
Chesterfield, VA 23832
(804) 768-7387
reillyk@chesterfield.gov

**Alternate**
***Victor Evans, CSA Coordinator***
Prince William County
7987 Ashton Ave., Suite 200
Manassas, VA 20109
(703) 792-7645
vevans@pwcgov.org

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**Alternate**
***Nat Leonard, CSA Coordinator***
Rockbridge County
20 E. Preston Street
Lexington, VA 24450
(540) 463-2607
nat.leonard@dss.virginia.gov

**Provider Representative** (*Virginia Coalition of Private Provider Associations*)
**Primary**
***John Dougherty, Senior VP/CAO***
Virginia Home for Boys and Girls
8716 W. Broad Street
Henrico, VA 23294
(804) 270-6566
jdougherty@boysandgirlshome.org

**Parent Representative** *(NAMI Virginia)*
**Alternate**
***Cristy Corbin***
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(804) 301-6848
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## Public Comment Summary

Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process

Public Comment Period: March 24, 2015 – May 29, 2015

Total Comments Received: 116
Distinct Localities Providing Comment: 63

Breakdown of Comments Received[1]:

| | |
|---|---|
| Elected Local Bodies (Board of Supervisors, City Council) | 9 |
| Local Government Administration | 12 |
| Community Policy and Management Teams | 53 |
| Family Assessment and Planning Teams | 1 |
| Local Department of Social Services | 9 |
| Community Services Boards | 6 |
| Schools (Individuals) | 2 |
| Private Providers | 13 |
| Statewide Organizations | 9 |
| Private Citizen | 1 |
| Parent | 1 |

**Summary of Respondents:**

- 79% represent local government (92 responses from 66 different jurisdictions)
- 11% represent private providers (13 responses)
- 8% represent statewide organizations (9 responses)
- Of the nine statewide organizations, five represent local government interests or agencies operating at the local level (VACo, VML, VLSSE, VACSB, VACSB CFSC); two represent private providers (VCOPPA, VAISEF), one represents consumers/family (NAMI), and one is a statewide labor union group (SEIU)

[1] See accompanying spreadsheet for more delineated breakdown of respondents

**Analysis of Comments Received:**

The following is an analysis of comments received, organized by major topical areas. A broad "category" is provided and then a listing of the variety of comments grouped under that category. Both concerns and suggestions are found under each category. Where comments were relevant in more than one category, the may be repeated/reiterated.

**General Support for CSA as a Community-based System of Care:**

- Comments in this category reflected on the respondents' broad support for the system of care principles embodied by the Comprehensive Services Act (CSA) and its implementation in local practice.

- Specific areas of emphasis included the power of community-based planning through the FAPT process to determine and implement the least restrictive services, in partnership with children and families.

**Specific Support for Intent and Impact:**

- Families considering residential care are in high need and are likely to have already utilized community services.
- The proposal puts guidelines in place for consistent response by localities where the CSB "supports" the placement but CSA does not approve (educational funding).
- Assists with early intervention, multi-disciplinary planning and public awareness.
- Reduces stress on the family due to denied access to FAPT or keeping the child in an unsafe environment.
- Addresses the lack of a funding source for needed education and parents making decisions based on the availability of "scholarships". Families should not be penalized for this. Current situation is indefensible and unfair to providers.
- The process by which Magellan authorizes placements is thorough and clinically sound.
- Universal Notice is a positive action, as is required discharge planning from acute care.

**Broad Overall Concerns/Unintended Consequences:**

- Not aligned with system of care principles.
- Agree with the problem statement but not the assumptions about the cause. Issue is driven by providers wishing to fill beds.
- No provisions should be allowed where placements should be made without community planning/input.

- Providers should just stop admitting without CSA approval. Assessment after admission is a bad practice.
- Will result in more children being placed in residential. Encourages placement. Potentially harmful placements implemented without community input, while using community funds.
- Allows RTF and parents undue control by allowing placement before CSA approval.
- Would result in these cases being prioritized and other children delayed in receiving FAPT/CSA attention.
- Retraumatization of children and families resulting from multiple changing placements.
- Policy should guide/require families to FAPT prior to placement.
- Proposal sets up adversarial situation between parents and CSA once a child is placed with pressure to approval the placement, including facilities threatening AMA discharges.
- FAPT liability for making a different decision than the treatment provider.
- Impact of schools and need to address FAPT responsibilities is not accounted for. IEPs cannot be revised within proposed time frames and will require school division personnel resources.

**Impact on General CSA Activities:**

- Demands on local FAPT/CPMTs cannot be managed effectively.
- Administrative burdens on local personnel too great.
- CSB and FAPT reviewing these cases would be duplicative.
- Policy does not indicate who is responsible for funding during any appeals process. Who is responsible for legal costs associated with appeals? The locality should not be responsible until the appeals process is complete.

**Comments Related to CSA Eligibility:**

- Perceived expansion of CSA eligibility criteria.
- Assumes children who meet criteria for residential placement will meet CHINS eligibility under CSA. This may not be true.
- Certificate of Need criteria may not match CHINS criteria.
- Nothing in the proposed policy requires the FAPT make a specific eligibility determination or to approve the placement.

**Broad Concerns about the Fiscal Impact of the Proposed Policy:**

- Fiscal burden on localities including from actual educational costs, local Medicaid match costs and general administrative costs. This fiscal impact represents an unfunded mandate on local government.
- The local Medicaid match, in particular, is burdensome and unfair, represents a shifting of costs from the state to the locality, and should be reduced or eliminated. The state should assume the Medicaid match.
- The proposed policy will generate considerable new administrative work to localities already overburdened with CSA administrative costs with inadequate funding that has not been raised in recent memory despite new requirements.
- Increased local costs will result in fewer children being served.
- Allows a "back door" to placement with significant local costs.
- Obligating local dollars without local input. Should not allow any local funds to be obligated for admissions that occur without CSA approval. No retroactive payments.
- The fiscal impact data provided is dated (FY13), unvalidated and unreliable. Localities cannot accurately plan/budget for the impact of the proposed policy.
- True cost (including administrative) needs to be obtained prior to implementation.
- DMAS should handle these cases through its care management entities and pay the entire cost of such placements.
- The SEC should recommend additional funding from the General Assembly to offset any local cost increase. Increase local administrative funding.
- There should be shared risk with the providers.
- Parents should assume any financial obligations until the CSA approves the placement.
- Localities have attempted to shift costs to the state by avoiding the CSA process.

**Concerns Related to the Proposed Time Frames for Specific Activities:**

- The 14-day time frame for FAPT to act after admission is not realistic and not good practice.
- The placements are not an "emergency" and the Code support (§2.2-5209) for considering them to be so is not applicable. Current statute allows such consideration only when placement has been approved by a public agency.
- Emergency placement requirements should be removed and no funds committed prior to FAPT/CPMT action.
- Change time from referral to 30 - 45 days after referral is initiated. Extend time frames.
- Strict time frames to prevent delayed discharges if FAPT does not approve placement.
- Place clear time frames on RTF for making referrals.
- Change starting point from notice to CSB, not admission to RTF.

**Concerns Related to the Role of / Impact on Community Services Boards:**

- CSBs lack resources to carry out policy including child psychiatrists to sign Certificates of Need.
- Cost of CSB case management not considered.
- Issuing a Certificate of Need via a CSB is an unfunded mandate.
- Fund CSBs to do the linkage between inpatient and the CSA.
- Generally enhance CSB resources to intervene in cases and provide behavioral health care prior to needing CSA resources.
- Compensate CSBs to do the assessments ala VICAP.
- Amend DBHDS Performance Contracts to incorporate CSA expectations of quality assurance.
- Require CSBs to do all CONs for residential placements by CSA. Do not allow CONs to be signed by physicians at the residential placements.
- Time frames for CSB to complete required actions seem unrealistic.
- Would push other children into longer waits for CSB services.

**Comments Related to DMAS and the Proposed Policy:**

- Reexamine/disallow Medicaid funded direct parental placements.
- Require private hospitals to refer to the CSB for the Certificate of Need prior to admission to the RTF.
- DMAS should require residential facilities to provide "true" cost information.
- Need to reconcile DMAS "provider choice" requirements against local contracting prerogatives and quality assurance activities.
- Creates conflicts between DMAS authorization criteria and CSA process/criteria. Align Medicaid and CSA eligibility definitions and emergency placement definitions.

**Comments Related to the Policy Implementation Time Frames:**

- Cannot be implemented by July 1, 2015.
- Should not be implemented before July 1, 2016.
- Should not be implemented until all necessary procedures and issues are resolved including regulatory and statutory changes.
- Postpone and do a comprehensive fiscal impact study (suggest five-years of data).
- Pilot program in a few localities before any full scale implementation.
- Wait to see impact of new law requiring parent referrals to FAPT and impact of CSA "public awareness" activities.
- Reconsider for FY 2017.
- Wait for DBHDS transformation to become implemented.

**Other Specific Suggestions (not otherwise listed):**

- Establish rate setting for residential placements.
- Time frames should be placed on all FAPT referrals, not just those seeking residential placement.
- Ensure broader linkages between families and CSA generally. Implement comprehensive systems of care and entry points for families.
- Improve accountability and cost transparency among residential treatment providers.
- CONS should be done by FAPT, not CSB.
- Use the VICAP process.

**General Clarifications Requested:**

- That the policy should apply only to properly licensed, Residential C facilities, in the Commonwealth and approved by Medicaid.
- Unclear what happens when parents do not consent to CSA participation.
- Need to clarify what is meant by "initiate" services.

**Public Comments on Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process**

| | | |
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| Joni Temple | CPMT | Martinsville City |
| Diana Hutchens | CPMT | James City County |
| Patricia Harrison | CPMT | Fairfax-Falls Church |
| Ann Porter | CPMT | King William County |
| J. Scott Zeiter | CPMT | Loudoun County |
| Mills Jones | CPMT | Goochland County |
| Suzanne Puryear | CPMT | City of Norfolk |
| Liz Smith | CPMT | Richmond County |
| Tamara Green | CPMT | Frederick County |
| Dawnel White | CPMT | City of Alexandria |
| Richard Sterrett | CPMT | Accomack & Northampton Counties |
| Douglas Walker | CPMT | City of Charlottesville and Albemarle County |
| Alan Wooten | CPMT | Prince William County |
| Larry Clark | CPMT | New Kent County |
| Patrick Davis | CPMT | Smyth County |
| Rachel Lewis | CPMT | City of Suffolk, City of Franklin & Isle of Wight County |
| Russell Houck | CPMT | Culpeper County |
| Mark Gleason | CPMT | Warren County |
| Michael Murphy | CPMT | City of Charlottesville and Albemarle County |
| Greg Winge | CPMT | Franklin County |
| Patricia Koontz | CPMT | Page County |
| Belinda Johnson | CPMT | Westmoreland County |
| Cheryl Austin | CPMT | Roanoke County |
| Frank Turk | CPMT | City of Salem |
| R. Daryl Holt | CPMT | Campbell County |
| Brenda Campbell | CPMT | Amherst County |
| Patricia Davis | CPMT | Bristol City and Washington County |
| Heather Stowe | CPMT | Arlington County |
| Michael Daly | CPMT | Amherst, Appomattox, Bedford and Campbell counties and the City of Lynchburg |
| Catherine Heritage | CPMT | Fauquier County |
| Regina Smith | CPMT | Diinwiddie County |
| Wendy Sneed | CPMT | Caroline County |

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| Joan Perry | CPMT | City of Fredericksburg |
| Lisa Dunn | CPMT | Augusta County, Staunton and Waynesboro |
| Sharon Minter | CPMT | City of Manassas |
| Debbie Burkett | CPMT | Brunswick County |
| Vincent Butaitis | CPMT | Spotsylvania County |
| Warren Bull | CPMT | City of Petersburg |
| Elizabeth Clark | CPMT | City of Hampton |
| James Taylor | CPMT | Hanover County |
| Janice Allen | CPMT | Louisa County |
| Audra Morris | CPMT | Powhatan County |
| Hope Hodgson | CPMT | Cumberland County |
| Hope Hodgson | CPMT | Amelia County |
| Donna Krauss | CPMT | Stafford County |
| David Coman | CPMT | King George County |
| Harley Tomey | CPMT | City of Richmond |
| Jessica Webb | CPMT | Southwest Regional Steering Committee |
| Andrew Peddy | CPMT | Carroll County |
| Dominique Pretlow | CPMT | Gloucester County |
| Christi Lewis | CPMT | Gloucester County |
| Beth Berry | CPMT | Gloucester County |
| Mark Gleason | CSB | City of Winchester, Frederick, Warren, Shenandoah, and Page counties |
| Alan Wooten | CSB | Prince William County |
| Tisha Deeghan | CSB | Fairfax-Falls Church |
| Roy Shannon | CSB | Alexandria |
| Laura Totty | CSB | Henrico Mental Health |
| Lindsey Johnson | CSB | Henrico, Charles City and New Kent Counties |
| Karen Stidsen | FAPT | Stafford County |
| Hilda Barg | LDSS | Prince William County |
| Kimberly Irvine | LDSS | York/Poquoson |
| Dennis Morris | LDSS | Shenandoah County |
| Kathy Ralston | LDSS | Albemarle County |
| Shel Bolyard-Douglas | LDSS | Prince George County |
| Ellen Grunewald | LDSS | Loudoun County |
| Deborah Burkett | LDSS | Brunswick County |
| Gail Crooks | LDSS | Spotsylvania County |

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| Anne Mitchell | LDSS | King William County |
| Ella Jordan | Local Government | Albemarle County |
| Anne Smith | Local Government | Williamsburg |
| Sharon Bulova | Local Government | Fairfax County |
| P. David Tarter | Local Government | City of Falls Church |
| Wanda Barnard-Bailey | Local Government | City of Chesapeake |
| R. Scott Silverthorne | Local Government | City of Fairfax |
| Mary Price | Local Government | Shenandoah County |
| Jason Peters and Thomas Gates | Local Government | Roanoke County |
| Frank Thornton | Local Government | Henrico County |
| Douglas Stanley | Local Government | Warren County |
| Stephen Elswick | Local Government | Chesterfield County |
| A. Travis Quesenberry | Local Government | King George County |
| Alan Archer | Local Government | City of Newport News |
| William Sessoms | Local Government | City of Virginia Beach |
| A. Taylor Harvie | Local Government | Amelia County |
| William Melton | Local Government | Powhatan County |
| Satyendra Singh Huja | Local Government | City of Charlottesville |
| Franklin Harris | Local Government | Amelia County |
| Anthony Romanello | Local Government | Stafford County |
| Anne Seward | Local Government | Isle of Wight County |
| Woodrow Harris | Local Government | City of Emporia |
| Cristy Gallagher | Parent/SLAT member | |
| Douglas Bilski | Private Citizen | Chesterfield |
| Joshua Lutz | Private Provider | |
| Paul Kirkham | Private Provider | |
| Michael Triggs | Private Provider | |
| Patrice Brooks | Private Provider | |
| David Winters | Private Provider | |
| Joseph Trapani | Private Provider | |
| Taylor Davis | Private Provider | |
| Jamie Molbert | Private Provider | |
| Lloyd Tannenbaum | Private Provider | |
| J. Wade Puryear | Private Provider | |
| Tricia Delano | Private Provider | |

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| Marcy Johnson | Private Provider | |
| Cindy Mills | Private Provider | |
| Laura Goad | Schools | Carroll County |
| Kevin DeHaven | Schools | Carroll County |
| Cecelia Kirkmam | Statewide Organization | SEIU Heathcare |
| Mira Signer | Statewide Organization | NAMI Virginia |
| Penelope Gross | Statewide Organization | VA Assoc of Counties |
| Jennifer Faison | Statewide Organization | VACSB |
| Jim Thornton | Statewide Organization | VACSB/Child and Family Services Council |
| Kim Winn | Statewide Organization | VML |
| William Elwood | Statewide Organization | VAISEF |
| Catherine Pemberton | Statewide Organization | VLSSE |
| Debra Pell | Statewide Organization | VCOPPA |

**SERVING YOUTH REFERRED TO RESIDENTIAL TREATMENT FACILITIES FOR NON-EDUCATIONAL REASONS AND OUTSIDE OF THE CSA PROCESS**

**March 19, 2015**

# Proposed Policy

## FAPT Review of Child/Youth Referred to a Residential Treatment Facility

When the parent of a child/youth seeks admission into a residential treatment facility (RTF) through a process other than through the Family Assessment and Planning Team (FAPT) the child/youth shall, with parental consent, be reviewed by the FAPT.

Upon receipt of referral from an RTF, i.e., notice by an RTF that a parent seeks admission of a child/youth to the RTF outside of the FAPT process, the local CSB shall refer the child/youth for assessment by the FAPT. If the child is admitted to a residential treatment facility prior to FAPT review, the FAPT shall, in accordance with §2.2-5209, assess the youth within 14 days of the child/youth's admission to the RTF and shall develop an Individualized Family Services Plan (IFSP) for services appropriate to meet the needs of the child/youth.

If the FAPT determines that residential treatment is the most appropriate service to meet the needs of the child/youth, the CPMT shall authorize necessary funding for the RTF beginning on the date of admission.

If the FAPT determines that the needs of the child/youth can be appropriately met through services other than residential treatment services, the CPMT shall authorize necessary funding for the RTF beginning on day fifteen (15) of the RTF placement until the date services in the IFSP are initiated.

## Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process

## Report of the SEC Workgroup – June 18, 2015

At its March 19, 2015 meeting the State Executive Council (SEC) issued a proposed policy "Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process" for a 60-day public comment period. An accompanying workgroup report was also distributed. The SEC also charged the Office of Comprehensive Services (OCS) with convening a workgroup to develop "guidelines to assist local CSA teams implement the proposed polices".

OCS convened this workgroup in accordance with the membership guidelines provided by the SEC and the group met on three occasions (May 12, May 26, and June 2, 2015) for a total of 7.5 hours. The final workgroup membership is included in as Appendix A to this report. As specified in the workgroup charge from the SEC, OCS provided the workgroup with the individual public comments and at the final meeting, a summary of those public comments.

**Specific Recommendations:**

In the course of its work, the group reviewed the proposed policy and the report of the prior workgroup and identified the following recommendations and clarifications to the proposed policy:

1. The proposed policy should apply only to Level C Psychiatric Residential Treatment Facilities (PRTF) that are properly licensed by the Department of Behavioral Health and Developmental Services and approved by Virginia Medicaid as a provider. Out of state providers would be subject to the relevant licensing requirements in the state in which they operate and need to be approved by Virginia Medicaid.

2. The process by which the Community Services Board (CSB) would conduct assessments of children so that the locality's CSA teams could make appropriate service planning decisions would be modeled after the existing Virginia Independent Clinical Assessment Program (VICAP). The VICAP program, regulated by the Department of Medical Assistance Services (DMAS) and carried out through the CSBs and DMAS's behavioral health administrator (Magellan), provides operational guidance and funding for medical necessity determinations for specific behavioral health services. The workgroup recommends that DMAS initiate actions to establish the appropriate application of the VICAP process to Level C PRTF determinations and seek necessary budgetary support for such extension.

3. The SEC (and OCS) should provide clarification of the guidelines for CSA eligibility as a Child in Need of Services reflective of input from the Office of the Attorney General and the SEC's endorsement of the premise statement from the report from the initial SEC workgroup (presented to the SEC on December 18, 2015) that:

   "Youth admitted to a Level C RTF with authorization for Medicaid funding are presumed to be in the target population identified in §2.2-5211 and are presumed eligible for state pool funds in accordance with §2.2-5212."

**Areas of Consensus:**

While not providing a specific recommendation beyond those found in the March 19, 2015 report to the SEC, the workgroup wished to reiterate its consensus support for a number of considerations:

1. The proposed Universal Notice document and application is a valuable and essential aspect to the successful implementation of the proposed procedure. (A subset of the current workgroup has volunteered to continue work on the Universal Notice document).

2. There are several DMAS regulatory changes that need to be accomplished in order for the successful implementation of the proposed policy.

3. The intent to enhance the system of care, early intervention and multi-disciplinary, community-based planning by directing youth and families to the CSA process prior to admission to a PRTF is appropriate.

4. The involvement of the local CSB in discharge planning for all youth admitted to an acute psychiatric hospital is a valuable intervention to improve outcomes and should be supported through necessary statutory changes as well as changes to the DBHDS/CSB performance contracts.

5. Current efforts to educate parents and other community partners (including schools and providers of primary health care and behavioral health care) about the resources and advantages of the system of care through the CSA process are critical to achieving the goal of early intervention.

6. There is nothing in the proposed policy that binds a local CSA program to assume financial or other obligations without them having the opportunity to review the matter and make a determination of the child's eligibility for CSA funding and the development of an Individual and Family Service

Plan (IFSP). Such reviews and IFSP development will need to be in accordance with established regulatory time frames regarding issuance of a Certificate of Need by the Community Services Board.

**Future Considerations**

The workgroup discussed other details of the existing proposal and indicated a desire to recommend changes, but was unable to reach consensus to do so. Examples of such issues include, but are not limited to: time frames for completion of the CSB/FAPT/CPMT assessment and IFSP development; considerations regarding Medicaid member choice of providers and local CSA provider contracting requirements; how the process will work for youth admitted to a Level C PRTF prior to being made eligible for Medicaid funding and who are seeking CSA involvement once Medicaid eligibility is established; and whether all children and families assessed by the CSB should be referred to the FAPT process (in instances where the CSB recommends and the youth and family agree to a plan of community-based services that would not require CSA financial resources).

Should the SEC adopt the proposed policy, these issues could be the subject of future deliberation.

## Appendix A

## Workgroup Membership

| Participant[1] | Representing | SLAT |
|---|---|---|
| Lesley Abashian* | CSA Coordinators | Yes |
| Carl Ayers | VDSS | Yes |
| Sheila Bailey | VCASE | Yes |
| Brian Campbell | DMAS | Yes |
| Cristy Corbin* | Parent | No |
| Bill Elwood | Private Providers | No |
| Jim Forrester | Magellan | No |
| Cristy Gallagher* | Parent | Yes |
| Gail Giese* | Private Providers | No |
| Pat Haymes* | VDOE | Yes |
| Ryan Ickes | Magellan | No |
| Mills Jones | CSA Coordinators | No |
| Karen Kimsey* | DMAS | No |
| Jamie Molbert* | Private Providers | No |
| Angie Neely* | VCASE | No |
| Bill Phipps | Magellan | No |
| Karen Reilly-Jones | VACO | No |
| Joel Rothenberg | DBHDS | No |
| Ivy Sager* | VACSB | No |
| Phyllis Savides* | VML/LSSE | No |
| Paulette Skapars | VACSB | No |
| Rebecca Vinroot | VML | No |
| Amy Woolard | Voices for Virginia's Children | No |

**member of previous workgroup that developed proposed policy*

[1] SLAT Membership is noted to reflect involvement of the SLAT in the policy review process

**SERVING YOUTH PLACED INTO RESIDENTIAL TREATMENT FACILITIES FOR NON-EDUCATIONAL REASONS AND OUTSIDE OF THE CSA PROCESS**

**Workgroup Report to the State Executive Council**
**March 19, 2015**

The workgroup was convened at the direction of the State Executive Council to review and advise on specific recommendations presented to the SEC on December 18, 2014 by an SEC Taskforce. The workgroup met on February 12, February 25, and March 4, 2015. The final workgroup membership is included as Addendum B. The policy statement considered by the SEC on December 18, 2015, showing revisions to reflect the process recommendations of this workgroup, is included as Addendum C. Documents provided to and utilized by the workgroup are included as Addendum D.

1. The workgroup elected not to recommend a policy implementation date, but recommends that the SEC consider the additional actions required before implementation can occur. Such actions include amendments to DMAS regulations, amendments to performance contracts between the Department of Behavioral Health and Developmental Services and Community Services Boards, and, possibly, amendments to the Code of Virginia.

2. In addition to necessary regulatory and contract changes, the workgroup identified a number of actions and matters for the SEC to consider prior to implementation of policy. These include the following:

    a. Reconciliation between Medicaid mandates regarding a parent/client right of choice of service provider with local contracting and quality assurance procedures under the CSA.

    b. Development of stronger relationships between in-patient psychiatric facilities and local community service boards and CSA teams.

    c. Development of general expectations for CSB performance related to referring a child to FAPT, e.g., preparation of documents, assessment, case management.

    d. Identification and sharing of best practices for reducing unnecessary burdens in FAPT processes, e.g., reducing paper-work, clarifying expectations for assessments, reviews, etc.

    e. Development of a "universal notice" that acute facilities and residential treatment facilities will provide to families to outline service options, CSA process, parent rights and responsibilities, etc.

    f. Identification/creation of fiscal resources to support CSB activities, e.g., billing via Medicaid and/or CSA for assessments related to Certificates of Need and case management/case support.

    g. Identifying and addressing barriers to timely access to FAPT whether referrals are from parents, providers, or public agencies.

h. Clarification of "Child in Need of Services" statutory language in the context of eligibility for CSA funding.

i. Increasing awareness and understanding of CSA by parents and private mental health professionals; ensuring education within public agencies of staff responsibilities regarding referral of children in need of services to CSA.

j. Building of connections between emergency rooms, regional crisis stabilization units, and local CSA teams.

k. Clarification of legal authority for the SEC to consider RTF placements through a certificate of need signed by the CSB as emergency placements in accordance with § 2.2-5209.

3. The workgroup recommends change to the process recommended by the SEC Taskforce on December 18, 2014. The process recommended by the workgroup is outlined in the table below. Addendum A represents the workgroup recommendations as "tracked changes" to the Taskforce recommended process. Primarily, the changes:

   a. require referral of a child to the local community for assessment and planning as early as possible and prior to the child's admission to a residential treatment facility, and

   b. require that the independent team certifying the need for placement into a residential treatment facility will include the Community Service Board.

| RECOMMENDED PROCESS | ACTION NEEDED |
|---|---|
| **ACUTE CARE FACILITY RESPONSIBILITIES**<br><br>At time of admission to an acute care facility, the acute care facility shall:<br>1. provide a "universal notice" to the parent and inform the parent of the potential for development of a plan for community-based services;<br>2. obtain consent from the parent to release confidential information regarding the youth to the CSB serving the area in which the child resides and to the FAPT serving the area in which the child resides; and,<br>3. refer the youth to the local CSB serving the area in which the child resides for discharge planning consistent with §16.1-346.1 and for referral to the FAPT. | DMAS: Amend regulations to add provider requirement for acute facilities to refer admitted youth to the local CSB for discharge planning.<br><br>Recommended actions:<br>Amend §16.1-338 C, 16.1-339 C: require referral to CSB following voluntary admission to psychiatric facility of consenting and objecting minors.<br><br>Amend § §16.1-338 C and §16.1-339 C 2: Require CSB to engage in discharge planning for minors admitted to acute psychiatric facility: Amend paragraph 2 or add a new section that applies to both voluntary and involuntary commitments and sets out more |

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| | fully what is expected from the CSB and why this coordination is established in relation to funding through CSA.<br><br>Amend § 16.1-346.1 regarding discharge planning. |
| **RESIDENTIAL TREATMENT FACILITY RESPONSIBILITIES**<br><br>1. In conjunction with the process of assessment for admission, the RTF shall:<br>a. provide "Universal Notice" to the parent and shall:<br>i. inform the parent of the need for local Family Assessment and Planning Team review of services;<br>ii. inform the parent of the potential for development of a plan for alternative services, i.e., community-based services;<br>iii. inform the parent that, if admission to the RTF is warranted, the CSB serving the area in which the child resides will need to provide a Certificate of Need for the placement; and<br>iv. inform the parent, if admission to the RTF is warranted, of potential fiscal responsibility for educational services if the FAPT develops a plan for alternative services but the parent wishes to pursue the RTF placement;<br>b. obtain consent from the parent to release confidential information about the youth to the CSB serving the area in which the child resides and to the FAPT serving the area in which the child resides; and<br>c. refer the youth to the CSB serving the area in which the child resides.<br><br>2. If, during the process of assessment for admission, the RTF determines that the youth meets admission criteria, the RTF shall again refer the youth to the CSB serving the area in which the child resides, i.e., shall inform the CSB of such determination. | DMAS: Amend regulations to add provider requirement for Level C RTF to obtain consent for release of information and refer youth to the CSB serving the area in which the child resides and to require that the independent team certifying psychiatric residential treatment will include the CSB serving the area in which the child resides. |
| **COMMUNITY SERVICE BOARD RESPONSIBILITIES**<br><br>Upon referral from Level C RTF, the CSB shall:<br>1. immediately refer the youth to the local FAPT, and<br>2. assess appropriateness of the request for admission.<br><br>a. If the CSB deems admission to the RTF is appropriate, the CSB will complete the Certificate of Need as soon as practicable but no later than 10 business days from the date of referral from the RTF.<br>b. If the CSB deems admission to the RTF is not appropriate, the CSB | DBHDS: Amend performance contracts to require execution of responsibilities as outlined in DMAS regulations regarding independent team certification of admission to psychiatric residential treatment facility. |

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| will inform the parent and RTF as soon as practicable but no later than 10 business days from the date of referral from the RTF. | |
| **FAPT RESPONSIBILITIES**<br><br>The FAPT shall review the case and develop an Individual Family Services Plan (IFSP) for the youth.<br><br>1. If the CSB certifies that admission to the RTF is appropriate, completes the Certificate of Need, and the youth is admitted to the RTF prior to the FAPT review, there are multiple options available to the FAPT when reviewing the youth's needs. These options are as follows:<br><br>a. FAPT may determine the RTF placement is necessary to meet the youth's needs. If the FAPT so determines:<br>i. The FAPT shall develop an IFSP for RTF.<br>ii. The CPMT shall assume responsibility for the RTF placement beginning on the date of admission. Fiscal responsibility includes payment of the daily cost of educational services and the local match on treatment services.<br><br>b. FAPT may determine the youth's needs can be met through community based services. If the FAPT so determines:<br>i. The parent/provider shall assume responsibility for the cost of educational services in the RTF beginning with the first day of placement.<br>ii. The locality shall assume responsibility for community-based services per the IFSP.<br>iii. If discharge from the RTF is delayed pending implementation of the IFSP, the locality shall assume responsibility for the RTF placement beginning day 15 post admission through the date of discharge when the IFSP is implemented (i.e., daily cost of educational services, local match on treatment services).<br>iv. If the parent rejects the services outlined in the IFSP, the parent and/or provider shall assume responsibility for the child's placement at the RTF. The local CPMT appeal process will be available to the parent.<br><br>c. If the FAPT fails to meet and/or fails to develop an IFSP within 14 days of the admission to the RTF, the CPMT shall assume responsibility for the RTF placement beginning on the first day of admission, i.e., payment of the daily cost of | SEC: Adopt policy that FAPT shall meet within 14 days of a child's admission to the RTF. (See Attachment A)<br>SEC: Adopt policy regarding locality fiscal responsibilities as outlined (See Attachment A) |

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| educational services and the local match for treatment services.<br><br>2. If the FAPT meets prior to the CSB making a determination regarding admission to the RTF (i.e., within 10 business days of the referral from the RTF), the FAPT shall assess the strengths and needs of the child and family. The FAPT and family shall develop an IFSP for appropriate services. If the FAPT determines admission to a RTF is appropriate, the FAPT shall complete the certificate of need with 10 business days of the referral from the RTF to the CSB.<br><br>3. If the FAPT meets after the CSB has provided notice to the parent and RTF that admission is not deemed appropriate, the FAPT shall assess the strengths and need of the child and family and develop an IFSP for appropriate services. | |

# MEMO TO THE STATE EXECUTIVE COUNCIL

**June 18, 2015**

**ACTION ITEM:**
That the State Executive Council recommend to the Chairmen of the House Appropriations and Senate Finance Committees (pursuant to Budget Amendment #279 #2c) revisions to the Appropriations Act to correct the unintended consequence of imposing a 22% aggregate local Medicaid match requirement on all psychiatric residential placements that would result if CSA were employed to fund the associated educational services.

**ISSUE:**
It is recommended that the State Executive Council include in its September 1 report to the Chairmen of the House Appropriations and Senate Finance Committees (pursuant to Budget Amendment #279 #2c) a recommendation that the FY 2017 Appropriations Act be amended to exclude residential treatment for youth placed by their parents/guardians from the required local Medicaid match for psychiatric residential treatment, and to specify that the required local match only applies to residential treatment of children in the custody of a local department of social services, children placed in non-custodial foster care, youth on probation placed pursuant to a court order, and students placed in private special education residential schools through their IEPs. It is also recommended that the State Executive Council delay approval of proposed policy on FAPT Review of Child/Youth Referred to a Residential Treatment Facility until localities have had the opportunity to appropriate necessary funding in their FY 2017 budgets.

**BACKGROUND:**
The requirement of a local Medicaid match for CSA residential placements was established when psychiatric residential treatment was added to the state Medicaid Plan in 2000. At that time the great majority of residential placements funded through CSA were for children in foster care and students for whom residential school was identified as the necessary special education placement. A small number of youth on probation were also placed in residential through CSA "non-mandated" funding, and non-mandated funding also supported placements for a handful of children not otherwise subject to foster care or special education requirements, or under the supervision of the court. Requiring a local Medicaid match for "CSA placements" was reasonable at the time because using Medicaid instead of CSA resulted in both state and local cost savings.

In the years after 2000 three changes took place that significantly altered the nature of residential placements in Virginia. First, because the new Medicaid residential benefit was not limited to "CSA placements", families could place directly into residential programs. The number of Medicaid-funded residential placements taking place outside of the CSA process began a steady increase that culminated in 556 such placements in FY 2013.

Second, in 2007, responding to a Virginia Attorney General opinion, the State Executive Council approved CSA policy revisions that established mandated CSA eligibility for youth needing residential or group home treatment and meeting the Child in Need of Services (CHINS) definition.

Third, as a result of state and national reforms in child welfare, juvenile justice and special education, the number of youth placed in residential treatment through those systems declined significantly. In addition to supporting the CSA's intent to "create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families", the reduction in residential placements resulted in cost savings for both the state and localities.

In light of these changes the original design of the required local match no longer supports the intent of CSA. It also stands in the way of solving a current problem, the lack of funding for educational costs of youth placed in Medicaid-funded residential treatment, by imposing a substantial new local cost (estimated at $7.7 million annually based in FY 2103 expenditures) on top of the local share of CSA-funded educational services. As shown by the impact of implementing a tiered CSA match rate in 2009, properly aligning fiscal incentives with program intent can lead to positive outcomes. There is near universal consensus that participating in the CSA team-based planning process benefits all youth with serious mental health issues who are in, or at risk of residential treatment. Yet the current system, in which a local Medicaid match is assessed for all youth who touch the local CSA process, does not support our shared desire that those youth and their families participate in CSA.

A better alignment with program intent would be achieved by limiting the required local Medicaid match to placements of children in the custody of a local department of social services, non-custodial foster care placements, students placed through their IEP, and youth on probation placed through court order. Even without the local Medicaid match, localities would be incentivized to serve children in the community when appropriate, because the local share of funding residential education costs through CSA generally exceeds the local share of CSA-funded community-based services to prevent placement.

We believe that the funding gap for educational services must be addressed, and that CSA may be an appropriate avenue for that. If the obstacle of the local Medicaid match were removed, the CSA option would be more realistic.

It is also recommended that implementation of CSA policy changes to support the use of CSA funds to meet the cost of residential education services be delayed until FY 2017 to provide localities the opportunity to address the local fiscal impact in their budgeting processes.

**RECOMMENDATION:**

That the State Executive Council include in its September 1 report to the Chairmen of the House Appropriations and Senate Finance Committees (pursuant to Budget Amendment #279 #2c) a recommendation that the FY 2017 Appropriations Act be amended to exclude residential treatment for youth placed by their parents/guardians from the required local Medicaid match for psychiatric residential treatment, and to specify that the required local match only applies to residential treatment of children in the custody of a local department of social services, children placed in non-custodial foster care, youth on probation placed pursuant to a court order, and students placed in private special education residential schools through their IEPs. It is also recommended that the State Executive Council delay approval of proposed policy on FAPT Review of Child/Youth Referred to a Residential Treatment Facility until localities have had the opportunity to appropriate necessary funding in their FY 2017 budgets.

**ATTACHMENT:**
None

**SPONSOR:**
**The Honorable Catherine Hudgins**
Fairfax County Board of Supervisors