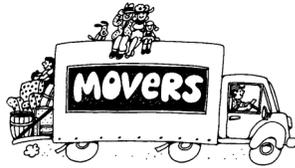


# Comprehensive Services Act Newsletter

Info for accessing resources across the public child serving agencies for at-risk youth and families  
A Partnership of CSA, DAHS, DFS, CSB, JDRDC, FCPS, Families and the Private Provider Community

Wednesday, June 19, 2013



## CSA Has a New Address

**So long to the CSA Infoweb.** As of July 1, 2013 the CSA portion of the **Infoweb** site <http://infoweb.fairfaxcounty.gov/HS/CSA/forms.htm> will be going away.

But, don't fret you will still have access to all of the forms and other goodies located on the web. Our new redesigned site is located at <http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/default.aspx>.

Remember to update your bookmarks and other Internet Explorer shortcuts. Please contact Chris Metzbowser with any questions about the CSA pages at 703-324-7984.



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- ◆ Fairfax Net
- ◆ Secure E-mail
- ◆ New Home Based Reporting Requirements
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## Feature Article

- ◆ New Name for ICC
- ◆ CSA and the VICAP

## Share Your Thoughts

- ◆ Write an Article
- ◆ Acknowledge a Colleague
- ◆ Recommend an Improvement

## Contact Us

**CSA Email:**  
[DFSCSA@FairfaxCounty.Gov](mailto:DFSCSA@FairfaxCounty.Gov)

**CSA Website and Staff List:**  
<http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/Staff.aspx>

**State Website:**  
<http://www.csa.virginia.gov/>

**CSA Newsletter Editor:**  
Shanise Allen, LCSW

## Are You leaking Confidential Information?



You might have noticed a few changes in the CSA office. Lock-boxes replace in-boxes and nothing (I mean NOTHING) moves forward without a consent form. Maintaining the confidentiality of sensitive information in CSA records is critical and mandatory.

After hours, never leave case information including CANS or FAPT paperwork on staff chairs or desks. After hours, slide your case information into the lock boxes or hand your paperwork to CSA staff still in the office. CSA staff will secure your paperwork and ensure that it is forwarded to the appropriate staff person on the next day.

In addition to securing the CSA office area like Fort Knox, CSA is tightening-up email communication by only sending secure email when referencing client information. If you need to correspond via email with CSA, you'll need to use secure email to receive a response. Internal secure email is provided through Public Key Infrastructure (PKI) and external secure email is through Voltage. If you have a job where you need to send secure email (client information), please talk with your division's IT staff about secure email. Secure email will be assigned to your office computer. With PKI and Voltage, you will be able to encrypt confidential emails. You can send the encrypted emails only to other county users who also have PKI. Voltage allows you to send secure e-mail to non-County recipients. If you don't have secure email, you may not send emails with confidential information.

**Let's keep private information private!**



## CANS, Glorious, CANS!



CANS, Glorious, CANS!  
 Test online, certified and on record!  
 While we're in the mood,  
 Assessed and complete every section! (Oliver "inspired")

Passing the CANS test is like music to our ears! Sing or hum a happy tune and remember to forward your CANS certificate to Vickie.Grazioli@Fairfaxcounty.gov to record your annual certification with CSA. Go to **WWW.CANSTRaining.COM** for training and certification. You need only pass 1 of the exams either 0-4 or 5-17 to become certified to rate on both. If this is your first time on the new training site, you will need to create a new ID and password.

With technical assistance questions contact Christopher.Metzbower@fairfaxcounty.gov and with policy or assessment questions contact Janet.Bessmer@fairfaxcounty.gov. See the list of agency CANS Super Users to contact your agency's CANS expert with questions, too.

## NEW AND IMPROVED HOME-BASED SERVICES REPORTS ON THE WAY Don't be Tardy for the .....FAPT Review due to late Provider Reports



Beginning in July contract changes will be implemented to make monthly reports submitted by home-based services (HBS) providers even more useful in monitoring the progress of the children, youth and families with whom you work. Below are the elements you can expect in HBS plans and monthly reports:

Services are to be provided to the child and the child's family in accordance with the Individual Family Service Plan (IFSP) reviewed and approved by FAPT.

The HBS provider is to develop a Service/Treatment Plan in collaboration with the CSA case manager, the child, the child's family, the provider, and any other members of the youth and family team. Goals shall be child specific and family specific and in agreement with the IFSP. The Plan shall include at least the following information: type(s) and number(s) of disabilities, and/or mental health and intellectual disability diagnoses, and/or delinquent behaviors which the purchased services are intended to address, prognosis, short and long term goals, expected outcomes, and performance timeframes mutually agreed to between the HBS provider and the CSA case manager when the services are purchased. All Plans shall include at least the following information: short and long term goals, anticipated time of completion, prognosis, and medications administered (if any). The CSA case manager must approve any proposed changes in goals or in the Plan.

The Service Plan is to be completed and sent to the CSA case manager within 30 calendar days of initiating HBS. Monthly progress reports are to be submitted to the CSA case manager within 10 business days of the end of the month following the month of service. Monthly progress reports are to include the following: dates of service; duration of service; location of service; individuals present for service and an itemization of administrative hours versus direct service hours. No more than 20% of a HBS provider's billed hours are to be for administrative tasks, defined as supervision, writing of reports, internal staffing, FAPT attendance, and telephone calls with the CSA case manager.

A discharge summary is to be sent to the CSA case manager within 10 business days of the end of the month following the month in which services stopped.

### **Frequently Asked Questions (FAQs) - What Can You Do to Speed Things Up?**

- **What should I do if a HBS provider does not send a progress report on a timely basis?**  
 Ask for the report and remind the provider of the contract requirement for timely submission.
- **What should I do if a report is incomplete or inaccurate?**  
 Ask for a revised report.
- **What should I do if a provider doesn't respond to my request for a timely or accurate report, or repeatedly submits late, incomplete or inaccurate reports?**  
 Contact Tracy.Davis@fairfaxcounty.gov or 703-324-5235 of DAHS CSA Contracts.

## Wraparound Fairfax

formally known as  
Intensive Care Coordination (ICC)

*A rose by any other name is still a rose.* **Intensive Care Coordination** case planning awaits your referral. You can still access ICC through the CSB and slots are open. However, it now has a new name. You ask why the name change? Simply put, the new name more fully describes the services.

**Wraparound Fairfax** does exactly what it says. Youth and families are wrapped in services and the new name avoids confusion with the same service

provided at Leland House from United Methodist Family Services staff. At whichever entry point you access ICC, the supports and strategies implemented are intended to strengthen the family and bring individualized resources to the table.

To make a referral for **Wraparound Fairfax** contact Suzette.Reynolds@fairfaxcounty.gov or 703-324-7752. Youth placed at Leland are automatically screened for ICC services by Leland ICC staff.

## 2013 Virginia CSA Conference: Celebrating 20 Years of CSA

The second annual Virginia CSA Conference was a major success, with about 500 participants, including 13 from Fairfax-Falls Church. Janet Bessmer and Chris Metzbower from Fairfax-Falls Church CSA presented an excellent workshop, *Using the CANS for Local Program Outcomes Evaluation*. With pending state audits many of the sessions were focused on legal and policy issues, but there were also several interesting and informative practice-related sessions:

*Applying Multicultural Sensitivity when Collaborating with Families*: This session examined how cultural competency and sensitivity are essential when collaborating with families who are in need of services. Participants explored how CSA team members' and families' cultural differences and similarities affect values, learning, and behavior. Ways to decrease negative outcomes and to increase positive outcomes for all participating in treatment planning were identified.

*Magic Makers*: Keynote Speaker Rich Ferguson shared his life story and how his observations may make a big impact on the magic in your life and the kids with whom you work. As Magic Makers, our job is to help kids overcome obstacles, embrace challenges and help foster their Magic, whatever that is. Life experience builds street smarts and common sense, skills that make the kids we work with shine if we help. Helping them discover their magic in life, along with an attitude that challenges are essential, gives them purpose and identity.

*Prevalence, Identification and Entry into Domestic Minor Sex Trafficking*: This session provided attendees research-based facts on the sex trafficking of American children, including the profiles of victims, risk factors, tips on identification, recruitment and grooming tactics used by pimps/traffickers, along with the terminology and culture associated with pimping. Understanding these factors helps better identify at risk and exploited youth. It explored the impact caused by chronic and intense trauma on children, and review psychological disorders and behavioral symptoms commonly associated with sexually exploited children.

*What Does Trauma Informed Care Really Mean?*: Participants learned the difference between trauma informed therapy and other types of therapy, how a trauma informed care agency differ from others, and what it means to be trauma focused. Objectives focused on providing information attendees can use to ask the right questions to access trauma informed services and to suit the child or adolescent being served.

### Practice and Policy Takeaways

- Localities' evaluating their amount of risk, and safeguards to reduce the risk, called internal controls, was emphasized.
- The creation of a strategic plan, and its communication, implementation, evaluation and modification, was stressed as necessary for an effective local CSA program.
- The CANS should be used in developing and assessing the IFSP. The CANS assists in developing service needs. The IFSP should address 2's and 3's on the CANS.
- Separation of duties is necessary in developing service plans and authorizing funds.
- Family voice and choice is the center of the Wraparound Practice Model
- Team members' participation in the Wraparound Practice Model was emphasized.
- Medicaid cannot be billed for case management during an ICC intervention.
- There is a new state license for "Outpatient Services – Applied Behavioral Analysis."
- The State Executive Council approved a CSA carve-out policy that would allow Fairfax to fund service start-up costs.

## CSA and the VICAP: When do families need to be referred to the CSB?

Last year, the state established a prior authorization process for certain Medicaid-reimbursable services for youth under the age of 21. Local CSB staff perform the Virginia Independent Clinical Assessment (VICA), a clinical assessment for Intensive In-Home (IIH), Therapeutic Day Treatment (TDT) and Mental Health Support Services (MHSS). CSA case managers frequently request funding for “home-based services” for a variety of youth/family needs and further clarification about the requirements for CSA and VICAP might be helpful.

### Does the youth and family need to go to the CSB for the VICA?

#### Does the youth have Medicaid?

#### Does the youth meet the following medical necessity criteria for one of the services covered by the VICA?

Does youth have a severe condition due to mental, behavioral or emotional illness?

Is the youth experiencing significant problems functioning in major life activities like school?

Is the youth unable to recognize personal danger or significantly inappropriate behavior?

Is youth at risk of out of home placement due to these severe, documented behavioral/emotional needs?

Have repeated interventions by community agencies like DFS, JDRDC and schools been necessary?

Is the youth able to understand and benefit from the service?

Do the youth and family agree to participate?

**If the answer to the questions above is Yes, then a referral to the CSB’s Virginia Independent Clinical Assessment Program (VICAP) is warranted.**

A VICAP referral is probably not needed in the following situations:

The services are for the parent/caregiver (ex. Many of the CPS and Family Preservation cases).

The youth has severe Autism with communication deficits and is better served by Behavior Therapy such as ABA.

The youth’s behavioral and emotional needs require treatment but do not rise to the level where there is a risk of out-of-home. No lesser restrictive services have been tried.

## Tips on FAPT Paperwork

- Each and every time that a request is made to FAPT for approval and funding of services an **Eligibility Determination Form** is required. The **Eligibility Determination Form** can be found on the CSB website under forms.
- **IFSP –EZ Form** has been updated to include a section related to Medicaid eligibility that must be completed in order for the case to be forwarded to the FAPT. Case managers are reminded to only use the latest version of the **IFSP-EZ Form** that can be found under forms on the CSA website.
- If a **Copayment Assessment Form** is incomplete or incorrect, Federal Reimbursement Unit (FRU) staff will contact the parent or guardian to request the missing information to update the **Copayment Assessment Form**. If the copay assessment is not completed within 3 business days, FRU staff will notify by email the parent, CSA case manager and FAPT Coordinator that the copayment is incomplete, what information is needed and that the case is not ready to move forward for FAPT review. If the missing information is not received prior to the scheduled FAPT date, usually within 10 days of receipt within CSA, the case will not be heard on the scheduled FAPT review date. The 3-day letter informs all parties involved of the necessary copayment paperwork to proceed for FAPT review. Case managers are responsible for working with parents and guardians to explain the copayment assessment process including required documentation of gross annual income as well as circumstances warranting consideration of a financial hardship and the completion of a **Waiver/Reduction Form**. Contact Janelle.Wilson@fairfaxcounty.gov at 703-324-7204 with copayment questions.