



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*

June 17, 2014

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Share Your Thoughts

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

Contact Us

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Rule of Thumb When and How to Use a FAPT Fix Memo

Sometimes, services don't start immediately, families go on vacation and the search for a provider takes longer than expected. When this happens, you begin might worry that time is running-out to use the FAPT approved services within the approved timeframe. With a FAPT Fix memo this problem can be easily solved. A FAPT Fix memo is used to carry-over unused services units, if unforeseen circumstances limits access and use during the approved timeframe. A case manager should write a memo to FAPT using the below guidelines, to request an adjustment to the approval period.

To extend the approval period without an increase in the number of approved days or hours of services, explain why the services was not used during the approval period and why the service is still needed. Be sure to include a current CANS, too.

To request to use leftover hours or days of service, write a FAPT Fix memo that explains the reasons why residual or unused service units are needed and include a current CANS.

Keep in mind, FAPT Fixes will not be made after the initial approval period has ended, if the services never started. And, FAPT Teams have discretion to not make changes requested in FAPT Fix Memo. However, in most instances with clarification about the situation which delayed uses of the service, a FAPT fix may be approved.

New Eligibility for Category for IEP Students

Good news!! The eligibility criteria to receive Wraparound Services for Students with Disabilities categories has expanded to include special education students with significant mental health or behavioral issues who are on homebound instruction or attending public day school at Burke School, Cedar Lane School, Davis Career Center, Key Center, Kilmer Center, Pulley Career Center, and Quander Road School. Students in private special education placements are also potentially eligible. Students must also require services to address needs associated with his/her disability that extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting. For students in public day schools and on homebound, Senior Social Workers will determine eligibility prior to or at FAPT by completing the Eligibility Determination form. Multi-Agency Services Liaisons determine eligibility for students in private day schools. FCCPS has designated staff to determine eligibility for Falls Church students.



Congrats!

Fairfax-Falls Church Named Outstanding Virginia System of Care in 2014

At the **Virginia CSA Conference in March 2014** The Fairfax-Falls Church CPMT was selected as the **2014 Outstanding System of Care** for demonstrating sustained excellence in bringing the vision of CSA as a system of care to life. In 2006 a Systems of Care (SOC) Reform initiative was undertaken by Fairfax-Falls Church CPMT to address the community's difficulty in meeting the needs of youth and families with the most complex issues and highest risk factors. One of the first achievements of the SOC initiative was the founding of Leland House, a partnership with United Methodist Family Services to provide short-term residential crisis stabilization to prevent unnecessary hospitalization or residential placement.

Recognizing the value of state reform efforts, in 2010 Fairfax-Falls Church CPMT initiated intensive care coordination (ICC) for children/ youth in or at-risk of residential placement, and family partnership meetings for children/youth in or at risk of foster care placement. In early 2013 ICC capacity was increased through a contract with United Methodist Family Services. Fairfax-Falls Church CPMT is firmly committed to providing intensive care coordination for children who at in or at risk of out of home placements.

This award is a testament to the efforts of each and every person working with CSA involved youth and families.

Concurrent with these activities to improve services and service planning processes, CPMT focused on changing the values and principles underlying the local child-serving system.

- In 2009 CPMT endorsed national system of care principles as the basis for serving children and youth with complex emotional and behavioral issues in the Fairfax-Falls Church community.
- In 2010 the number of CPMT parent representatives was doubled, from two to four.
- In 2011 CPMT approved practice standards for integrating SOC principles into child-serving programs and processes.
- In 2012 CPMT approved a re-design of local team-based planning processes to better implement wraparound principles and practice standards such as family-driven care, team-based processes, individualized service planning and a strength-based approach.
- In 2013 CPMT approved a comprehensive system of care training plan for staff at all levels and in all systems.
- In 2014 the CPMT implemented a DBHDS grant project to partner with a family organization to provide parent support partners to families in ICC.

This commitment of key leaders and stakeholders to a common mission, vision and goals for serving youth and families has paid off in improved outcomes.

- Placements in long-term residential and group home programs were reduced by 52%, from 157 youth in January 2009 to 76 in March 2014.
- ICC successfully prevented 83% of youth served from entering residential placement
- 93% of youth served through CSA to prevent foster care remained with their families
- Youth had fewer risk behaviors and improved mental health, measured by CANS.

2014 Outstanding System of Care Award

CPMT Considering Changes to Improve CSA Case Review and Authorization Processes

Since July 2012 the CPMT Action Plan has contained an initiative to enhance the efficiency and effectiveness of CSA case review and authorization processes. With the enhancements to team-based planning processes that were implemented in October 2012 now fully integrated into our system of care, case review and authorization is the logical next area for attention. In February, the CPMT appointed a sub-group consisting of Nannette Bowler, Mary Ann Panarelli and Gail Ledford to direct CSA staff in conducting an analysis of current processes and present options to the CPMT. In March, the CPMT approved a work plan calling for a proposal to be presented in April, and adopted after a period of public comment and CPMT deliberation. On April 25 CPMT released this document for public/stakeholder comment from May 1 to June 24, 2014. For a copy contact Jim Gillespie, CSA Program Manager (james.gillespie@fairfaxcounty.gov).

- Create a CSA case review and authorization process that identifies and addresses legal and policy compliance, and the efficient use of resources.
- Revise the utilization review process to better support best practices and efficient use of resources.
- Decrease the time between service requests and service initiations.
- Create an effective communication process whereby families and case managers always understand “where they are” in the process, the tasks necessary for all parties to complete in order to access services, and the timeframes to complete those tasks.
- Create a streamlined and more efficient flow of documents, to include a minimum number of handoffs, such that incidents of lost documents are minimized.
- Reduce the incidence of erroneously completed and missing documents in the FAPT referral packets submitted for FAPT scheduling.
- Create a process that links the level of utilization review to the level of service intensity and restrictiveness.

Home-based Services Workgroup

Our system of care has been successful at using community-based services such as Home-based interventions to support children and their families. Our FY 13 expenditures for community-based services exceeded \$4 million. Given our frequent use of “home-

based”, a workgroup was formed to work on improving the effectiveness of the services by updating contract language, developing training materials, and improving the reporting requirements. Workgroup members included: Roxanne Tigh, JDRDC; Cyndi Barker, DFS PPS; Melody Vielbig, DFS FC & A; Kay Carter, DFS QA; Doug Healey, CSB; Beth Lonergan, FCPS SW; Dana Robinson, FCPS MAS; Tracy Davis, DAHS Contracts Management and Janet Bessmer, CSA.

The workgroup members met with several stakeholders for focus group sessions to identify issues and concerns including JDRDC staff/probation officers, Private Providers, DFS CYF staff and CPMT parent representatives. The workgroup made recommendations regarding contract language changes and developed a two-page guideline for selecting and monitoring home-based services. Key contract requirements for FY 15 include monthly written progress reports with clearly outlined data elements and provider submission of their written assessment, treatment plan and discharge summary. You may find the full text of the FY 15 Home-based Services addenda here. The guidelines will also be made available to workers and supervisors as a training and tip sheet.

For more information on how to monitor home-based services, please see pages 7 and 8 of this newsletter to review, *GUIDELINES and Tips for Case Managers to Monitor Home-based Services*.

Medicaid, Magellan, MCO'sOh, My!

Documentation required for outpatient services for Medicaid Enrolled Youth

Recent state level changes around how behavioral health care services are managed by the Department of Medical Assistance Services (DMAS), the state agency responsible for administering Medicaid, have impacted some of our local CSA procedures. The state intends for Medicaid to meet 100% of the behavioral health care needs of its recipients. Therefore a range of services are covered by Medicaid including outpatient therapy like individual and group therapy, evaluations, and psychiatric services.

With Managed Care Organizations (MCO's) now providing the behavioral health care services for most Medicaid recipients in our community, referrals for these services should be directed first towards the Medicaid recipient's MCO. These organizations maintain lists of covered/"in-network" providers. MCO's have a customer service (Member Services) process and/or the youth may have a case manager through the MCO who can be of assistance in finding qualified providers. See link to MCO Contact Information- Quick Guide.

CSA funding can only be requested if the referral to the MCO provider has been made and no providers are available, meaning that the in-network providers cannot meet the need, are out of area, or cannot deliver the service within a reasonable timeframe. In instances where specialized skills or credentials are recommended to meet the needs of the youth, it is required that the MCO's are contacted and provide you with documentation that they do not have an "in-network" provider with those credentials.

In situations where case managers needs to request CSA funding on behalf of a youth covered by Medicaid, indicate on the Case Manager Report to FAPT under the Medicaid status section if outpatient therapy is unavailable by the following: 1. Documenting the date of the consult with the MCO and 2. Providing the names of the providers contacted (minimum of 3) and the reasons why these providers are unavailable or inappropriate.

CANS TIPS

Permanency Planning Caregiver (PPC) Strengths and Needs

Identifying who should be rated on the PPC section of the CANS can sometimes be confusing. Here are two examples that might help clarify this decision. This Information was provided by Carol Wilson, CANS administrator for OCS.

Case one involves a youth who is in a residential treatment facility. The parent has filed for relief of custody & DFS has agreed that relief is appropriate. The court petition has been filed but it has not gone to court yet so the parent still has custody. Who would you rate, if anyone? *You should rate the parent as the PPC.*

Case two involves a child who is in foster care and is in a residential treatment facility. Parental rights have not been terminated. Parents are not participating in services and DFS indicates that the plan is that the child will not return home. No foster family is involved. Who would you rate on permanency caregiver strengths and needs, if anyone? *You would rate the parents even if they are not participating.* Doing so is a way of documenting their lack of involvement and provides support for the decision not to return the child home. If parental rights had been terminated and there was no foster or adoptive family identified, then you could rate N/A, but the parents are still rated at this point.

The purpose of rating the PPC section is to evaluate the parents' (or whoever the PPC is) ability to care for the child. If the PPC is actively working towards return, this is a good way to reflect that progress. But the flip side is also true; this domain should document a parent's lack of progress or lack of involvement when that is applicable. Remember it doesn't really matter if DSS has custody of the child; that doesn't make them the PPC for the CANS, unless parental rights have been terminated and there is no adoptive family identified.

CSA Contracts

Everything You Need to Know: Policy Changes, Child Specifics, Out of State Residential, Progress Reporting Requirements

Did you know that the CPMT changed the policy regarding new providers being considered for contracts?

The current CSA Contracts policy can be found in the [CSA Local Manual](#).

There are now two (2) Open Application Periods each year for new providers to submit a request to become a CSA provider for the Fairfax-Falls Church CSA System of Care. The first Open Application period was completed for Outpatient Therapy services for contracts awarded January 1, 2014. We currently are accepting applications for all services except Outpatient Therapy—so we may be adding new providers of In-Home services, Group Home Services, Private Day Schools, Residential Treatment, and Treatment Foster Care to the Provider Network. Case Managers are invited to notify providers that are not currently under contract with the Fairfax-Falls Church CPMT or not on the local [CSA Provider Directory](#). All of the application information is located at: <http://www.fairfaxcounty.gov/admin/cm/solicitations.htm>

Did you know that Child Specific Contract requests are processing more quickly?

In the past every request for a child specific contract went to the CPMT for approval—regardless of the number of times the provider has been used. This is because the CPMT is required by the State to approve all providers of In-Home services, Group Home Services, Private Day Schools, Residential Treatment, and Treatment Foster Care. With the [Contract policy change approved in April of 2013](#)—if the CPMT has approved a provider in the past for a child specific or an open contract, the CSA Management Team has the authority approve child specific service purchases. This change has decreased the time it takes to get a child specific contract request approved since the CSA Management Team meets more frequently than the CPMT.

Did you know the CPMT must approve all requests for Out of State Residential Treatment?

The State requires the CPMT monitor and track all Out of State Residential Treatment Center purchases. Therefore, all Out of State Residential Treatment Center contracts are Child Specific contracts, regardless of how many times the provider has been used.

Did you know that all contracted service providers should be submitting progress reports to the case manager as required by their contract and as required per their license to provide the services?

This has always been a requirement. The frequency-of-reports requirements are set by the licensing authority and are noted below.

In-Home Services are required to submit monthly reports.

Group Home and Residential Treatment Centers are required to submit quarterly reports.

Private Day school providers are required to submit monthly attendance records and quarterly progress reports.

Treatment Foster Care providers are required to submit quarterly progress reports.

Outpatient Therapy providers are to submit quarterly progress reports.

Please direct question or concerns regarding CSA contracts and providers to Barbara Martinez, CSA Contracts Coordinator at 703-324-8484.

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CSA Contracts

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CSA Website: <http://infoweb/hs/csa/>

State Website: www.csa.state.va.us

System of Care (SOC) Training

CSA SOC provides an overview of the SOC/CSA Practice Standards, the team-based planning process, navigating the CSA process and paperwork, and the elements of convening a Family Resource Meeting (FRM). The required sessions are offered at least 3 times per year and should be completed within the first year of hire for new staff.

Target Audience

This is a CPMT required event for CSA case managers and supervisors including DFS-CYF staff, FCPS and FCCPS school social workers, FCPS-MAS staff, probation officers, and CSB therapists who work with the CSA program. Families and providers are invited and encouraged to attend. CYF staff is exempt from attending Part III.

Part I: Into to System of Care and Team-Based Planning

June 26th – Thursday, 9:00am- 12:00pm, South County Human Services Office, Room 220

8350 Richmond Hwy, Alexandria, VA 22309

Part II: Accessing CSA Services

July 10th - Thursday, 1:00pm- 4:00pm, Sully Government Center, Room Richard Frank

4900 Stonecroft Blvd, Chantilly, VA 20151

Part III: Facilitating Family Resource Meetings

August 12th - Tuesday, 9:00am to 12:00pm, Sully Government Center, Room James McDonnell

4900 Stonecroft Blvd, Chantilly, VA 20151

REGISTRATION

County staff should register on the Employee Learning Center at <https://fxcounty.plateau.com/plateau/user/login.jsp>

Non-county staff may register by email at Tanisha.Capers@FairfaxCounty.Gov For additional information contact Tanisha Capers at 703-324-5634. Contact your agency training coordinator with specific questions about training requirements.

GUIDELINES and Tips for Case Managers to Monitor Home-based Services

The following guidelines were developed to assist CSA case managers in selecting providers and monitoring the delivery of home-based services to youth and their families to improve effectiveness. Agencies may have additional expectations or requirements that exceed these guidelines. Case managers and members of the FRM/FPM are strongly encouraged to explain to families the requirements (e.g., time commitment) for home-based services prior to seeking FAPT approval. Please note that these guidelines do not reflect the process for obtaining funding authorization. In addition, services cannot begin until the provider has received a purchase order from the county finance office.

Provider Selection

Case managers and team members should consider all providers of that service currently under contract first by consulting the CSA Provider Director at <http://csadirectory.fairfaxcounty.gov:7040/>

Case managers may consult the State Provider Director if no contracted provider can meet the needs at http://www.csa.virginia.gov/sfd/service_fee_directory.cfm. Please note that the CSA Management Team would need to approve a child-specific contract to use a provider who is not already under contract.

FRM/FPM members, co-workers, CSB MH resource team, and UR staff may offer information about appropriate providers.

Direct calls/contact with providers – telephone interview

Describe specific needs of family/youth and areas of concern

Ask about specialty services, language needs, trauma training

Inquire about level of staff experience, supervision/training of staff, and turnover

Family choice – offer appropriate contracted providers, encourage parents to participate in selection by calling/interviewing providers

Referral Process

Along with the CSA consent form, submit the written referral form from provider if requested

Send provider the IFSP/FAPT documentation (e.g., CANS, MAP)

Provide other documents - background information, court orders, copies of evaluations with proper consent/release

Verify the provider's receipt of the purchase order and confirm the start date.

Trouble-shooting Tips:

If the provider hasn't received the purchase order after 5 business days, contact finance staff.

If there has been a delay between the FAPT authorization date and the purchase order date, the case manager may submit a memo for a "FAPT fix" to adjust the approved start date of services.

Initial Orientation

Partnering with the provider – establish a working relationship with the provider by having initial and follow-up discussions about the following topics:

Communication and reporting- exchange email, phone contact info; share supervisor/back-up contact info; reinforce the expectations around written assessments and reports being received in a timely manner.

Communication/reports should include: 1) Client's participation in treatment plan; 2) Client's progress towards meeting goals and/or objectives of treatment; 3) Client's feedback as to whether the services they are experiencing are helpful and meeting their needs; 4) How provider spends the contracted time and who specifically they are serving; How much time is paper management and how much time is face to face client contact; 5) Providers' explanation and supporting documentation for needed additional services or treatment hours.

Monitoring Home-based Services continued

Problem resolution – the case manager/team should make every attempt to resolve concerns and differences of opinion through on-going clear and direct communication and consensus-building. All team members have a responsibility to constructively discuss issues and concerns for a positive, timely proactive resolution.

Partnering with the provider and family – an initial meeting with the provider and family is highly recommended. Best practice for some agencies such as DFS is to hold the meeting in the family's residence but this practice may not be viable for all lead agencies. At this meeting, the following topics are helpful to review:

- Goals and purpose of the service- engage family in general goal setting, review treatment modalities/approach used and rationale
- Change process- provide psychoeducation about change process and invite family to discuss their concerns about treatment or provider's intervention if and when they arise during the course of services. Have provider share the process and explain how home-based works to set expectations and anticipate common issues and concerns.
- Family's rights and responsibilities – review the family's role and how they would communicate concerns and requests.
 - Right to choose contracted provider
 - Right to review treatment plan and documentation
 - Right to participate in the development of the treatment plan and goals
 - Right to request a change in provider
 - Responsibility to use the service offered

Transition/Discharge planning – CSA funded services along with most agency services and supports are time-limited. As part of the on-going work with youth and families, transition/discharge from purchased services should be covered in the initial orientation meeting, team-based planning meetings, and provider reports. Plan aftercare services before the approved hours of service end.

Monitoring activities- case managers have a responsibility to actively monitor the services as they are delivered by reviewing the initial assessment, the treatment plan, and the on-going progress towards goals. Monitoring activities can include:

- Regular follow-up meetings and team-based planning meetings
- Conference calls
- Emails to provider and/or family
- Review of provider reports and billing/invoice summary
- Home visits, as per agency policy and practice

Contract-related Trouble-shooting Tips:

- Discuss concerns with the HB provider in a timely manner and work to resolve collaboratively
- If concerns continue, write your concerns and proposed solutions to the HB worker using email with a read/receipt notification
- Discuss the situation with your supervisor for additional problem-solving strategies
- Contact the HB worker's supervisor via email or telephone within 15 business days if the issue remains unresolved
- Case manager/supervisor can notify DAHS contracts staff
- Consider completing the "Case Manager Survey" on the CSA Website.
- Bring issues to the attention of the specific "Contract Manager" or CSA Management Team member