FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES

December 4, 2020
Community Policy and Management Team (CPMT)
Agenda

FINAL

1:00 p.m. -- Convene meeting ~

1. **MINUTES:** Approve minutes of October 23, 2020 meeting

2. **ITEMS:**

- **CSA Administrative Items**
  Item A – 1: Establish an OCS Triennial Audit Steering Committee
  Item A – 2: Establish a CPMT workgroup for CPMT Appeals Procedures

- **CSA Discussion Item**
  Item D – 1: Discuss JLARC Report and Recommendations

- **CSA Information Items**
  Item I – 1: FY 21 Budget Report
  Item I – 2: Review Annual CSA Parent Satisfaction Survey
  Item I – 3: Review CSA Service Monitoring Plan
  Item I – 4: Status update on CPMT workgroup on Magellan's Single Case Agreement

- **NOVACO – Private Provider Items**
- **CPMT Parent Representative Items**
- **Cities of Fairfax and Falls Church Items**
- **Public Comment**

3:00 p.m. – Adjourn

FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES

October 23, 2020
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Lesley Abashian (office), Stacy Alexander (home), Michael Becketts (office), Jacqueline Benson (home), Robert Bermingham, Michelle Boyd (home), Tisha Deeghan (home), Deb Evans (home), Christy Gallagher (home), Annie Henderson (home), Joe Klemmer (home), Richard Leichtweis (home), Chris Leonard (office), Deborah Scott (office), Rebecca Sharp (office), Jane Strong (home), Nancy Vincent (home), Daryl Washington (home)

Absent: Gloria Addo-Ayensu, Michael Lane

HMF Attendees: Jim Gillespie, Desiree Gordon, Peter Steinberg,

CSA Management Team Attendees: Adam Cahuantzi, Patricia Arriaza, Cyndi Barker, Janet Bessmer, Xu Han, Jessica Jackson, Barbara Martinez, Kamonya Omatete, Sarah Young, Stephanie Pegues, Mary Jo Davis, Chris Metzbower, Tim Elcesser

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Sarah Young, Samira Hotochin, Lisa Morton, Xu Han, Kristina Kallini, Chris Metzbower, Shana Martins

FOIA Related Motions:

I move that each member's voice may be adequately heard by each other member of this CPMT.
Motion made by Tisha Deeghan; seconded by Rick Leichtweis; all members agree, motion carries.

Second, having established that each member's voice may be heard by every other member, we must next establish the nature of the emergency that compels these emergency procedures, the fact that we are meeting electronically, what type of electronic communication is being used, and how we have arranged for public access to this meeting.

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated Zoom conferencing line, and that the public may access this meeting by calling 888-270-9936 Conference code: 562732. It is so moved."
Motion made by Tisha Deeghan; seconded by Rick Leichtweis; all members agree, motion carries.

Finally, it is next required that all the matters addressed on today's are statutorily required or necessary to continue operations and the discharge of the CPMT's lawful purposes, duties, and responsibilities.
Motion made by Tisha Deeghan; seconded by Rick Leichtweis; all members agree, motion carries

1. **MINUTES:** Approve minutes of September 25, 2020 meeting. *Motion made by Rick Leichtweis; second by Joe Klemmer; approved by all members, motion carries.*

Approved:

2. **ITEMS:**

- **CSA Administrative Items**
  Item A – 1: Approval of CPMT Bylaws: Presented by Janet Bessmer. Requesting approval for final revision of CPMT Bylaws to be forwarded to Board of Supervisors for approval. *Motion made by Lesley Abashian; seconded by Rick Leichtweis; all agree, motion carries.*

  Item A – 2: Approval of annual CSA local policy manual updates: Presented by Patricia Arriaza. A disclaimer for the public was also added as per the recommendation of the CPMT. New sections added to the manual were presented. *Motion made by Chris Leonard; seconded by Joe Klemmer; all approve, motion carries.*

  Item A – 3: Approval of appointment of new Family Assessment and Planning Team members. Sarah Young (FAPT Coordinator) requested approval of Heather Bernhard (CSB) as FAPT member. *Motion made by Joe Klemmer; seconded by Lesley Abashian; all approve, motion carries.*

- **CSA Contract Items**
  Item C – 1: Child-Specific Contract DFS request for Youth Villages in TN. Judge recommended a locked placement. Team is waiting to see if the court will order him to go to A New Beginning, but funding is being requested for Youth Villages as a backup plan in case the court order does not go through. Lesley Abashian asked if the case manager will be asking Magellan to fund placement since there were no VA based programs that would accept the youth. Kamonya Omatete stated funding will be requested from Magellan, but they have not approved funding for similar requests in the past. Lesley Abashian stated that this issue is coming up at state level. Lesley Abashian offered to start preliminary conversations with Michael Becketts, Daryl Washington and Barbara Martinez regarding Magellan and VA residential facilities that are not accepting youth. Lesley has also suggested bringing this issue to State and Local Advisory Team (SLAT). *Motion made by Rick Leichtweis, second by Stacy Alexander; all approved, motion carries.*

- **HMF Information Item**
  Item I – 1: Children's Behavioral Health Blueprint FY2020 Final Report. Presented by Jim Gillespie, Peter Steinberg, Janet Bessmer and Jessie Ellis. PowerPoint presentation focused on HMF accomplishments and progress towards goals outlined in Blueprint in FY20. A summary of FY21 plans were also reviewed. Links were provided in the chat that will support this presentation. Deb Evans wondered if there will be a list of providers that are comfortable seeing youth with mental health issues. There is a link with a list of pediatricians that have completed the REACH program on the HMF website (link was posted in the chat). Jackie Benson wondered if there has been outreach for military families since many of their pediatricians are out of state. Jim stated that there has not been any formal outreach, but this can be explored further.

- **NOVACO – Private Provider Items –** Rick Leichtweis stated that the CSA symposium is scheduled to be held in 2021. Date has not been set yet and the use of a virtual platform will be explored.
- **CPMT Parent Representative Items –** No comments
- **Cities of Fairfax and Falls Church Items –** Nancy Vincent provided update regarding hybrid learning/reopening of City of Falls Church schools. Hybrid model for Kindergarten – third grade will begin on Nov 10th and the remaining elementary school kids will have the option to return Nov 17th. Preschool, ESL and IEP students have been back for about 3 weeks now and it has been going well.
- **Public Comment –** no comments

Adjourn 2:15 – *Motion made by Rick Leichtweis; seconded by Jackie Benson. All members approved.*

Next Meeting: December 4, 2020 1:00-3:00pm (via Zoom)

Approved:

MEMO TO THE CPMT

December 4, 2020

Administrative Item A - 1: Establish an OCS Triennial Audit Steering Committee

ISSUE: That the CSA program is scheduled for an OCS Triennial Audit in FY21 and a subcommittee of members is needed to oversee the completion of the audit.

BACKGROUND:
The Office of Children's Services (OCS) has adapted their audit procedures to accommodate COVID health recommendations. The audit will be performed virtually with local programs submitting all documents electronically and meeting with the auditor virtually as needed. Completion of the state's Self-Assessment and the Fraud Survey to case managing staff was recommended as a means of preparing for the audit. 15 case files will be reviewed for required documentation.

The steering committee will be responsible for providing input into the planned process for completing the audit, meeting with the auditors for the exit interview and overseeing any corrective action plan in response to findings. Members of the steering committee should include the CPMT Chair, the CPMT fiscal agent, a representative from FCPS overseeing the provision of IEP services under CSA. Staff who support the CSA program's administrative functions such as DFS finance and budget as well as DPMM shall work closely with the steering committee and CSA program staff throughout the audit process.

In compliance with the CPMT Bylaws, all meetings of CPMT committees shall comply with the notice and other requirements of the VFOIA. To the extent practicable, any such committees shall be composed of at least four members. Committee meetings may be held at the call of the Chairperson or at the request of two members, with notice to all members.

RECOMMENDATION: That the CPMT Chair shall establish an Audit Steering Committee and appoint members to serve on it who will provide updates to the CPMT as a whole until the completion of the audit.

ATTACHMENT: None

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:
Tisha Deeghan, CPMT Chair
Janet Bessmer, CSA Manager

MEMO TO THE CPMT

December 4, 2020

Administrative Item A – 2: Establish an Appeals Workgroup

ISSUE: That the number of appeals has increased and a workgroup of CPMT members is needed to review procedures and develop recommendations, as needed, to meet the increased frequency.

BACKGROUND: One of the CPMT duties noted in the Va Code to is "Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act." The local policy manual contains policy and procedures regarding how parents/caregivers may appeal decisions of the Family Assessment and Planning Team (FAPT) and Multi-Disciplinary Teams (MDTs); however, given the increased frequency of appeals, it may be helpful to have a short-term workgroup review and revise current procedures as needed. Issues to be considered are the process of identifying the 3-member appeal panel, training or information sessions to prepare members for serving on an appeal panel, and other procedural improvements such as creating materials to better prepare families for the process.

RECOMMENDATION: That a group of members convene for a short-term workgroup to review procedures and develop recommendations for meeting the frequency of appeals.

ATTACHMENT: Local policy on appeal

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:
Janet Bessmer, CSA Manager

Attachment A-2: Appeals Procedures from Local Policy Manual

Appeals of FAPT and Multi-Disciplinary Team Recommendations

Any parent, legal custodian, or eligible youth who is dissatisfied with the recommendations in the Meeting Action Plan (MAP) developed by the Family Assessment and Planning Team (FAPT) or Multi-Disciplinary Team (MDT) for reasons including but not limited to denial of access to the team, family participation in assessment, planning and implementation of services, or improper notification of meetings and actions, may file a written request for appeal to the Community Policy and Management Team (CPMT). No appeal of FAPT or MDT recommendations for services shall occur unless funding is available for such services.

At the conclusion of the FAPT/MDT meeting, the Team will provide the parent, legal custodian, or eligible youth with the Notice to Family Regarding Right to Appeal which contains the CPMT-approved appeal policy and procedure.

To appeal FAPT/MDT recommendations, the parent, legal custodian, or eligible youth must file a written request for appeal within fourteen (14) calendar days after the applicable FAPT/MDT meeting to the CPMT Chair at the following address:
Chair – Fairfax-Falls Church CPMT, c/o CSA Staff
12011 Government Center Parkway, 4th Floor
Fairfax, Virginia 22035
FAX: (703) 653-1369
EMAIL: DFSCSA@fairfaxcounty.gov

The CPMT or designee shall respond in writing to the person who has appealed within 3 business days informing him/her of the option to have the appeal heard by the full CMPT or a 3-member panel. The 3-member panel will include one parent representative appointed by the CPMT Chair. The CPMT must hold a hearing on the appeal within twenty-one (21) calendar days from receiving the written request for appeal. If the parent, legal guardian, or eligible youth chooses the full CPMT, the hearing shall be heard at a regularly scheduled CPMT meeting in executive session. All authorized services shall continue until the CPMT appeal process has concluded.

At the conclusion of the appeal hearing, the CPMT may uphold or alter the FAPT/MDT recommendation. The CPMT shall communicate its decision in writing to the person who appealed within five (5) business days of the appeal hearing. This decision shall be provided to the person who appealed, the case manager, and the FAPT/MDT leader.

If new information that may have had an impact on the FAPT/MDT recommendations becomes available from other sources prior to the appeal hearing, the case may be returned to the FAPT/MDT for review if the parent, legal guardian, or eligible youth agrees.

Appeal Procedures

The information below details the procedures that are followed during the appeals process:

- Notice Persons listed under attendance;
- Parents, legal guardian/custodians or custodians;
- Foster parents;
- Guardian/custodians ad litem;

- Attorney representing the youth;
- Court appointed special advocate (CASA).
- Attendance Person requesting the appeal;
- Parent/legal custodian of youth under 18;
- Parent of youth over 18, if the parent has legal guardian/custodianship;
- Youth under age 18, if requested by the parents/legal custodian;
- Youth over age 18, if desired by the youth;
- The case manager, or designee, with the case record available;
- The person who assumed the leadership role at the FAPT meeting when the decision under appeal was made or another FAPT member who attended the meeting if the FAPT leader is unavailable;
- CSA staff person to take notes for the panel;
- The person requesting the appeal, parent/legal guardian/custodian or youth may invite others to provide support or information, recognizing that meeting time is limited to one hour;
- Should the person requesting the appeal, parent/legal guardian/custodian, or youth choose to bring legal counsel then the County Attorney (or Assistant County Attorney) will also attend. The CSA office shall be provided five business days' notice if legal counsel will be present.

Information Available to the Appeal Panel

- Individual Family Service Plan/Meeting Action Plan
- Any other information that was given in writing to the FAPT
- Any information the appellant requests

Appeal Panel Dispositions

- FAPT/MDT re-review.
- Uphold the recommendation of the FAPT/MDT.
- Alter the recommendation of the FAPT/MDT.

Meeting Format

- Appeal meetings are limited to one hour.
- The panel designates one member to serve as Chair.
- The Chair of the Appeal Panel opens the meeting, welcomes the family, and explains the process of the review. All those present are asked to sign a confidentiality statement.
- The FAPT/MDT representative explains how the FAPT/MDT arrived at their recommendation.
- The person requesting the appeal presents the reason for appeal and any other information that will help the panel understand the youth's needs.
- The parent(s) (if not the appellants) present their position on the issue under appeal.
- Questions and discussion.
- Closing remarks by Chair, to include when the decision will be rendered and how the parents, case manager, and FAPT/MDT will be notified.
- CSA staff confirms CPMT decision in writing within 5 business days to parents, case manager, and FAPT/MDT leader.

MEMO TO THE CPMT

December 4, 2020

Discussion Item D-1: Review and Discussion of JLARC's CSA Report

ISSUE: That the Joint Legislative Audit and Review Commission has issued its report, "Review of the Children's Services Act and Private Special Education Day School Costs". The report's recommendations are included for CPMT review and discussion.

BACKGROUND:
On November 16, 2020, JLARC issued their report about CSA and recommendations to the General Assembly regarding the structure and organization of the program.

A summary of key points is noted below:

- Require all local CSA programs to serve all children identified as eligible for CSA funds, including those categorized as "non-mandated."
- Direct OCS to more actively monitor and work with local CSA programs that need technical assistance or are underperforming.
- Transfer funding for private special education day school services from the CSA program to VDOE.
- Allow funds reserved for private special education day school services to be used to pay for special education services and supports delivered in the public school setting, either to prevent children from being placed in more restrictive settings like private day school, or to transition them back to public school from more restrictive settings.
- Direct the Board of Education to develop and promulgate new regulations for private day schools on restraint and seclusion that mirror those for public schools.

Additional information worth noting:

- 4.6% of students with disabilities are placed in private educational placements in Virginia. This is a larger portion of students placed in out of school placements compared to 37 other states reviewed by JLARC.
- JLARC found that it is the increased student enrollment, not increasing provider rates that is driving the private education costs increases. They did note that tuition rate increases have exceeded inflation rates since 2017.
- JLARC noted that since 2010/2011 when OCS reiterated the prohibition of CSA fund use within public schools that there has been a 50% increase in private education placements.
- Since 2014, the overall CSA program has seen a 22% increase in costs.
- A majority of children served by CSA show improvements and benefit from the multi-disciplinary planning process.

ATTACHMENT:
JLARC CSA Full Report
JLARC CSA Summary of Report
2020 Human Services Issue Paper link
https://www.fairfaxcounty.gov/legislation/sites/legislation/files/assets/documents/pdf/2020/adopted-2020-human-services-issue-paper.pdf

STAFF: Janet Bessmer, CSA Manager

Summary: Review of the Children's Services Act and Private Special Education Day School Costs

WHAT WE FOUND

Spending on private special education day school services has driven overall CSA spending growth

CSA spending for private special education day school services ("private day school") has more than doubled since FY10, growing by approximately 14 percent per year from $81 million to $186 million. In 2019, private day school spending accounted for 44 percent of all CSA spending. If spending trends continue, within the next several years the majority of the CSA program's expenditures will be for private day school services.

Children placed in private day schools typically have an emotional disturbance, autism, or some other childhood mental disorder, and exhibit behaviors that public schools have difficulty managing.

Half of the growth in private day school spending is explained by increasing enrollment in these schools. Enrollment has grown 50 percent over the past 10 years because of three factors: more new children placed in private day school each year, children being placed in private day school at younger ages, and children spending more time in private day school.

Increasing tuition rates charged by private day schools and greater use of additional services offered by private day schools also contributed to spending increases. Tuition rates increased by 25 percent between FY10 and FY19, or an average of 3 percent annually, similar to inflation growth during that time. Annual tuition rates for private day schools are costly ($22,000 to $97,000 per child), and the lack of insight into tuition rates has raised questions about their reasonableness and the schools' profits.

However, private day schools appear to charge tuition rates that are consistent with the cost of providing low student-to-staff ratios in small environments, and a majority of schools do not earn excessive profits. On average, private day schools earned a 6 percent net profit in 2019.

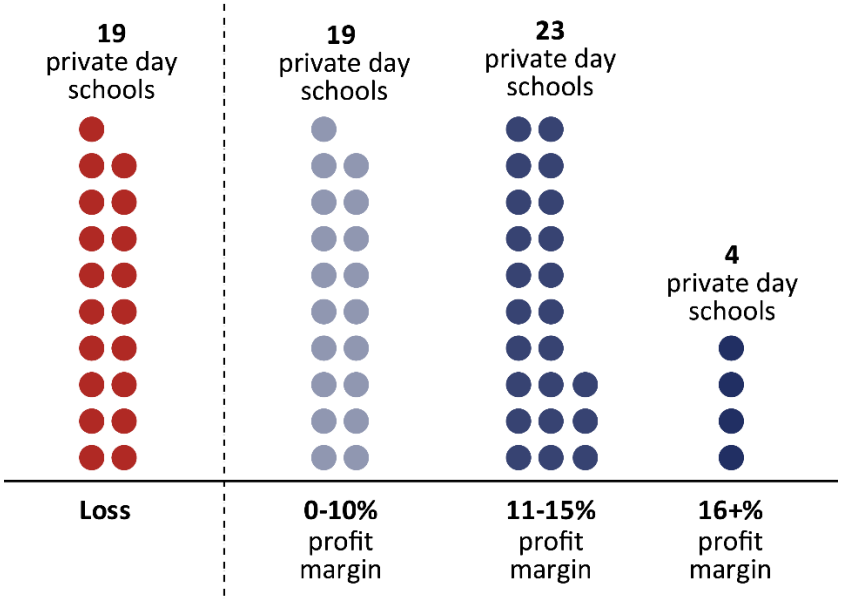
WHY WE DID THIS STUDY

In 2019, the Joint Legislative Audit and Review Commission (JLARC) asked staff to conduct a review of the Children's Services Act (CSA) program. The study resolution required staff to examine drivers of spending growth in the CSA program, the cost effectiveness of services, especially private special education day school, and state and local oversight and administration of CSA.

ABOUT CSA

The CSA program was created in 1992 to more efficiently and effectively serve Virginia children who require services from multiple different programs. Services include community-based behavioral health services (e.g. outpatient counseling) for children in foster care or at risk of foster care placement and services delivered to students with disabilities who are placed in private special education day schools instead of public school. In FY19, 15,656 children received services funded by CSA, the majority of whom were in foster care or private special education day school placements.

Majority of private day schools responding to JLARC questionnaire generated profit levels of 10 percent or less



SOURCE: JLARC analysis of responses to private day school finance and tuition questionnaire.
NOTE: Sixty-eight (68) private day schools responded to the finance and tuition questionnaire, but only 65 provided enough information to calculate profit margins.

Restricting use of CSA funds to private day school services could prevent children from receiving comparable services in a less restrictive setting

State law and policy do not permit CSA funds to be spent on public school services. School divisions therefore cannot access these funds to provide services that could keep children in public school or transition them back to public school from a more restrictive placement in a private day school. School divisions do have federal, state, and local funding to pay for services delivered within the public schools, but state and federal funding has declined. At the same time, the number of students receiving special education services and the severity of their needs have been increasing.

Prohibiting CSA money from being spent on services that could help keep students in their public school means that students must be placed outside of their school, in a private day school, in order to access more intensive services. Private day schools are considered one of the more restrictive placements because they are separate from public schools, and students have little to no access to their non-disabled peers. Virginia places a higher percentage of students with disabilities in more restrictive out-of-school settings than 37 other states, and Virginia's out-of-school placement rate has increased over the past 10 years.

Some intensive services delivered in private day schools (such as one-on-one aides) could be delivered in the public school just as they are in a private school. Without the restriction on where services have to be delivered in order for CSA funds to be used, more students could receive needed intensive services within their public schools instead of being placed in a private day school.

VDOE would be a more logical administrator of private special education day school funding

The CSA program currently pays for private day school placements but cannot affect placement decisions or students' service plans. Consistent with federal law, school district IEP teams make private day school placement decisions, and local CSA programs have no control over these decisions even though they pay for the services. Because the Virginia Department of Education is responsible for administering funding and programs for special education services in Virginia's school divisions, and already licenses private day schools, VDOE would be a more logical and potentially effective administrator of this portion of CSA funding.

Private day school performance expectations should be comparable to those for public schools

Stakeholders and parents of private day school students do not have information on the same basic metrics for private day schools that are reported for every public school in the Commonwealth. Unlike public schools, data has not been consistently published on outcomes for students who attend Virginia's private day schools. While the private day school accreditation process reviews several aspects of private day schools' educational quality and school operations, it primarily relies on observations and subjective assessments to make determinations about school quality.

State regulations on the use of restraint and seclusion in private day schools are more permissive than restraint and seclusion regulations in public school. In most cases, students who are placed in private day schools have behaviors that are too severe or challenging for public schools to manage effectively. Students with these behaviors are more likely to be subject to restraint and seclusion behavior management techniques. Despite the need to use these techniques in private day schools, the regulations governing them do not require as much documentation of restraint and seclusion incidents, or as much planning to prevent future incidents.

CSA services benefit majority of children, but the multidisciplinary service planning process can delay the start of services

Case managers reported that a majority of CSA children on their caseloads have shown improvement in the past year and that CSA's multi-disciplinary service planning approach adds value beyond what they can contribute on their own. An analysis of changes in children's scores on the program's standardized assessment instrument supports case managers' experience. On average, children who receive community-

based services funded by CSA, such as outpatient counseling or therapeutic mentoring, show improvements in behavior, school attendance, and emotional issues over time. In particular, children in CSA's community-based services improved most related to potentially dangerous behaviors like self-harm, running away, and bullying. Notably, children in residential services (11 percent of the CSA population) generally did not show improvement over time, and their behaviors tended to worsen.

While CSA's services and multidisciplinary approach appear to benefit children, many children experience delays in receiving services. The state requires CSA programs to hold Family Assessment and Planning Team (FAPT) meetings to develop children's service plans, which must then be approved by a separate group—the Community Policy and Management Team. Localities hold these team meetings with various frequencies. In an estimated one-fifth of local CSA programs, children referred to CSA could wait one month or more to begin services after they are referred to the program.

More children could be served through CSA

CSA requires the state and local CSA programs to serve children in or at risk of being placed in foster care and children with diabilities who require placements in private day schools. The CSA program must cover these "mandated" children at a "sum-sufficient" level, meaning the program must pay for the entire cost of services.

The state also provides funding that local CSA programs can use to pay for services for children with less severe emotional and behavioral issues, but nearly half of Virginia's localities choose not to. These children are not eligible for sum-sufficient funding from the state, per the criteria set out in the Code of Virginia, and are referred to as "non-mandated" children.

Not serving non-mandated children may exacerbate two problems that the CSA program was designed to address—delayed intervention in at-risk children's circumstances and geographical disparities in service availability. About 18 percent of Virginia's children live in localities that do not serve non-mandated youth.

Serving non-mandated children could be an effective preventative strategy, and the General Assembly could consider requiring local programs to use available funding to pay for services for these children, resulting in more than 300 additional children receiving CSA-funded supports. This would also increase state and local CSA costs, but services for these children cost less, on average, than services for children in the "mandated" eligibility category.

CSA program could benefit from more well-defined OCS responsibilities and active OCS role

The CSA program's locally administered structure allows for necessary flexibility, but some local programs are not operating as intended. CSA is designed to encourage local programs to use a "systems of care" approach to service planning, but some local

governments view CSA simply as a state funding source for children's services. The reluctance of some localities to embrace this philosophy was cited as a concern by numerous stakeholders.

Effective OCS supervision of local programs could help improve local CSA programs' effectiveness, but the Code of Virginia does not give OCS sufficient responsibility for ensuring that local programs operate effectively. Neither OCS nor any other state entity has clear authority to intervene when a local CSA program is *ineffective*, only when it is not in *compliance*.

WHAT WE RECOMMEND

Legislative action

- Allow funds reserved for private special education day school services to be used to pay for special education services and supports delivered in the public school setting, either to prevent children from being placed in more restrictive settings like private day school, or to transition them back to public school from more restrictive settings.
- Transfer funding for private special education day school services from the CSA program to VDOE.
- Direct VDOE to annually collect and publish performance data on private day schools that is similar to or the same as data collected and published for public schools.
- Direct the Board of Education to develop and promulgate new regulations for private day schools on restraint and seclusion that mirror those for public schools.
- Require all local CSA programs to serve all children identified as eligible for CSA funds, including those categorized as "non-mandated."
- Direct OCS to more actively monitor and work with local CSA programs that need technical assistance or are underperforming.

Executive action

- Require local programs to measure, collect, and report data on timeliness in service provision and target assistance to those programs that struggle the most with it.

The complete list of recommendations and policy options is available on page vii.

Recommendations: Review of the Children's Services Act and Private Special Education Day School Costs

RECOMMENDATION 1

The General Assembly may wish to consider amending §2.2-5200 of the Code of Virginia to make the annual reporting of tuition rates charged by private special education day schools a condition for private special education day schools to receive state funds and require the Office of Children's Services (or Virginia Department of Education if funding responsibility is transferred) to publish the private day school tuition rates annually by July 1. (Chapter 2)

RECOMMENDATION 2

The General Assembly may wish to consider amending §2.2-5200 of the Code of Virginia to direct the Office of Children's Services (or Virginia Department of Education if funding responsibility is transferred) to develop a standardized reporting process and template for private special education day school tuition rates to ensure that tuition rates can be accurately compared across schools and over time. (Chapter 2)

RECOMMENDATION 3

The General Assembly may wish to consider amending §2.2-5211 and §2.2-5212 of the Code of Virginia to allow state funds currently reserved for children requiring placement in a private special education day school to pay for services delivered in public schools to help transition students from residential or private day school placements back to a public school setting. (Chapter 3)

RECOMMENDATION 4

The General Assembly may wish to consider amending §2.2-5211 and §2.2-5212 of the Code of Virginia to allow the use of state funds currently reserved for children requiring placement in a private special education day school for services delivered to students with disabilities in public schools if the public school's individualized education program (IEP) team has determined that the services may prevent a more restrictive placement. (Chapter 3)

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act, and amending the Code of Virginia as appropriate, to direct the transfer of funds currently reserved for children requiring an educational placement in a private special education day school or residential facility to the Virginia Department of Education (VDOE) effective July 1, 2022. The language should also direct the VDOE to develop a detailed plan to administer this funding that (i) funds services for students with the most severe disabilities who are at-risk of or in an out-of-school placement; (ii) ensures that funds are equally accessible to all school divisions; and (iii) minimizes the fiscal impact of the new funding policy on localities. VDOE could be required to submit its plan and recommendations to the House Appropriations and Senate Finance and Appropriations committees for approval by November 1, 2021. (Chapter 3)

RECOMMENDATION 6

The General Assembly may wish to consider amending §22.1-217 of the Code of Virginia to require the Virginia Department of Education (VDOE) to direct that individualized education program (IEP) teams (i) identify any children with disabilities who may need additional services outside of the school setting and (ii) refer them to the local family assessment and planning team. (Chapter 3)

RECOMMENDATION 7

The General Assembly may wish to consider amending §2.2-5211 of the Code of Virginia to prohibit the use of state funds for any private day school tuition payments to schools that are not licensed by the Virginia Department of Education (VDOE), or in the case of out-of-state schools, the respective state's licensing agency. (Chapter 4)

RECOMMENDATION 8

The General Assembly may wish to consider including language in the Appropriation Act directing VDOE to collect and publish the following data on each private day school annually: (i) number of teachers not fully endorsed in content they are teaching ("out-of-field"); (ii) number of teachers with less than one year of classroom experience; (iii) number of provisionally licensed teachers; (iv) educational attainment of each teacher; (v) number of career and technical education (CTE) credentials earned by students; (vi) accreditation status; and (vii) number of incidences of restraint and seclusion. (Chapter 4)

RECOMMENDATION 9

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Board of Education to develop and promulgate new regulations for private day schools on restraint and seclusion that establish the same requirements for restraint and seclusion as those established for public schools. (Chapter 4)

RECOMMENDATION 10

The Office of Children's Services (OCS) should require local Children's Services Act (CSA) programs to measure, collect, and report timeliness data to OCS at least annually, and OCS should use this data to identify local CSA programs with relatively long start times for services, provide assistance to these programs, and notify Community Policy and Management Teams of their low performance relative to other CSA programs. (Chapter 5)

RECOMMENDATION 11

The General Assembly may wish to consider amending the Code of Virginia to (i) require all local CSA programs to serve children who meet criteria established by the Office of Children's Services and the State Executive Council for the "non-mandated" eligibility category, (ii) require that services for these children be paid for with both state CSA funds set aside each year by the State Executive Council from the CSA pool of funds and local government matching funds, and (iii) maintain the provision that makes these funds non-sum sufficient. (Chapter 5)

RECOMMENDATION 12

The General Assembly may wish to consider including language in the Appropriation Act directing the State Executive Council (SEC) to form a committee composed of selected SEC members, State and Local Advisory Team members, and Office of Children's Services staff to assess the feasibility and efficacy of initiating an SEC-administered competitive grant fund to fill gaps in children's services and report its findings by January 1, 2022 to the chairs of the House Appropriations and Senate Finance and Appropriations committees. (Chapter 5)

RECOMMENDATION 13

The General Assembly may wish to consider amending §2.2-2649.B.1 of the Code of Virginia to direct the Office of Children's Services (OCS) to provide for the effective implementation of the Children's Services Act program in all localities by (i) regularly monitoring local performance measures and child and family outcomes; (ii) using audit, performance, and outcomes data to identify local programs that need technical assistance; and (iii) working with local programs that are consistently underperforming to develop a corrective action plan that will be submitted to OCS and the State Executive Council. (Chapter 6)

RECOMMENDATION 14

The Office of Children's Services should collect annually from each local Children's Services Act program the number of program staff by full- and part-time status and the administrative budget broken out by state and local funding to understand local program resources and target technical assistance to the most under-resourced local programs. (Chapter 6)

RECOMMENDATION 15

The General Assembly may wish to consider including language in the Appropriation Act directing the Office of Children's Services to develop and submit a plan to modify its staffing and operations to ensure effective local implementation of the Children's Services Act. The plan should include any new or different staff positions required, how those positions will be used to monitor and improve effectiveness, and the estimated cost of implementing these changes. The plan should be submitted to the chairs of the House Appropriations and Senate Finance and Appropriations committees no later than November 1, 2021, in advance of the 2022 General Assembly session. (Chapter 6)

RECOMMENDATION 16

The Office of Children's Services should modify its Continuous Quality Improvement tool to allow local Children's Services Act programs to review metrics on a service and provider level, including changes in Child and Adolescent Needs and Strengths (CANS) scores, length-of-stay in services, and spending per child. (Chapter 6)

RECOMMENDATION 17

The Office of Children's Services should work with Children's Services Act (CSA) programs to design and administer a statewide survey of parents/guardians of youth who are receiving CSA services to obtain their assessment of how well the program and CSA-funded services have addressed their child's emotional and behavioral challenges. (Chapter 6)

RECOMMENDATION 18

The Office of Children's Services should work with (i) the Department of General Services to determine the benefits and feasibility of a statewide contract for children's services and the types of children's services and service providers that would be included and (ii) the Office of the Attorney General to develop contracts to be made available to all local Children's Services Act programs where beneficial and feasible. (Chapter 6)

MEMO TO THE CPMT
December 04, 2020

Information Item I-1: October Budget Report & Status Update, Program Year 2021

ISSUE:
CPMT members monitor CSA expenditures to review trends and provide budget oversight.

BACKGROUND:
The Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2021 cumulative expenditures through October for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

-Average cost per child for some Mandated categories
-Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

Total Pooled Expenditures: Pooled expenditures through October 2020 for FY21 equal $6.37M for 676 youths. This amount is a decrease from October last year of approximately $355K, or 5.3%. Pooled expenditures through October 2019 for FY20 equal $6.72 M for 705 youths.

	Program Year 2020	Program Year 2021	Change Amt	Change %
Residential Treatment & Education	$895,568	$960,521	$64,953	7.25%
Private Day Special Education	$2,994,130	$3,268,739	$274,609	9.17%
Non-Residential Foster Home/Other	$1,816,936	$1,362,084	($454,851)	-25.03%
Community Services	$981,335	$834,599	($146,736)	-14.95%
Non-Mandated Services (All)	$180,102	$221,450	$41,348	22.96%
Recoveries	($147,958)	($282,279)	($134,322)	90.78%
Total Expenditures	**$6,720,113**	**$6,365,114**	**($354,999)**	**-5.28%**
Residential Treatment & Education	43	47	4	9.30%
Private Day Special Education	208	211	3	1.44%
Non-Residential Foster Home/Other	263	188	(75)	-28.52%
Community Services	396	366	(30)	-7.58%
Non-Mandated Services (All)	63	108	45	71.43%
Unique Count All Categories	**973**	**920**	**(53)**	**-5.45%**
Unduplicated Youth Count	**705**	**676**	**(29)**	**-4.11%**

Note: The number of youths served is unduplicated within individual categories, but not across categories.

Expenditure claims are submitted to the State Office of Children's Services (OCS) through Aug.

RECOMMENDATION:
For CPMT members to accept the August Program Year 2020 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Terri Byers, Timothy Elcesser, Xu Han and Usman Saeed (DFS)

NOTE:

There is an increase in Residential Treatment & Education by $65k with 4 more youths served. Average cost per youth is almost same.
There is also an increase in Private Day Special Education by $275k with 3 more youths served. Average cost per youth has increased by almost 7%
Non-Residential Foster Home/Other has decreased by $455k with 75 fewer youths served then in same period last year.
Community Services decreased by $147k, Non-Mandated Services by $41k, and both youth counts are down than same time last year.

Program Year 2021 Year To Date CSA Expenditures and Youth Served (through October Payment)

Mandated/ Non-Manda	Residential/ Non-Residential	Serv Type Descrip	Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures
Mandated	**Residential**	Residential Treatment Facility	57.64%	$266,863	20			$266,863
		Group Home	57.64%	$95,558	4			$95,558
		Education - for Residential Medicaid Placements	46.11%	$23,601	3	$274,249	8	$297,849
		Education for Residential Non-Medicaid Placements	46.11%	$19,174	2	$275,540	8	$294,714
		Temp Care Facility and Services	57.64%	$5,536	2			$5,536
	Residential Total			$410,732	31	$549,789	16	$960,521
	Non Residential	Special Education Private Day	46.11%	$38,516	2	$3,230,223	209	$3,268,739
		Wrap-Around for Students with Disab	46.11%	$6,092	7			$6,092
		Treatment Foster Home	46.11%	$842,693	82			$842,693
		Foster Care Mtce	46.11%	$345,932	78			$345,932
		Independent Living Stipend	46.11%	$34,474	11			$34,474
		Community Based Service	23.06%	$653,463	293			$653,463
		ICC	23.06%	$181,136	73			$181,136
		Independent Living Arrangement	46.11%	$132,893	10			$132,893
	Non Residential Total			$2,235,200	556	$3,230,223	209	$5,465,423
Mandated Total				**$2,645,932**	**587**	**$3,780,012**	**225**	**$6,425,944**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$2,742	1			$2,742
	Residential Total			$2,742	1			$2,742
	Non Residential	Community Based Service	23.06%	$192,052	96			$192,052
		ICC	23.06%	$26,656	11			$26,656
	Non Residential Total			$218,708	107		0	$218,708
Non-Mandated Total				**$221,450**	**108**		**0**	**$221,450**
Grand Total (with Duplicated Youth Count)				**$2,867,381**	**695**	**$3,780,012**	**225**	**$6,647,394**

Recoveries	**-$282,279**
Total Net of Recoveries	**$6,365,114**
Unduplicated child count	676

Key Indicators

Cost Per Child	Prog Yr 2020 YTD	Prog Yr 2021 YTD
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$9,532	$9,416
Average Cost Per Child Mandated Residential (unduplicated)	$22,963	$22,870
Average Cost Per Child Mandated Non- Residential (unduplicated)	$9,008	$9,279
Average Cost Mandated Community Based Services Per Child (unduplicated)	$2,316	$2,230
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$18,048	$13,343
Average Cost for Treatment Foster Home	$10,615	$10,277
Average Education Cost for Residential Medicaid Placement (Residential)	$23,338	$27,077
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$29,511	$29,471
Average Special Education Cost for Private Day (Non-Residential)	$14,395	$15,492
Average Cost for Non-Mandated Placement	$2,859	$2,050

Program Year 2021 Year To Date CSA Expenditures and Youth Served (through October Payment)

Category	Program Year 2021 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2021 Allocation	$663,010	$5,708	99%
Non Mandated Program Year 2021	$1,630,458	$211,718	87%
Program Year 2021 Total Allocation	$38,657,566	$6,365,114	84%

Memo to the CPMT

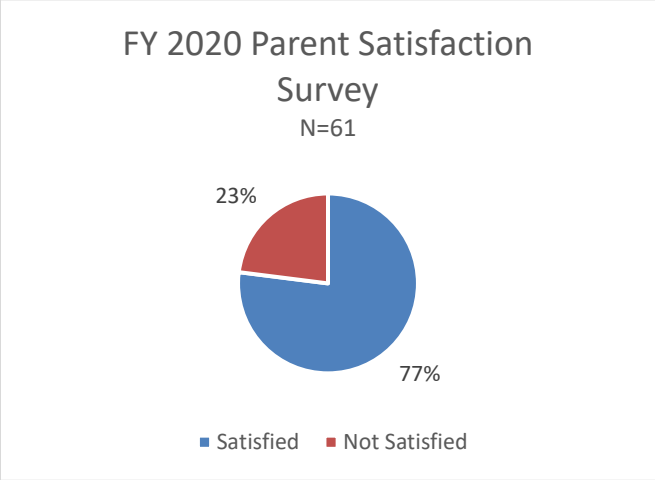
December 4, 2020

Information Item I-2: Results of Annual Parent Survey

ISSUE: That the CSA program surveys parents experience with CSA annually as part of program performance measures.

BACKGROUND:
The CSA program has historically sent out a parent survey to assess satisfaction with services. The survey has been mailed out and typically sent to about 800 families with a return rate of less than 10%. CSA sent about two thirds of the surveys electronically through Survey Monkey, saving substantial mailing expenditures. There were 61 returned surveys out of 747 sent.

The survey is sent to parents of children who received IEP Services, Foster Care Prevention, and Non-Mandated services. Services vary based on youth and family needs, but the services that may have been received include special education services like Private Day School, team-based planning meetings such as Family Resource or Family Partnership meetings to develop service plans, Home-based therapy, Outpatient therapy, Intensive Care Coordination and Leland House for crisis stabilization.



Aggregate rating of Satisfaction with CSA was 93%, 89%, 97.5%, and 88% for FY16, FY17, FY18 and FY19 respectively. The results are calculated by averaging all the responses of each person along a Likert scale. The Satisfaction rating is based on the percentage of Respondents with an average score of 3.0 or better. For FY20, the Satisfaction rate was 77%.

Responses to the two open-ended questions are provided to give qualitative feedback about parent/guardian's experience with the program.

Question: What did you like best about the program or services you received?
Comments include:

- Services Team
- We have very pleasant resource team members
- The ABA therapy has been wonderful!
- I like all of the programs I received
- Nothing.
- ABA therapy services, social skills group (upcoming)
- Our ICC Coordinator was outstanding. She supported us throughout the time that we used ICC services and provided good suggestions and guidance.

- Some of the tips were helpful
- Our care coordinator has been an excellent support and resource
- The therapist was very good
- Flexibility to schedule for appointments, accessibility
- Caring people
- We like the agency
- It was never about the process or perfunctory; staff truly engaged in a deeply engaged, caring and often individual basis.
- The people
- The feedback
- Home based intensive services and the mentor program.
- Having strong advocates
- The equine therapy when it was available.
- Not sure
- it has represented my Childs needs well
- The staff is empathetic and supportive and has my child's best interests at heart.
- Absolutely nothing. It is a joke.
- CSA case manager was nice.
- The way they were able to help K*** gain interest in school
- Responsiveness and understanding of my child's educational needs.
- Every person from CSA I interacted with was not only compassionate but always followed though and followed up.
- The team coordinators and participants were all great
- I appreciate my educational liaison! I get great treatment and respect.
- No services provided
- The total team of support has been stellar
- Helpful
- The continuity of the staff involved; they have come to know my child with her unique challenges as well as strengths. They believe in her.
- [Case Manager] is amazing, compassionate, and very professional!
- Collaboration with the team, including my son in the process and the help we received from the school social worker and FFT program.
- programs tailored to child's needs
- The quality of people work with my child. She is doing so much better.
- Stellar team of professionals
- That my son had the opportunity to talk to someone

Question: What could we do to make our services better?

Comments include:

- Service needs to be better promoted in the community. Very hard for parents to find about the program unless referred by a school.
- At one of the FRM meetings a year ago N*** was there but ended up not following up and didn't provide anything of value.
- Provide accurate information regarding program availability to parents so they don't waste their time or make decisions based on incorrect information. We had several meetings, our child qualified for help, the service plans suggested by our CSA representative were all a waste of time due to (1) programs being full and waitlisted, (2) programs not accepting children with that disability and (3) in-home therapy---which was desperately needed--was not available through

CSA because we had private insurance. (However, private insurance providers were running 1+ year waiting lists). Ultimately ZERO help was provided by [Agency] despite child being in crisis. Resources suggested by [Agency] were not accessible (e.g., only available to children with Medicaid, etc). So, in our experience, your services were worse than nothing---because we relied on your advice regarding the availability of services to decide to discharge our child from a hospital and then absolutely no services were available to help our child. Had we not relied on the promises and plan from the [Agency] representative, we would likely have left our child in the hospital longer for more intensive treatment. The last we heard from our [Agency] rep was when I emailed a question last December, received a vacation auto-reply, and then just never heard from her again. So I guess...our file is closed? open? who knows?

- Better matched social worker
- There was a lot of paperwork involved, and it was hard to keep up with which forms needed to be completed to maintain our services. Having this information in one place would have been helpful.
- A higher level of expertise of the clinicians
- Fewer redundant forms
- It took many months to get the therapist. I had almost given up.
- it would be helpful to have more literature sent by them on the issues at hand.
- Nothing right now
- I don’t know who to contact, it changes every meeting, and I found out more information about CSA in this survey introduction then from anyone else! I want to cry I’m so frustrated I need help
- Not sure
- Sprinkle in a few more seasoned professionals to help guide newer, less experienced staff.
- Allow the staff that you're giving money to listen to the parents and stop side burning them all the time because they don't want to give you a direct answer
- none
- Everything is great!
- Nothing I can think of right now
- Timeliness for services starting
- A LOT! There has to be a timely execution of the services offered as well as competent people with good communication.
- Be accountable to commitments and outcomes, more timely implementation of Purchase Orders, concern for the entire family rather than the one with mental illness
- Completely commit full transparency and accountability of your programs and staff. Fire incompetent staff and put that money towards better programming. Remove **** from any leadership position.
- Improve quality of services. Ultimately min services provided did not help. Many service providers were rude, abrasive, did not listen to our questions and concerns.
- Nothing
- Our child went to 3 other schools before he hit a school with a social worker who informed us about CSA services AND was willing to help us through the application process.
- Nothing
- I’m good
- Actually provide service. I didn’t receive any help and when I tried just to get basic sensory equipment from the OT I was not helped. I was told that schools were closed when the policy really exempted special ed students.
- The communication between FCPS and CSA could probably improve; however, given the pandemic, I expected a lag between service contract time
- One on one

- Grateful for continuity and competency of services.
- have more people who shows genuine care like **** *****
- Thank you for providing services, support, and resources in order to best help children in need.
- Social skills groups at school
- maybe fewer in person meetings
- Continue to do what you do.
- Fewer administrative tasks / elements -- tended to be a burden, not related to care/service and time consuming
- Everything was good

ATTACHMENT:

CSA Parent Survey for FY 20

STAFF:

Chris Metzbower, CSA Staff
Janet Bessmer, CSA Manager

FAIRFAX-FALLS CHURCH CHILDREN'S SERVICE ACT

PARENT SURVEY FORM

Thank you for completing this survey. Your responses will help us to evaluate and improve our services. Please return this survey in the self-addressed, stamped envelope provided. If you have any questions, please contact Chris Metzbower at (703)324-7890. If you wish to fill out this survey electronically please use this link:
https://www.surveymonkey.com/r/2020_CSA_Parent_Survey

PLEASE CIRCLE ONLY ONE ANSWER PER QUESTION

In general, how satisfied are/were you with . . .

1. . . . the helpfulness of the services you/your child received?
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

2. . . . the treatment/educational planning process for your child?
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

3. . . . the respect shown to you and your child, including respect for your social/cultural background?
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

4. . . . the quality of the service(s) provided during the year?
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

5. The CSA process including team-based planning was explained to me and my child in plain language I could understand.
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

6. If I have/had questions or concerns about my CSA services, I know who to call for help.
Very Dissatisfied Dissatisfied Satisfied Very Satisfied Not Sure

Please use the back of this form, if additional space is needed.

7. What did you like best about the program or services you received?

_____
_____
_____

8. What could we do to make our services better?

_____
_____
_____

If you would like us to contact us about the services your child received, please leave a name and phone number or e-mail so that we can follow up with you.

_____

Thank you again for completing this survey!

MEMO TO THE CPMT

December 4, 2020

Information Item I-3: Review of System of Care Monitoring and Quality Assurance Plan

ISSUE: That a Monitoring and Quality Assurance Plan has been developed for oversight of CSA-contracted providers.

BACKGROUND:
The attached CSA Monitoring and Quality Assurance Plan outlines two phases:

Phase 1, continuation of current and implementation of new monitoring activities that will help the CSA Management Team ensure that the CSA provider network is providing appropriate and effective service delivery to the children, youth and families they serve.

In the past, monitoring activities have been reactive - dependent on the receipt of Serious Incident Reports or informal reports from case managers or agency representatives. While those are valuable tools that will continue to be relied on, the CSA Management Team has discussed instituting more structured quality assurance checks. This will include, for example, checking provider progress reports on a monthly and quarterly basis both for contract compliance and quality of services rendered, using SIR tracking data to address negative trends with providers, and soliciting feedback from families and case managers on a monthly rather than annual basis.

It's important to note that while the plan accounts for the participation of the CSA Management Team and Department of Procurement an Materials Management CSA contracts staff, the bulk of the daily monitoring and QA activities will be handled by one full-time CSA management analyst II and part of the time of a CSA management analyst III. As such, some activities will be limited to a provider category until such a time as more resources are available or staff workload is shifted.

Phase 2, synthesizing the data collected in Phase 1 into a provider performance report card. These will be used to help providers improve performance and help case managers make more informed decisions as they search for services and supports to meet the needs of their clients.

The monitoring plan is outlined in pages 2 – 5 of the attached document. The attachments, while not inclusive of all the tools that are used to monitor the quality of services, contain information that will help to implement the parent, youth and case manager survey process and provides a picture of all the data that is tracked to monitor providers on an ongoing basis.

ATTACHMENT:
Quality Assurance and Monitoring Plan

STAFF:
Patricia E. Arriaza, Management Analyst III

Monitoring and Quality Assurance Plan

August 2020

CONTENTS

OVERVIEW

The information below attempts to capture the key staff involved in the monitoring of Children's Services Act contracted providers; however, the information is not all inclusive and it's important to not discount the role that each person and agency working with a youth and family has in ensuring the safety and well-being of the people served and provider performance. While several steps in the monitoring and QA plan are meant to be proactive attempts at ensuring quality services, we will continue to be reliant on feedback from families, case managers, and system partners to address provider concerns and system gaps.

The monitoring plan is outlined in pages 2 - 5. The attachments, while not inclusive of all the tools that are used to monitor the quality of services, contain information that will help to implement the parent, youth and case manager survey process and provides a picture of all the data that is tracked to monitor provider performance and the safety and well-being of children receiving services funded through CSA.

PHASE I:

In phase 1, current and new monitoring tasks will be structured and scheduled to ensure continuous oversight of CSA-contracted providers. Available staff time impacts the ability to have oversight over all contracted providers. As such, some activities will be limited to a provider category until such a time as more resources are available or staff workload is shifted.

MONITORING AND QUALITY ASSURANCE TASKS

Task	Description	Provider Category	Frequency	Staff
Review and Track SIRs See Attachment H for data tracking elements	CSA case managers receive SIR, review incident report and verify client safety, as needed. Review SIRs and input data into the tracking spreadsheet and Open Text. Contact the provider if it is determined that follow up is needed and refer the SIR to CSA Management Team, if necessary.	All	Daily	CSA case managers Shana Martins CSA MT DPMM
Monitor Corrective Action Plans	Review provider's corrective action plan and determine if the corrective actions put in place were met. If not, follow up with the provider.	All	Ad hoc	Shana Martins Patricia Arriaza CSA MT DPMM
Medicaid Eligibility Documentation Requirements* See Attachment H for data tracking elements	Based on Harmony data, check for authorized and/or paid for services in the following categories: Intensive In-Home, Therapeutic Day Treatment/Partial Hospitalization, or Mental Health Skill Building. If authorized or purchased, contact youth's case manager to request the required DMAS documentation.	Medicaid eligible services	Monthly	Shana Martins

Parent Satisfaction Surveys* See Attachment A for parent survey See Attachment G for Crossroads scope of work	On a monthly basis, send data to Crossroads to conduct satisfaction surveys (approximately 200 responses/year). In addition to the Crossroads survey process, CQI staff will mail/email the survey to the families that are not captured in the Crossroads Scope of Work. Families will be surveyed at the end of service delivery.	Begin with Home-based Providers Phase in other provider categories as staff resources allow	Monthly	Crossroads Shana Martins Patricia Arriaza
CM Provider Satisfaction* See Attachment B for CM survey	CQI staff will email a survey to case managers requesting feedback on provider performance. Survey link will be sent to CM when service(s) end.	Start w/ Home-based Providers	Every month	Shana Martins Patricia Arriaza
Service Summaries See Attachment H for data tracking elements	Through the use of Service Summaries, Case Managers will verify services rendered and document any provider concerns, e.g. not receiving monthly reports. CSA staff will track and follow up with service summaries that indicate billing/reporting deficiencies. Discrepancies are resolved by working with case managers and or providers. Tracked data will be used to show areas that need to be addressed, e.g. continuous billing errors, non-compliance with reporting requirements. As appropriate, situations that require corrective action plans or notice of deficiency will be presented to the CSA Management Team.	All	Every 2 months Monthly	CSA Case Managers Shana Martins CSA MT DPMM
Monthly/Quarterly Progress Reports See Attachment H for data tracking elements	CM receives provider monthly/quarterly progress reports. CM reviews information and follows up with provider with concerns/questions. CSA staff check for compliance of submission of monthly and quarterly reports. For monthly and quarterly reports, this will be accomplished by selecting 5 – 7 homebased providers a month who have served at least one youth for 1 month. The youth's case manager will be asked to share the provider's monthly report. If the case manager does not have the report, CQI staff will reach out to provider to request report and inform them of submission timelines. The monthly/quarterly progress report will be checked to ensure that it includes all required elements according to the contract.*	All Begin with Home-based providers and Case Support Phase in other provider categories as staff resources allow	Monthly/ Quarterly	Case managers Shana Martins Patricia Arriaza CSA MT DPMM

	Compliance to the timeline and required report elements will be tracked. As appropriate, situations that require corrective action plans or notice of deficiency will be presented to the CSA Management Team.*			
Site Visits – Contract Monitoring	As necessary, collaborate with DPMM staff to coordinate and conduct a site visit to monitor compliance to the contract and ensure youth safety.		As needed	Shana Martins Patricia Arriaza Contract Staff CSA MT
Site Visits – Quality Assurance	Based on a tiered schedule, residential providers will do a self-assessment and be assessed by a team comprised of agency and parent representatives (when possible). The assessment tool is used to determine the quality of the program and will determine whether a contract is awarded to the provider.	Residential	Based on established schedule	Sarah Young Agency staff Contract staff CSA MT
FRM/FAPT Surveys See Attachments C-F for data tracking elements	After initial meeting FRM and all FAPT meetings, the family and youth will be given an opportunity to provide feedback about the team-based planning process.*			Lisa Morton FRM/FAPT staff
High Fidelity Wraparound	Ensure fidelity to the HFW model via established tools by the Washington Education and Research Team (WERT); use ICC Stakeholders Workgroup to address program implementation concerns and challenges	ICC providers	Ongoing Stakeholders: quarterly	Virginia Wraparound Implementation Center Patricia Arriaza Shana Martins
Case Support See Attachment I for monitoring tool	Monitor compliance to established minimum standards for case management using the Case Management Minimum Standards for Case Support Services monitoring matrix.* *See Attachment D for monitoring matrix*	Resource Team	Annually	Shana Martins Patricia Arriaza
**Denotes new activity.*				

PHASE II

In phase 2, data elements gathered in Phase 1 will be compiled to create a provider profile report which could include the information listed below. The provider profile reports will be shared with providers and made available to case managers. Discussions can be had about making the information available to the broader community.

PROVIDER PROFILE DATA ELEMENTS

- Percent of timely submission of SIRS/monthly reports
- Parent satisfaction
- Dollars spent on services
- Number of children served
- Average length of service provision
- Case manager satisfaction
- CANS data

ATTACHMENT A – PARENT SATISFACTION SURVEY

You have recently received services from [home-based provider name]. We would greatly appreciate you taking a couple of minutes to complete this survey. Your responses will help us evaluate and improve the services available in our community. Please return this survey in the self-addressed, stamped envelope provided. If you have any questions, please contact Shana Martins at 703.324.8187. If you wish to fill out this survey electronically please visit: https://www.surveymonkey.com/r/home-based-provider-survey

PLEASE SELECT ONLY ONE ANSWER PER QUESTION

1. The services provided to my family helped me/my child achieve our goals.
   Strongly Agree Agree Disagree Strongly Disagree Not Sure

2. My family and I were satisfied with the role that we had in choosing our provider.
   Strongly Agree Agree Disagree Strongly Disagree Not Sure

3. My family and I were satisfied with the treatment progress for my child.
   Strongly Agree Agree Disagree Strongly Disagree Not Sure

4. My family and I were satisfied with the level of respect shown toward our culture, ethnicity, and language.
   Strongly Agree Agree Disagree Strongly Disagree Not Sure

5. My family and I were made aware of whom to contact if I had any questions or concerns about the services that I was receiving.
   Strongly Agree Agree Disagree Strongly Disagree Not Sure

Please use the back of this form, if additional space is needed.

6. Is there anything else that you would like to share about your experience?
   _____
   _____
   _____
   _____

7. What would have made your experience with the provider better?
   _____
   _____
   _____

ATTACHMENT B – CASE MANAGER SATISFACTION SURVEY

Provider:_____ Case Manager/ Agency:_____/_____

Youth Name: _____

Type of service: Day School Home Based Residential TFC
Therapist Independent Living Specialized Services

1. How was the provider during the process?	Poor		Fair		Excellent	
Admission / referral process?	**1**	**2**	**3**	**4**	**5**	
How successful at engaging parents/family in process?	**1**	**2**	**3**	**4**	**5**	
Quality of service planning process?	**1**	**2**	**3**	**4**	**5**	
Regularity / value of verbal communications?	**1**	**2**	**3**	**4**	**5**	
Physical environment?	**1**	**2**	**3**	**4**	**5**	(N/A)
Continuity of case workers (i.e. no turnover)?	**1**	**2**	**3**	**4**	**5**	

2. How successful was the outcome?

__a) No change or worsening
__b) Minimal change if any
__c) Progress made, not complete
__d) Some improvements
__e) Desired outcome obtained

Describe what you think helped or inhibited the change: _____
_____
_____
_____

	No		Maybe		Definitely
4. Would you use/recommend this vendor again?	**1**	**2**	**3**	**4**	**5**

ATTACHMENT C – FRM FAMILY/CAREGIVER SURVEY

We would like your opinion to make our meetings more helpful to families. Please provide us with feedback about your experience at your team meeting today. Your answers are confidential, but if you'd like to speak to a manager about any questions or concerns, please provide your contact information below.
Thank you!

1. Our CSA case manager explained what to expect at the family meeting and I felt prepared.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

2. Our family's strengths and progress were acknowledged. My ideas were heard and valued. My questions and concerns were addressed.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

3. The recommended services were explained to me in a way I could understand.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

4. The service plan developed in the meeting will meet the needs of our child and family and be helpful.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

5. I understand the next steps needed to receive services.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Please provide any comments to help us improve our service planning process.

If you would like a manager to contact you about any concerns or questions, please provide your name, email and phone number below.

Name: *Email:* *Phone:*

Thank you for completing this survey!!

ATTACHMENT D – FRM YOUTH SURVEY

We would like your opinion to make our meetings more helpful to families. Please provide us with feedback about your experience at your team meeting today. Your answers are confidential, but if you'd like to speak to a manager about any questions or concerns, please provide your contact information below. Thank you!

1. My CSA case manager explained about the meeting and I knew what to expect.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

2. My strengths and progress were shared at the meeting. My opinion was heard and valued.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

3. Other people at the meeting talked about my family and my needs respectfully.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

4. The recommended services were explained to me in a way I could understand.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

5. The service plan developed in the meeting will help me and my family.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Please provide any comments to help us improve our service planning process.

If you would like a manager to contact you about any concerns or questions, please provide your name, email and phone number below.

Name: *Email:* *Phone:*

Thank you for completing this survey!!

ATTACHMENT E – FAPT FAMILY/CAREGIVER SURVEY

We would like your opinion so that we can make our meetings more helpful to families. Please provide us with feedback about your experience at the FAPT meeting today. Your answers are confidential, but if you'd like to speak to a manager about any questions or concerns, please provide your contact information below. Thank you!

1. Our CSA case manager explained what to expect at the FAPT meeting and I felt prepared.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

2. I was provided with a copy of the documents submitted to CSA, the Utilization Review (UR) report and the Notice of Appeal process.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

3. My ideas were heard and valued. My questions and concerns were addressed.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

4. The recommended services were explained to me in a way I could understand.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

5. The service plan developed in the meeting will meet the needs of our child and family and be helpful.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

Please provide any comments to help us improve our service planning process.

If you would like a manager to contact you about any concerns or questions, please provide your name, email and phone number below. Thank you.

Name: *Email:* *Phone:*

Thank you for completing this survey!!

ATTACHMENT F – FAPT YOUTH SURVEY

We would like your opinion so that we can make our meetings more helpful to young people. Please provide us with feedback about how the FAPT meeting went today. Your answers are confidential, but if you'd like to speak to a manager about any questions or concerns, please provide your contact information below. Thank you!

1. Our CSA case manager explained what to expect at the FAPT meeting and I felt prepared.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

2. Other people at the meeting talked about me and my family respectfully.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

3. My strengths and progress were shared. My ideas were heard and valued. My questions and concerns were addressed.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

4. The recommended services were explained to me in a way I could understand.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

5. The service plan developed in the meeting will help me and my family.

☐ **Strongly Agree** ☐ **Agree** ☐ **Neutral** ☐ **Disagree** ☐ **Strongly Disagree**

Please provide any comments to help us improve our service planning process.

If you would like a manager to contact you about any concerns or questions, please provide your name, email and phone number below. Thank you.

Name: *Email:* *Phone:*

Thank you for completing this survey!!

ATTACHMENT G – SCOPE OF WORK, CROSSROADS

Scope of Work Description

Between Fairfax County, VA and The Crossroads Group, Inc.
FAIRFAX-FALLS CHURCH CHILDREN'S SERVICE ACT DEPARTMENT OF FAMILY SERVICES (FFCCSADFS)
PARENT SURVEY

Scope of Services: CG (CG) is being engaged by Fairfax-Falls Church Children's Service Act Department of Family Services (FFCCSADFS) for the provision of professional parent/guardian survey sampling, tabulation, and reporting services to assess behavioral health services from the perspective of the parent/guardian in relation to child behavioral health services provided by over 200 area providers.

Survey measurement will utilize a pure live-person telephonic interview methodology for highest-quality and uniform sampling (no mixed-mode sampling). Reporting is intended to enable leadership to assess and improve patient experiences related to key areas of healthcare delivery, while evaluating patient perceptions at the clinic level as well as the individual provider level. Reporting will help guide internal decision-making and provide reporting for key stakeholders. A summary of these services is provided below:

Patient Survey Sampling & Reporting: Survey measurement and reporting will provide a uniform and objective measure of experiences for patients, using a customized professionally-designed Computer-Assisted Telephone Interview (CATI) questionnaire which incorporates key outcome measures and adaptations for various services based on learning objectives and historically measured constructs. Sampling is population-based, with the eligible sample frame consisting of parents and/or guardians of children who are familiar with the care experience and have had a duration of at least four months since enrollment in the program. Additional patients will become eligible and provided by FFCCSADFS to CG within 30 days of achieving eligibility status (at the four-month time-point)[1]. A secure list of eligible individuals will be provided by FFCCSADFS every two weeks.

The specific scope of work is summarized below:

Patient Survey Start-up/Project Administration & Reporting:

- Update questionnaire to reflect FFCCSADFS learning objectives; translate to Spanish[2].
- Design sampling plan with conditional formatting for real-time documentation of attempts and disposition status. Implement do-not-call process for those requesting. Ensure contact of eligible respondents at the correct time point.

1 More frequent provision will enable more rapid contact of individual post last-visit experience.
2 Additional languages available for one-time translation fee of .15 per source word and $395 per-quarter administered project management fee. Languages can be implemented one quarter per calendar year to reduce cost/expense.

- Conduct professional and confidential random bilingual patient interviews within 30 days of the most recent treatment session[3]. Probe for actionable narrative comments related to root-causes, particularly as related to dissatisfied respondents. (CG)
- Translate Spanish-language narrative comments to English. Process patient responses. Manually tabulate narrative comments for enhanced reporting. (CG)
- Design customized reports, with emphasis on key outcome experience measures, as well as key strategic measures such as overall satisfaction, loyalty, and referral intentions. Utilize background question data to support drill-down analytics and clinic, case manager, counselor, and/or department-level reporting. (CG)
- Electronically distribute full report set to FFCCSADFS leadership. (CG)
- Present baseline (first) reports via webinar. (CG)
    - Frequency and format: Timely and accurate patient perception data will be provided in chart, table, and narrative comment format, with monthly updates and full-reporting quarterly. Reports will be provided electronically via a secure cloud server to help facilitate rapid pulse-reporting distribution to key organizational stakeholders. Reports will be customized per end-user specifications at no additional cost[4].
    - Reporting Includes: Aggregate scores, aggregate narrative comments, individual delivery site and provider scores[5], snap-shot trend reporting, cumulative reporting, as well as custom reports derived from questionnaire data.

Questionnaire: The questionnaire is designed for parents or guardians of children of all grade levels receiving behavioral health services as part of the program *and will be adapted for telehealth[6]*. The questionnaire will be customized in coordination with leadership and include measurement of overall satisfaction, loyalty, referral intentions, outcome measures (e.g. custom learning objectives, overall progress, quality and frequency of service, therapist interactions, narrative positive and opportunity-related comments, other), future or other service needs, and other measurements related to key program learning objectives. Any questionnaire revisions will be reported in the reporting period associated with the questionnaire design change[2]. English and Spanish language surveys included. Minor post-start-up report design revisions and customization (not involving structural questionnaire redesign) as well as score target revision on reports will be provided ad-hoc upon request at no charge. Survey-related conference calls and e-mail communications are included within the scope of services.

Start-up and Project Implementation Cost: The total one-time initial start-up fee (for revised questionnaire, translation, sampling plan, and report design) is $495 invoiced upon questionnaire approval and project start. Quarterly administration fees are waived for baseline quarter. The per-completed survey administration rate of $16.50 applies for completed, tabulated, and reported interviews in either English or Spanish languages, with a $1.00 per-documented attempt (up to two

3 Following initial sampling of individuals who became eligible prior to October 2018. Contact will be initiated from local area code phone number.

4 Consistent with the system capabilities of the CG reporting platform.

5 Contingent on completed survey sample sizes of at least 5 per-provider or per-location.

6 New emphasis in response to COVID-19 pandemic.

3 Note: Frequent questionnaire changes are not recommended due to the potential impact on longitudinal (over time) score comparisons.

additional attempts following the initial attempt)[7]. All standard reports are included along with all e-mail and phone communications and support. Standard terms are net 30 days.

Patient Survey Sampling & Reporting, Patient Survey Start-up/Project Administration & Reporting, Questionnaire, Start-up and Project Implementation Cost capped at $4,999.99, The total cost for the baseline administration of this project is not to exceed $4,999.99 without subsequent approval. Additional add-on services beyond the scope of this agreement, or extensions of the time frame, will be provided only with the express written consent and approval of FFCCSADFS.

Scope Revisions: Questionnaire revisions post start-up may result in a higher per-survey rate (.15 per question above 30 asked) and/or questionnaire and report design revisions fees. For sample size increases, the marginal per-survey rate will apply, with this rate guaranteed for at least 12 months from project start-up, and rate adjustments subject to notification and approval.

Project Implementation Schedule: Questionnaire design and project set-up will be completed within three weeks of contract execution, with sampling scheduled to commence within 30 days of contract date.

The sample frame of eligible respondents is anticipated to commence on or shortly after **September 1, 2020**. IT will provide secure previous-two-week encounter data ("data pull") during sampling periods every two weeks, to ensure rapid post-encounter evaluation and corresponding high-recollection of experience (validity) by patients, as well as timely and meaningful snapshot reporting.

General Provisions:

Confidentiality of Client Information: CG may have access to certain information which is confidential and proprietary to Inc., including, without limitation, confidential information relating to services, operations, staff, patients, and/or any other proprietary and/or confidential information which is derived through the provision of the services described. CG shall at all times maintain such information on a strictly confidential basis, not disclose any such information to any third party, and utilize such information only for its intended purpose as described herein. CG shall also comply with the Health Insurance Portability and Accountability Act of 1996, as codified in 42 U.S.C. §1320d ("HIPAA"). A related Business Associate Agreement will be completed at the request of FFCCSADFS.

Questionnaire: The custom questionnaire design is for the exclusive use of FFCCSADFS and will not be shared with any other third party without the express written consent of CG.

Compliance with Laws CG shall comply with all applicable laws and regulations with respect to its performance of this Agreement.

Relationship. The relationship of the parties is that of independent contractors. Nothing in this Agreement shall create or be construed to create an employer-employee, principal-agent, joint

7 Documented attempts will be made at different times of the day. Per-completed survey rate applies for questionnaire of up to 30 questions in length; add .15 per-question for questionnaires which include more than 30 questions. Completed survey sampling objective of n=200-250 within budget described herein.

venture or partnership relationship. CG shall have no authority or power to bind or otherwise obligate any manner. CG shall be responsible to pay all taxes in connections with the fees paid hereunder.

Assignment. CG shall not assign its interest in this Agreement or any of its rights or obligations hereunder.

Term of Agreement. This Agreement shall continue in effect until modified or terminated at any time by either party with thirty (30) days written notice to the other party, with or without cause. can also modify completed target sample sizes or report frequency upon request with 30 days' advance notice.

Performance Guarantee: CG agrees to execute assignments and responsibilities with care, skill and diligence. FFCCSADFS and CG agree that the performance of CG will be evaluated throughout this engagement by consultation between Mr. Mark E. Robledo, principal for CG and Chelsie Bell (Analyst and Project Manager), in coordination with Ms. Shana Martins (Management Analyst II) and Patricia Arriaza (Child Advocate) and other members of the FFCCSADFS administrative and support team.

Entire Agreement and Modification. This Agreement contains the entire understanding of the parties concerning the matters covered herein, and may only be altered, amended or modified with the written agreement of both parties.

ATTACHMENT H – DATA TRACKING ELEMENTS

Serious Incident Reports

- Youth Name
- Race
- Harmony #
- Date Received
- Date of Incident
- Lag Time
- Quarter
- Review Date
- Agency
- Case Manager
- Provider
- Service Type
- UR Analyst
- SIR Type of Incident
- Resulting Action/Behavior
- Duration of Restraint / Seclusion
- Other Description
- Refer to MT
- Requested by CSA

Medicaid Eligible Services – Required Documentation

- Date
- Quarter
- Youth
- Harmony #
- Service
- Case Manager
- Service Received
- CSA Billed
- Date Information Received
- Notes

Monitoring/QA Follow Up

- Youth Name
- Harmony #
- Agency
- Case Manager
- Provider
- Provider Staff
- Complaint Type
- Complaint Source
- Date Complaint Received
- Quarter
- CSA Staff Person
- Action Taken
- Provider Response
- Document Received
- Response Adequate
- Co-pay refund?
- Provider refund?
- Date to CSA MT
- Date to DPMM
- Notes

Progress Reports

- Youth Name
- Harmony #
- Agency
- Case Manager
- Provider
- Provider Staff
- Request Date -CM
- Quarter
- Report Received - CM
- Request Date - Provider
- Report Received - Provider
- Report Adequate
- Date to CSA MT
- Date to DPMM
- Notes

ATTACHMENT I – CASE SUPPORT MONITORING TOOL

Developed using the Minimum Case Management for Case Support Services Matrix

	CM Activities	Timeline/Timeframe	Task Met	Source Document
1	First contact/phone call upon new referral or an inter-agency transfer	Within 3 business days Referral: Contact:		
2	1st face to face meeting (youth and parents) for new referral;	Offered within 10 business days of referral, meeting within 30 calendar days Date offered: Meeting date:		
3	Preparation of youth and parents for team meetings; explain CSA - New Referral	Begins at first contact and ongoing.		
4	Team-based planning meetings	Min 1 every other month Meeting dates:		
5	Families will have timely access to services described in the MAP; CM will document in the Quarterly Report if parent delays returning required paperwork. CSB sends a letter to families when such gaps result in service authorization gaps.	5 business days - time from meeting to documentation submission Meeting date: Paperwork submission: If delay, documented in Q report? If deley, CSB letter sent to family?		
6	Authorized services will be implemented in a timely manner; CM will document in the Quarterly Report when there are delays and the reasons for such.	Immediately but no later than 10 business days - time from authorization to encumbrance Authorization date(s): Encumbrance date(s): If delay, documented in Q report?		
7	Support timely implementation of transition home/discharge plan for youth in RTC.	After-care services shall be arranged no less than 30 calendar days prior to planned discharge date. Discharge date: Providers identified? Appointments scheduled? Purchase orders requested prior to discharge?		

	CM Activities	Timeline/Timeframe	Task Met	Source Document
8	Monitor and Respond to Serious Incident Rerpots; Report safety concerns to UR/DPMM and respond to inquiries for joint review, as appropriate.	Date of SIR(s): CM notified supervisor or CSA MT member about SIR (per own agency policy)? Supervisor or CSA MT member notified UR and DPMM Managers within 1 business day? Date parents contacted: Date of face to face assessment of youth in RTC (if safety is an issue):		
9	Monitoring of CSA financial requirements for residential placements.	Within 3 business days, CM notified supervisor and UR via email about parent noncompliance with finanical reporting requirements Date:		
10	Face to face visit with youth in RTC	Quarterly; 1st visit (within 30 calanedar days – in state, 45 out of state): __ visit: __ visit: __ visit:		
11	Contact with youth in RTC	Date(s) of treatment meetings: Dates of monthly phone calls:		
12	Contact with family while youth in RTC	Dates of monthly contact with family: Date of TBP meeting to develop aftercare plan:		
13	Support and encourage, at a minimum, a monthly face to face visit by family of child in RTC	CM monitors and encourages family visits and therapy participation. Date of family visit(s): If family noncompliant, documented in Q report?		
14	Timely follow up with CSA Program Manager when family demonstrates pattern of non-compliance with terms of Parental Agreement (visits, payment of copay, therapy, completion of paperwork, etc.)	If pattern orbserved, CM notified supervisor? Intensive Services Supervisor notified CSA Program Manager?		
15	Timely resolution of billing/financial issues; use of step-wise engagement of management for	Date CM notified supervisor about billing issues:		

	CM Activities	Timeline/Timeframe	Task Met	Source Document
	resolution	Date supevisor notified Manager about billing issues:		
16	Submission of Closing Encumbrance	Submit closing encumbrance within 30 calendar days of service end date. Service end date: Closing encumbrance submission date:		
17	Closing CANS, case closure paperwork	Within 30 calendar days of case ending. Case end date: Documentation submitted?		

ATTACHMENT J – AGENCY MONITORING AND QA ACTIVITIES

Fairfax County Public Schools

In collaboration with OCS, VDOE, local education agencies (school divisions) and private providers across the state a set of indicators were adopted by the general assembly and these indicators will be used for monitoring students in private day schools. Two of the indicators are student and parent satisfaction surveys.

Additionally, MAS liaisons (case managers) receive feedback from families through the meetings they conduct. A byproduct of the special education process is opportunities for parents to share concerns with the IEP teams and this naturally indicates, on an individual basis, parent satisfaction with private placements.

Community Services Board

CSB outpatient does yearly satisfaction surveys on Outpatient services. These are given out and collected by the client access staff (front desk admin). The forms are collected and compiled by them.

Parents sometimes report provider concerns to case managers or supervisors who notify program manager. Program Manager would inform CSA.

MEMO TO THE CPMT

December 4, 2020

Information Item I- 4: Status update on CPMT workgroup on Magellan's Single Case Agreement

ISSUE: That a CPMT workgroup will work with staff supporting CSA to develop procedures to apply for a Single Case Agreement when Medicaid in-network providers are not available or appropriate.

BACKGROUND:
Questions about network adequacy have been raised about the in-state, Medicaid-enrolled facilities in Virginia. Every year our CPMT reviews approximately seven requests for out of state programs, primarily due to youth not being accepted at appropriate in-state facilities. Although attempts have been made in the past to obtain Medicaid for these facilities, Fairfax was rarely successful. Contracts staff would routinely encourage providers to apply and met with barriers from DMAS.

Currently, once staff have determined that no in-state Medicaid enrolled program will accept the youth, the case manager requests a child-specific contract through the CSA Management Team and then the CPMT. No additional efforts are made to obtain Medicaid funding. This approach has saved staff from a time-consuming, frustrating and fruitless attempts at "single case agreements" but has the unfortunate impact of relieving Magellan and DMAS of their responsibility to Medicaid recipient members and costing more locally.

The present effort is intended to result in procedures for staff to follow to engage Magellan earlier in the search for facilities, document that in-network providers have been exhausted and apply for single case agreements when appropriate. CPMT members can assist by advocating for responsiveness from Magellan and DMAS as well as ensuring that their own agency staff time is spent effectively and efficiently. CSA Management Team members support this effort and would like to ensure that placements are not delayed and that staff are fully supported by leadership to remove barriers at the state level if encountered.

Participants: Daryl Washington; Michael Becketts; Lesley Abashian; Jessica Jackson; Kamonya Omatete; Barbara Martinez; Janet Bessmer; Sarah Young

Goals of Workgroup: Increase Medicaid funding for out of state placements by developing local procedures to apply for single case agreements when necessary for child specific placements in non-Medicaid RTCs/PRTFs

Proposed Schedule and Timeframe:
1st meeting to approve charter, organize efforts Dec 4, 2020
2nd meeting for progress review and recommendations
3rd meeting only if necessary
CSA MT presentation
CPMT presentation

ATTACHMENT: None

STAFF:
Lesley Abashian, City of Fairfax, CPMT
Janet Bessmer, CSA Manager