

**Fairfax-Falls Church Children's Services Act  
 Agreement To Purchase Services  
 Reporting Requirements**

Contract Service	Reporting Frequency Requirement	Required Data Elements/Information	Time frame for submission of Report	Where Submitted
<b>Private Education (Addendum A)</b>	Syllabus	For each course offered	no later than September 1 annually	FCPS-FFCSP
	Monthly Attendance	Student name, dates of attendance, dates of absences, attempts to ensure attendance when intervention needed,	Within five (5) days after the end of each calendar month	LEA (FCPS Multi-Agency Services, FFCPS)
	Quarterly Educational Progress	Draft IEP, Grades, progress towards goals		LEA (FCPS Multi-Agency Services, FFCPS)
	Serious Incident Reports--Student involved	Student Name, date, time and details of incident	Verbal within 24 Hours of Incident	LEA (FCPS Multi-Agency Services, FFCPS)
		Full investigation and follow up	written within 72 hours of incident	Utilization Review Manger

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<b>Residential Treatment (Addendum B)</b>	Initial Assessment	<b>The initial assessment shall include the following:</b> 1) Current or Preliminary DSM diagnoses for youth 2) Youth strengths and needs 3) Youth functioning in major life domains (e.g., school, home, community, legal) 4) Current and historical family structure and functioning - strengths and needs 5) Other current treatment/services including medication management 6) Summary of service and treatment history 7) Behaviors to be addressed - focus of intervention	Within thirty (30) days of service initiation.	Case Manager
	Service/Treatment Plan	<b>The service/treatment plan shall include the following:</b> 1) Short and long term goals that are youth, family and behavior-specific with measurable objectives and performance timeframes 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers 3) Estimated # of contact hours and frequency of contacts per week 4) Discharge plan/transition 5) Plan signed by provider, Buyer's case manager, youth, youth's family member	Within thirty (30) days of services being initiated	Case Manager
	Monthly Progress Reports	<b>The monthly report submitted on the Provider's letterhead shall include the following:</b> 1) Provider's legal name, email, and phone number 2) Identifying client information to include name of youth and birthdate 3) Progress on goals; Progress towards discharge 4) Progress in family therapy; frequency type; type of visits, contacts, and off-site passes 5) Significant incidents affecting the youth (in accordance with section 23 of the APOS) 6) Change in therapist, medication and/or agencies/service involvement with youth 7) Current functioning in major life domains (e.g., school, home, community, legal) 8) Date of reporting period 9) DSM Diagnoses and medications	Within ten (10) business days of the end of the month	Case Manager
	Discharge Summary Reports	<b>The discharge/termination report shall include the following:</b> 1) Provider's legal name, email, and phone number 2) Summary of progress on goals 3) DSM diagnoses and medications at time of discharge 4) Description of functioning in major life domains at end of service (e.g., school, home, community, legal) 5) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.	within ten (10) business days after the discharge/transition/end of service	
	Serious Incident Reports--Student involved	Student Name, date, time and details of incident	Verbal within 24 Hours of Incident	Lead Case Manager & Guardian
		Full investigation and follow up	written within 72 hours of incident	Utilization Review Manger

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<b>Community Based Services (Addendum C)</b>	Initial Assessment	<b>The initial assessment shall include the following information:</b> 1) Current or Preliminary DSM diagnoses for youth 2) Youth strengths and needs 3) Youth functioning in major life domains (e.g., school, home, community, legal) 4) Current family structure and functioning - strengths and needs 5) Other current treatment/ services including medication management 6) Summary of service and treatment history 7) Behaviors to be addressed - focus of intervention	within thirty (30) days of service initiation	Case Manager
	Individualized Family Service Plan (IFSP)	<b>The service/treatment plan shall include the following components:</b> 1) Short and long term goals that are youth, family and behavior specific with measurable objectives and performance timeframes 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers 3) Estimated # of contact hours and frequency of contacts per week 4) Discharge plan/transition 5) Plan signed by provider, Buyer's CM, youth, youth's family member	within 30 days of services being initiated.	Case Manager
	Monthly Progress Reports	<b>The monthly report submitted shall include the following:</b> 1) Provider's legal name, email, and phone number 2) Home-based worker's legal name, credentials, email and phone number 3) Identifying client information to include name of youth and family 4) Progress on goals 5) Progress towards transition go less restrictive and natural supports 6) Significant incidents affecting the youth 7) Change in providers/agencies/services 8) Change in medication 9) Current functioning in major life domains (e.g., school, home, community, legal) 10) Dates of service 11) Duration/times of service 12) Location of service 13) Individuals present for service 14) Itemize administrative/indirect vs. direct service hours 15) Hours of service remaining on current authorization 16) Description of interventions used by the home-based counselor in addressing the identified needs? 17) Description of collaborative efforts in working with previous, current, and planned aftercare providers	By the 15th calendar day of the month after the month services were delivered	Case Manager Electronic submission via a secure email transmission is strongly encouraged.
	Discharge/transition Report	<b>The discharge/termination report shall include the following:</b> 1) Provider's legal name, email, and phone number 2) Home-based worker's legal name, email and phone number 3) Summary of progress on goals 4) DSM diagnoses and medications at time of discharge 5) Description of functioning in major life domains at end of service (e.g., school, home, community, legal) 6) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth and family's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.	within ten (10) business days after the discharge/transition/end of service	case manager
	Serious Incident Reports--Student involved	Client Name, date, time and details of incident  Full investigation and follow up	Verbal within 24 Hours of Incident  written within 72 hours of incident	case manager  Utilization Review Manger

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<b>Treatment Foster Care Services (Addendum D)</b>	Treatment/ Service Plan (IFSP)	<p><b>The service/treatment plan shall include the following:</b></p> <ol style="list-style-type: none"> <li>1) Level of service and appropriate description of services the youth is receiving. When the plan is updated, it will include the current service level, the most recent prior service levels received and the time periods for which the youth received those levels of service.</li> <li>2) Short and long term goals that are youth, family and behavior specific with measurable objectives and performance timeframes</li> <li>3) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers</li> <li>4) Independent transition living plan or 90-day transition living plan, unless there is a separate plan for independent living</li> <li>5) Discharge plan/transition plan</li> <li>6) Plan signed by provider, CPMT CM, youth, youth's family member</li> </ol> <p><b>The service/treatment plan shall focus on continuity of services and permanency planning to achieve the following placement outcome goals developed by the State Executive Council for the Comprehensive Services Act:</b></p> <ol style="list-style-type: none"> <li>1) Youth demonstrates improved functioning per CANS. The Buyer agrees to aggregate and analyze data. This data will be available to the Provider yearly if requested.</li> <li>2) Youth is successfully discharged from treatment foster care in accordance with the youth's permanency plan. The Buyer agrees to aggregate and analyze data. This data will be available to the Provider yearly if requested.</li> <li>3) Youth realizes stability in placement (stability will be measured according to the number of homes/families with whom youth resides). The Provider agrees to submit aggregate data for all youth served by the Provider.</li> </ol>	within 30 days of services being initiated.	Case Manager
	Quarterly Progress Reports	<p><b>The quarterly report shall include the following components:</b></p> <ol style="list-style-type: none"> <li>1) Provider's legal name, email, and phone number</li> <li>2) Identifying client information to include name of youth and family</li> <li>3) Level(s) of service provided to the youth and the time frame(s) for which those services were provided during the youth's placement. This level should align with the levels of service delineated on the accompanying rate sheets.</li> <li>4) Progress on goals; Progress towards discharge/transition</li> <li>5) Significant incidents affecting the youth</li> <li>6) Change in therapist, medication and/or agencies/service involvement with youth</li> <li>7) Current functioning in major life domains (e.g., school, home, community, legal)</li> <li>8) frequency of biological family visits, when applicable;</li> <li>9) Independent transition living plan updates, unless there is a report for independent living</li> <li>10) Any other requirements that may be requested by the case manager and are in accordance with the State licensing and/or Virginia Medicaid TFC requirements.</li> </ol> <p><b>The quarterly reports must be signed by the Provider's case manager.</b></p>	Within ten (10) business days following the Quarterly Progress Review Meeting	<b>Case Manager and CSA Program Office, 12011 Government Center Pkwy, 5th floor Fairfax, VA 22038-3406.</b>
	Discharge/transition Report	<p>The discharge/termination report shall include the following components:</p> <ol style="list-style-type: none"> <li>1) Provider's legal name, email, and phone number</li> <li>2) Summary of progress on goals</li> <li>3) DSM diagnoses and medications at time of discharge</li> <li>4) Description of functioning in major life domains at end of service (e.g., school, home, community, legal)</li> </ol>	within ten (10) business days after the discharge/transition/end of service	case manager
	Serious Incident Reports--Student involved	Client Name, date, time and details of incident	Verbal within 24 Hours of Incident	case manager
	Full investigation and follow up	written within 72 hours of incident	Utilization Review Manger	

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<b>Outpatient Therapy (Addendum E)</b>	Initial Service/Treatment Plan	1) Short and long term goals that are youth, family and behavior specific 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers 3) Estimated # of contact hours and frequency of contacts per week 4) Goal of intervention and criteria for successful termination 5) Plan signed by provider, Buyer's CM, youth, youth's family member	Within 10 business days of the fourth(4th) session of services once initiated	Case Manager
	Quarterly Progress Reports	1) Provider's legal name, email, and phone number 2) Clinician's legal name, email and phone number (if different from the biller) 3) Identifying client information to include name of youth and family 4) Progress on goals; Progress towards discharge/transition 5) Significant incidents affecting the youth 6) Change in therapist, medication and/or agencies/service involvement with youth 7) Current functioning in major life domains (e.g., school, home, community, legal) 8) Dates of Service 9) Duration/times of service 10) Location of service 11) Individuals present for service 12) Hours of service remaining on current authorization	Within ten (10) business days after the end of the third month services were delivered	Case Manager
	Termination Reports	1) Provider's legal name, email, and phone number 2) Clinician's legal name, email and phone number (if different from the biller) 3) Summary of progress on goals 4) DSM diagnoses and medications at time of discharge 5) Description of functioning in major life domains at end of service (e.g., school, home, community, legal) 6) Provide information about the clinical needs of the youth 7) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.	Within ten (10) business days after the end of service	Case Manager
	Evaluation Reports	Diagnosis, history, presenting situation, recommendations.	Within 14 days of administering all assessments/evaluations.	Case Manager
	Progress Reports	1) Statement of goals and objectives and progress made towards these goals during the quarter. 2) Summary of the child's social, emotional, and physical development; and any changes that might reflect outcomes of the treatment intervention. 3) Review of the treatment goals and objectives, with revision of goals as needed. 4) Reports of significant incidents, both positive and negative. 5) Estimate of length of service and preliminary discharge plans, with clear indication of follow-up and continuing care needs. 6) Medications prescribed (if any)	As requested and 14 days prior to court hears and other case reviews, including FAPT.	Case Manager

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<b><i>Evidence Based Treatments (Addendum F)</i></b>	Initial Assessment	1) Name, credentials, and contact information of the assessor 2) Current or Preliminary DSM diagnoses for youth 3) Youth strengths and needs 4) Youth functioning in major life domains (e.g., school, home, community, legal) 5) Current family structure and functioning - strengths and needs 6) Other current treatment/ services including medication management 7) Summary of service and treatment history 8) Case conceptualization summary 9) Behaviors to be addressed - focus of intervention	The Provider will complete and submit a written initial assessment within thirty (30) days of initiation of clinical services.	Case Manager
	Service/Treatment Plan	1) Short- and long-term goals that are youth, family, and behavior specific with measurable objectives and performance timeframes 2) Crisis Safety Plan to include provisions during the workday as well as after hours and emergency telephone contact numbers. The child and family team shall review/revise crisis plans as applicable and document if it was only reviewed and not revised following a serious incident 3) Plan to transition youth to less restrictive and natural supports 4) Plan signed by provider, youth, and youth's family member	Within thirty (30) days of services being initiated.	Case Manager
	Monthly Progress Reporting	1) Provider's legal name, email, and phone number 2) Clinician's legal name, credentials, email, and phone number 3) Identifying client information to include name of youth and family 4) Progress on goals 5) Progress towards transition to less restrictive and natural supports 6) Significant incidents affecting the youth 7) Change in providers/agencies/services 8) Change in medication and/or diagnoses 9) Current functioning in major life domains (e.g., school, home, community, legal) 10) Dates of service 11) Duration/times of service 12) Location of service 13) Individuals present for service 14) Itemized administrative/indirect vs. direct service hours 15) Hours of service remaining on current authorization 16) Description of interventions used by the clinician in addressing the identified needs 17) Description of collaborative efforts in working with previous, current, and planned aftercare providers.	By the 15th day of the month after the end of the month services were delivered.	Case Manager.
	Discharge/Transition Reporting	1) Provider's legal name, email, and phone number 2) Clinician's legal name, email, and phone number 3) Summary of progress towards goals, including successes, challenges, and any anticipated continued needs 4) DSM diagnoses and medications at time of discharge 5) Description of functioning in major life domains at end of service (e.g., school, home, community, legal) 6) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth and family's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports, and other resources as well as referencing appointments with after-care providers. 7) Provide information about the clinical needs of the youth and family.	Within 15 business days of termination of services.	Case Manager.

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<b>Intensive Care Coordination</b>	Initial Stabilization Plan	<ol style="list-style-type: none"> <li>Includes information gathered from youth/family/agency representatives about immediate safety issues, current crises, or crises they anticipate happening in the near future. May include crises stemming from a lack of basic needs (e.g., food and shelter).</li> <li>Includes action steps needed to address immediate concerns listed in Step 1. Roles and responsibilities and tasks to be completed should be clearly identified.</li> <li>Plan should be updated as needed.</li> </ol>	Within 14 Days of case assignment	Case Manager, Family, and other team members. Electronic submission via a secure email transmission is strongly encouraged.
	Strengths, Needs and Cultural Discovery Document	<ol style="list-style-type: none"> <li>Working with the youth and family, facilitator develops a document that shares the family story in their own words.</li> <li>Identifies the youth and family needs across life domains, including strengths that directly relate do the need areas. Also included is the important cultural information related to the need area (the youth and family values and beliefs about the need area). The completed document will guide the work of the team and the Individualized Care Plan (Plan of Care). - life domains can include: Residence, Family, Social, Behavioral and Emotional, Educational/Vocational, Safety, Legal, Health and Spiritual.</li> <li>Clearly identifies the people who can support each need area.</li> </ol>	Within 30 - 45 days from case assignment and before first Youth and Family Team Meeting	Case Manager, Family, and other team members.
	Individualized Care Plan (Plan of Care)	<p>The Individualized Care Plan/Plan of Care includes:</p> <ol style="list-style-type: none"> <li>Names and roles of team members, along with identified strengths of each team member. Inventory of strengths for the team are updated at least quarterly.</li> <li>Needs statements for the youth and family that refer to the underlying reasons why problematic situations or behaviors are occurring.</li> <li>Strategies to address needs that are clearly linked to the identified strengths of youth, family and team, as appropriate. The strategies in the plans of care are clearly individualized and can be logically expected to meet the youth's and family's needs.</li> <li>A balance between informal (natural and community) and formal strategies, services, and supports.</li> <li>Evidence that the team reviews the status of task completion and/or strategy implementation at every meeting.</li> <li>Evidence that progress toward meeting the youth's and family's needs is explicitly monitored at every meeting.</li> <li>Intended outcomes that are specific and measurable using objective and verifiable measures, not just general or subjective feedback.</li> </ol>	Within 45 days of initiation of ICC	Case Manager, Family, and other team members.
	Crisis Prevention Plan	<p>The Crisis Prevention Plan should include:</p> <ol style="list-style-type: none"> <li>Information that details the events that happen right before and what happened earlier that lead to a crisis behavior, including setting events and triggers.</li> <li>Details the behavior that occurs during the crisis.</li> <li>Details what happens right after the behavior and the responses to those behaviors.</li> <li>Includes information on what can be done to prevent the crisis.</li> <li>Includes information on strategies to de-escalate a crisis.</li> <li>Includes information on what will be done in response to the crisis, in the event it cannot be prevented or de-escalated.</li> </ol>	Shall be developed in Planning Phase but no later than 90 days from case assignment. Updated as needed throughout the involvement in ICC.	Case Manager, Family, and other team members.
	Budget Tracking Information	Budget tracking information will include the services put into place for the youth and family, expected expenses, invoices paid, and remaining balance.	By the 15th day of the month after the end of the month services were delivered.	Case Manager

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	Quarterly Data Report	Quarterly data report will include: 1. Total referrals received 2. Referral source 3. Placement at referral and discharge 4. Staffing statistics - to include number of care coordinators, staffing vacancies, census numbers and planned discharges 5. Number of children/youth discharged with fewer than 90 days of ICC and summary of reasons for early discharge 6. Number of children/youth served 6a. Total 6b. By gender 6c. By age range 6d. By race/ethnicity	On the 1st business day of each month.	CSA Contact as stipulated in APOS

**Reports are required by the Agreement to Purchase Services between the CPMT and the Provider. If you are not receiving Reports, as the Buyer/Case Manager, you must contact the provider directly and inquire about the status and request immediate submission.**

**If you continue to not received reports, Contact the DPMM Contracts Analyst for CSA for the service type:**

Day Schools and Specialized Services	<a href="mailto:Barbara.Martinez@fairfaxcounty.gov">Barbara.Martinez@fairfaxcounty.gov</a>	703-324-8484
Group Homes, RTC, Residential School, & Outpatient Therapy	<a href="mailto:Karin.Vetura@fairfaxcounty.gov">Karin.Vetura@fairfaxcounty.gov</a>	703-324-7835
Home-Based Services and TFC	<a href="mailto:Ame.Vyas@fairfaxcounty.gov">Ame.Vyas@fairfaxcounty.gov</a>	703-324-7853