

Memo to the CPMT  
May 31, 2019

**CONTRACT ITEM C- 1 New Providers Recommended for Award of Agreements to Purchase Services**

ISSUE: CPMT approval of providers for open Agreements to Purchase Services with providers new to the Fairfax-Falls Church System of Care and Children’s Services Act Program.

RECOMMENDATION: The CSA Management recommends the CPMT approve of this qualified provider for open Agreements to Purchase Services beginning July 1, 2019:

<b>Provider Name &amp; Location</b>	<b>Type of service</b>	<b>Type of Licenses</b>	<b>VA Medicaid Provider</b>
HopSkipDrive	Transportation	Commonwealth of Virginia Department of Motor Vehicle, Transportation Network Company	No

BACKGROUND:

Per Local CSA Policy, an open application period was held from February 1, 2019 through March 31, 2019 to all interested providers of services for eligible youth and families served by the Fairfax-Falls Church CPMT. Applicants were reviewed by the CSA MT per the following policy:

Before entering into any agreements with a service provider, the CPMT has tasked the CSA Management Team with screening potential providers and approving appropriate providers for the necessary services. New providers, or new services with existing providers, will be considered during a bi-annual “Open Application Period.”

Potential New Providers Applications are evaluated during a three-month period each calendar year. During this “Open Application Period,” potential providers may submit the Fairfax-Falls Church CSA System of Care Network Application to the CSA Contracts Team with all of the required supporting documentation. Once all required documentation is received, the CSA Contract Analyst for the service category will review the application, documentation, contact reference and engage staff from the CSA Work Group or Single Agency Liaison for presentation of the application.

During the two-month application period, potential providers are contacted if additional documentation is needed.

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If the provider meets the minimum requirements for the service category, the applications are presented to the CSA Management Team for review and recommendation to the CPMT. Once approved by the CSA Management Team, the applications are presented to the CPMT for approval as an In-Network Provider.

Minimum Standards for Tier I System of Care Network Provider enrollment:

- Located in the State of Virginia
- Enrolled with the Department of Medical Assistance Services (DMAS) as a Medicaid Provider\*\*
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services by the State of Virginia.
- Accept the SOC Practice Standards.
- Ability to provide services and treatment modalities asserted by the SOC Evidence Based Practice Work Group to be accepted by the SOC and ability to provide verification of certification in requested treatment modalities.

## **HopSkipDrive**

HopSkipDrive is a provider of safe, flexible door-to-door transportation services of vulnerable populations which include foster, homeless, court involved and SPED students. HopSkipDrive's approach, product, and technology provides the high-quality service that meets the needs of county agencies, school districts, non-profits and parents.

Since their inception, they have transported children to more than 2,700 schools, districts and youth organizations, and have directly partnered with more than 3000 schools, districts and youth organizations. They've expanded their support of foster youth, McKinney-Vento and Special Education students throughout California and Colorado. With plans to expand to Washington, Texas, and Arizona.

In Fairfax County they plan to provide the follow transportation solutions:

- Provide daily, weekly, and monthly drop off and pick up services to students, ensuring that vehicles are available for daily attendance at appropriate destinations all year round.
- Provide all management, personnel, operations and reporting required of the contracted services
- Provide all dispatch and ride management services through their app, website and customer support operations.
- The transportation system includes some emergency demand response, individual rides created as needed, pre-scheduled rides, and pooled rides
- Ensure that all CareDrivers are duly licensed and qualified to operate all equipment.

As the first rideshare ever designed specifically for kids, they have given hundreds of thousands of rides and know all the highest levels of protocols and safety procedures to keep children safe, while providing the highest levels of assistance.

The HopSkipDrive technology enables organizations to schedule transportation solutions for youth ages 6-18+, with ease via an app or online. Rides are conducted by caredrivers who have at minimum 5 years of caregiving experience and whom have passed rigorous screening (fingerprinting, background, DMV checks) in fully insured inspected vehicles.

They were founded by three parents who understood that traditional transportation lacked many things, including strict safety standards and quality of service that met the needs of busy parents and the shifting schedules and routes of kids. Their mission is to remove mobility as a barrier to opportunity for youth.

They have accumulated an unmatched depth of transportation experience in their field in a very short time. They have 45 employees and more than 2,000 CareDrivers who are independent contractors, and they are proud that the CareDriver turnover rate is lower than the industry standard.

#### Customer Experience & Account Management

HopSkipDrive is proud of its commitment to delivering a premium level of customer experience to its school partners. They have both a Director of Account Management and Account Coordinator who are dedicated to ensuring that Fairfax Children & Family Services and its students receive the attentive support they need to deliver an excellent transportation experience. The live operations team maintains continuous contact with each vehicle while tracking the rides in real time and will notify the district of any incident that should occur.

Through their app, they provide a photo and contact information of the CareDriver for added information and security. In addition, they provide a biography, the CareDriver's license plate number, and a photo of the CareDriver's vehicle. Their app-based directional model and internal procedure provide highly efficient, point-to-point directions for each CareDriver. Their operations team monitors every ride closely from headquarters. Fairfax public child serving department and public-school employees and Caregivers can also track rides from the app.

HopSkipDrive maintains staffing levels to ensure effective project management, supervision route coordination, reporting and work schedules. Their coordination team, includes senior implementation coordinators and ride coordination team members.

HopSkipDrive maintains a robust reporting system directed by their Business Intelligence team and can provide reports related to dates of service, mileage per route, pricing by route, pricing by individual, trips by individual, and more. They maintain records securely and electronically.

Due to their specialized technology and robust tracking, they ensure accurate, detailed, and

timely reporting. they can customize reports that Fairfax Children & Family Service's needs. For example, they can provide information to help you analyze placement information that helps track educational outcomes, such as reduced absenteeism, increased school engagement, and which populations are being most served.

The desired outcome for adding another transportation provider to the system of care is to decrease local costs and better access IV-E funding for eligible youth and families while access safe, secure and trauma informed services.

STAFF:

Barbara Martinez

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## CONTRACT ITEM C-2 Contract Changes for FY2020

ISSUE: Current CSA Provider contract periods end on June 30, 2021, impacting all Group Home, Home-Based, Private Day School, Residential Treatment and Treatment Foster Care Services. All contracts have one (1) three-year renewal options remaining that can be executed for July 1, 2021.

Through the review of Serious Incident Reports by the CSA Management Team and clarification of expectations of services with providers and case managers, contract language changes have been proposed.

### RECOMMENDATIONS:

The CSA Management Team recommends approval of the proposed language changes effective July 1, 2019. Most of the changes involve the expectations regarding Community Based Services and the modifications are to Addendum C. The recommended changes are:

- In the APOS:
  - change the timeframe for completion of criminal background checks per the Families First Prevention Services Act (Public Law 115-123 ), federal legislation and its impact on the Commonwealth.
  - Change all references to the Department of Administration of Human Services to the Department of Procurement and Material Management and all corresponding addresses as appropriate.
- Addendum C, Home-Based Services:
  - Change the name from “Home-Based Services” to “Community Based Services” to better reflect the continuum of services under the Addendum.
  - Change the report submission deadline from the 10<sup>th</sup> business day of the month following the month services were provided to the 1<sup>st</sup> day of the month following the month services were provided.
  - Modify the service definition for Respite services to provide more detail and clearer expectations.

Attachment

STAFF:  
Barbara Martinez

FAIRFAX-FALLS CHURCH COMMUNITY POLICY AND MANAGEMENT TEAM  
12011 GOVERNMENT CENTER PARKWAY, SUITE 500 FAIRFAX,  
VA 22035

CSA PROVIDER INFORMATION  
FY2020

**PROVIDER:**

Corporate (Legal) Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**Profit Status:** (circle one) For profit

Non-profit

Gov't

Faith-based

CEO: \_\_\_\_\_

CEO E-Mail: \_\_\_\_\_

Contract Contact: \_\_\_\_\_

Contract E-mail: \_\_\_\_\_

Contract Phone: \_\_\_\_\_

Contract Fax: \_\_\_\_\_

Admissions Contact: \_\_\_\_\_

Admissions E-mail: \_\_\_\_\_

Admissions Phone: \_\_\_\_\_

Admissions Fax: \_\_\_\_\_

Payment Contact: \_\_\_\_\_

Payment E-mail: \_\_\_\_\_

Payment Phone: \_\_\_\_\_

Payment Fax: \_\_\_\_\_

**PROVIDER SERVICES UNDER PURCHASE AGREEMENT (check all that apply):**

Group Home

Residential Facility:

Private Day School:

Home-Based Services:

Treatment Foster Care:

Other: \_\_\_\_\_

**PROVIDER SERVICES THAT ARE MEDICAID ELIGIBLE:**

Treatment Foster Care:

Residential Facility:

Home-Based Services:

Other: \_\_\_\_\_

Group Home

Level A

Level B

Level C

## FY 2020 Contract Language Changes

### Section Specific Changes

Contract Section	Prior Language	New Language	Summary
<b>Agreement for the Purchase of Services</b>	<p>15. CRIMINAL BACKGROUND CHECKS: The provider will be in compliance with its state's laws, regulations and licensure requirements relating to conducting criminal checks of its employees and volunteers. Employees and volunteers providing services to or having direct contact with a client placed by Provider must be checked through a child protective service registry in the state the client is placed within thirty (30) days of employment, so long as the aforementioned employee check is not in conflict with the Provider's state's laws. If it is known that the employee or volunteer has moved from another state and has worked with children within one year prior to his or her employment or volunteering, this state must also be checked. If the Provider is notified that any of its employees or volunteers is named in a child protective service registry, then this information will be made available by the Provider to the Buyer with thirty (30) days of receipt of such notice.</p>	<p>15. CRIMINAL BACKGROUND CHECKS: The provider will be in compliance with its state's laws, regulations and licensure requirements relating to conducting criminal checks of its employees and volunteers. Employees and volunteers providing services to or having direct contact with a client placed by Provider must be checked through a child protective service registry in the state the client is placed <del>within thirty (30) days of employment</del> prior to any client contact, so long as the aforementioned employee check is not in conflict with the Provider's state's laws. If it is known that the employee or volunteer has moved from another state and has worked with children within one year prior to his or her employment or volunteering, this state must also be checked. If the Provider is notified that any of its employees or volunteers is named in a child protective service registry, then this information will be made available by the Provider to the Buyer with thirty (30) days of receipt of such notice.</p>	<p>Change is do the Families First Prevention Services Act (<a href="#">Public Law 115-123</a> ), federal legislation and its impact on the Commonwealth.</p>

<p><b>Agreement for the Purchase of Services</b></p>	<p>34. NOTICE: Any notice expressly provided for in this Agreement shall be in writing, shall be given manually, by mail, or by overnight delivery service, and shall be deemed sufficiently given when actually received by the party to be notified. (FAX may be used by the Provider to give notice to the Buyer followed by the mailing of the original to the Buyer). The notice shall be sent to the address set forth below:</p> <p>BUYER: Fairfax-Falls Church CPMT c/o DAHS Contracts &amp; Procurement Management 12011 Government Center Parkway, Suite 738 Fairfax, VA 22035</p>	<p>34. NOTICE: Any notice expressly provided for in this Agreement shall be in writing, shall be given manually, by mail, or by overnight delivery service, and shall be deemed sufficiently given when actually received by the party to be notified. (FAX may be used by the Provider to give notice to the Buyer followed by the mailing of the original to the Buyer). The notice shall be sent to the address set forth below:</p> <p>BUYER: Fairfax-Falls Church CPMT c/o DPMM Grants and Sponsored Programs 12000 Government Center Parkway, Suite 427 Fairfax, VA 22035</p>	<p>DAHS realignment, staff building moves.</p>
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<p><b>Addendum A: Special Education and Related Services</b></p>			<p>No Changes at this time.</p>
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<b>Addendum B: Congregate and Residential Services</b>			No Changes at this time.
<b>Addendum C: Home-Based Services</b>	<b>Addendum C Home-based Services</b>	<b>Addendum C Community-Based Services</b>	Change title to better reflect the array of services.
<b>Addendum C: Home-Based Services</b>	3. MONTHLY PROGRESS REPORTING A. The Provider will complete and submit a monthly report within ten (10) business days after the end of the month services were delivered.	3. MONTHLY PROGRESS REPORTING A. The Provider will complete and submit a monthly report <i>by the 15<sup>th</sup> day of the month</i> after the end of the month services were delivered.	To minimize confusion and provide a set date each month.
<b>Addendum C: Home-Based Services</b>	4. DISCHARGE/TRANSITION REPORTING A. The Provider will complete and submit a discharge/transition report within ten (10) business days after the discharge/transition/end of service.	4. DISCHARGE/TRANSITION REPORTING A. The Provider will complete and submit a discharge/transition report <i>by the 15<sup>th</sup> day of the month</i> after the discharge/transition/end of service.	To minimize confusion and provide a set date each month.
<b>Addendum C: Home-Based Services</b>	<b>Attachment A Home-Based Services</b>	<b>Attachment A Community-Based Services</b>	Change title to better reflect the array of services.

<p><b>Addendum C: Home-Based Services</b></p>	<p><b>9) RESPITE: OCS Standard Service Definition - Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian.</b></p> <p>Respite care means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. Service provides for the supervision and safety of the child/youth recipients <u>in the home</u> in the absence of the parental figures.</p> <ul style="list-style-type: none"> <li>• May be by the hour, by the day and/or overnight; <ul style="list-style-type: none"> <li>• Recipients may be 1 or more children/youth; and require 1 or more professional staff</li> <li>• May be provided for special needs recipients including the need for specialized intervention skills including physical restraints.</li> </ul> </li> </ul> <p>Licensure Requirement: DBHDS Provider of Mental Health Services Supportive In-Home with Respite Track</p> <p>Medicaid Status: Waiver only; CSA-funded for non-waiver eligible youth</p>	<p><b>9) RESPITE: OCS Standard Service Definition - Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian.</b></p> <p><i>Respite care means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, custodian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. Service provides for the supervision and safety of the child/youth recipients in a variety of settings including residential, day support, in-home, or a sponsored home in place of the primary caretakers' supervision.</i></p> <p><i>For children who are not in foster care: in-home and out of home respite services may be approved for up to \$ 5,000 over a period of six months. Out of home respite may not exceed 15 days within the six months and may not exceed 14 consecutive days.</i></p> <ul style="list-style-type: none"> <li>• <b>In Home Respite</b> <p><b>Licensure Requirement:</b> DBHDS Provider of Mental Health Services Supportive In-Home with Respite Track</p> <p><b>Medicaid Status:</b> Waiver only; CSA-funded for non-waiver eligible youth</p> <ul style="list-style-type: none"> <li>○ <i>Services are provided by the hour</i></li> <li>○ <i>Provision of service must include the identified client and may include 1 or more siblings; should a respite occurrence require more than professional staff, the case manager must</i></li> </ul> </li> </ul>	<p>Addition of detailed expectations for both In-Home and Out of Home Respite Services.</p>
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		<p><i>provide written approval in advance of the scheduled occurrence.</i></p> <ul style="list-style-type: none"> <li>○ <i>Services are provided by professional staff, if more than one professional staff is warranted, approval must be provided by the Buyer.</i></li> <li>○ <i>Primary caretaker or their designee must be present at each occurrence of exchange of supervision.</i></li> <li>○ <i>May be provided for special needs recipients including the need for specialized intervention skills.</i></li> <li>○ <i>Occurrences are planned in agreement with the Buyer, the primary caretaker, and the provider in writing to include, not limited to, the time, duration, location, type of activity, any transportation arrangements, and cost. Any expenses incurred for an activity are the responsibility of the primary caretaker.</i></li> <li>○ <i>Provider is required to obtain emergency contact information and necessary medical information.</i></li> </ul> <p><b><i>Out of Home Respite</i></b>  <b><i>License Requirement:</i></b> <i>DBHDS Provider of Out-Home with Respite</i>  <b><i>Medicaid Status:</i></b> <i>Waiver only; CSA-funded for non-waiver eligible youth</i></p> <ul style="list-style-type: none"> <li>○ <i>Services may be by the day and may occur overnight;</i></li> <li>○ <i>May occur in a licensed Treatment Foster Home, or a licensed residential crisis stabilization facility or other licensed respite facility.</i></li> <li>○ <i>Service is for the identified child/youth only.</i></li> <li>○ <i>Primary caretaker or their designee must be present at each occurrence of exchange of</i></li> </ul>	
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## AGREEMENT FOR PURCHASE OF SERVICES

This Agreement is entered into by and between the Fairfax-Falls Church Community Policy and Management Team (CPMT) or the Fairfax County Department of Family Services (DFS), as the case may be, hereinafter referred to as the "Buyer" and the Provider identified above. It is understood that this entire Agreement for Purchase of Services, hereinafter referred to as the "Agreement," contains General Terms and Conditions which are to be adhered to by all parties, as well as Specific Terms and Conditions of the Addendum, if any, applicable to the services to be provided by the Provider, and a Rate Sheet. Where there exists any inconsistency between the General Terms and Conditions of the Agreement and the terms of the Addendum, if any, the provisions of the Addendum will control.

Whereas the Buyer is responsible for providing services purchased hereunder pursuant to Title 2.25200 - 2.2-5214 of the Code of Virginia; (<https://law.lis.virginia.gov/vacode/title2.2/chapter52/>)

Whereas the Provider has established itself as a qualified provider of the services purchased hereunder and meets all applicable State and federal standards relative to those services:

NOW THEREFORE, the parties hereto do mutually agree as follows:

1. **ADHERENCE TO LAW:** This Contract is subject to the provisions of the Code of Federal Regulations, the amendments thereto, and relevant state and local laws, ordinances, regulations and pertinent health and behavioral health accreditation agencies/organizations. The Buyer may modify this Contract to comply with any requirements mandated by federal, state or local law by giving written notice of said modification to the Provider.
2. **CHOICE OF LAW AND FORUM.** This Contract shall be governed in all respects, whether as to validity, construction, capacity, performance, or otherwise, by the laws of the Commonwealth of Virginia and any action, administrative or judicial, brought to enforce any provision of this Contract shall be brought only in the Circuit Court of Fairfax County.
3. **SPECIFIC INTERPRETATIONS:**
  - A. *Waiver.* The failure of the Buyer to enforce at any time any of the provisions of this Contract, or to exercise any option which is herein provided, or to require at any time any performance by the Provider of any of the provisions hereof, shall in no way affect the validity of this Contract or any part thereof, or the right of the Buyer to thereafter enforce each and every provision.
  - B. *Remedies Cumulative.* All remedies afforded in this Contract shall be construed as cumulative, that is in addition to every other remedy provided herein or by law.
  - C. *Severability.* If any part, term, or provision of this Contract is held by a court of competent jurisdiction to be in conflict with any state or federal law, the validity of the remaining portions or provisions shall be construed and enforced as if this Contract did not contain the particular part, term or provision held to be invalid.

- D. *Captions.* This Contract includes the captions, headings and titles appearing herein for convenience only, and such captions, headings and titles shall not affect the construal, interpretation or meaning of this Contract.
- E. *Contract Construal.* Neither the form of this Contract, nor any language herein, shall be interpreted or construed in favor of or against either party hereto as the sole drafter thereof.

4. OTHER AGREEMENTS:

- A. Any documents expressly referred to in this Agreement but not attached hereto, including among others, the Individual Family Service Plan (IFSP) and the Individualized Education Program (IEP), are incorporated by reference as part of this Agreement.
- B. The Buyer's case managers are not authorized to sign agreements provided by the Provider. The Provider will not request the Buyer's case managers sign any documents or placement agreements that could be construed as a contract. *\*The Department of Family Services Foster Care and Adoption Case Managers are authorized to sign placement agreements with Treatment Foster Care child placing agencies as they are the legal guardian of the child/youth.*
- C. In the event any provision of the Agreement for Purchase of Services is inconsistent with the placement agreement of the Provider the provisions of the Agreement for Purchase of Services will prevail.

5. ACCEPTANCE OF HEALTHY MINDS FAIRFAX SYSTEM OF CARE PRACTICE

STANDARDS: Practice standards are guidelines used to determine what a human services professional involved with a youth with serious behavioral or emotional issues should or should not do. Standards may be defined as a benchmark of achievement which is based on a desired level of excellence. They are based on our values and principles, and articulate our common agreement on how youth and families should be served. The Standards were developed by an inter-agency team of practitioners who work with youth and families with behavioral and/or emotional issues or development disabilities with a significant behavioral component. The Standards are consistent with the philosophy and practices of family partnership meetings and intensive care coordination.

- A. ***Participation in Service Planning:*** Our system supports families to fulfill their primary responsibility for the safety, the physical and emotional health, the financial and educational well-being of their children. Voices of youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.
- B. ***Service Integration and Care Coordination:*** Our system embraces the concepts of shared resources, decision making and responsibility for outcomes. All stakeholders work collaboratively with each other and the family to gain maximum benefits from available resources. Youth with emotional, intellectual or behavioral challenges receive integrated services and care coordination in a seamless manner.

1. Team-based planning processes encompass a variety of structures and models. A group of people, chosen by the family and connected to them through natural, community, and formal support relationships work together to develop and implement the family's plan; address unmet needs; and work toward the family's vision. Best practice models for team-based planning include family team meetings, wraparound teams and family group conferencing.
  2. Care Coordination is a process-oriented activity that ensures ongoing communication and collaboration with youth and families with multiple needs. The activity can include: facilitating communication between the family, natural supports, community resources, and involved child-serving providers and agencies; organizing, facilitating and participating in team meetings at which strengths and needs are identified and safety planning occurs. The activity provides for continuity of care by creating linkages to and managing transitions between levels of care and transitions for older youth to the adult service system.
- C. ***Equitable Access & Cultural Competency:*** County, community and private agencies embrace, value and celebrate the diverse cultures of their children, youth and families and will work to eliminate disparities in outcomes. Families receive culturally and linguistically responsive services.
  - D. ***Accountability:*** We are accountable at the individual youth and family, system, and community levels for desired outcomes, safety and cost effectiveness.
  - E. The CPMT has adopted the Columbia-Suicide Severity Rating Scale as a system-wide evidence-based tool for the identification of suicide risk. Case managers, home-based providers and care coordinators that are working with youth with intensive needs. Staff who work with CSA funded youth are strongly encouraged to complete the C-SSRS training available online at <http://cssrs.columbia.edu/training/training-options/>. The live webinars, pre-recorded sessions and video tutorials are made available free of charge by the Columbia Lighthouse Project. All providers are urged to incorporate this rating scale into their practice models and access the on-line training.
6. **QUALITY OF CARE:**
- A. The Provider shall permit representatives authorized by the Buyer to conduct program, facility, and fiscal reviews/visits in order to assess service quality. Such reviews/visits may include, but are not limited to, site visits, classroom monitoring, meetings with the child(ren) & youth provided for under this Agreement, review and copying any and all records maintained on children covered by this Agreement, review of individual service plans, review of service policy and procedural issuances, review of staffing ratios and job descriptions and meetings with any staff directly or indirectly involved in the provision of services. Such reviews may occur as often as deemed necessary by the Buyer and may be with or without prior notification. The above-mentioned fiscal reviews are limited to the invoices associated with specific Fairfax CPMT placed children.
  - B. The Provider will ensure that the treatment/service plan is developed in conjunction with the Buyer, is consistent with, and can be expected to meet, the goals recorded in the IFSP, IEP and supporting documents. The Provider will assure that the treatment services delivered are consistent with the treatment/service plan for the child/youth and family. The provider will ensure that treatment/service plans (IFSP) for Virginia children are

driven by and regularly reassessed based on the functional assessments in the state mandatory uniform assessment, the Child and Adolescent Needs and Strengths (CANS) instrument. The Provider will ensure that the youth and the family are progressing toward the goals in the treatment/service plan and/or IEP and will notify the Buyer's case manager if progress is not being made. The Buyer will review the procedures related to emergencies, client satisfaction and service delivery to assure implementation of all aspects of the treatment/service plan and/or IEP. The Buyer will share formal assessment of outcomes with the Provider and client perceptions of satisfaction and outcomes.

- C. In the event the Provider believes it is in the best interest of the child to relocate the daily living residence of the child, the Provider shall discuss with the Buyer's case manager the proposed relocation, the circumstances surrounding the proposed relocation, and the impact the move shall have on the child a minimum of 5 business days prior to any move being made, unless an emergency regarding child safety and well-being cause an emergency move. If the Buyer disagrees that it is in the best interest of the child, or is not in accordance with the child's IFSP, the Buyer may make alternative placement plans for the child.
- D. If the Provider is unable to discuss the relocation with the Buyer's case manager prior to its occurrence, the Provider shall notify the Buyer's case manager within twenty-four (24) hours of the move or by the next business day. The Buyer may make alternative placement plans for the child if the relocation is not in the best interest of the child or is not in accordance with the child's IFSP.
- E. Discharge planning will begin at intake and be consistent with IFSP and other supporting documents. Discharge plans will include time expected time period, goals and steps to reaching.

7. PERFORMANCE MEASURES AND OUTCOMES REPORTING:

The Provider will submit any annual or periodic reports that include performance measures and/or outcomes data that is disseminated to the public, purchasers of provider services, stockholders and/or donors, and/or as required by local, state or federal reporting, to the CSA Contracts Manager at 12011 Government Center Parkway, Suite 738, Fairfax, VA 22035, by August 15 of the subsequent fiscal year.

8. REPORTING: All individual purchases of services require case specific reports be submitted to the Buyer by the 10th business day of the month following the period being reported, per the specific service Addendum to this APOS. This assures CSA Service Authorizations reviews are completed timely in order to continue funding.

A. TREATMENT PLAN/SERVICE PLAN/EDUCATIONAL PLAN

The Provider shall submit to the Buyer's case manager a proposed written IEP and/or treatment plan, as the case may be, within thirty (30) calendar days of the initiation of services to the child/youth. The IEP/treatment plan shall include at least the following information: type(s) and number(s) of disabilities, and/or mental health and intellectual disability diagnoses, and/or delinquent behaviors which the purchased services are intended to address, prognosis, short and long term goals, expected outcomes, and performance timeframes mutually agreed to between the Buyer and Provider when the services are purchased. All treatment plans shall include at least the following information: short and

long term goals with action steps, anticipated time of discharge and transition plan, and medications administered (if any).

B. REPORTS

- 1) All reports (progress, monthly, quarterly, and termination) shall be submitted to the Buyer's case manager within 10 business days of the end of the month, quarter, or discharge, as applicable.
- 2) All reports shall incorporate progress or lack of progress of child toward treatment goals and reasons thereof, medications administered (if any), medication changes, and any significant incidents affecting the child including change of therapist. Educational progress reports should include progress made by the child or lack thereof indicated by the educational goals/objectives.
- 3) Each service type requires specific data elements be included in reports. See each applicable service addenda for specific elements.
- 4) If the Provider fails to provide any written treatment plan, progress report, educational progress report or termination report in a timely manner, the Buyer may withhold payment of the Provider's invoices until such plan or report is received.
- 5) All reports will include progress on independent living goals where applicable.
- 6) For children funded under Virginia Medicaid, a copy of the monthly written report submitted to Medicaid must also be submitted to the buyer's case manager within the timeframes stipulated by Medicaid.
- 7) All IEPs must be submitted on Fairfax County Public Schools (FCPS) or Falls Church City Public Schools (FCCPS) forms which will be made available by the Buyer.

9. SERIOUS INCIDENT REPORTING:

- A. The following procedures shall be adhered to in reporting a serious incident, actual or alleged, which involves youth referred or placed by the Buyer. Serious Incidents include, but are not limited to:
- abuse or neglect
  - criminal behavior
  - death
  - emergency medical treatment
  - facility related issues, such as fires, flood, destruction of property
  - food borne diseases;
  - medication errors resulting in serious injury to a client or medication errors indicating a pattern of behavior (such as regular refusals or adverse reactions)
  - other incidents which jeopardize the health, safety, or wellbeing of the youth physical assault/other serious acts of aggression
  - serious illnesses (such as tuberculosis, meningitis, or other communicable diseases)
  - serious infractions of facility or school rules
  - serious injury (accidental or otherwise)
  - sexual misconduct/assault
  - suicide attempt
  - unexplained absences and or elopement



- B. **Within 24 hours of knowledge of a serious incident, as defined above, the Provider shall report the incident by speaking to or leaving a message for the Buyer's case manager and legal guardian for each youth involved.**
- C. **Within 3 business days of the verbal report of the serious incident, the Provider must submit to the CSA Utilization Manager, via facsimile at (703) 653-1369, or mailed to the CSA Utilization Manager, 12011 Government Center Parkway, Suite 400, Fairfax, VA 22035.** concise account of the incident and include: name of provider and, if applicable, facility name; name of person completing form; date and time of serious incident; date of the report; child/youth's name, age, gender, ethnicity; placing agency name; placing agency case manager's name; where the incident occurred; description of incident (including what happened immediately before, during and after the incident); names of witnesses; action taken in response to incident, including whether physical restraint or seclusion was used; names/agencies notified (family, legal guardian, child protective services, medical facility, police); recommendations for follow-up and/or resolution of incident; signature of person completing report; and facility/provider director's (or designee) signature and date.
- D. Separate reports should be completed and submitted for each child/youth involved and placed by the Buyer. The Provider is responsible for ensuring the confidentiality of the parties involved in the incident.
- E. The following types of **serious incidents which do not directly involve youth placed by the Buyer, but impact the health, safety or wellbeing of youth placed by the Buyer,** should also be reported to the Buyer for all programs, sites, and facilities where the Provider currently has a contract with the Fairfax/Falls Church Community Policy Management Team:
- 1) the death of any student or resident
  - 2) any serious criminal activity in a facility or on the grounds where the Buyer has placed a child
  - 3) sexual assault of any resident
  - 4) any serious contagious illnesses
  - 5) facility related issues, such as fires, flood, destruction of property, or other incidents which jeopardize the health, safety, or wellbeing of the youth
  - 6) ***Suspension of staff due to non-employment related allegations that involve allegations of abuse and neglect of children.***

The report should include: the nature of the incident, date, time, and facility address in accordance with all Federal, State and local laws relating to appropriate standards of conduct by the Provider relating to confidentiality and HIPAA. A verbal report should be made to the CSA Utilization Manager at 703/324-3868 within 72 hours, and a written report that states the nature of the incident must be submitted within 10 business days to: **The CSA Utilization Manager, via facsimile at (703) 653- 1369, or mailed to the CSA Utilization Manager, 12011 Government Center Parkway, Suite 500, Fairfax, VA 22035.**

- F. In the event the Buyer's case manager determines that a serious incident has occurred the Buyer's case manager will notify the Provider of the allegation. The Provider shall within 48 hours of the case manager's notification complete and submit a written report as provided, supra.

10. RECORDS MAINTENANCE:

- A. The Provider and any subcontractor shall maintain an accounting system and supporting records adequate to assure that invoices are in accordance with applicable State and federal requirements. Such supporting records shall reflect all direct and indirect costs of any nature expended in the performance of this Agreement and all income from any source. If required, the Provider shall also collect and maintain fiscal and statistical data on forms designated or approved by the Buyer. The Provider shall maintain such program records as may be required by the Buyer. The Provider covenants to retain all books, records, progress reports, educational records and other documents relative to this Agreement for three (3) years after termination or final payment under this Agreement, except when a longer period of retention is necessary for the purposes of complying with the requirements of an unresolved federal or State audit, State or federal law, or court order. The Buyer, its authorized agents, and/or State and federal auditors shall have full access to and the right to examine any of said materials specific to children served by this Agreement during said period. In the event of a determination that the Provider received funds improperly or did not provide the authorized services or goods for which funds were received, the Provider shall provide the Buyer full restitution of any such funds.
- B. The Buyer, based upon findings, may require that the Provider, within thirty (30) calendar days from the date of the request, submit an independent Certified Public Accountant prepared compilation, review or audit. The requested compilation, review or audit must have been completed within the last two fiscal years.

11. FINANCIAL REVIEWS OF PROVIDERS:

- A. The Buyer reserves the right to review Provider's financial records for the purpose of determining the financial stability of the company in relation to the County's contracted programs, adequacy of internal controls, and propriety of accounting and or budgetary review of contract funds. These reviews may be conducted either remotely or via onsite visits from Fairfax County officials assigned to conduct such reviews.
- B. For purposes of the routinely scheduled reviews, contractors may be required to provide to Fairfax County annually, the following records as applicable:
  - 1) Annual Audited Financial Statements and related footnotes and supplemental schedules, to include your Balance Sheet/Statement of Financial Position, Income Statement/Statement of Activities, and your Statement of Cash Flows,
  - 2) Independent Auditor's Report/Opinion Letter,
  - 3) Independent Auditor's issuance of any Management Letter Comments (MLC), or a statement that no MLC letter was issued,
  - 4) Management's Discussion and Analysis (MD&A), if applicable, or a statement that no MD&A was prepared and presented in the financial statements,
  - 5) Circular A-133 audit opinion letter, if applicable, or a statement that it is not applicable,
  - 6) Commission on Accreditation of Rehabilitation Facilities (CARF) Survey Report, if applicable, or a statement that it is not applicable,
  - 7) Federal IRS Form-990, 1120, 1065, or other applicable Income Tax return filing as applicable, with all supporting schedules and attachments,

- 8) Any M-1 adjustment or other reconciling information needed to agree Financial Statements to the Tax Returns filed, and
  - 9) Any other required notifications of financial difficulties or internal control issues that are found that could impair the continuing operability of your County funded programs, as they may occur.
- C. Should more in depth reviews be deemed necessary, Fairfax County will make specific requests for additional records, to include but not limited to:
- 1) Transactional supporting documents for: Revenues and Accounts Receivable
    - a. Accounts Payable and other Expenses
    - b. Procurement and Company Credit Cards
    - c. Banking and Financing
    - d. Payroll and Timekeeping
    - e. Tax filings and tax payments
    - f. Fixed Asset Accounting
    - g. General Ledger
    - h. Company Policy documentation
    - i. Board Meeting Minutes
    - j. Trial Balances and Adjusting/Closing Journal Entries
    - k. Accounting Reconciliations

12. CONFIDENTIALITY:

- A. Any information obtained by the Provider concerning the child pursuant to this Agreement shall be maintained as confidential. Use and/or disclosure of such information by the Provider shall be limited to purposes directly connected with the Provider's responsibilities for services under this Agreement. If applicable, it is further agreed by both parties, that this information shall be safeguarded in accordance with the provisions of Title 63.2, Sections 102 and 104 of the Code of Virginia (1950), as amended, and any other applicable provisions of State and federal laws and regulations including but not limited to the Individuals with Disabilities Education Act, 20 USCS@1400, et seq. (2002) (*IDEA*), the Family Education Rights Privacy Act of 1974 (*FERPA*) and/or Educational Records Management regulations, the Health Insurance Portability and Accountability Act of 1996 (*HIPAA*), and 42 CFR Part 2, as amended.
- B. The Provider shall comply with the confidentiality provisions of VA. Code Section 2.2-5210. This includes, among others, not photographing the child/youth placed by the Buyer nor permitting media coverage of the child/youth without the written permission of the parent(s) or the legal guardian, as the case may be. It further precludes audiovisual recording of the child/youth as well as prohibits the child's/youth's participation in any research projects without the written permission of the parent(s) or the legal guardian, as the case may be. (<https://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5210/>)

13. SUBCONTRACTORS: The Provider shall not enter into subcontracts for any of the services to be provided under this Agreement without obtaining prior written approval from the Buyer. The Rate Sheet shall reflect those services which are approved and subcontracted by the Provider. Unless otherwise agreed in writing by the Buyer, such subcontractor shall be required to comply

with all of the terms and conditions set forth in this Agreement. The Provider is responsible for the performance of its subcontractors. However, prior written approval shall not be required for the purchase by the Provider of articles, supplies and equipment which are incidental but necessary for the performance of the services to be provided under this Agreement. The Provider shall not assign this Agreement without prior written approval of the Buyer, which approval shall be attached to this Agreement and subject to such conditions and provisions as the Buyer may deem necessary. Nothing in this Agreement shall be construed as authority for either party to make commitments which will bind the other party beyond the scope of service contained herein.

14. EMPLOYEES:

- A. Neither the Provider, nor its employees, volunteers, assignees or subcontractors shall be deemed employees or agents of the Buyer by virtue of the services to be performed pursuant to this Agreement or the contractual relationship established hereby. The Provider shall have the sole responsibility for its staff and volunteers, including its work, personal conduct, directions and compensation. The Provider hereby agrees to indemnify and hold harmless the Buyer from any and all employee tax liability (including withholding liability) and any employment-related claims, including any claim of entitlement to employee benefits, imposed or threatened to be imposed solely as a result of the contractual relationship established hereby.
- B. Upon request of the Buyer, the Provider will submit resumes and, if applicable, credential information for certain employees, so long as no Federal or State law is breached as to information protected by confidentiality laws.

15. CRIMINAL BACKGROUND CHECKS: The provider will be in compliance with its state's laws, regulations and licensure requirements relating to conducting criminal checks of its employees and volunteers. Employees and volunteers providing services to or having direct contact with a client placed by Provider must be checked through a child protective service registry in the state the client is placed within thirty (30) days of employment, so long as the aforementioned employee check is not in conflict with the Provider's state's laws. If it is known that the employee or volunteer has moved from another state and has worked with children within one year prior to his or her employment or volunteering, this state must also be checked. If the Provider is notified that any of its employees or volunteers is named in a child protective service registry, then this information will be made available by the Provider to the Buyer with thirty (30) days of receipt of such notice.

16. CONTINUITY OF OPERATIONS: The provider is required to maintain Continuity of Operations Plan (COOP Plan), in compliance with any and all federal, state, and local requirements, and to make this available upon request to the Buyer. COOP planning information may be found on the Federal Emergency Management Administration website at <http://www.fema.gov/continuity-operations>.

17. DISCRIMINATION: During the performance of this Agreement, the Provider agrees as follows:

- A. It will not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, national origin, or disability, except where religion, sex, national origin, or physical and mental ability is a bona fide occupational

qualification reasonably necessary to the normal operation of the Provider. The Provider agrees to post in conspicuous places, available to employees or applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

- B. The Provider, in all solicitations or advertisements for employees placed by or on behalf of the Provider, will state that such Provider is an equal opportunity employer.
- C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- D. The Provider shall include the provisions of the foregoing paragraphs A, B and C in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor of the Provider.

18. RATES:

- A. The rate negotiated between the Buyer and the Provider shall not exceed that stated in the State's Service Fee Directory as defined in Title 2.2-5214 of the Code of Virginia. <https://www.csa.virginia.gov/Directory/ServiceFee>
- B. The Provider states that the rates for the services described in this Agreement are not more than those set forth in the State's Service Fee Directory. The negotiated rate is set forth on the Rate Sheet attached hereto and made a part hereof. Rate sheets are for the period of the contract unless amended due to a change in the agreed upon rate per paragraph I, below.
- C. Any non-payment to the Buyer because of a provider's negligent failure to enter current services and rates into the State's Service Fee Directory will result in non-payment to the Provider.
- D. The rates applicable to services provided in accordance with this Agreement appear on the "Rate Sheet" attached to this Agreement. The Buyer may purchase only those services included on the Rate Sheet attached to this Agreement. In the event the Provider elects to offer services not included on the Rate Sheet attached hereto, the Provider will submit to the CPMT a request to add the service. Approval from the CPMT shall be secured prior to the offering of the service. Failure to obtain such approval will result in non-payment for such services.
- E. To the extent that any charges are billed to the Buyer on a per session or per treatment basis, the Buyer shall have no obligation to pay amounts charged for sessions or treatments that a child does not actually receive for any reason, including, without limitation, absence or illness. The Provider agrees that its submission to the Buyer of any invoice on which charges are billed on a per session or per treatment basis constitutes its certification that all services for which payment is requested thereby have been provided to the FCPS/FCCPS student identified therein.
- F. The Provider agrees that no child or any member of the child's family will be charged a fee besides the rate agreed to by the Buyer for the same service, except services specifically excluded.

- G. The Provider agrees to not bill per child when services are provided concurrently, such as in supervised visitation between a parent and a sibling group or for family therapy for multiple siblings.
  - H. Any amounts paid by the Buyer pursuant to this Agreement which are subsequently determined to be inappropriate for any reason, including without limitation, those services not actually provided, may be offset against any other amounts to be paid to the Provider by the Buyer.
  - I. Rate increases are not automatic and require CPMT approval. All rate increase requests must be submitted by the provider in writing to the CSA Contracts Analyst 45 days prior to the end of the fiscal year or a minimum of 45 prior to proposed effective date. This allows for proper review and approval. Rate increases are not retroactive to request date.
  - J. The Provider will not charge or accept from the Buyer compensation for services which is more than the Provider charges other public governmental buyers of equivalent services in equivalent volumes.
  - K. The Provider guarantees that any cost incurred pursuant to this Agreement shall not be included or allocated as a cost of any other federal, State, or locally financed program.
19. INDEMNIFICATION: Provider shall indemnify, keep and save harmless the County, its agents, officials, employees and volunteers against claims of injuries, death, damage to property, patent claims, suits, liabilities, judgments, cost and expenses which may otherwise accrue against the County in consequence of the granting of a contract or which may otherwise result there from, if it shall be determined that the act was caused through negligence or error, or omission of the Contractor or his or her employees, or that of the subcontractor or his or her employees, if any; and the Contractor shall, at his or her own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith; and if any judgment shall be rendered against the County in any such action, the Contractor shall, at his or her own expense, satisfy and discharge the same.  
Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided.
20. INSURANCE:
- A. The Provider shall be responsible for its services and every part thereof, and for all personnel, materials, tools, equipment, appliances and property of any and all description used in connection therewith. The Buyer shall in no event be responsible for any direct or indirect damage or injury to the property or persons used or employed by the Provider on or in connection with the services contracted for, or any damage or injury to any person or property, wherever located, resulting from any action, omission, commission or operation under the Agreement.
  - B. The Provider agrees to maintain (i) statutory Worker's Compensation and (ii) Employers' Liability insurance in limits of not less than \$100,000 to protect the Provider from any liability or damages for any injuries (including death and disability) to any and all of its employees, volunteers or subcontractors, including any and all liability or damage which may arise by virtue of any statute or law in force within the Commonwealth of Virginia, or which may be hereinafter enacted.

- C. The Provider agrees to maintain Commercial General Liability insurance in the amount of \$1,000,000 per occurrence/aggregate, to protect the Provider, its subcontractors, its officers and employees against any and all injuries to third parties, including bodily injury, property damage, and personal injury, resulting from any action or operation under the Agreement or in connection with the agreed work.
- D. If applicable to this contract, the Provider agrees to maintain owned, non-owned and hired Automobile Liability insurance, in the amount of \$1,000,000 per occurrence/aggregate, including property damage, covering all owned, non-owned, borrowed, leased, or rented vehicles operated by the Provider.
- E. The Provider agrees to maintain during the term of this agreement Professional Liability Insurance or medical malpractice insurance in the limits of \$1,000,000 per occurrence/aggregate. The coverage shall remain in effect for two (2) years following the termination of this Agreement.
- F. Liability insurance may be arranged by general liability and automobile liability policies for the full limits required, or for a combination of underlying liability policies for lesser limits with the remaining limits provided by an excess or umbrella liability policy.
- G. The Provider agrees to provide insurance issued by companies acceptable to the Buyer and authorized to do business in the State of Virginia, and/or with the Best's Key Rating of at least A:VI. The only exceptions to this are insurers of the London Syndicate and other recognized British and European insurers, and Surplus Lines Market that are not rated by the Best Guide.
- H. The Provider shall provide a copy of Certificate of Insurance, evidencing such insurance and such endorsements as prescribed herein, and shall have it filed with the Buyer prior to the signing of this Agreement.
- I. The Provider shall provide on demand certified copies of all insurance coverage required by this Agreement within ten (10) days of such demand. These certified copies shall be sent directly to the Contracting Officer of the Buyer by the Provider's insurance agent or representative.
- J. No change, cancellation or non-renewal shall be made in any insurance coverage without a forty-five (45) day written notice to the Contracting Officer of the Buyer. The Provider shall furnish a certificate prior to any change or cancellation date. The failure of the Provider to deliver a new and valid certificate shall result in suspension of all payments until the new certificate is furnished.
- K. Unless otherwise specified, insurance required by this Agreement shall be in full force and effect throughout the Agreement term. If the Provider fails to provide the Buyer with acceptable evidence of current insurance within ten (10) days after written notice during the Agreement term, the Buyer shall have the absolute right to terminate the Agreement without any further obligation to the Provider.
- L. Precaution shall be exercised for the protection of persons (including employees) and property.
- M. Nothing contained herein shall be construed to be a waiver of the Buyer's sovereign immunity under law.
- N. The Buyer, its officers, employees, and volunteers shall be named as an "additional insured" in the Automobile and General Liability policies, and it shall be stated on the

Insurance Certificate that this coverage "is primary to all other coverage the Buyer may possess".

21. LICENSURE:

- A. The Provider represents and warrants that it (i) duly holds all necessary licenses required by local, state, federal laws and regulations and (ii) will furnish satisfactory proof of such licensure to the Buyer or its Representative prior to execution of this Agreement. In addition, the Provider will provide an updated copy of any applicable licenses that expire during the term of this contract within 30 days of receipt of the updated license. The Provider covenants that it will maintain its required licensed status with the appropriate governmental authorities and will immediately notify the Buyer's Contracts office at (703) 324-5551 in the event such licensing is suspended, withdrawn or revoked. The Provider agrees that such suspension, revocation or withdrawal shall constitute grounds for the immediate termination of this Agreement. Misrepresentation of possession of such license shall constitute a breach of contract and terminate this Agreement without written notice and without financial obligation on the part of Buyer to pay the Provider's invoices. If the provider's license becomes provisional as defined in Virginia Administrative Code, 12VAC 35-105-50, the Provider will notify the Buyer within five (5) business days of the date the Provider is notified by the Commonwealth of the provisional status, regardless of the reason the license was made provisional. Failure to notify the Buyer may result in immediate termination of the contract by the Buyer. The Provider will submit to the Buyer the Corrective Action Plan at the time it is provided to the Commonwealth 12VAC 35-105-170. Failure to do so may be grounds for immediate termination of the contract by the Buyer.
- B. In the event the Provider is found in material non-compliance with the regulations of its licensing authority, the Provider will notify the Buyer's Contracts office at (703) 324-5551.

22. GRIEVANCES: In the event that a child under the supervision or authority of the Buyer, or the child's parent/guardian submits a complaint to the Buyer concerning the Provider, the Provider shall promptly provide all verbal or written information or documents within its control relevant to such complaint to the Buyer upon a request by the Buyer for such information.

23. PURCHASE ORDER:

- A. This Agreement, attached Addendum/a, if applicable, and attached Rate Sheet(s) contain the entire terms for purchase of services contemplated hereby, but do not obligate the actual purchase of any services. A Purchase Order (PO) setting forth a description of the discrete services purchased and the duration thereof, will be presented to the Provider on a child specific basis when the Buyer chooses to purchase services. The PO will be sent to the Provider for review, acceptance and signature indicating approval with the child specific service terms.
- B. A Purchase Order will be issued separately for the payment of services for all children/youth whose Maintenance and Special Needs services are reimbursable by Title



IV-E funds. A check, separate from that issued for payment for other CSA services provided by the Provider, shall be issued to pay for the services funded by Title IV-E.

- C. CSA Service Authorization provides the authority for the Buyer to access CSA pool funds on behalf of CSA eligible children for specific levels and types of service within the established operating procedures of the CPMT. **To commence services, Providers must be in receipt of a Purchase of Service Order.** If a Provider commences services prior to the receipt of a Purchase Order, they do so at risk of nonpayment for services provided.
- D. The Provider shall charge the Buyer only when and as authorized by the PO signed by the Buyer or its representative. The PO is incorporated into this Agreement by reference and becomes part of the contract package for the respective child.

24. **BUYER TERMINATION OF PURCHASE ORDER:** The Purchase Order may be modified, amended or terminated by the Buyer at any time for child-related causes to include, but not limited to, changes in eligibility and changes in child progress as well as for the provision of inadequate or inappropriate services for the child. The Buyer may not terminate or adjust the Purchase Order arbitrarily or without cause. In the event that the Buyer becomes unable to honor the approved PO for causes beyond the Buyer's reasonable control, including but not limited to, failure to receive sufficient federal, State or local government funds, the Buyer may terminate, amend or modify any or all Purchase Orders pursuant to this Agreement as necessary to avoid delivery of service for which the Buyer cannot make payment. The Buyer or its representative shall notify the Provider immediately in writing of any cause for termination hereunder. The Buyer shall pay the Provider for any authorized services rendered prior to the Provider's receipt of notice of termination hereunder.

25. **PROVIDER TERMINATION OF PURCHASE ORDER:** After accepting the PO, the Provider may request of the Buyer to terminate service provision to the client for child-related causes, including but not limited to, the Provider determining that the Buyer required services are not available, or not therapeutically appropriate. The Provider may not request the Buyer to terminate or adjust the Purchase Order arbitrarily or without cause. The Provider must give thirty (30) calendar days' advance written notice to the Buyer or its representative of any request for termination. In the event that a child poses an imminent safety risk to him/herself, staff, or other children, the Provider may require immediate termination of services and removal from the program. Services may be terminated immediately. \* For either a 30-day request for termination, or a request for immediate termination, the Provider must work with the Buyer or its representative to provide transition from the Provider's services.

\*For students with disabilities with an Individual Education Plan (IEP) see **Addendum A: Special Education Services**

26. **INVOICES:**

- A. Each month the Provider shall submit to the CPMT Payment Processing Team separate invoices for each child for units of services authorized by the Buyer and actually delivered by the Provider during the preceding month. The Provider shall not mail invoices to the case managers of the Buyer. The Provider shall mail all invoices to the Fairfax-Falls Church CPMT Payment Processing Team, P.O. Box 3406, Fairfax, VA 22038-3406.

- B. All invoices must contain the following information: legal name of the Provider; child/youth name; month service was provided; purchase order number; Buyer's case manager name; the provided service as defined on the Rate Sheet; contract unit price; # of units; and specific service dates.
- C. Providers are not to bill for more services than the maximum monthly number of units on the PO, the service provided is not to exceed the maximum number of units authorized. Should the Provider receive a request from the Buyer's case manager for additional services for that month, the Provider shall immediately notify the CPMT Payment Processing Team at (703) 324-7397. Additional services are only authorized by an amendment to the PO.
- D. Provider invoices which are not approved will be returned to the Provider for correction or modification. The Provider promptly shall re-submit a corrected invoice.
- E. The Provider shall not charge the Buyer, and the Buyer shall in no event be responsible for, more than the rate or the maximum number of units authorized by the Buyer and specified on the PO. If services are required which are not authorized or which exceed the number of authorized units, or both, the Provider and the Buyer's case manager must notify the Buyer immediately and receive written authorization from the Buyer prior to rendering such services.
- F. The Buyer shall pay within forty-five (45) days after Buyer's receipt of approved invoices that have been submitted by the Provider within ten (10) days after the end of the month to which the invoice relates.
- G. In those instances where non-Virginia Medicaid medical and dental services are provided to the client, the charges for such services shall be billed separately to a third party. If a client is placed by Fairfax County Public Schools or Falls Church City Public Schools, any outside medical and dental services shall be billed to the parents' insurance or to the parent.
- H. All outside medical services shall be approved prior to the client receiving the services, unless they are of a nature requiring immediate emergency assessment and treatment to prevent life threatening or serious debilitating medical deterioration. In the latter instance, the Provider will follow the reporting requirements set forth in Section 22, Serious Incident Reporting.
- I. The Buyer shall not be obligated to pay for services when the Provider fails to submit invoices within thirty (30) days following the month of the provision of the service. However, in those instances when the Provider seeks payment from an insurance company, the 30-day requirement is suspended, provided the Provider immediately notifies the Buyer of this contingency. Within thirty (30) days following receipt by the Provider of said insurance payments, the Provider shall be required to submit invoices for balance due, if any.
- J. If the Provider receives Virginia Medicaid payments for services rendered under this Agreement, such payments shall constitute payment in full for those services. The Buyer will accept invoices and pay for services offered by a Medicaid enrolled Provider that are not eligible for Medicaid payment, while a child is awaiting Virginia Department of Medical Assistance Services (DMAS) determination. The Buyer will not accept or pay invoices for Medicaid eligible services until DMAS makes their determination that those services are no longer reimbursable for a particular child. The Provider should submit a separate invoice

for denied Medicaid eligible services once DMAS makes their final determination as to reimbursement for the entire month of service. At that point the service will be processed as a CSA Authorized service. A Purchase Order will be generated by the Buyer for those DMAS denied services in addition to the Purchase Order already generated for the services not eligible for Medicaid reimbursement. Payments denied due to a Provider's failure to provide authorized Medicaid eligible services, or to submit required paperwork to DMAS in a timely manner are not eligible for CSA reimbursement.

27. DENIAL OF FUNDING: Due to the need to ensure that the best interests of the child/youth are met, it is required that when the Provider is notified that Medicaid or other non-CSA funding is to be discontinued, the Provider notify the Buyer's case manager by the next business day by telephone and then in writing. The Buyer's case manager will assess the situation and make a decision regarding pursuing alternative funding.
28. CERTIFICATION OF ELIGIBILITY:
- A. In compliance with contracts and grants agreements applicable under the U.S. Federal Awards Program, the provider certifies, to the best of its knowledge and belief, that the organization nor its principals are suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts from the United States federal government procurement or non-procurement programs, are not listed in the *List of Parties Excluded from Federal Procurement and Non-procurement Programs* issued by the General Services Administration.
  - B. "Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division or business segment, and similar positions).
  - C. The Provider shall provide immediate written notice to the CSA Contracts Coordinator, at any time during the period of the APOS, the Provider learns that this certification is erroneous or becomes erroneous by reason of changed circumstances.
29. ANCILLARY SERVICES:
- A. Providers are encouraged to use Virginia Medicaid certified providers for medical, dental, psychotherapeutic services and eligible services that are ancillary to an IEP, including but not limited to Occupational Therapy, Physical Therapy, and Speech and Language therapy. A list of Providers who have enrolled with Virginia Medicaid is available at: <http://www.dmas.virginia.gov> then click on the link for Provider Search. Unless authorized on a Purchase Order to the Provider, the legal guardian of the child/youth is responsible for all medical and dental services.
  - B. To request information regarding enrollment as a provider in the Virginia Medicaid Program contact the Department of Medical Assistance Provider Enrollment/Certification Unit at:  
First Health Services - PEU PO Box 26803 Richmond, VA 23261-6803  
Phone: 1-888-829-5373 (in state toll-free), or 1-804-270-5105

Fax: 1-804-270-7027

- C. The website for Provider enrollment is: <http://www.dmas.virginia.gov> then click on the link for Provider Enrollment.

30. BILLING ERRORS:

- A. If the Provider determines the payment received for services invoiced is an underpayment, then the Provider is responsible for notifying the Buyer in writing of the billing error within ninety (90) calendar days after receipt of the alleged underpayment. Supporting evidence describing in detail the nature of the payment error must accompany such notification. The Buyer must correct any error found or respond in writing to the Provider why no error exists within ninety (90) calendar days after receipt of the Provider's notification. If the Provider's notification and supporting evidence are not received by the Buyer within the ninety (90) calendar day limit, then the Buyer shall not be obligated to make any adjustments with regard to the asserted billing error.
- B. If the Provider determines that the payment received for services invoiced was an overpayment, the Provider shall notify Buyer immediately and, at Buyer's election, issue a refund payment or credit memorandum within seven (7) days. Where the determination of overpayment is made initially by Buyer, then at Buyer's sole election, the Provider shall issue a refund payment within ten (10) days after Buyer's request or Buyer shall offset the overpayment amount against amounts due or to become due hereunder.
31. DISPUTES: Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement which cannot be disposed of by negotiation or agreement can be presented by the Provider to the CPMT. The CPMT or its designee shall be responsible for making the final decision and notifying the Provider in writing of the decision. This provision shall not preclude the Provider from exercising any rights under law for failure of the Buyer to comply with the terms of this Agreement. Any such factual determination by the CPMT or its designee shall not be binding on the Provider in the case of any litigation concerning such issue.
32. TERMINATION FOR CONVENIENCE: This Agreement may be terminated in whole or in part by the CPMT in accordance with this clause whenever the CPMT shall determine that such a termination is in the best interest of the County. Any such termination shall be effected by delivery to the Provider at least thirty (30) working days prior to the termination date of a Notice of Termination specifying the extent to which performance shall be terminated and the date upon which termination becomes effective.
33. TERMINATION FOR CAUSE: Except as otherwise provided herein, should any of the terms of this Agreement be breached by one of the parties, the other party shall have the right to terminate its obligations hereunder if the aforesaid breach is not cured within five (5) days after notice of the breach is given to the breaching party. This right of termination hereunder is in addition to, and not in lieu of, any and all other rights which may be afforded to the non-breaching party.

34. NOTICE: Any notice expressly provided for in this Agreement shall be in writing, shall be given manually, by mail, or by overnight delivery service, and shall be deemed sufficiently given when actually received by the party to be notified. (FAX may be used by the Provider to give notice to the Buyer followed by the mailing of the original to the Buyer). The notice shall be sent to the address set forth below:

BUYER: Fairfax-Falls Church CPMT  
c/o DPMM Grants and Sponsored Programs  
12000 Government Center Parkway, Suite 427  
Fairfax, VA 22035

PROVIDER: To the address as it appears on the front of this Agreement.  
Any party by written notice to the other, given in the manner prescribed herein, may change its address for receiving notice.

35. BINDING AGREEMENT: The terms of this Agreement, attached Addendum(a), any PO issued hereunder, and Rate Sheet:

- shall be enforceable and binding upon and inure to the benefit of the parties hereto; • may not be modified or amended except by written agreement signed by the parties; and
- constitute the entire agreement of the parties with respect to its subject matter.

No provision of this Agreement shall be deemed to inure to the benefit of any third party.

36. PERIOD OF CONTRACT: The period of this contract shall be from July 1, 2018 through June 30, 2021. The County reserves the right to renew this APOS for one three-year period. If the provider has requested a rate increase per Paragraph 18 *for any fiscal year during a contract period*, the Provider will continue services for the existing enrollment(s)/placement(s) at the current rates until agreement is reached. In the event the parties to this Agreement have not reached mutual agreement as to the rates or terms prior to the expiration of this Agreement, this Agreement shall be extended on a month to month basis. The Buyer will continue to pay for services for the child(ren) & youth already placed with the Provider at the current rates, or payments can be held at the provider's request, until agreement is reached. No new placements will be made with the Provider until agreement to the new rates is reached. No retroactive rate payment will be made by the Buyer, unless the Provider requests payments held until agreement is reached.

36.

IN WITNESS THEREOF the parties have caused this Agreement to be executed by officials hereunto duly authorized.

\_\_\_\_\_  
Authorized Representative of Provider

\_\_\_\_\_  
CSA Program Manager

Title

Date

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Date

**ADDENDUM C**  
**COMMUNITY BASED SERVICES**

This Addendum C amends, modifies, and supplements that certain Agreement for Purchase of Services (“Agreement”) between the Fairfax-Falls Church Community Policy and Management Team (“CPMT”) or the Fairfax County Department of Family Services (“DFS”), as the case may be, hereinafter referred to as the “Buyer” and \_\_\_\_\_, hereinafter referred to as the “Provider”. Where there exists any inconsistency between the Agreement and Addendum C the provisions of Addendum C control.

This Addendum C reflects those services which the Provider agrees to make available to the Buyer. The Provider will offer services as defined on Attachment A. Any services offered that are not defined on Attachment A will be defined on the Provider’s individualized Rate Sheet.

Terms not otherwise defined herein or on the Rate Sheet shall have the same meanings ascribed to them in the Agreement.

**SPECIFIC TERMS AND CONDITIONS**

Provider agrees to the following provisions:

1. INITIAL ASSESSMENT:
  - A. The Provider will complete and submit a written initial assessment within thirty (30) days of initiation of clinical services.
  - B. The initial assessment shall include the following information:
    - 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
  
2. SERVICE/TREATMENT PLAN:
  - A. The Provider will complete and submit an initial service/treatment plan based on the initial assessment describing the services to be provided to each youth and the youth’s family in accordance with that youth’s Individualized Family Service Plan (IFSP) within thirty (30) days of services being initiated.
  - B. The service/treatment plan shall be modified, as needed, in collaboration with the Buyer’s case manager, the youth, the youth’s family, the provider, and other members of the youth/family’s team. Any significant changes proposed to the service/treatment plan will reflect the consensus

of the youth, family and team.

- C. The service/treatment plan shall include the following components:
  - 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.
    - a. 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) Estimated # of contact hours and frequency of contacts per week
  - 4) Plan to transition youth to less restrictive and natural supports
  - 5) Plan signed by provider, Buyer's CM, youth, youth's family member
- D. The Buyer's case manager serves as the point of contact for the team-based planning process and is responsible for decisions about services rendered in a manner consistent with the service authorization and team-based planning process.

### 3. MONTHLY PROGRESS REPORTING

- A. The Provider will complete and submit a monthly report *by the 15<sup>th</sup> day of the month* after the end of the month services were delivered.
- B. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The monthly report submitted on the Provider's letterhead shall include the following:
  - 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
- D. The above reporting requirements do not apply to supervised visitation services. All visitation



services require the Department of Family Services Visitation Report Form and are required to follow the Department of Family Services, Children, Youth and Families Visitation Policy. (Provided to visitation supervision providers upon request.)

4. DISCHARGE/TRANSITION REPORTING

- A. The Provider will complete and submit a discharge/transition report *by the 15<sup>th</sup> day of the month* after the discharge/transition/end of service.
- B. Discharge/transition reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The discharge/termination report submitted on Provider's letterhead shall include the following:
  - 1) Provider's legal name, email, and phone number
  - 2) Home-based worker's legal name, email and phone number
  - 3) Summary of progress towards goals, include 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.

5. REIMBURSEMENT FOR SERVICES:

- A. The Provider will initiate services (e.g., first contact with youth/family) within five (5) business days of receipt of the purchase order for services, unless a different start date has been negotiated with the Buyer's case manager.
- B. Services must be provided within the number of units and timeframes authorized, as specified on the purchase order. The purchase order default to even distribution of units per month, however, units may be front or back loaded as clinically appropriate and must be approved in advanced by the Buyer.
  - 1) An increase in the agreed upon hours of service must be approved in advance by the Buyer. Approval is conveyed through a revised Purchase of Service Order.
  - 2) If there is an emergency in one week and the youth and family needs increased hours, the Provider may provide the needed hours without delay. The provider shall decrease the number of hours in a non-emergency week to maintain the total number of CSA Authorized hours.
- C. No more than twenty (20) percent of the Provider's agreed upon billable hours shall include supervision, writing of reports, internal staffing, Family Partnership Meeting (FPM) attendance, or telephone calls with the Buyer. Billable hours for these specific "administrative/indirect services" shall be labeled as such on the invoice and on the monthly report. The remaining billable hours must be direct service contact with the youth and/or family present.

- D. The Provider shall not invoice the Buyer for training or the time associated with it, that employees of the Provider may receive. The Provider shall not invoice the Buyer for travel time.
- E. Team based planning meeting attendance, to include Individual Education Plan (IEP) meetings, may be billed when the Buyer (i.e., Buyer's case manager) requests the attendance of the Provider's case manager/home-based worker. The hours must fall within the existing purchase order or the case manager must obtain pre-authorization for reimbursement for the service. Information to be provided at such appearances may include, but is not limited to, goals, recommended services, the services provided, and the progress resulting from the service interventions. Verbal reports/communication with the Buyer do not substitute for the required monthly progress reports.
- F. For court appearances the following conditions apply:
  - 1) The Provider will receive payment based on the actual number of hours the home based worker is required by the Buyer's case manager to be present at the court hearings.
  - 2) The hours will include actual testimony and waiting time, but do not include mileage, travel time other traveling costs. Payment will be made in accordance with established hourly rate set forth in the attached Rate Sheet. The Buyer will make every attempt to notify the Provider well in advance of the Provider's requirement to appear at the hearings. When possible, the Buyer will request a subpoena be issued.
  - 3) A written Children's Services Act (CSA) service authorization is needed for non-Department of Family Services, Children Youth and Family related cases to pre-authorize reimbursement or the hours must fall within the existing purchase order.
- G. For socialization/recreation activities the following will apply:
  - 1) Activities must be consistent with the service/treatment plan goals such as improving interpersonal interaction and relationship-building.
  - 2) The cost for these activities is incorporated into the hourly rate of the home-based counselor.

6. INVOICING:

- A. The Provider will submit invoices in accordance with section 26 of the APOS and section 5 of this Addendum C within ten (10) business days of the end of the month. The Buyer reserves the right to reject any invoices with incomplete data elements. Time frames for payment begin when the invoice contains all required elements.
- B. The provider must submit a separate invoice for each youth served that includes the following information:
  - 1) Provider's legal name, email, and phone number
  - 2) Purchase order number
  - 3) CSA case manager's name
  - 4) Provided service as defined on the rate sheet
  - 5) Contract unit price
  - 6) # of units
  - 7) Dates of service
  - 8) Duration/times of service
  - 9) Itemize administrative/indirect vs. direct service hours

7. PAYMENT THROUGH PRIVATE INSURANCE AND MEDICAID:

- A. The Provider agrees to accept the family's insurance (including TRICARE or its equivalent), or Virginia Medicaid or FAMIS for payment of services, provided that the Buyer obtains the permission and signature of the parent or legal guardian of the youth. CSA will not fund services covered by the above forms of insurance if that insurance is made available to pay for services.
- B. When all or any portion of the services rendered by the Provider hereunder is covered by a policy of insurance, TRICARE (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to TRICARE (or its equivalent), as the case may be. The Buyer shall pay the balance remaining due, if any, within forty-five (45) days after the Provider furnishes satisfactory evidence to the Buyer that the payment by the insurance company or TRICARE (or its equivalent) is the full amount. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services.

IN WITNESS THEREOF the parties have caused this Addendum to be executed by officials hereunto duly authorized.

\_\_\_\_\_  
Authorized Representative of Provider

\_\_\_\_\_  
CSA Program Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**COMMUNITY-BASED SERVICES DEFINITIONS**

- 1) APPLIED BEHAVIOR ANALYSIS: Office of Children’s Services (OCS) Standard Service Definition - ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.**

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Intensive In-Home or Outpatient programs – Applied Behavioral Analysis

Medicaid Status: Medicaid reimbursable

- 2) CRISIS INTERVENTION: OCS Standard Service Definition - Crisis Intervention services are mental health care services, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.**

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Intervention

Medicaid Status: Medicaid reimbursable

- 3) CRISIS STABILIZATION: OCS Standard Service Definition - Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.**

Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Stabilization

Medicaid Status: Medicaid reimbursable

- 4) INTENSIVE IN-HOME SERVICES: OCS Standard Service Definition - IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities, and coordination with other required services. Service also includes 24-hour emergency response.**

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Addendum C, Attachment A

Community-Based Services Definitions

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Medicaid Status: Medicaid reimbursable

- 5) **FAMILY SUPPORT SERVICES (FSS): OCS Standard Service Definition - A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.**

In Fairfax County, the following services fall under Family Support Services:

**A. Intensive Family Preservation Services:**

Family preservation interventions for children and adolescents who are at-risk of serious emotional disturbance, including individuals who also have a diagnosis of mental retardation (intellectual disability), with parent/caregiver needs which impact care for the child. Family preservation service is usually time-limited and is provided typically but not solely in the residence of an individual. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

**B. Supervised Visit:**

This service is typically utilized for families involved in the child welfare system to support reunification and/or familial contact while maintaining the safety of children and youth. Additional reporting requirements, outlined in the Department of Family Services' Children Youth and Families Services Visitation Policy (Attachment A), will apply to these services in lieu of monthly reports. There are two levels of supervision:

1. **Supervised Visit Monitored** – This service provides for the observation of the interactions and the maintenance of safety for the recipients.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

2. **Supervised Visit Therapeutic** – This service offers coaching and modeling of parenting skills, such as effective communication, behavior management, activities to promote bonding/attachment, socialization and positive engagement with child/youth and psycho-education about topics related to child development and parenting skill development. Service is provided by individuals with

Attachment A

specialized training in child development and/or behavioral health care for child and adolescents. Service is intended to improve the interactions between the caregiver/family member and the child/youth as well as maintain safety for the recipients. Court testimony, documentation of the visit and other service planning activities are often required.

Licensure Requirement: DBHDS provider of Mental Health Services  
Intensive In-Home  
Medicaid Status: Non-Medicaid reimbursable

- 6) INDIVIDUAL SUPPORT SERVICES: OCS Standard Service Definition - Community support services and other structured services provided to strengthen individual skills and/or provide environmental supports necessary to attain and sustain independent community residential living for individuals with behavioral/mental health problems. Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.**

In Fairfax County, the following services fall under Individual Support Services:

**A. In-Home Services:**

These services are interventions for children and adolescents who have emotional or behavioral problems, including individuals who also have a diagnosis of mental retardation (intellectual disability). In-home services are usually time-limited and are provided typically but not solely in the residence of an individual with emotional or behavioral problems which have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted, and are significantly disabling and are present in several community settings, such as at home, in school or with peers. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement: DBHDS provider of Mental Health Services Supportive In-Home

Medicaid Status: Non-Medicaid reimbursable

- B. Behavior Therapy/Management (non ABA):** Behavior Therapy/ Management services include developing and implementing behavior management programs to target inappropriate or maladaptive behaviors such as aggression or self-injury.

Licensure Requirement: DBHDS provider of Mental Health Services Supportive In-Home

Medicaid Status: Non-Medicaid reimbursable

Attachment A

- 7) MENTAL HEALTH SKILL BUILDING SERVICES: OCS Standard Service Definition - A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individuals health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.**

It is not intended as a mental health clinical service, a preventative service, social welfare, nor a crisis service. The service is designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living , and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. MHSS is intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Licensure Requirement: DBHDS provider of Mental Health Support Services

Medicaid Status: Medicaid reimbursable

- 8) MENTORING: OCS Standard Service Definition - Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.**

Service provides advocacy, role modeling, individual living/life skills development, socialization/recreation, academic supervision, anger management skill development to remediate various skill deficits. Mentor may work with a counselor to implement service plans. Mentoring is forming a trusting relationship with a child or youth through positive engagement and serving as a role model for healthy emotional development and responsible actions. It may include providing socialization activities that will reduce feelings of isolation and increase social skills; introducing new interests, talents, activities and opportunities to a child or youth; providing encouragement and support for academic achievement and staying in school; and providing academic supervision for completing homework.

Licensure Requirement: State license not required (DBHDS license or accreditation preferred)

Medicaid Status: Non-Medicaid reimbursable

Attachment A

- 9) **RESPITE: OCS Standard Service Definition - Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian.**

*Respite care means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, custodian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. Service provides for the supervision and safety of the child/youth recipients in a variety of settings including residential, day support, in-home, or a sponsored home in place of the primary caretakers' supervision.*

*For children who are not in foster care: in-home and out of home respite services may be approved for up to \$ 5,000 over a period of six months. Out of home respite may not exceed 15 days within the six months and may not exceed 14 consecutive days.*

- ***In Home Respite***

- **Licensure Requirement:** DBHDS Provider of Mental Health Services Supportive In-Home with Respite Track

- **Medicaid Status:** Waiver only; CSA-funded for non-waiver eligible youth

- *Services are provided by the hour*
    - *Provision of service must include the identified client and may include 1 or more siblings; should a respite occurrence require more than professional staff, the case manager must provide written approval in advance of the scheduled occurrence.*
    - *Services are provided by professional staff, if more than one professional staff is warranted, approval must be provided by the Buyer.*
    - *Primary caretaker or their designee must be present at each occurrence of exchange of supervision.*
    - *May be provided for special needs recipients including the need for specialized intervention skills.*
    - *Occurrences are planned in agreement with the Buyer, the primary caretaker, and the provider in writing to include, not limited to, the time, duration, location, type of activity, any transportation arrangements, and cost. Any expenses incurred for an activity are the responsibility of the primary caretaker.*
    - *Provider is required to obtain emergency contact information and necessary medical information.*

***Out of Home Respite***

***License Requirement:*** DBHDS Provider of Out-Home with Respite

***Medicaid Status:*** Waiver only; CSA-funded for non-waiver eligible youth



## Attachment A

- *Services may be by the day and may occur overnight;*
- *May occur in a licensed Treatment Foster Home, or a licensed residential crisis stabilization facility or other licensed respite facility.*
- *Service is for the identified child/youth only.*
- *Primary caretaker or their designee must be present at each occurrence of exchange of supervision.*
- *Provider is required to obtain emergency contact information and necessary medical information.*
- *May be provided for special needs recipients including the need for specialized intervention skills*