

OCTOBER MINUTES

Minutes
Winchester CPMT
10 Baker Street, Conference Room
Tuesday, October 14, 2014
1:30 p.m.

MEMBERS PRESENT

Mary Blowe, City of Winchester
Kelly Bober, Child Advocacy Center
Dr. Charles Devine, Virginia Dept. of Health
Amber Dopkowski, Winchester Dept. of Social Services
Mark Gleason, Northwestern Community Services Board
Lyda Kiser, Parent Representative
Peter Roussos, Dept. of Juvenile Justice

MEMBERS/OTHERS NOT PRESENT

Eden Freeman, City of Winchester
Sarah Kish, Winchester Public Schools
Paul Scardino, National Counseling Group

Others Present:

Karen Farrell, Winchester Comprehensive Services Act
Coordinator
Connie Greer, Winchester Dept. of Social Services

RECAP OF CPMT VOTES:

Motion:

- Motioned to approve the minutes from September 9, 2014 CPMT Meeting.
- Motion to amend the June 2014 CSA Policy to revise the Utilization Review period for Therapeutic Foster Care from 6 months to 3 months.
- Motion to amend the June 2014 CSA Policy to adopt discretionary language to allow the CSA coordinator to make revisions to Budget Requests approved by FAPT for minor mathematical and/or typographical errors.
- Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the community policy and management team.
- Motion to come out of Executive Session
- Motion to Certify Compliance by Roll Call Vote Move that the members of the Winchester CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

Action:

1st: Ms. Dopkowski
2nd: Ms. Kiser
1st: Ms. Kiser
2nd: Ms. Bober

1st: Ms. Dopkowski
2nd: Ms. Kiser

1st: Ms. Dopkowski
2nd: Mr. Roussos

1st: Ms. Dopkowski
2nd: Mr. Roussos
1st: Ms. Kiser
2nd: Ms. Dopkowski

Status:

Approved
Unanimously
Approved
unanimously

Approved
unanimously

Approved
unanimously

Approved
unanimously
Approved
unanimously

Minutes
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 1:30 p.m.

Motion:

- Motion to Approve All Cases, as presented or amended
- Motion to adjourn CPMT Meeting

Action:

- 1st: Ms. Dopkowski
 2nd: Mr. Roussos
 1st: Mr. Roussos
 2nd: Ms. Kiser

Status:

- Approved
 Approved
 Unanimously

Item	Discussion	Action
Call to Order/Additions to the Agenda	The meeting was opened by Chair, Mark Gleason, at 1:30 pm.	
Approval of Minutes		Ms. Dopkowski motioned to approve the minutes from September 9, 2014. Ms. Kiser seconded the motion. Motion to approve the minutes passed unanimously.
Announcements		None
Financial Report	<p>The Financial Report was distributed and included expenditures for September, 2014</p> <p>Report: September, 2014 Gross Expenditures: \$122,984.58 Expenditure Refunds: \$1,060.70 Net Expenditures: \$121,923.88 Local Dollars: \$53,333.93 Regular Medicaid Payments to Providers: \$0.00 Local Match: \$82,903.50</p> <p>Wrap Dollars Funds Beginning Balance: \$18,805.00 Encumbered: \$10,822.50 Disbursed: \$0.00 Remaining Funds: \$7,982.50</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00 Encumbered: \$6,050.75</p>	Ms. Farrell reviewed the report.

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Item	Discussion	Action
	Disbursed: \$2,097.85 Remaining Funds: \$12,013.40 Unduplicated Foster Care Case Count: 44 Average Spent per Child: \$4,287.68	
Old Business: a. Strategic Planning Report-Assignment of Work Committees	Four Strategic Target Areas were identified as follows: 1. CPMT Foundation and Structure (Dopkowski, Gleason, Blowe) 2. Common Ground through Education, Training and Shared Expectations (Roussos, Kiser) 3. Data-Driven Accountability and Service Provision (Scardino, Bober) 4. CPMT Services Development (Kish, Devine)	1. No report. Meeting soon. 2. No report 3. Met on September 18. Working on standardize contract for providers. Draft Request for Proposal to be distributed at October CPMT meeting for review. 4. No report.
b. Eligibility Assessments for Non-Medicaid Youth	Request for Quote (RFQ) prepared	RFQ under review by City Risk Manager/Purchasing Agent. Draft RFQ proposal to be distributed at October CPMT meeting for review.
New Business a. Therapeutic Foster Care – Medicaid eligible Case Management Fee	CSA can no longer pay fee if Medicaid does not pay the fee.	Ms. Farrell is working with DSS Family Services Foster Care Supervisor to review each case on case by case basis. If CSA pays case management fee, must carefully document why it approves the expense when Medicaid denies payment. Ms. Farrell will follow up with the Office of Comprehensive Services in writing to obtain written clarification of policy.

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Item	Discussion	Action
b. Drug Testing Services	CPMT requested a review of vendors who perform drug testing.	Ms. Farrell contacted current vendors who perform drug-related assessments and testing. It was decided to continue with current drug testing vendor because they provide the necessary services, and will work with the City's billing procedures.
c. Utilization Review Schedule	The utilization review schedule for therapeutic foster care shown in the June 2014 CSA Policy indicates a six month review schedule; the correct review schedule is three months.	Ms. Kiser motioned to amend the June 2014 CSA Policy to revise the Utilization Review period for Therapeutic Foster Care from six months to three months. Ms. Bober seconded. The motion passed unanimously.
d. ICC FAQ and Provider List	Winchester Community Mental Health is approved to provide Intensive Care Coordination services for this area.	Members reviewed the attached ICC FAQs and provider list.
e. Discretionary Language for CSA Coordinator	The CSA Coordinator requested the discretion to make revisions to budget bequests approved by FAPT for minor mathematical and/or typographical errors.	Ms. Dopkowski motioned to amend the June 2014 CSA Policy to adopt discretionary language to allow the CSA coordinator to make revisions to Budget Requests approved by FAPT for minor mathematical and/or typographical errors. Ms. Kiser seconded. The motion passed unanimously.
f. CSA Basics Training	CSA Basics Training on October 23, 2014, 10 a.m. – 12 p.m., Eagle Board Room, Our Health Campus	Members were invited to attend.
g. Mandated Reporter Training	Mandated Reporter Training on October 28, 2014, 9 a.m. – 11:30 a.m., Eagle Board Room, Our Health Campus	Members were invited to attend.
h. Administrative Memo #14-07	Administrative Memo #14-07 dated September 3, 2014, regarding Deletion of Out of Date "Open" Assessments in CANVAS, advises that assessments that remain open more that 60 days should be closed, and will be considered invalid.	Ms. Farrell to advise case workers about the new policy.

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Item	Discussion	Action
i. Administrative Memo #14-08	Administrative Memo #14-08 dated September 15, 2014, regarding Licensure of Intensive Care Coordination by the Department of Behavioral Health and Developmental Services, advises that licensure guidelines for Intensive Care Coordination are now established.	No action necessary at this time.
Motion to Convene in Executive Session	Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the community policy and management team.	Dr. Devine asked that the meeting move into Executive Session. On motion by Mr. Roussos, seconded by Ms. Kiser, the meeting moved into Executive Session.
Motion to Come Out of Executive Session & Immediately Reconvene in Open Session		Motion to come out of Executive Session by Ms. Dopkowski and seconded by Mr. Roussos. Approved unanimously.
Motion to Certify Compliance by Roll Call Vote	Move that the members of the Winchester CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.	Motion to Certify Compliance by Roll Call Vote was made by Ms. Kiser, seconded by Ms. Dopkowski, and unanimously approved.
Motion to Approve All Cases	Motion to Approve all cases as accepted or amended.	All cases were approved, as noted, on motion by Ms. Dopkowski, seconded by Mr. Roussos. Motion was approved.
Motion to Adjourn/Next Meeting Date	The next CPMT meeting will be held Tuesday November 11, 2014 at 1:30 p.m., Winchester/Frederick County Health Department, 10 Baker Street, Conference Room, Winchester VA	The meeting was adjourned on motion by Mr. Roussos and seconded by Ms. Kiser at 2:50 p.m.

Attachments: September 2014 Financials
 Intensive Care Coordination FAQ
 Administrative Memo #14-07
 Administrative Memo #14-08

Transcribed by CPG

SEPTEMBER FINANCIALS

CSA Pool Reimbursement Request Report Worksheet

Date: October 1, 2014

Period Ending: September 30, 2014

Chart A

Part 1 - Expenditure Description

1. Congregate Care/Mandated & Non-Mandated Residential Services	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
1a. Foster Care - IV-E Child in Licensed Residential Congregate Care	2	4,034.34		4,034.34
1b. Foster Care - all other in Licensed Residential Congregate Care	1	6,118.47	4.77	6,113.70
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
1d. Non-Mandated Services/Residential/Congregate Care		0.00		0.00
1e. Educational Services - Congregate Care	5	25,063.92		25,063.92
2. Other Mandated Services				
2a. Treatment Foster Care - IV-E	14	37,436.20		37,436.20
2a.1 Treatment Foster Care	4	27,743.04		27,743.04
2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
2b. Specialized Foster Care - IV-E; Community Based Services		0.00		0.00
2b.1 Specialized Foster Care		0.00		0.00
2c. Family Foster Care - IV-E; Community Based Services	1	1,250.00		1,250.00
2d. Family Foster Care Maintenance Only	1	686.00	848.93	-162.93
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	2	1,666.00	152.00	1,514.00
2f. Community Based Services	6	13,759.49	55.00	13,704.49
2f.1 Community Transition Services		0.00		0.00
2g. Special Education Private Day Placement	1	3,799.07		3,799.07
2h. Wrap-Around Services for Students With Disabilities		0.00		0.00
2i. Psychiatric Hospitals/Crisis Stabilization Units		0.00		0.00
3. Non-Mandated Services/Community Based	3	1,428.05		1,428.05
4. Grand Totals: Sum of categories 1 through 3	40	122,984.58	1,060.70	121,923.88

Part 2 - Expenditure Refund Description (reported in line 4)

Vendor Refunds and Payment Cancellations	
Parental Co-Payments	
Payments made on behalf of the child (SSA, SSI, VA benefits)	741.00
Child Support Collections through DCSE	319.70
Pool prior-reported expenditures re-claimed under IV-E	
Other (specify)	
Total Refunds (must agree with line 4)	1,060.70



Chart B

**CSA Reports
Pool
Reimbursement
Reports
FY15
Transaction
History for
Winchester -
FIPS 840
Pended
Forms are not
on this report**

Active Pool Report Preparers
Nancy Valentine (540) 686-4838
Donna Veach (540) 686-4826
Amber Johnson (540) 686-4823
Karen Farrell (540) 686-4832

Transaction History

Match Rate:	Status	Period End	Date Filed	Total Amount	State	Local
0.4587						
Beginning Balance				\$1,195,388.00	\$647,025.72	\$548,362.28
Pool Reimbursement History						
	<u>5</u>	07/31/2014	08/06/2014	\$271.75	\$129.94	\$141.81
	<u>5</u>	08/31/2014	09/03/2014	\$66,462.27	\$37,034.51	\$29,427.76
	<u>5</u>	09/30/2014	10/02/2014	\$121,923.88	\$68,589.95	\$53,333.93
Pool Reimbursement Expenditure Totals				\$188,657.90	\$105,754.40	\$82,903.50
Supplement History						
Supplement Totals				\$0.00	\$0.00	\$0.00
CSA System Balance				\$1,006,730.10	\$541,271.32	\$465,458.78

Transaction History without WRAP Dollars

Match Rate:	Status	Period End	Date Filed	Total Amount	State	Local
0.4587						
Beginning Balance				\$1,176,583.00	\$636,846.99	\$539,736.01
Pool Reimbursement History						
	-	07/31/2014	08/06/2014	\$271.75	\$129.94	\$141.81

-	08/31/2014	09/03/2014	\$66,462.27	\$37,034.51	\$29,427.76
-	09/30/2014	10/02/2014	\$121,923.88	\$68,589.95	\$53,333.93
Pool Reimbursement Expenditure Totals			\$188,657.90	\$105,754.40	\$82,903.50

Supplement History

Supplement Totals			\$0.00	\$0.00	\$0.00
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CSA System Balance (Non-WRAP):			\$987,925.10	\$531,092.59	\$456,832.51
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Transaction History WRAP dollars only

Match Rate: 0.4587	Status Period End	Date Filed	Total Amount	State	Local
WRAP Allocation Additions History					
		08/06/2014	\$18,805.00	\$10,178.00	\$8,626.00
WRAP Allocation Additions Totals			\$18,805.00	\$10,178.00	\$8,626.00

Pool Reimbursement History - WRAP only

-	07/31/2014	08/06/2014	\$0.00	\$0.00	\$0.00
-	08/31/2014	09/03/2014	\$0.00	\$0.00	\$0.00
-	09/30/2014	10/02/2014	\$0.00	\$0.00	\$0.00
Pool Reimbursement Expenditure Totals -WRAP only			\$0.00	\$0.00	\$0.00

CSA System Balance (WRAP only):			\$18,805.00	\$10,178.73	\$8,626.27
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Wrap-Around Services for Students with Disabilities
2014 - 2015

Chart C

Child	7	9	11	13	12	6	TOTAL
Agency	WPS-NREP	WPS-NREP	WPS	WPS	WPS-NREP	NWCSB	SPENT
Worker	Clatter	Clatter	Kish	Kish	Clatter	Hines	
JUL							0.00
AUG							0.00
SEP							0.00
OCT							0.00
NOV							0.00
DEC							0.00
JAN							0.00
FEB							0.00
MAR							0.00
APR							0.00
MAY							0.00
JUN							0.00
TOTAL/ CHILD	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			Beginning Balance				18,805.00
			Disbursed				0.00
			Encumbered				10,822.50
			Remaining Funds				7,982.50

Nine Year Comparison Chart

Chart B

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
July	295.28	4,911.51	10,266.93	9,458.29	5,069.89	3,038.21	3,166.90	166.42	271.75
August	301,614.45	229,488.55	191,849.47	145,415.77	113,164.41	145,670.33	92,757.41	70,156.19	66,462.27
September	221,315.88	162,491.89	219,001.82	128,872.42	140,623.38	126,252.80	146,176.67	76,193.02	121,923.88
October	278,714.69	272,889.23	186,159.65	159,100.81	125,383.16	113,566.55	132,011.04	76,052.90	
November	220,279.28	218,628.54	199,049.04	117,450.86	161,810.81	117,093.83	112,159.19	109,379.65	
December	224,376.62	220,635.60	159,066.88	111,673.88	107,885.14	101,861.19	116,376.55	103,368.41	
January	221,742.92	224,949.12	128,052.33	130,627.75	142,931.48	151,908.54	163,869.33	108,602.83	
February	207,392.25	113,213.17	127,964.87	83,063.75	133,838.60	121,575.88	107,440.05	115,147.77	
March	170,101.10	264,666.84	168,271.90	119,700.47	144,940.45	117,899.40	120,489.59	66,667.82	
April	227,323.93	236,615.22	142,434.91	136,286.49	160,351.57	101,993.55	108,460.48	152,250.00	
May	216,049.75	224,636.22	126,503.97	128,319.69	173,228.70	121,909.56	127,950.48	30,652.63	
June	228,889.80	246,399.13	175,922.47	132,160.41	111,218.28	126,270.80	87,566.12	89,193.60	
June (2)	279,563.29	202,903.78	155,089.52	143,870.07	212,852.44	155,010.08	136,161.26	118,678.54	
	9,753.59								
Medicaid Pay.	2,807,412.83	2,622,428.80	1,989,633.76	1,546,000.66	1,733,298.31	1,504,050.72	1,454,585.07	1,116,509.78	188,657.90
TOTAL	742,443.68	788,982.19	553,523.98	542,278.28	445,437.88	26,551.56	202,738.74	124,307.44	
	3,549,856.51	3,411,410.99	2,543,157.74	2,088,278.94	2,178,736.19	1,530,602.28	1,657,323.81	1,240,817.22	188,657.90
Med. Loc. Match	170,279.46	180,953.07	110,657.07	95,542.20	82,464.82	7,612.00	58,122.66	35,637.39	
CSA Local Share	1,287,760.27	1,202,908.08	826,992.80	616,075.51	716,796.97	642,150.99	633,091.05	483,421.66	82,903.50
# Children Served	96	95	105	114	116	97	75	91	44
						unduplicated	unduplicated	unduplicated	unduplicated
						youth served	youth served	youth served	youth served
						Y-T-D	Y-T-D	Y-T-D	Y-T-D
								4287.68	
								Average	
								per child	

OCTOBER ATTACHMENTS

OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES



Intensive Care Coordination (ICC) FAQ

September 2014

- **What Is ICC and Who Can Provide ICC?**

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community-based setting. Intensive Care Coordination is characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as "Mental Health Case Management."

The provision of ICC is open to both CSB's and private providers. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High Fidelity Wraparound (HFW) model. All educational, training, and supervision requirements for ICC can be found in the [2013 SEC ICC Policy](#). A list of all agencies with providers who have completed the required training can be found on the CSA website at: <http://www.csa.virginia.gov/COE/coe.cfm>.

- I am a new staff and have not yet been trained in HFW; can I still provide the service?

Yes, new staff can serve in the ICC role provided that they complete the next available HFW facilitator training and are supervised by someone who has completed the required HFW training.

- **What is High Fidelity Wraparound (HFW)?**

High Fidelity Wraparound is an evidenced-informed practice that is firmly grounded in System of Care values such as individualized, family and youth driven services, strengths-based practice, reliance on natural supports and building of self-efficacy, team-based practice, outcomes-based service planning, and cultural and linguistic competence. The HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. HFW provides the family with voice and ownership of their plan of care and service delivery. With the help and support of the facilitator as well as youth and family supports, the youth and family develop their team. The team will consist of system partners and those important to the family (natural supports). The youth and family are integral to the process, sharing their voice and choice as it relates to their plan, and eventually the youth and family will lead the meetings. This team works together to identify the family's vision, goals and needs and then develops specific measurable plans to accomplish those outcomes making certain to honor the family culture. The HFW model follows a "structured" series of four phases (Engagement and Team Preparation, Planning, Implementation, Transition) with associated activities and hallmarks.

- What Restrictions Exist for the Provision of ICC and Other Services?

Virginia DMAS (in accordance with Federal Guidelines) categorizes ICC as a Case Management Service. As a result, regulations regarding non-duplication apply; meaning that other billed Case Management services (e.g., Treatment Foster Care – Case Management, Mental Health Case Management) cannot occur while ICC is in place. This also applies to Intensive In-Home (IIH) Services. Once currently proposed regulations to unbundle case management from IIH are signed (these are currently at the final stage pending signature by the Governor), then IIH will be allowable as a service concurrent with ICC.

- Can ICC Be Provided To a Youth In Residential Placement?

Virginia DMAS (in accordance with Federal Guidelines) allows for a three month, pre-discharge period for the concurrent provision of ICC while a youth is in Residential Placement. This allowance falls under the Transition Coordination Model (part of the Children's Mental Health Program) in the DMAS Provider Manual. During the overlap period, the ICC can begin engagement activities as well as the development of a High Fidelity Wrap (HFW) Plan related to discharge planning and other HFW Team identified needs.

- Can the ICC Serve as the Lead Agency Case Manager for FAPT?

The ICC cannot be the lead agency case manager for FAPT. The Office of Comprehensive Services provided guidance on this issue in November 2013 (November 2013 ASK OCS Question, ICC as Lead Agency Case Manager). If the ICC is a CSB employee, the lead agency case manager must be a separate individual from a child serving agency (schools, DSS, DJJ, or CSB).

Local CSA may purchase the FAPT case oversight function from the CSB by using the Case Support service (Standardized Service Name Definitions).

- Is ICC a Separately Licensed Service?

Yes, effective 10/31/2014, ICC is a licensed service under the Department of Behavioral Health and Development Services (DBHDS). Programs currently licensed by DBHDS will need to complete a Service Modification Application in order to add ICC to the list of services currently provided. Please see the ICC Licensing Guidance for details regarding Licensing Requirements.

Please note that in accordance with State Executive Council policy, state pool funds may only be used to purchase ICC from a licensed provider.

ICC Providers Trained in High Fidelity Wraparound - Updated September 1, 2014

Notes:

1. The listed providers are current in meeting training requirements as of September 1, 2014. The list will be periodically updated to reflect current status.
2. Providers are listed by agency. Individual ICC's / FFW practitioners and Supervisors must have completed the required training. Please verify with the provider that the individual practitioner and supervisor have completed training.
3. For providers that may serve multiple jurisdictions, please verify the location where trained individual practitioners may be present.
4. The Department of Behavioral Health and Developmental Services is now licensing ICC providers effective 10/31/14.

Alexandria Department of Community and Human Services	Attachment and Trauma Institute
Allegheny Highlands Community Services Board	Autumn Leaf Group
Arlington Department of Human Services	Braley and Thompson
Blue Ridge Behavioral Healthcare	Destini Therapeutic Services
Chesapeake Integrated Behavioral Health	Dominion Hospital
Colonial Behavioral Health	Extra Special Parents
Danville- Pittsylvania Community Services Board	Family Alliance Network of Loudoun County
Fairfax County Community Services Board	Family and Community Support Systems, LLC
Fairfax- Falls Church Community Services Board	Family Focus
Hampton Newport News Community Services Board	Family Preservation Services, Inc.
Hanover County Community Services	For Children's Sake of Virginia
Harrisonburg- Rockingham Community Services Board	Good Neighbor Community Services
Henrico Area Mental Health and Developmental Services	Improving Outcomes
Highlands Community Services Board	National Counseling Group
Horizon Behavioral Health	NIM Consultants
Loudoun County Community Services Board	Open Arms Family Services
Middle Peninsula Northern Neck Community Services Board	Our Angel Group, Inc.
Mount Rogers Community Services Board	Philips Programs
Mount Rogers Community Services Board	Pressley Ridge
New River Community Services	Registers Behavioral Consulting
Norfolk Community Services Board	Saint Joseph's Villa
Piedmont Community Services Board	Sophia Maye Consultants
Portsmouth Behavioral Health	Sparkle Parent Partner Support Services
Prince William County Community Services	UMFS
Rappahannock Area Community Services Board	UMFS (NOVA/Leland House)
Rappahannock Rapidan Community Services Board	Virginia Family Services
Region Ten Community Services Board	Virginia Home for Boys and Girls
Richmond Behavioral Health Authority	Winchester Community Mental Health Center
Valley Community Services Board	Youth Advocate Programs
Virginia Beach Community Services Board	Youth for Tomorrow
Western Tidewater Community Services Board	



COMMONWEALTH of VIRGINIA

OFFICE OF COMPREHENSIVE SERVICES

Administering the Comprehensive Services Act for At-Risk Youth and Families

Susan Cumbia Clare, M.Ed.
Executive Director

ADMINISTRATIVE MEMO #14-07

TO: CPMT CHAIRS
CANVAS DESIGNATED SUPER USERS
CANVAS REPORT ADMINISTRATORS
CSA COORDINATORS

FROM: SUSAN C. CLARE
EXECUTIVE DIRECTOR

DATE: SEPTEMBER 3, 2014

SUBJECT: DELETION OF OUT-DATED "OPEN" ASSESSMENTS IN CANVAS

Please be advised that effective immediately OCS will implement routine database maintenance procedures to delete all CANS assessments that remain open in CANVaS beyond 75 days. As noted in resource materials, CANS assessments should be closed within sixty (60) days of the date of opening the assessment. Assessments which remain open more than 60 days on the CANVaS website are not considered valid.

The timely completion and closing of an assessment ensures the integrity of data. Closing an assessment in CANVaS saves the assessment and ensures that data cannot be changed. Closed assessments may be retrieved and printed at any time.

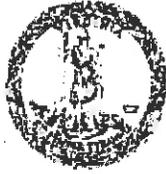
Please ensure that case managers are aware of the requirement to complete and close assessments in a timely manner. Information on how to close assessments is available on a Tip Sheet entitled "How to Close CANVaS Assessments" located in the CANS folder on the CSA website at the following address: <http://www.csa.virginia.gov/html/ClosingCANVaSAssessments.pdf>.

For assistance with the CANVaS website, please contact:

CANVaS Help Desk
e-mail: canvashelpdesk@rcrtechnology.com
phone: 877-727-8329

For additional assistance and/or questions about this memorandum, please contact:

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COMMONWEALTH of VIRGINIA

OFFICE OF COMPREHENSIVE SERVICES

Administering the Comprehensive Services Act for At-Risk Youth and Families

Susan Cumbin Clark, M Ed
Executive Director

ADMINISTRATIVE MEMO #14-08

TO: CPMT CHAIRS
CSA COORDINATORS

FROM: SCOTT REINER

DATE: SEPTEMBER 15, 2014

SUBJECT: LICENSURE OF INTENSIVE CARE COORDINATION BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

The Office of Licensing of the Department of Behavioral Health and Developmental Services (DBHDS) has established licensure guidelines for Intensive Care Coordination (ICC). The communication and guidance from DBHDS to public (CSB) and private service providers was issued on September 8, 2014 and is attached with this memorandum. The time frame for providers to submit their application (service modification) to DBHDS to be properly licensed to provide Intensive Care Coordination is October 31, 2014.

In accordance with the Denial of Funds Policy issued by the State Executive Council for the Comprehensive Services Act: "any service that requires licensure can only be rendered by a provider licensed to provide that service in Virginia." Effective with the newly issued licensure guidelines for Intensive Care Coordination, providers of Intensive Care Coordination must be licensed in order to be eligible for receipt of state pool funds. Purchase of ICC is also subject to the policy of the State Executive Council for that service.

Questions regarding licensing of ICC should be directed to the Office of Licensure, DBHDS and those about the application of this to CSA practices to the Office of Comprehensive Services.

Attachments

cc: Jennifer Faison, Executive Director
Virginia Association of Community Services Boards Services

Charlie Laslie, President
Virginia Coalition of Private Provider Associations

Les Saltzberg, Ph.D., Director
Office of Licensing, Virginia DBHDS