

**Minutes**  
 Winchester CPMT  
 24 Baker Street, Board Room  
 Tuesday, December 9, 2014  
 1:30 p.m.

**MEMBERS PRESENT**

Mary Blowe, City of Winchester  
 Dr. Charles Devine, Virginia Dept. of Health  
 Amber Dopkowski, Winchester Dept. of Social Services  
 Mark Gleason, Northwestern Community Services Board  
 Peter Roussos, Dept. of Juvenile Justice

**MEMBERS/OTHERS NOT PRESENT**

Kelly Bober, Child Advocacy Center  
 Eden Freeman, City of Winchester  
 Sarah Kish, Winchester Public Schools  
 Lyda Kiser, Parent Representative  
 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: NONE**

| Item  | Discussion  | Action  |
|---|---|---|
| <p><b>Call to Order/Additions to the Agenda</b></p> <p><b>Approval of Minutes</b></p> <p><b>Announcements</b></p> | <p>The meeting was opened by Chair, Mark Gleason, at 1:32 pm.</p>   | <p>There was not a quorum present.</p> <p>No business items were voted upon.</p> <p>None</p>  |
| <p><b>Financial Report</b></p>  | <p>The Financial Report was distributed and included expenditures for November, 2014</p> <p>Report: November, 2014<br/>           Gross Expenditures: \$166,351.96<br/>           Expenditure Refunds: \$1,711.62<br/>           Net Expenditures: \$164,640.34<br/>           Local Dollars: \$76,043.63<br/>           Regular Medicaid Payments to Providers: \$96,669.92<br/>           Local Match: \$82,903.50</p> <p>Wrap Dollars Funds Beginning Balance: \$18,805.00<br/>           Encumbered: \$9,143.53<br/>           Disbursed: \$1,433.00<br/>           Remaining Funds: \$9,647.14</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00<br/>           Encumbered: \$3,123.00<br/>           Disbursed: \$3,616.00<br/>           Remaining Funds: \$13,423.00</p> <p>Unduplicated Foster Care Case Count: 50<br/>           Average Spent per Child: \$9,587.74</p> | <p>Ms. Farrell reviewed the report.</p> <p>Ms. Farrell will submit a supplemental funding request to the Office of Comprehensive Services in January.</p> |

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| Item  | Discussion   | Action   |
|---|--|--|
| <p><b>Old Business:</b></p> <p><b>a. Strategic Planning Report- Assignment of Work Committees</b></p> | <p>Four Strategic Target Areas were identified as follows:</p> <ol style="list-style-type: none"> <li>1. CPMT Foundation and Structure (Dopkowski, Gleason, Blowe)</li> <li>2. Common Ground through Education, Training and Shared Expectations (Roussos, Kiser)</li> <li>3. Data-Driven Accountability and Service Provision (Scardino, Bober)</li> <li>4. CPMT Services Development (Kish, Devine)</li> </ol> | <ol style="list-style-type: none"> <li>1. The Subcommittee has completed the majority of its assigned tasks. Issues regarding dissemination of confidential client related information prior to CPMT meeting are tabled.</li> <li>2. No report</li> <li>3. No report</li> <li>4. No report.</li> </ol> |
| <p><b>b. Eligibility Assessments for Non-Medicaid Youth</b></p>                                       | <p>Request for Quote (RFQ) letter prepared</p>   | <p>Ms. Farrell provided draft letter for CPMT members review and comment. She will be sending the letter to local service providers this month, and will bring any resulting proposals to January CPMT meeting.</p>  |
| <p><b>New Business</b></p> <p><b>a. Confidentiality Agreement</b></p>                                 | <p>Ms. Farrell drafted a confidentiality agreement for CPMT Members to sign.</p>   | <p>The agreement was distributed. Mr. Gleason noted there are additional confidentiality related codes in the Virginia Code. Ms. Farrell to distribute to non-present members for their review. All CPMT members will be asked to sign in January, during Ethics and Confidentiality discussion.</p>   |
| <p><b>b. Strategic Plan</b></p>   | <p>Attending CPMT members discussed whether the strategic plan is meeting the needs of the members.</p>  | <p>Members were asked to meet in their subcommittees before January CPMT meeting, review the functional task(s) of the committee, and determine what work is left to accomplish. Consider possibly restructuring work-groups to suit members strengths.</p>  |

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| <b>c. 3.1.5.b. Referrals to Family Assessment and Planning Team – Emergency Services</b>  | State requirements indicate that Emergency Placement Services must be presented to FAPT within 14 days of service date. There could be a problem meeting that deadline with the current FAPT meeting schedule of the 1 <sup>st</sup> and 3 <sup>rd</sup> Thursday of each month. | Ms. Farrell discussed with FAPT team their preference to convening ad hoc FAPT meetings to process emergency funding if necessary, or changing the meeting schedule to every other Thursday. The FAPT team will be voting their preference at December 18 FAPT meeting. |
| <b>d. State Executive Council Resolution regarding Funding of Educational Services for Youth placed in Level C Residential Treatment Facility through Placement outside the CSA Process</b> | Mr. Gleason discussed the SEC resolution. He shared the proposed response from Warren County with the present CPMT Members.  | No action was taken.  |
| <b>Motion to Adjourn/Next Meeting Date</b>  | The next CPMT meeting will be held Tuesday January 13, 2015 at 1:30 p.m., Winchester/Frederick County Health Department, 10 Baker Street, Conference Room, Winchester VA   | The meeting was adjourned at 2:30 p.m.  |

Attachments: November 2014 Financials  
 RFQ Letter for Eligibility Assessments for Non-Medicaid Youth  
 Confidentiality Agreement  
 Warren County draft response to SEC Resolution regarding Funding of Educational Services for non-CSA youth

Transcribed by CPG

# **NOVEMBER FINANCIALS**

**CSA Pool Reimbursement Request Report Worksheet**

Date: December 2, 2014

Period Ending: November 30, 2014

Chart A

**Part 1 - Expenditure Description**

|  | Number of Clients | Gross Total Expenditures | Expenditure Refunds | Net Total Expenditures |
|--|-------------------|--------------------------|---------------------|------------------------|
| <b>1. Congregate Care/Mandated &amp; Non-Mandated Residential Services</b>   |                   |                          |                     |                        |
| 1a. Foster Care - IV-E Child in Licensed Residential Congregate Care         | 1                 | 1,820.00                 |                     | 1,820.00               |
| 1b. Foster Care - all other in Licensed Residential Congregate Care          | 1                 | 6,118.47                 |                     | 6,118.47               |
| 1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial | 3                 | 20,770.90                |                     | 20,770.90              |
| 1d. Non-Mandated Services/Residential/Congregate Care                        | 0                 | 0.00                     |                     | 0.00                   |
| 1e. Educational Services - Congregate Care                                   | 5                 | 68,023.56                |                     | 68,023.56              |

|  | Number of Clients | Gross Total Expenditures | Expenditure Refunds | Net Total Expenditures |
|--|-------------------|--------------------------|---------------------|------------------------|
| <b>2. Other Mandated Services</b>  |                   |                          |                     |                        |
| 2a. Treatment Foster Care - IV-E   | 15                | 33,665.37                | 327.00              | 33,338.37              |
| 2a.1 Treatment Foster Care   | 3                 | 11,485.00                |                     | 11,485.00              |
| 2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial      | 0                 | 0.00                     |                     | 0.00                   |
| 2b. Specialized Foster Care - IV-E; Community Based Services                 | 0                 | 0.00                     |                     | 0.00                   |
| 2b.1 Specialized Foster Care   | 0                 | 0.00                     |                     | 0.00                   |
| 2c. Family Foster Care - IV-E; Community Based Services                      | 1                 | 300.00                   |                     | 300.00                 |
| 2d. Family Foster Care Maintenance Only                                      | 2                 | 1,148.00                 | 1,298.93            | -150.93                |
| 2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL | 1                 | 1,504.00                 | 30.69               | 1,473.31               |
| 2f. Community Based Services   | 10                | 10,416.48                | 55.00               | 10,361.48              |
| 2f.1 Community Transition Services   | 0                 | 0.00                     |                     | 0.00                   |
| 2g. Special Education Private Day Placement                                  | 2                 | 8,249.03                 |                     | 8,249.03               |
| 2h. Wrap-Around Services for Students With Disabilities                      | 2                 | 1,433.00                 |                     | 1,433.00               |
| 2i. Psychiatric Hospitals/Crisis Stabilization Units                         | 0                 | 0.00                     |                     | 0.00                   |
| 3. Non-Mandated Services/Community Based                                     | 3                 | 1,418.15                 |                     | 1,418.15               |
| <b>4. Grand Totals: Sum of categories 1 through 3</b>                        | <b>49</b>         | <b>166,351.96</b>        | <b>1,711.62</b>     | <b>164,640.34</b>      |

**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                       | 970.62          |
| Pool prior-reported expenditures re-claimed under IV-E       |                 |
| Other (specify)  |                 |
| <b>Total Refunds (must agree with line 4)</b>                | <b>1,711.62</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:<br>0.4587                        | Status   | Period End | Date Filed | Total<br>Amount       | State               | Local               |
|--|----------|------------|------------|-----------------------|---------------------|---------------------|
| <b>Beginning Balance</b>                     |          |            |            | <b>\$1,206,997.00</b> | <b>\$653,308.99</b> | <b>\$553,688.01</b> |
| <b>Pool Reimbursement History</b>            |          |            |            |                       |                     |                     |
|  | <u>9</u> | 07/31/2014 | 08/06/2014 | \$271.75              | \$129.94            | \$141.81            |
|  | <u>9</u> | 08/31/2014 | 09/03/2014 | \$66,462.27           | \$37,034.51         | \$29,427.76         |
|  | <u>9</u> | 09/30/2014 | 10/02/2014 | \$121,923.88          | \$68,589.95         | \$53,333.93         |
|  | <u>9</u> | 10/31/2014 | 11/03/2014 | \$126,088.83          | \$67,498.17         | \$58,590.66         |
|  | <u>5</u> | 11/30/2014 | 12/03/2014 | \$164,640.34          | \$88,596.71         | \$76,043.63         |
| <b>Pool Reimbursement Expenditure Totals</b> |          |            |            | <b>\$479,387.07</b>   | <b>\$261,849.28</b> | <b>\$217,537.79</b> |
| <b>Supplement History</b>                    |          |            |            |                       |                     |                     |
| <b>Supplement Totals</b>                     |          |            |            | <b>\$0.00</b>         | <b>\$0.00</b>       | <b>\$0.00</b>       |
| <b>CSA System Balance</b>                    |          |            |            | <b>\$727,609.93</b>   | <b>\$391,459.71</b> | <b>\$336,150.22</b> |

**Transaction History without WRAP Dollars**

| Match Rate:<br>0.4587             | Status | Period End | Date Filed | Total<br>Amount       | State               | Local               |
|-----------------------------------|--------|------------|------------|-----------------------|---------------------|---------------------|
| <b>Beginning Balance</b>          |        |            |            | <b>\$1,176,583.00</b> | <b>\$636,846.99</b> | <b>\$539,736.01</b> |
| <b>Pool Reimbursement History</b> |        |            |            |                       |                     |                     |
|                                   | -      | 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         |
|                                   | -      | 10/31/2014 | 11/03/2014 | \$126,088.83          | \$67,498.17         | \$58,590.66         |

|  |            |            |                     |                     |                     |
|--|------------|------------|---------------------|---------------------|---------------------|
| -  | 11/30/2014 | 12/03/2014 | \$163,207.34        | \$87,821.03         | \$75,386.31         |
| <b>Pool Reimbursement Expenditure Totals</b> |            |            | <b>\$477,954.07</b> | <b>\$261,073.60</b> | <b>\$216,880.47</b> |

**Supplement History**

|                          |  |  |               |               |               |
|--------------------------|--|--|---------------|---------------|---------------|
| <b>Supplement Totals</b> |  |  | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</b> |
|--------------------------|--|--|---------------|---------------|---------------|

|                                       |  |  |                     |                     |                     |
|---------------------------------------|--|--|---------------------|---------------------|---------------------|
| <b>CSA System Balance (Non-WRAP):</b> |  |  | <b>\$698,628.93</b> | <b>\$375,773.39</b> | <b>\$322,855.54</b> |
|---------------------------------------|--|--|---------------------|---------------------|---------------------|

**Transaction History WRAP dollars only**

|                    |               |                   |                   |                     |              |              |
|--------------------|---------------|-------------------|-------------------|---------------------|--------------|--------------|
| <b>Match Rate:</b> | <b>Status</b> | <b>Period End</b> | <b>Date Filed</b> | <b>Total Amount</b> | <b>State</b> | <b>Local</b> |
| 0.4587             |               |                   |                   |                     |              |              |

**WRAP Allocation Additions History**

|  |  |            |             |             |            |
|--|--|------------|-------------|-------------|------------|
|  |  | 08/06/2014 | \$18,805.00 | \$10,178.00 | \$8,626.00 |
|  |  | 10/26/2014 | \$11,609.00 | \$6,283.00  | \$5,325.00 |

**WRAP Allocation Additions Totals**

|  |  |  |                    |                    |                    |
|--|--|--|--------------------|--------------------|--------------------|
|  |  |  | <b>\$30,414.00</b> | <b>\$16,461.00</b> | <b>\$13,951.00</b> |
|--|--|--|--------------------|--------------------|--------------------|

**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   |
| - | 10/31/2014 | 11/03/2014 | \$0.00     | \$0.00   | \$0.00   |
| - | 11/30/2014 | 12/03/2014 | \$1,433.00 | \$775.68 | \$657.32 |

**Pool Reimbursement Expenditure Totals -WRAP only**

|  |  |  |                   |                 |                 |
|--|--|--|-------------------|-----------------|-----------------|
|  |  |  | <b>\$1,433.00</b> | <b>\$775.68</b> | <b>\$657.32</b> |
|--|--|--|-------------------|-----------------|-----------------|

**CSA System Balance (WRAP only):**

|  |  |  |                    |                    |                    |
|--|--|--|--------------------|--------------------|--------------------|
|  |  |  | <b>\$28,981.00</b> | <b>\$15,686.32</b> | <b>\$13,294.68</b> |
|--|--|--|--------------------|--------------------|--------------------|







CITY OF WINCHESTER  
 COMPREHENSIVE SERVICES FUND BALANCE  
 COMPREHENSIVE SERVICE ACT

Chart F

| FUND NAME                               | REVISED BUDGET | EXPENDITURES | FUND BALANCE |            | ENCUMBRANCES | UNAPPROVED CREDIT AUTHORIZATIONS & POSOS |             | ADJUSTED FUND BALANCE |
|---|----------------|--------------|--------------|------------|--------------|--|-------------|-----------------------|
|   |                |              | BALANCE      | BALANCE    |              |  |             |                       |
| 114 CSA MANDATED 13/14 POS              | 1,235,536.00   | 1,164,561.80 | 70,974.20    | 65,974.20  | 5,000.00     | 0.00                                     | 65,974.20   |                       |
| 114 CSA NON-MANDATED 13/14 POS          | 20,162.00      | 14,917.35    | 5,244.65     | 5,244.65   | 0.00         | 0.00                                     | 5,244.65    |                       |
| 114 CSA W/A SRVS FOR STUDENTS 13/14 POS | 23,424.00      | 11,795.00    | 11,629.00    | 11,629.00  | 0.00         | 0.00                                     | 11,629.00   |                       |
| 115 CSA MANDATED 14/15 ASSIST           | 16,000.00      | 2,513.28     | 13,486.72    | 13,486.72  | 0.00         | 0.00                                     | 13,486.72   |                       |
| 115 CSA MANDATED 14/15 POS              | 1,140,421.00   | 517,646.04   | 622,774.96   | 47,617.19  | 575,157.77   | 0.00                                     | 13,486.72   |                       |
| 115 CSA NON-MANDATED 14/15 POS          | 20,162.00      | 3,889.25     | 16,272.75    | 13,423.00  | 2,849.75     | 60,487.50                                | (12,870.31) |                       |
| 115 CSA W/A SRVS FOR STUDENTS 14/15     | 4,000.00       | 0.00         | 4,000.00     | 4,000.00   | 0.00         | 0.00                                     | 4,000.00    |                       |
| 115 CSA W/A SRVS FOR STUDENTS 14/15 POS | 14,805.00      | 3,359.11     | 11,445.89    | 5,647.14   | 5,798.75     | 0.00                                     | 4,000.00    |                       |
|   | 2,474,510.00   | 1,718,681.83 | 755,828.17   | 167,021.90 | 588,806.27   | 60,487.50                                | 106,534.40  |                       |



Department of Social Services  
24 Baker Street  
Winchester, VA 22601

Telephone: (540) 662-3807  
General FAX: (540) 662-3279  
Benefits FAX: (540) 662-3054  
Website: [www.winchesterva.gov](http://www.winchesterva.gov)

December 2, 2014

Dear Community Provider:

The Winchester Community Policy and Management Team are seeking a Qualified Licensed Mental Health Professional to perform assessments of Non-Medicaid youth, when youth are in need of Medicaid reimbursable specific services through Comprehensive Services Act (CSA) funding. The State Executive Council (SEC) on July 31, 2013 adopted a policy regarding the use of state pool funds for three behavior health services, Intensive In Home, Therapeutic Day Treatment and Mental Health Skill Building, that are regulated by the Department of Medical Assistance Services (DMAS). Changes to Comprehensive Services policy now requires that Non-Medicaid youth receive an assessment, comparable to the assessment Medicaid youth receive, when asking for CSA funded services that would be Medicaid eligible, if the youth had Medicaid.

The Qualified Mental Health Professional must meet the following requirements:

- Vendor must have a local office in the City of Winchester or Frederick County for ease of access and to reduce travel time for the youth and family.  
Vendor must be a Qualified Licensed Mental Health Professional. (LCSW, LPC psychologist, psychiatrist, etc). Providers shall provide with their bid proof of qualifications.
- Individual completing the assessment cannot be either a supervisor of the services in question or a provider of the services for which the approval is given.
- Possess knowledge and the ability to interpret the established DMAS regulations for Intensive-In Home, Therapeutic Day Treatment, and Mental Health Skill Building Services as indicated in Chapter IV of the DMAS Manual and the following sections of Virginia Administrative Code:
  - Intensive In-Home
    - 12 VAC30-50-130(B)(5)(a)
    - 12VAC30-60-61(B)
  - Mental Health Skill Building
    - 12VAC30-50-226(B)(6)
    - 12VAC30-60-143(H)
  - Therapeutic Day Treatment
    - 12VAC50-150-130(B)(5)
    - 12VAC30-60-61(C)

*"Mission: To be a financially sound City providing top quality municipal services while focusing on the customer and engaging our community."*

- The Licensed Qualified Mental Health Professional is required to conduct a face to face assessment with the youth and family, to review applicable documentation including but not limited to the Individual Family Services Plan (IFSP), Virginia Child and Adolescent Needs and Strengths Assessment (CANS), Family Assessment and Planning Team documentation, case manager/family/client reports and any other relative information to determine if the youth meets the medical necessity criteria for the recommended service(s).
- Utilize the City of Winchester CSA Community-Based Behavior Health Services Appropriateness Determination Form (attached) to record the assessment for medical necessity criteria and to make formal recommendation.  
Upon receipt of the referral for an independent assessment, the completed City of Winchester CSA Community-Based behavior Health Services Appropriateness Determination Form must be completed and returned to the City of Winchester CSA Coordinator with seven (7) business days.
- Assessment fee will be a flat rate of \$252.00 (current VICAP rate). Fee includes one clinical assessment hour for a face to face assessment, documentation review and completion of determination form.

Please submit letter or interest to the Winchester Comprehensive Services Act Coordinator by January 9, 2015 to express your interest in providing assessments to non-Medicaid youth at the address below:

City of Winchester, Comprehensive Services Act  
Attn: Karen Farrell, CSA Coordinator  
24 Baker Street  
Winchester, VA 22601  
Phone: 540-542-6573  
Fax: 540-662-3279

Please do not hesitate to contact me, should you have any questions.

Sincerely,

Karen Farrell  
City of Winchester  
CSA Coordinator  
540-542-6573

**Winchester Comprehensive Services Act CPMT Member**  
**CONFIDENTIALITY AGREEMENT**

I, THE UNDERSIGNED, DO HEREBY AGREE TO COMPLY WITH VIRGINIA CODE 2.2-5210 AND DO HEREBY AGREE TO PRESERVE THE CONFIDENTIALITY OF ALL INFORMATION TO WHICH I MAY HAVE ACCESS, EITHER WRITTEN OR VERBAL, WHILE PARTICIPATING IN, OR PROVIDING SUPPORT TO, THE WINCHESTER CITY COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES PROGRAM.

**§ 2.2-5210. Information sharing; confidentiality**

All public agencies that have served a family or treated a child referred to a Family Assessment and Planning Team (FAPT) shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.

Proceedings held 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 assessed by this team or reviewed by the Community Policy and Management Team (CPMT) shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.

Demographic, service and cost information on youths and families receiving services and funding through this chapter that is of a non-identifying nature may be gathered for reporting and evaluation purposes.

**I have read, understand and agree to abide by this statute on confidentiality and all other laws and regulations pertaining to confidentiality of persons served.**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

12/9/14

Private providers of residential care over the past few years have seen an increase in the number of youth placed into Level C Residential Treatment Facilities (RTF) by parents outside of the CSA process by use of alternative routes created by the state. These alternative routes ensure Medicaid funding for treatment services, but do not provide for the funding of educational services that must be provided at the treatment facility. It is estimated that 30% of the Medicaid-funded youth are being placed without multi-agency planning at FAPT.

Not only do the facilities not get compensated for educational services provided, but the localities do not have to pay the local Medicaid match on the treatment services provided. All treatment service cost are billed directly to Medicaid through state funding.

The State Executive Council has been tasked to identify resolutions for the lack of funding for educational services for youth that have been placed into Level C RTF's and for whom Medicaid has authorized funding. What they were not tasked with is to also look at any financial impact to localities, not only for cost of service but in time and personnel resources.

In reviewing the task force recommendations, the areas that have the largest impact to localities are:

- Upon notice from a Level C RTF that a youth has been admitted, the local CSB shall immediately refer the youth to the local FAPT.
- The FAPT shall review the case and develop an Individual Family Service Plan(IFSP) for the youth within 14days of the CSB receipt of referral from the RTF
  - If FAPT concurs with the placement then cost are retroactive to date of admission
  - If FAPT determines youth needs can be met through community based services, but services take longer than 14 days to get in place, RTF cost are the responsibility of the locality
  - If FAPT fails to meet and/or develop an IFSP within 14 days the locality shall assume all costs from date of placement

Concerns from Warren County's perspective:

- Our local CSB serves six FAPT teams and has limited case management coverage "on standby" for this purpose. As such, there may be delays in the CSB's ability to get required referral information to the FAPT team. This may be complicated by the fact that the families may not make themselves available to the CSB in order to obtain required referral information within a timely fashion.
- FAPT meets 2 times a month, so there may be times that the FAPT team cannot meet the 14 day requirement
- FAPT members have jobs and responsibilities outside the FAPT process, are not compensated for the time that FAPT meets, and therefore have limited ability to meet on a non-scheduled basis for a particular case.
- Families may not be aware or have taken advantage of community based resources which RTF providers may have no knowledge of in our area. Once a youth is placed in a RTF, it makes it more difficult to develop a community based IFSP, since the family is experiencing a sense of relief with the youth placed outside the home.

Recommendations:

- Determine if this practice is localized to specific areas of the state and work with those areas. Do not make a policy for the entire state when it may be localized to certain areas/regions of the state.
- Provide specific data to each CPMT regarding how many placements have been made outside the FAP/CPMT process in the last three years, so it can be determined if this practice is happening within a jurisdiction and CPMT is not aware
- Determine the providers that accept these types of placements. Since there are providers that do not accept referrals made outside the FAPT/CPMT process requiring they “scholarship” education cost, the policy should reflect that all Level C RFT providers should stop making placement that have not come through the FAPT/CPMT process or if they do continue to accept those type of placements, then the provider(s) accepts full responsibility for their decision which may include no funding for educational services.
- It is perceived that with the implementation of the changes in the CSA match rate for RTF level of care, many localities brought youth home reducing the RTF bed census for many providers. In order to make up for the loss in CSA funding, providers may have chosen to accept non CSA referrals realizing that Medicaid would cover treatment cost, thereby reducing some of the overhead cost related to staying in business. Better to have a bed filled with partial funding, then to have a totally vacant bed.