

Minutes
Winchester CPMT
10 Baker Street
Tuesday, February 10, 2015
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
Paul Scardino, National Counseling Group

MEMBERS/OTHERS NOT PRESENT

Eden Freeman, City of Winchester
Sarah Kish, Winchester Public Schools
Peter Roussos, Dept. of Juvenile Justice

Others Present:

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

RECAP OF CPMT VOTES:

Motion:

- Motioned to accept Agenda for February 10, 2015 meeting
- Motioned to approve the minutes from January 13, 2015 CPMT Meeting.
- 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: Mr. Scardino
2nd: Ms. Dopkowski
1st: Mr. Scardino
2nd: Ms. Dopkowski
1st: Ms. Kiser
2nd: Mr. Scardino

Status:

Approved
Unanimously
Approved
Unanimously
Approved
unanimously

Approved
unanimously
Approved
unanimously

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Motion:

- Motion to Approve All Cases, as presented or amended

Action:

1st: Dr. Devine
 2nd: Ms. Bober
 Mr. Scardino –
 abstained from ___
 cases
 Mr. Gleason –
 abstained from ___
 cases

Status:

Motion was
 approved with
 noted
 abstentions

- Motion to adjourn CPMT Meeting

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

Approved
 Unanimously

Item	Discussion	Action
<p>Call to Order/Additions to the Agenda</p> <p>Approval of Minutes</p> <p>Announcements</p>	<p>The meeting was opened by Chair, Mark Gleason, at 1:30 pm. Mr. Gleason called for a motion to accept the presented Agenda for the meeting.</p>	<p>Mr. Scardino motioned to approve the Agenda for the February 10, 2015 meeting. Ms. Dopkowski seconded the motion. Motion to approve the Agenda passed unanimously.</p> <p>Mr. Scardino motioned to approve the Minutes from January 13, 2015. Ms. Dopkowski seconded the motion. Motion to approve the minutes passed unanimously.</p> <p>Ms. Farrell will be unable to attend the next CPMT meeting since she will be attending the CSA New Coordinators Meeting March 9-12.</p>
<p>Financial Report</p>	<p>The Financial Report was distributed and included expenditures for January, 2015</p> <p>Report: January, 2015 Gross Expenditures: \$106,292.78 Expenditure Refunds: \$735.00 Net Expenditures: \$105,557.78 Local Dollars: \$48,333.08 Regular Medicaid Payments to Providers: \$184,781.62 Local Match: \$52,974.58</p> <p>Wrap Dollars Funds Beginning Balance: \$18,805.00 Additional Allocation: \$11,609.00</p>	<p>Ms. Farrell reviewed the report.</p> <p>Ms. Farrell is requesting the remaining 25% balance of the supplemental funding from the Office of Comprehensive Services this month. A second supplemental request will likely need to be made next month.</p>

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	<p>Wrap Dollars Total Allocation: \$30,414.00 Encumbered: \$11,900.00 Disbursed: \$7,034.91 Remaining Funds: \$11,478.49</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00 Encumbered: \$6,530.00 Disbursed: \$5,424.10 Remaining Funds: \$8,207.90</p> <p>Unduplicated Foster Care Case Count: 72 Average Spent per Child: \$10,963.90</p>	
<p>Old Business:</p> <p>a. Strategic Planning Report-Assignment of Work Committees</p>	<p>Four Strategic Target Areas were identified as follows:</p> <ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 1. No report 2. No report 3. Distributed a draft Agreement for Purchase of Service contract. A version of this document is being used by Frederick County DSS currently. Ms. Farrell to disseminate the document electronically to CPMT members, who are requested to review and provide their comments about the Agreement to Mr. Scardino directly. The subcommittee will present the revised draft at the March CPMT meeting. 4. No report.
<p>b. Eligibility Assessments for Non-Medicaid Youth</p>	<p>Request for Quote (RFQ) letter mailed</p>	<p>Ms. Farrell will review the proposals and compile a listing of qualified providers for March CPMT meeting.</p>
<p>c. Request for Supplemental Appropriation</p>	<p>The supplemental allocation of \$61,908 was approved. OCS has awarded 75% of the funds at this time (\$46,431).</p>	<p>Ms. Farrell will request OCS to award the remaining \$15,477 now. An additional supplemental allocation will be requested in March or April.</p>

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Item	Discussion	Action
New Business a. State CSA Meeting Notes	<p>Ms. Farrell attended the State CSA Coordinators Meeting on January 23, 2015. (Agenda attached.)</p> <p>The issue regarding referrals to Family Assessment and Planning Team for Emergency Services within 14 days has been tabled at this time. OCS is compiling a task force to further review the issue.</p> <p>OCS has released a draft of Standardized Service Names that will begin to be used FY16.</p>	<p>No action necessary</p> <p>No action necessary at this time.</p> <p>Awaiting information regarding upcoming training on the new Service Names.</p>
b. Critical Service Gaps Survey		<p>Ms. Farrell requested members please forward their responses to her as soon as possible. The survey is due to OCS February 15.</p>
Motion to Convene in Executive Session	<p>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.</p>	<p>Mr. Gleason asked that the meeting move into Executive Session. On motion by Ms. Kiser, seconded by Mr. Scardino, the meeting moved into Executive Session.</p>
Motion to Come Out of Executive Session & Immediately Reconvene in Open Session		<p>Motion to come out of Executive Session by Dr. Devine and seconded by Ms. Kiser. Approved unanimously.</p>
Motion to Certify Compliance by Roll Call Vote	<p>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.</p>	<p>Motion to Certify Compliance by Roll Call Vote was made by Dr. Devine, seconded by Ms. Kiser, and unanimously approved.</p>
Motion to Approve All Cases	<p>Motion to Approve all cases as accepted or amended. Mr. Scardino – abstained from ___ cases Mr. Gleason – abstained from ___ cases</p>	<p>All cases were approved, on motion by Dr. Devine, seconded by Ms. Bober. Motion was approved with noted abstentions.</p>

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d. Strategic Plan	Members discussed how to review/update the CPMT Strategic Plan developed in October 2013.	Members reviewed the list of goals and noted many goals have been completed. Ms. Farrell to compile and distribute by March CPMT meeting a list of goals which are not completed, partially completed, and ongoing in order to determine what is left to do, and how to do it. Consider prioritizing the list and working as a team to accomplish the goals.
Motion to Adjourn/Next Meeting Date	The next CPMT meeting will be held Tuesday March 10, 2015 at 1:30 p.m., Winchester/Frederick County Health Department, 10 Baker Street, Conference Room, Winchester VA	The meeting was adjourned at 3:00 p.m.

Attachments: January 2014 Financials
 Statewide CSA Coordinators Meeting Agenda w/attachments

Transcribed by CPG

January Financials

CSA Pool Reimbursement Request Report Worksheet

Date: February 3, 2015

Period Ending: January 30, 2015

Chart A

Part 1 - Expenditure Description

	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
1. Congregate Care/Mandated & Non-Mandated Residential Services				
1a. Foster Care - IV-E Child in Licensed Residential Congregate Care	2	5,134.22		5,134.22
1b. Foster Care - all other in Licensed Residential Congregate Care	0	0.00	8.88	-8.88
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial	3	16,695.56		16,695.56
1d. Non-Mandated Services/Residential/Congregate Care	0	0.00		0.00
1e. Educational Services - Congregate Care	4	25,459.44		25,459.44

	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
2. Other Mandated Services				
2a. Treatment Foster Care - IV-E	10	25,994.95	251.00	25,743.95
2a.1 Treatment Foster Care	3	11,485.00	67.70	11,417.30
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	78.80	-78.80
2c. Family Foster Care - IV-E; Community Based Services	6	1,404.47		1,404.47
2d. Family Foster Care Maintenance Only	1	536.90	297.93	238.97
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	1	1,309.20	30.69	1,278.51
2f. Community Based Services	14	9,562.02		9,562.02
2f.1 Community Transition Services	0	0.00		0.00
2g. Special Education Private Day Placement	2	6,669.72		6,669.72
2h. Wrap-Around Services for Students With Disabilities	2	1,716.30		1,716.30
2i. Psychiatric Hospitals/Crisis Stabilization Units	0	0.00		0.00
3. Non-Mandated Services/Community Based	2	325.00		325.00
4. Grand Totals: Sum of categories 1 through 3	50	106,292.78	735.00	105,557.78

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)	
Child Support Collections through DCSE	735.00
Pool prior-reported expenditures re-claimed under IV-E	
Other (specify)	
Total Refunds (must agree with line 4)	735.00



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: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
Beginning Balance				\$1,206,997.00	\$653,308.99	\$553,688.01
Pool Reimbursement History						
	<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>9</u>	11/30/2014	12/03/2014	\$164,640.34	\$88,596.71	\$76,043.63
	<u>9</u>	12/31/2014	01/07/2015	\$204,456.19	\$111,822.17	\$92,634.02
	<u>1</u>	01/31/2015	02/06/2015	\$105,557.78	\$57,224.70	\$48,333.08
Pool Reimbursement Expenditure Totals				\$789,401.04	\$430,896.15	\$358,504.89
Supplement History						
			01/21/2015	\$46,431.00	\$41,261.00	\$5,170.00
Supplement Totals				\$46,431.00	\$41,261.00	\$5,170.00
CSA System Balance				\$464,026.96	\$263,673.84	\$200,353.12

Transaction History without WRAP Dollars

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
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
	-	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
	-	12/31/2014	01/07/2015	\$200,570.58	\$109,718.89	\$90,851.69
	-	01/31/2015	02/06/2015	\$103,841.48	\$56,295.67	\$47,545.81
Pool Reimbursement Expenditure Totals				\$782,366.13	\$427,088.16	\$355,277.97
Supplement History						
			01/21/2015	\$46,431.00	\$41,261.00	\$5,170.00
Supplement Totals				\$46,431.00	\$41,261.00	\$5,170.00
CSA System Balance (Non-WRAP):				\$440,647.87	\$251,019.83	\$189,628.04

Non-Mandated Funds
2014 - 2015

Chart D

Child	7	4	8	10	3	15	19	16	17	TOTAL SPENT
Agency	NREP	WPS	WPS	WPS	WPS	WPS	DJJ	NWCBSB	WPS	
Worker	Clatter	Mck	Mck	Mck	Mck	Mck	Young	Connell	Mck	
JUL										0.00
AUG								669.80		669.80
SEP						210.00		953.05	265.00	1,428.05
OCT						100.00				100.00
NOV							550.00	613.15	255.00	1,418.15
DEC							445.00	773.10	265.00	1,483.10
JAN							200.00		125.00	325.00
FEB										0.00
MAR										0.00
APR										0.00
MAY										0.00
JUN										0.00
JUN 1										0.00
TOTAL/ CHILD	0.00	0.00	0.00	0.00	0.00	310.00	1,195.00	3,009.10	910.00	5,424.10
							Beginning Balance			20,162.00
							Disbursed			5,424.10
							Encumbered			6,530.00
							Remaining Funds			8,207.90

February Attachments

State CSA Coordinators Meeting

Jan. 23, 2015 – Richmond

1. SEC task force recommended a Workgroup to review non CSA children placed in residential facilities and review proposed policy to address concerns. Workgroup representatives were elected for our group.
2. There are bills being voted on in State Legislature that involved CSA. One bill, HB 2083, passed in the House. The companion Senate Bill has not passed yet, but it is expected to soon. The bill Directs CPMT's to establish as part of their policy a process for parents and persons who have primary physical custody of a child to directly refer children in their care to the FAPT team.
3. The group received a copy of the amended Standardized Service Names for CSA Purchased Services that are expected to go into effect July 2015.

OFFICE OF COMPREHENSIVE SERVICES

STANDARDIZED SERVICE NAMES

CSA Purchased Services

JUNE 2014

Technical Edits JANUARY 2014

Acute Psychiatric Hospitalization³

Inpatient services that are generally short term and in response to an emergent psychiatric condition. The individual experiences mental health dysfunction requiring immediate clinical attention. The objective is to prevent exacerbation of a condition and to prevent injury to the recipient or others.

Applied Behavior Analysis³

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.

Assessment/Evaluation³

Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

Case Support

Service may be purchased from a public child serving agency and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers and the FAPT.

Crisis Intervention³

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.

Crisis Stabilization³

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 a 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.

Family Partnership Facilitation

Service is provided by a trained facilitator to conduct a Family Partnership Meeting. The meeting is a relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision making process. It extends partnership messages to caregivers, providers and neighborhood stakeholders.

Family Support Services

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.

Independent Living Services

Services specifically designed to help adolescents make the transition to living independently as an adult. Services include training in daily living skills as well as vocational and job training.

Individualized Support Services

Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. 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. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Intensive Care Coordination

Services, as defined by State Executive Council policy, conducted by an Intensive Care Coordinator for children who are at risk of entering or who are placed in residential care. ICC providers must be trained in the High Fidelity Wraparound model of care coordination and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in, or transition/return the child home, to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child serving agencies. Services and activities include: identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

Intensive Care Coordination Family Support Partner

A family support partner is part of the High Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

Intensive In-Home Services³

IH 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.); and coordination with other required services. Service also includes 24-hour emergency response.

Maintenance – Basic²

Payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement.

Maintenance – Clothing Supplement²

Payments, as determined and scheduled by VDSS, for clothing outside of basic maintenance for children in foster care.

Maintenance - Child Care Assistance

Provides daily supervision during the foster parents' working hours when the child is not in school, facilitates the foster parent's attendance at activities which are beyond the scope of "ordinary parental duties," and is provided in a licensed day care facility or home.

Maintenance - Enhanced²

The amount paid to a foster parent over and above the basic foster care maintenance payment. Payments are based on the needs of the child for additional supervision and support by the foster parent as identified by the VEMAT.

Maintenance – Independent Living²

Payments made to foster care youth who are in independent living arrangements.

Maintenance – Transportation²

In accordance with Title IV-E and Fostering Connections regulations, payments made to support a child/youth in foster care. Includes: visits to family including parents, relatives and siblings; costs for the child to be transported to a non-resident/non-zone

school in accordance with a best interest determination. Costs may include purchased contracted services, cost of the child's bus/plane tickets; or mileage (at the state rate) for a driver to transport the child.

Material Support – Payment for items or services for families when such assistance is not otherwise available but is necessary to prevent an out of home placement of a youth or assist with reunification. Payments may include, but are not limited to, support with housing and utilities costs.

Mental Health Case Management³

Mental health case management is defined as a service to assist individuals with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Case management **does** not include the provision of direct treatment or habilitation services.

Mental Health Skills Building³

A training service for individuals with significant psychiatric functional limitations 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. 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.

Mentoring

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.

Other

A uniquely designed service, not otherwise named and defined, that will ensure the safety and well-being of a child at risk of or in an out of home placement, support family preservation, or enhance reunification efforts.

Outpatient Services³

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location (including the home). Outpatient services may include counseling, dialectical behavioral therapy, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services and medication services.

Private Day School⁴

Special Education services identified through an IEP in which the "least restrictive environment" is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the *Regulations governing Special Education Programs for Children with Disabilities in Virginia*.

Private Foster Care Support, Supervision and Administration¹

Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

Private Residential School^{4,3}

Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the "least restrictive environment" is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

Residential Education³

A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

Residential Room and Board^{1,3,5}

A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

Residential Supplemental Therapies³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

Residential Medical Counseling³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Activities also include the doctor and nurse at every treatment planning meeting for resident.

Respite

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. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services.

Special Education Related Services

Services identified within an IEP to be delivered to youth placed in private education schools. Services include, but are not limited to: occupational therapy, physical therapy, speech therapy).

Sponsored Residential Home Services³

A short-term residential treatment service provided in a private home which is supervised by a licensed provider. Providers arrange for, supervise, and provide programmatic, financial, and services support to sponsors providing care or treatment for individuals placed in the sponsors' homes.

Substance Abuse Case Management³

Substance Abuse case management assists children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time.

Transportation

Transportation to support attainment of the goals in a child's service plan, either through contracted services or payment of mileage. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Therapeutic Day Treatment for Children and Adolescents³

Covered services are a combination of psychotherapeutic interventions combined with medication, education, and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents.

Treatment Foster Care Case Management¹

A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child's specific needs and the identified level of care.

Utilization Review

Activities that provide oversight of purchased services. Activities of UR include review of IFSPs, review of services delivered by providers, review of a child or youth's progress toward goals, and the provision of recommendations for service planning and revision of service plans/goals.

¹ Licensed by Virginia Department of Social Services

² Defined in accordance with Title IV-E

³ Licensed by Virginia Department of Behavioral Health and Developmental Services

⁴ Licensed by Virginia Department of Education

⁵ Licensed by Virginia Department of Juvenile Justice



**CSA
Coordinators**

Statewide Comprehensive Services Act Coordinators

Jan. 23, 15

10:00- 2:00 PM

Henrico County Training Center

7701 E. Parham Rd.

Richmond, VA

- I. Welcome and Introductions
- II. Task force recommendations to S.E.C. & Workgroup Representatives
- * III. Current C.S.A. Legislation
- IV. SLAT Report
- V. Susan Clare –O.C.S. (11:00)
 - A. Residential placements by parents outside of the C.S.A. process.
 - B. Appointment of a workgroup to examine increasing public awareness of and access to community-based multidisciplinary planning
 - C. Revision to guidance on CHINS
 - D. 2015 G.A. session legislation.
- VI. Regional CSA Coordinator meetings
- VII. Other – Issues raised by attendees for discussion?
- VIII. Set next meeting –

An email address you may use to subscribe to our Yahoo group.

csacoordinators-subscribe@yahoogroups.com

SB 1291 Community policy and management teams; powers and duties, referral to family assessment.

Introduced by: [George L. Barker](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Community policy and management teams; powers and duties; referral to family assessment and planning teams. Requires community policy and management teams to establish a process for parents and caregivers to directly refer children in their care to family assessment and planning teams.

01/14/15 Senate: Referred to Committee on Rehabilitation and Social Services

*HB 2083 Community policy and management teams; policies governing referrals and reviews.

Introduced by: [Christopher K. Peace](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Community policy and management teams. Directs community policy and management teams to establish as part of their policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the State Executive Council for Comprehensive Services for At-Risk Youth and Families to include a process for parents and persons who have primary physical custody of a child to directly refer children in their care to the teams.

- 01/14/15 House: Referred to Committee on Health, Welfare and Institutions

HB 2141 Community policy and management teams; information sharing.

Introduced by: [Kathleen Murphy](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Community policy and management teams; information sharing. Changes the term "community management and planning team" to the term "community policy and management team" (CPMT) in a section of the Code of Virginia relating to information sharing and confidentiality of information in cases being reviewed by a CPMT or family assessment and planning team, to be consistent with terminology used throughout the Code.

- 01/14/15 House: Referred to Committee on Health, Welfare and Institutions

SB 850 Comprehensive Services Act for At-Risk Youth and Families; name change.

Introduced by: [Barbara A. Favola](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Comprehensive Services Act for At-Risk Youth and Families; name change. Changes the name of the Comprehensive Services Act for At-Risk Youth and Families to the Children's Services Act.

1-6-15 Senate Rehabilitation and Social Services

* SB 1041 Community policy and management teams.

Introduced by: [Emmett W. Hanger, Jr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Community policy and management teams. Directs community policy and management teams to establish as part of their policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the State Executive Council for Comprehensive Services for At-Risk Youth and Families to include a process for parents and persons who have primary physical custody of a child to directly refer children in their care to the teams.

1-12-15 Senate Rehabilitation and Social Services

SB 1054 Comprehensive Services for At-Risk Youth and Families, State Executive Council for; regulations.

Introduced by: [Emmett W. Hanger, Jr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

State Executive Council for Comprehensive Services for At-Risk Youth and Families; regulations. Provides that the State Executive Council for Comprehensive Services for At-Risk Youth and Families shall promulgate regulations necessary to carry out its powers and duties. The bill contains technical amendments.

- **01/12/15 Senate: Referred to Committee on Rehabilitation and Social Services**
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