

**Minutes**  
 Winchester CPMT  
 10 Baker Street  
 Tuesday, April 14, 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  
 Sarah Kish, Winchester Public Schools  
 Paul Scardino, National Counseling Group

**MEMBERS/OTHERS NOT PRESENT**

Eden Freeman, City of Winchester  
 Peter Roussos, Dept. of Juvenile Justice

**Others Present:**

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

**RECAP OF CPMT VOTES:**

**Motion:**

- Motioned to approve the minutes from November 11, 2014, February 10, 2015, and March 10, 2014 CPMT Meetings.
- 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.
- Motion to Approve All Cases, as presented.
- Motion to adjourn CPMT Meeting

**Action:**

- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Ms. Kiser
- 1<sup>st</sup>: Ms. Kiser
- 2<sup>nd</sup>: Ms. Bober
- 1<sup>st</sup>: Ms. Kiser
- 2<sup>nd</sup>: Dr. Devine
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Mr. Scardino
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Ms. Dopkowski
- Mr. Scardino – abstained from 6 cases
- 1<sup>st</sup>: Dr. Devine
- 2<sup>nd</sup>: Ms. Kiser

**Status:**

- Approved
- Unanimously
- Approved
- unanimously
- Approved
- unanimously
- Approved
- unanimously
- Motion was approved with noted abstentions
- Approved
- Unanimously

Item	Discussion	Action
<b>Call to Order/Additions to</b>	The meeting was opened by Chair, Mark Gleason, at 1:30 pm.	

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<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<p><b>the Agenda</b></p> <p><b>Approval of Minutes</b></p> <p><b>Announcements</b></p>		<p>Dr. Devine motioned to approve the Minutes from November 11, 2014, February 10, 2015, and March 10, 2014 CPMT Meetings, as there was not a quorum to approve these Minutes when originally presented. Ms. Kiser seconded the motion. Motion to approve the minutes passed unanimously.</p> <p>None.</p>
<p><b>Financial Report</b></p>	<p>The Financial Report was distributed and included expenditures for March, 2015</p> <p>Report: March, 2015        Gross Expenditures: \$102,322.20        Expenditure Refunds: \$1,330.23        Net Expenditures: \$100,991.97        Local Dollars: \$43,715.02        Regular Medicaid Payments to Providers: \$215,764.84        Local Match: \$61,857.08</p> <p>Wrap Dollars Funds Beginning Balance: \$18,805.00        Additional Allocation: \$11,609.00        Wrap Dollars Total Allocation: \$30,414.00        Encumbered: \$7,405.00        Disbursed: \$9,177.69        Remaining Funds: \$13,831.31</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00        Encumbered: \$8,247.00        Disbursed: \$6,264.10        Remaining Funds: \$5,650.90</p> <p>Unduplicated CSA Case Count: 86        Average Spent per Child: \$12,485.49</p>	<p>Ms. Dopkowski reviewed the report.</p> <p>Ms. Karen Farrell, CSA Coordinator, is in close contact with Office of Comprehensive Services to request the remaining 25% balance of the supplemental funding, likely by the end of April.</p>
<p><b>Old Business:</b></p> <p><b>a. Strategic Planning Report-Assignment of</b></p>	<p>Four Strategic Target Areas were identified as follows:</p> <p>1. CPMT Foundation and Structure (Dopkowski, Gleason, Blowe)</p>	<p>1. No report</p>

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Item	Discussion	Action
<b>Work Committees</b>	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)	2. No report  3. CPMT members were requested to review and provide their comments about the Purchase of Service Agreement to Mr. Scardino directly. There are some provisions that need further review. The subcommittee will present the revised draft at the May CPMT meeting.  4. No report.
<b>b. Strategic Plan Task Update</b>	Members discussed how to review/update the CPMT Strategic Plan developed in October 2013. The Plan had been updated to show which goals are completed and which are still in progress. Members reviewed the updated list of goals, prioritizing the goal as a High, Medium, or Low priority, and return to Ms. Farrell.	Ms. Farrell updated the plan to show which goals have been completed, and which are still in progress, attached hereto. Some goals were removed as "completed," and other goals were combined as similar goals. The remaining goals were ranked as High, Medium, or Low Priority. Ms. Farrell will distribute updated list of goals at May CPMT meeting.
<b>c. Purchase of Service Agreement</b>	A draft Agreement for Purchase of Service contract was distributed at last month's meeting.	CPMT members were requested to review and provide their comments about the Purchase of Service Agreement to Mr. Scardino directly. There are some provisions that need further review. The subcommittee will present the revised draft at the May CPMT meeting, with a goal of having a CPMT approved draft of the Agreement to the City Attorney for final legal review at June CPMT meeting.
<b>New Business:</b>		
<b>a. CSA New Coordinators Academy</b>	Ms. Farrell attended the CSA New Coordinators Academy March 9-11, 2015. Overall she felt that Winchester CPMT is compliant with OCS standards and practices. She would like to further review the City's UM/UR process to make sure it meets OCS criteria.	Ms. Farrell will review process and bring recommendations to May CPMT meeting,

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<b>b. CPMT Meeting Time/Location</b>	There has been a difficulty achieving a quorum of CPMT members attending the monthly meetings to conduct CPMT business. Mr. Gleason polled members to determine if there was a better day of the week/time of day to have a meeting for the CPMT members to help ensure better attendance.	CPMT Members were requested to review their calendars, and respond to Ms. Farrell's "Doodle" poll to help determine the best day of the week/time for all Members.
<b>c. Data Set Submitted</b>		No action required.
<b>d. Proposed CSA Policy: Serving Youth Referred to Residential Facilities Outside CSA Process</b>	The proposed policy was reviewed; Members discussed some of the potential ramifications of the policy for the school system and for social services. Public comment is being requested by OCS on the policy, which is due by May 29, 2015. Mr. Gleason indicated other locality governments and community policy and management teams were responding and recommended CPMT draft a response as well.	CPMT to discuss further at May meeting, to determine if a proposed response will be mailed to OCS.
<b>e. Medicaid Memo of March 16, 2015: Changes to Community Mental Health Rehabilitation Services</b>	On January 30, 2015 changes in the Medicaid regulations concerning certain services under the Community Mental Health Rehabilitative Services category went into effect. Specific areas of change which concern CSA are the removal of case management from the definition of Intensive In-home Services, and the requirements for credentialing of providers for specific services has been adjusted.	No action required.
<b>Motion to Convene in Executive Session</b>	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.	Mr. Gleason asked that the meeting move into Executive Session. On motion by Ms. Kiser, seconded by Ms. Bober, the meeting moved into Executive Session.
<b>Motion to Come Out of Executive Session &amp; Immediately Reconvene in Open Session</b>		Motion to come out of Executive Session by Ms. Kiser and seconded by Dr. Devine. Approved unanimously.
<b>Motion to Certify Compliance by Roll Call Vote</b>	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 Dr. Devine, seconded by Mr. Scardino, and unanimously approved.

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 1:30 p.m.

Item	Discussion	Action
<b>Motion to Approve All Cases</b>	Motion to Approve all cases as accepted or amended. Mr. Scardino – abstained from 6 cases	All cases were approved, on motion by Dr. Devine, seconded by Mr. Scardino. Motion was approved with noted abstentions.
<b>Motion to Adjourn/Next Meeting Date</b>	The next CPMT meeting will be held Tuesday May 12, 2015 at 1:30 p.m., Winchester/Frederick County Health Department, 10 Baker Street, Conference Room, Winchester VA	The meeting was adjourned at 3:20 p.m.

Attachments: March 2014 Financials  
 CPMT Strategic Plan Outstanding Goals  
 Proposed Policy dated March 19, 2015: Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of CSA Process  
 Draft Agreement for Purchase of Services  
 Medicaid Memo dated March 23, 2015 re Changes to Certain Services  
 Transcribed by CPG

# **March Financials**





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
<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>						
	9	07/31/2014	08/06/2014	\$271.75	\$129.94	\$141.81
	9	08/31/2014	09/03/2014	\$66,462.27	\$37,034.51	\$29,427.76
	9	09/30/2014	10/02/2014	\$121,923.88	\$68,589.95	\$53,333.93
	9	10/31/2014	11/03/2014	\$126,088.83	\$67,498.17	\$58,590.66
	9	11/30/2014	12/03/2014	\$164,640.34	\$88,596.71	\$76,043.63
	9	12/31/2014	01/07/2015	\$204,456.19	\$111,822.17	\$92,634.02
	9	01/31/2015	02/06/2015	\$105,557.78	\$57,224.70	\$48,333.08
	9	02/28/2015	03/03/2015	\$183,358.95	\$100,486.68	\$82,872.27
	1	03/31/2015	04/02/2015	\$100,991.97	\$57,276.95	\$43,715.02
<b>Pool Reimbursement Expenditure Totals</b>				<b>\$1,073,751.96</b>	<b>\$588,659.78</b>	<b>\$485,092.18</b>
<b>Supplement History</b>						
			01/21/2015	\$46,431.00	\$41,261.00	\$5,170.00
<b>Supplement Totals</b>				<b>\$46,431.00</b>	<b>\$41,261.00</b>	<b>\$5,170.00</b>
<b>CSA System Balance</b>				<b>\$179,676.04</b>	<b>\$105,910.21</b>	<b>\$73,765.83</b>

**Transaction History without WRAP Dollars**

Match Rate: 0.4587	Status	Period End	Date Filed	Total 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
	-	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
	-	02/28/2015	03/03/2015	\$182,547.45	\$100,047.42	\$82,500.03
	-	03/31/2015	04/02/2015	\$99,660.69	\$56,556.33	\$43,104.36
<b>Pool Reimbursement Expenditure Totals</b>				<b>\$1,064,574.27</b>	<b>\$583,691.91</b>	<b>\$480,882.36</b>
<b>Supplement History</b>						
			01/21/2015	\$46,431.00	\$41,261.00	\$5,170.00
<b>Supplement Totals</b>				<b>\$46,431.00</b>	<b>\$41,261.00</b>	<b>\$5,170.00</b>
<b>CSA System Balance (Non-WRAP):</b>				<b>\$158,439.73</b>	<b>\$94,416.08</b>	<b>\$64,023.65</b>

**Transaction History WRAP dollars only**

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
<b>WRAP Allocation Additions History</b>						
			08/06/2014	\$18,805.00	\$10,178.00	\$8,626.00
			10/26/2014	\$11,609.00	\$6,283.00	\$5,325.00
<b>WRAP Allocation Additions Totals</b>				<b>\$30,414.00</b>	<b>\$16,461.00</b>	<b>\$13,951.00</b>
<b>Pool Reimbursement History - WRAP only</b>						
-		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
-		12/31/2014	01/07/2015	\$3,885.61	\$2,103.28	\$1,782.33
-		01/31/2015	02/06/2015	\$1,716.30	\$929.03	\$787.27
-		02/28/2015	03/03/2015	\$811.50	\$439.26	\$372.24
-		03/31/2015	04/02/2015	\$1,331.28	\$720.62	\$610.66
<b>Pool Reimbursement Expenditure Totals - WRAP only</b>				<b>\$9,177.69</b>	<b>\$4,967.87</b>	<b>\$4,209.82</b>
<b>CSA System Balance (WRAP only):</b>				<b>\$21,236.31</b>	<b>\$11,494.13</b>	<b>\$9,742.18</b>

Wrap-Around Services for Students with Disabilities  
2014 - 2015

Chart C

Child	3	12	18	TOTAL
Agency	WPS	WPS-NREP	WPS-NREP	SPENT
Worker	McK	Clatter	Clatter	
JUL				0.00
AUG				0.00
SEP				0.00
OCT				0.00
NOV	300.00		1,133.00	1,433.00
DEC	260.00		3,625.61	3,885.61
JAN	470.00		1,246.30	1,716.30
FEB	245		566.50	811.50
MAR			1,331.28	1,331.28
APR				0.00
MAY				0.00
JUN				0.00
TOTAL/	1,275.00	0.00	7,902.69	9,177.69
CHILD				
			Beginning Balance	30,414.00
			Disbursed	9,177.69
			Encumbered	7,405.00
			Remaining Funds	13,831.31





CITY OF WINCHESTER  
 COMPREHENSIVE SERVICES FUND BALANCE  
 COMPREHENSIVE SERVICE ACT

Chart F

FUND NAME	REVISED BUDGET	EXPENDITURES	FUND BALANCE		ENCUMBRANCES	FUND BALANCE		UNAPPROVED CREDIT & POSOS		ADJUSTED FUND BALANCE
C15 CSA MANDATED 14/15 ASSIST	5,000.00	1,345.85	3,654.15	0.00	3,654.15	0.00	3,654.15	0.00	3,654.15	
C15 CSA MANDATED 14/15 POS	1,197,852.00	1,058,194.12	139,657.88	607,177.00	(467,519.12)	7,053.50	(474,572.62)			
C15 CSA NON-MANDATED 14/15 POS	20,162.00	6,264.10	13,897.90	8,247.00	5,650.90	0.00	5,650.90			
C15 CSA W/A SRVS FOR STUDENTS 14/15 POS	30,414.00	9,177.69	21,236.31	7,405.00	13,831.31	0.00	13,831.31			
	1,253,428.00	1,074,981.76	178,446.24	622,829.00	(444,382.76)	7,053.50	(451,436.26)			

## **April Attachments**

**Strategic Target Area: CPMT Foundation and Structure**

**Goal 1: Hire CSA Coordinator HIGH**

Champion: Amber Dopkowski

Supporting Staff: Winchester HR; CPMT

Key Tasks/Activities	Target Dates
1. Post position	Completed
2. Screen to 4 candidates	Completed
3. Interview (Note: This will be the third process; salary was the issue in the first two hire attempts)	Completed
4. Hire the CSA Coordinator	Completed
5. Provide training for the CSA Coordinator	Completed and ongoing

**Goal 2: Develop performance standards and goals for CSA Coordinator**

Champion: CSA Coordinator

Supporting Staff: CPMT

Key Tasks/Activities	Target Dates
1. CPMT to review job description and provide feedback on performance standards and goals to incorporate into performance plan	Completed
2. Incorporate additions and changes from CPMT after its review and consider in developing the selection process	Completed
3. Develop and implement a regular process by which the CPMT will provide performance guidance to the CSA Coordinator (to reflect its strategic priorities)	Completed
4. Develop and implement a process by which the CPMT evaluates the performance of the CSA Coordinator that is consistent with the City's performance management process/requirements	Completed

**Goal 3: Complete and maintain policy manual and other documents to ensure compliance with CSA HIGH**

Champion: Amber Dopkowski and CSA Coordinator

Supporting Staff:

Key Tasks/Activities	Target Dates
1. Conduct a review of the current manual	Completed
2. Identify missing components and create an action plan addressing the audit	Completed

findings, to include a regular review schedule	
3. Formulate, write and approve missing components	Completed
4. Make update and changes to current manual chapters being retained	Completed
5. Distribute final product	Completed

Goal 4: Complete development of and maintain CPMT forms to ensure compliance with CSA and efficient operations HIGH

Champion: Amber Dopkowski

Supporting Staff: Selected agency representatives

Key Tasks/Activities	Target Dates
1. Review current forms and identify what is missing	Completed
2. Solicit feedback on forms from users in order to improve them, including: What is missing or out of date, standardization needs, how to insure forms help us meet our requirements, how to make forms more "user friendly," and how forms can be used to address business process revisions	Completed
3. Formulate, develop, and approve missing forms	Completed
4. Make update and changes to current forms being retained	Completed
5. Consult with City Manager to make him aware of the need for a web site, including some of the needs listed below: <ul style="list-style-type: none"> <li>• A central repository where the public can obtain documents</li> <li>• Forms are available to all agencies that need them</li> <li>• Policies and procedures are available to all people who need them</li> <li>• A secure website to share protected documents that contain client information for specified individuals</li> </ul>	Completed
6. Consult with City IT to make web site available	Completed
7. Distribute final product onto a single accessible web site	Completed

Goal 5: Increase CPMT information availability to enable CPMT meetings to operate more efficiently

Champion: Mary Blowe

Supporting Staff:

Key Tasks/Activities	Target Dates
1. Make City Manager aware of need for web site	Completed

## **MEMORANDUM**

**TO:** Virginia Federation of Families  
Virginia Integrated Network of Family Organizations  
Virginia Association of Counties  
Virginia Municipal League  
Virginia Association of Local Human Services Officials  
Virginia League of Social Services Executives  
Virginia Association of Community Services Boards  
Virginia Court Services Unit Directors Association  
Virginia Local School Superintendents Association  
Virginia Council of Administrators of Special Education  
Virginia Council of Juvenile and Domestic Relations District Court Judges  
Virginia Coalition of Private Providers Associations  
Virginia Association of Community-Based Providers  
CSA Coordinator's Network  
CSA State and Local Advisory Team  
Community Policy and Management Teams  
Family Assessment and Planning Teams  
Voices for Virginia's Children  
Virginia Poverty Law Center  
FACES of Virginia Families  
Just Children  
Policy Work Group Members

**FROM:** State Executive Council

**DATE:** March 24, 2015

**SUBJECT:** Proposed Policy: Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process

The State Executive Council (SEC) voted at its March 19, 2015 meeting to open the above referenced policy proposal for public comment. The purpose of the proposed policy is to ensure review by the local Family Assessment and Planning Team of children for whom residential treatment is sought outside of the CSA process and to ensure funding for educational services associated with such placements when children are certified by the local Community Services Board to require such placement.

The SEC's decision to open the proposed policy for public comment followed a year of activities engaging CSA stakeholders and SEC members in examination of the issues related to parental placements and identification of potential options to address gaps in community-based planning and funding for educational services. The final workgroup report to the SEC may be found on the CSA website at the following address:

[http://www.csa.virginia.gov/html/pdf/RTF%20Education%20Report%20and%20Docuents Mar192015.pdf](http://www.csa.virginia.gov/html/pdf/RTF%20Education%20Report%20and%20Docuents%20Mar192015.pdf)

In accordance with SEC policy and statutory law regarding public comment, the proposed policy is being distributed for public review and feedback. Please note the timeframe below and information regarding how and to whom to submit any public comments on the proposed policy and process.

**Timeframe-**

March 19, 2015	SEC approved the proposed policy for distribution and public comment
March 24, 2015	Draft policy distributed and posted by the Office of Comprehensive Services
April 15, 2015	Deadline to appoint workgroup to draft implementation guidelines, review/compile public comments, and propose final version of policy
May 29, 2015	5:00 p.m. deadline for submission of public comments to OCS
June 11, 2015	Distribute proposed final version of policy and explanation of any changes from 3/19/2015 draft
June 18, 2015	Draft policy considered for adoption by SEC at quarterly meeting; SEC to consider implementation date for policy

**Public comment submission**

Written comments will be accepted by mail, e-mail, fax or hand-delivery. If you or your organization prefer to mail, fax or hand-deliver a paper version of your comments, we ask that you also submit an electronic version to aid the OCS in the process of compiling the comments for the State Executive Council's consideration. Please indicate on the paper submission whether or not you are also providing an electronic version.

**Comments must be received by the Office of Comprehensive Services no later than 5:00 p.m. on May 29, 2015. Please send all comments to:**

Ms. Marsha Mucha  
Office of Comprehensive Services for At-Risk Youth & Families  
1604 Santa Rosa Road, Suite 137  
Richmond, Virginia 23229

E-mail address: [marsha.mucha@csa.virginia.gov](mailto:marsha.mucha@csa.virginia.gov)  
Phone number: (804) 662-9815  
Fax number: (804) 662-9831

Information about the public comment process may also be found on the CSA web site at [www.csa.virginia.gov](http://www.csa.virginia.gov)

To assist in facilitating the compilation of public comment and ensure that stakeholder groups are recognized appropriately, please include the following information on your submission:

- Name
- Title and Organization
- Address
- E-mail address
- Alternate e-mail address, if preferred for response
- Phone number, if available
- Primary stakeholder group (such as parent, local department for social services, court services unit, community services board, local government administrator, judge, etc.)\*
- Locality (city or county)

\*Please indicate the capacity in which you are submitting the comments. For example, an individual may be a local department for social services director, but also the chair of the community policy and management team. Please indicate which group (LDSS or CPMT, or both) the writer is representing.

Please distribute the proposed draft policies widely within your organization. Thank you for your attention, review and comment on the proposed policies. Your input and contributions to the process are important.

**SERVING YOUTH REFERRED TO RESIDENTIAL TREATMENT FACILITIES  
FOR NON-EDUCATIONAL REASONS AND OUTSIDE OF THE CSA PROCESS**

**March 19, 2015**

**Proposed Policy**

**FAPT Review of Child/Youth Referred to a Residential Treatment Facility**

When the parent of a child/youth seeks admission into a residential treatment facility (RTF) through a process other than through the Family Assessment and Planning Team (FAPT) the child/youth shall, with parental consent, be reviewed by the FAPT.

Upon receipt of referral from an RTF, i.e., notice by an RTF that a parent seeks admission of a child/youth to the RTF outside of the FAPT process, the local CSB shall refer the child/youth for assessment by the FAPT. If the child is admitted to a residential treatment facility prior to FAPT review, the FAPT shall, in accordance with §2.2-5209, assess the youth within 14 days of the child/youth's admission to the RTF and shall develop an Individualized Family Services Plan (IFSP) for services appropriate to meet the needs of the child/youth.

If the FAPT determines that residential treatment is the most appropriate service to meet the needs of the child/youth, the CPMT shall authorize necessary funding for the RTF beginning on the date of admission.

If the FAPT determines that the needs of the child/youth can be appropriately met through services other than residential treatment services, the CPMT shall authorize necessary funding for the RTF beginning on day fifteen (15) of the RTF placement until the date services in the IFSP are initiated.



# COMMONWEALTH of VIRGINIA

Susan Cumbia Clare, M.Ed.  
Executive Director

OFFICE OF COMPREHENSIVE SERVICES  
*Administering the Comprehensive Services Act for At-Risk Youth and Families*

## MEMORANDUM

**TO:** CSA Coordinators  
CPMT Chairs  
**FROM:** Scott Reiner, Assistant Director  
**DATE:** March 23, 2015  
**RE:** Medicaid Memo about Changes to Certain Services

On January 30, 2015, changes in the Medicaid regulations concerning certain services under the Community Mental Health Rehabilitative Services (CMHRS) category went into effect. On March 16, 2015, the Department of Medical Assistance Services (DMAS) issued a Medicaid Memo describing these changes to service providers and the behavioral health services administrator (Magellan of Virginia). That Memo is provided as an attachment to this communication. These changes impact CSA funded services and coordination of CSA with Medicaid funded services.

The specific areas I wish to bring to your attention are:

- The removal of case management from the definition of Intensive In-home Services (IIH).
  - This means that children requiring mental health case management in addition to IIH may receive these services concurrently, whether funded by Medicaid or CSA. Please note that mental health case management as a discrete service may be provided only by a Community Services Board.
  - Children receiving Intensive Care Coordination through CSA funding may also concurrently receive IIH, whether that IIH is funded by Medicaid or CSA.
- Requirements for credentialing of providers for specific services have been adjusted.

I encourage you to read the Medicaid Memo carefully.

Any questions may be directed to DMAS or my office as appropriate.



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** Providers of Community Mental Health Rehabilitative Services, Magellan Health of Virginia, and Managed Care Organizations

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 3/16/2015

**SUBJECT:** Changes to Community Mental Health Rehabilitative Services – Final Regulations Pertaining to all Community Based Services with the Exception of Mental Health Skill-Building Services

The purpose of this memorandum is to reiterate important changes to Community Mental Health Rehabilitative Services (CMHRS) that became effective January 30, 2015. The changes being implemented are due to the approval of final regulatory changes that were developed and shared with stakeholder groups from 2011 through 2013. DMAS collected public comments on the regulations from August to September, 2011 and again from February through April, 2013. The final regulatory changes were based on the changes defined in the Emergency Regulation package that was in effect from July 18, 2011 through January 16, 2013. The previous Emergency Regulations package defined most of the changes that these final regulations incorporate into the administrative code. The text of the regulations and these changes has been publicly available on the Virginia Regulatory Town Hall since June, 2014. Providers can find the final regulations (including the changes) on the Virginia Regulatory Town Hall at <http://townhall.virginia.gov/L/ViewXML.cfm?textid=9322>. It is important that providers review the regulations to ensure compliance.

### Summary of CMHRS Changes

The chart below summarizes the changes to the CMHRS regulations. The changes are listed for each affected Virginia Administrative Code section.

Section Number	Change and Rationale
12 VAC 30-50-130	<p>A new comprehensive definition section is added. This section includes detail on staff qualifications and requirements for various types of documentation.</p> <p>Professional personnel definitions correlate to licensing standards established by DBHDS, DSS or DOJ, as appropriate for the provider type.</p> <p>Provisional licenses will no longer be permitted.</p> <p>Care coordination between different providers is required and must be documented.</p>

	<p>Care Coordination serves to help align services and is intended to complement the service planning and delivery efforts for case management.</p> <p>Service authorization is required prior to the onset of services.</p> <p>Case management is removed from IIH due to a federal requirement in 42 CFR § 441.18. The service definition is revised to provide for care coordination which will be called “service coordination” and will include activities designed to implement treatment goals by the service provider.</p> <p>Care coordination/service coordination is a required component of Level A and Level B services.</p>
<p>12 VAC 30-50- 226</p>	<p>A new comprehensive definitions section is added. This section includes detail on staff qualifications and requirements for various types of documentation.</p> <p>Providers must meet licensing standards required by DBHDS in order to claim Medicaid reimbursement. Professional personnel definitions correlate to licensing standards established by DBHDS, DSS or DOJ, as appropriate for the provider type.</p> <p>Service-specific provider intakes must be completed by LMHP’s and are required for all services. Intakes must reference past interventions by the mental health, social services, or judicial system that have been documented. Re-assessment is required to determine medical necessity and authorize continued services.</p> <p>Case management is being removed from ICT due to a federal requirement in 42 CFR § 441.18. The service definition was revised to provide for care coordination which will be called “service coordination” and will include activities designed to implement treatment goals by the service provider.</p> <p>Crisis intervention services require registration with DMAS or the Behavioral Health Services Administrator (BHSA).</p>
<p>12 VAC 30-60-5</p>	<p>Provides utilization review requirements for all Medicaid covered services. Provisional licenses are prohibited and DMAS provider enrollment agreements are required. Reimbursement that is not supported by required provider documentation is subject to retraction by DMAS.</p>
<p>12 VAC 30-60-61</p>	<p>A new definition section is added that includes definitions of “at risk,” “failed services,” and “out of home placement.”</p> <p>Specific data elements are required to ensure uniform and complete intakes.</p> <p>Documentation requirements are established for IIH services that occur outside the home.</p> <p>LMHPs will be required to conduct IIH/TDT service specific provider intakes due to</p>

	<p>the acute nature of the services.</p> <p>Requirements are added for service notifications to case managers and primary care providers.</p> <p>Provision is made for service authorizations when temporary lapses of service occur.</p> <p>Specific prohibition against providers copying the same progress notes from day to day.</p> <p>Provider documentation and supervision requirements are established.</p> <p>Marketing guidelines are intended to reduce/preclude inappropriate marketing activities by potential providers.</p>
12 VAC 30-60-143	<p>Service-specific provider intakes and Individual Service Plans must be completed by certain professional license levels.</p> <p>Services must be provided by certain license levels.</p> <p>Coordination with case manager and primary care provider is required.</p>
12 VAC 30-130-2000	<p>Rules are established to control how providers will be permitted to market their services to potential Medicaid clients.</p>
12 VAC 30-130-3000	<p>Defines which services are only available to individuals under the age of 21.</p>
12 VAC 30-130-3010	<p>A new definition section related to the Independent Clinical Assessment (ICA).</p>
12 VAC 30-130-3020	<p>New rules establish requirements and applicability of the ICA. Services will not be reimbursed if a required ICA is not performed.</p>
12 VAC 30-130-3030	<p>Lists services that require an ICA.</p>

Provider Questions

In the weeks since the regulations have become effective, providers have raised several questions, which are answered below.

These questions are:

1. Can private providers be reimbursed for Crisis Intervention Services?

ANSWER: Yes. The new DMAS regulations require providers to be licensed as Emergency Services providers. This requirement will not prevent providers who are already providing crisis intervention services, and who hold an Outpatient Services license, from providing Crisis Intervention services and receiving Medicaid reimbursement. Providers who are not currently providing Crisis Intervention services, but are interested in doing so, will work with DBHDS to first obtain the appropriate license.

2. Should IIH and ICT providers stop providing case management services?

ANSWER: Yes. As a result of federal requirements, the new DMAS regulations prohibit IIH and ICT providers from including case management as a component of those services. Instead, providers will offer service coordination, which is less intensive. Many individuals who are receiving IIH or ICT will continue to need case management services, and must be referred to their Community Service Board for this service.

3. Are the staff qualifications in the regulations currently in effect?

ANSWER: Yes. The staff qualifications went into effect on January 30, 2015. DMAS worked closely with the Department of Behavioral Health and Developmental Services and the Department of Health Professions to ensure that DMAS requirements align with the provider and practitioner licensing requirements issued by these agencies. These changes were subject to public comment. In addition, DMAS discussed LMHP and QMHP staff qualification issues with providers regularly as these regulations were being developed and promulgated. (As a result, additional types of LMHPs and QMHPs are permitted to provide services.)

4. Will the new regulations affect documentation requirements?

ANSWER: Yes. Documentation in the clinical record must be in compliance with and reflect the new regulatory language, consistent with the effective date of these regulations. Additionally, documentation submitted for service authorization will be validated within the clinical record upon post payment review. Inconsistencies may be subject to retraction and/or referral to the Medicaid Fraud Control Unit (MFCU) within the Office of Attorney General.

## **EDUCATION AND OUTREACH**

A Magellan Provider Webinar is scheduled for April 2, 2015 at 1pm to provide an overview of the CMHRS program changes. Additionally there will be four in-person training sessions scheduled for dates during the spring to discuss detailed program changes and the revised program manuals. To find details on all upcoming trainings please refer to: <http://magellanofvirginia.com/for-providers-va/training.aspx>.

Information regarding upcoming trainings will be posted to the DMAS and Magellan of Virginia websites. Recorded trainings will also be posted to both websites. Additional online training resources will be announced once the effective dates are finalized.

General questions regarding the CMHRS program may be e-mailed to [CMHRS@dmass.virginia.gov](mailto:CMHRS@dmass.virginia.gov) or [VAProviderQuestions@magellanhealth.com](mailto:VAProviderQuestions@magellanhealth.com).

### **Current MHSS Rules**

DMAS has become aware that there is some confusion regarding these final regulations and the Emergency Regulations for Mental Health Skill Building Services. There is some structural overlap between these two regulatory packages. However, these are two separate regulatory packages, and each remains in effect.

The current MHSS Emergency Regulations can be found in the Virginia Town Hall website at: <http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6725>.

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### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4536 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx) to learn more.

### **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access medical and pharmacy information, GAP member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

Additional information regarding medical service authorization information may be found at <http://dmas.kepro.com> or [http://www.dmas.virginia.gov/content\\_pgs/pa-home.aspx](http://www.dmas.virginia.gov/content_pgs/pa-home.aspx). Providers may also

access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

**MEDICAL AND PHARMACY "HELPLINE"**

The DMAS "HELPLINE" is available to answer medical and pharmacy questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.