

FREDERICK COUNTY CPMT AGENDA

January 28, 2018

1:00 PM

107 N Kent St

Winchester, VA

1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda-See Memo for details
 - A. Approve December Minutes
 - B. Approve Budget Request Forms
- IV. Executive Session
 - A. As Needed
- V. Committee Member Announcements
 - A. As Needed
- VI. CSA Report Jackie Jury
 - A. Financial Report
 - B. CSA Updates
 1. HFW ICC Expansion Grant Update
- VII. Old Business
 - A. Audit:
 1. Strategic Plan Discussion
 - B. Utilization Review/Management Discussion
 - C. Report of Facility Jackie Jury
- VIII. New Business
 - A. Administrative Memo #19-01 Jackie Jury
 - B. Crossroads Counseling New Services Jackie Jury
 - C. New CANS Policy Jackie Jury
- IX. Review Assigned Tasks
- X. Next Meetings
 - A. CPMT February 25, 1st Floor Conference Room- See Memo for future dates
 - B. Joint FAPT/CPMT Meeting, 1-2pm, 2nd Floor Public Works Conference Rm
- XI. Adjourn

**Instructions for Closed Session:

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-
- Motion that the Frederick County 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.
- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

CPMT Meeting Minutes: Monday December 17th, 2018

The Community Policy and Management Team (CPMT) Committee met on December 17th, 2018 at 1:00 pm in the first-floor conference room at Frederick County Government Offices Administration Building, 107 North Kent Street, Winchester, VA 22601.

The following members were present:

- Jay Tibbs, Frederick County Government
- Peter Roussos, Court Services Unit
- Mark Gleason, Northwestern Community Services Board
- Leea Shirley, Lord Fairfax District Health Department
- Michele Sandy, Frederick County Public Schools

The following members were not present:

- Dawn Robbins, Parent Representative
- Tamara Green, Frederick County DSS
- Dana Bowman, Children Service of Virginia

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- Brittany Arnold, CSA Account Specialist

Call to Order: Jay Tibbs called the meeting to order at 1:06 pm.

Adoption of December Agenda: Mark Gleason made a motion to adopt the December agenda as amended; Michele Sandy seconded; CPMT approved.

Consent Agenda: The following items were put in the Consent Agenda for CPMT's approval:

- November 26th CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Adoption of November Minutes: Mark Gleason made a motion to approve the November minutes; Peter Roussos seconded; the CPMT approved.

Adoption of Budget Request Forms: Michele Sandy made a motion to approve the Budget Request Forms; Mark Gleason seconded; the CPMT approved.

Adoption to Convene to Closed Session: On motion duly made by Michele Sandy and seconded by Peter Roussos, the CPMT voted unanimously to go into Closed Session to discuss cases confidential by law as permitted by Section §2.2-3711 (A) (4) and (15) and in accordance with the provisions of 2.2-5210 of the Code of Virginia.

- Account of Closed Session:

1. Case Review

Adoption of Motion to Come Out of Closed Session: Mark Gleason made a motion to come out of Closed Executive Session and reconvene in Open Session; Michele Sandy seconded; the CPMT approved.

Adoption of Motion: The Frederick County CPMT certifies that to the best of each CPMT member's knowledge (1) the 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.

Peter Roussos	Aye
Jay Tibbs	Aye
Mark Gleason	Aye
Michele Sandy	Aye
Leea Shirley	Aye

- § Mark Gleason made a motion to approve budget request form and sensitive case information that was discussed during Closed Session; Michelle Sandy seconded; the CPMT approved.

Committee Member Announcements: None

CSA Report: Fiscal Year 2019 Pool Reimbursement: \$717,449.66 with a local match of \$268,551.05 Of the 98-youth served to date, 17 were in congregate care and 20 were in a TFC setting.

Special Education Wrap Budget: SpEd Wrap youth used \$1,000.00 out of the \$13,730.00 allocated.

Non-mandated Budget: The CSA Coordinator summarized the non-mandated budget for FY19 stating that \$17,980 has been encumbered with \$21,488.95 being spent.

November CSA Report: October net expenditures were \$213,079.09 with a local match of \$80,457.67.

Office Updates:

- High Fidelity WrapAround SOC Grant:
 - The new grant year started on October 1st. The goal for the year is 25 cases, the region is currently at 16. Frederick County has referred 15.

Old Business:

- Strategic Plan Update- Audit Topic
 - § The CPMT decided to convene at 12:00 on January 28th to brainstorm the strategic plan goals for Frederick County CSA. The regular schedule meeting will follow. CPMT also plans on discussing these goal ideas with FAPT on January 29th at the joint FAPT/CPMT meeting.
- Utilization Review/Management
 - § Past CPMT discussions have occurred surrounding the desire to provide a higher level of case review. CPMT requested that the CSA Coordinator reach out to Warren County and Winchester City to explore what they are doing to provide stronger UM/UR. Warren County provided rates and data. Winchester City has only recently begun utilizing this service and was unable to provide data. In order to provide the service, however, they completed an RFP.

New Business:

- Report of Facility
 - Newport News Behavioral Health Center is under investigation a second time due to an employee punching a resident on November 14. In late June, a female resident died after being transported to a nearby hospital when a fellow resident called 911. The peer was concerned when nurses denied the sick resident treatment, even after throwing up blood. Nursing staff thought she was trying to get pain medication. NNBHS entered a corrective action plan to address the June violation.
 - Frederick County continues to suspend placement into North Spring Behavioral Health Center's psychiatric residential facility. In July, a technician and nurse were charged with malicious wounding and cruelty and injuries to a child when a 16-year-old female suffered injuries to her spine after being restrained inappropriately. Prior to that, in November 2017, a 15-year-old boy died due to an inappropriate restraint and 2 staff were charged in that death.
 - At this point, Licensing has not been suspended or downgraded, but based on the incidents, CPMT agreed to evaluate the youth's circumstances and the progress made by the facility prior to placing a youth there. It is possible that both Newport News Behavioral or North Spring Behavioral Health Center are the only facilities willing to accept a youth, limiting CSA's placing options.
 - CPMT also requested for the CSA Coordinator to collect more information on the facility's progress towards its improvement goals to ensure the facility is safe.

Review Assigned Tasks:

- A meeting will be held at 12:00pm on January 28 to discuss goals for Frederick County CPMT's Strategic Plan. Ideas will be discussed during the joint FAPT/CPMT meeting on January 29, 2019.
- The CSA Coordinator will begin developing a UMUR Plan.
- The CSA Coordinator will request more information from North Springs and Newport News Behavioral pertaining to their respective correctional action plans.
- The CSA Coordinator will reach out to fellow CSA Coordinators to gather opinions on NNBHS and NSBHS and experiences with each facility.

Next Meeting: The next CPMT meeting is Monday, January 28th at 1:00 p.m. in the First Floor Conference Room in the Frederick County Government Offices Administration Building. Joint FAPT/CPMT meeting will be held Tuesday, January 29th, 2019 in the CSA conference room on the 2nd Floor of the County Administration building from 1pm-2pm.

Adjournment: Mark Gleason made a motion to adjourn; Michele Sandy seconded; the CPMT approved. The meeting was adjourned at 2:13pm.

Minutes Completed By: Brittany Arnold



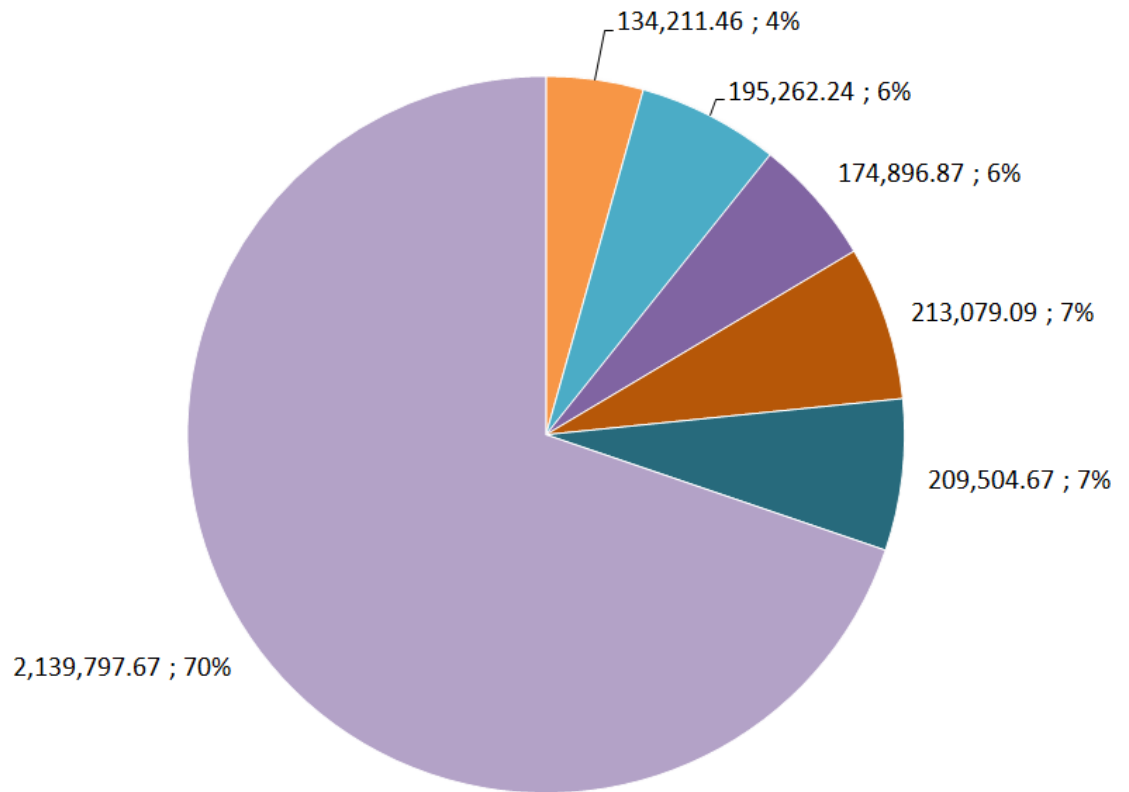
Frederick County CSA Update | December 2018

Financial Report
of Reports
Submitted: 5

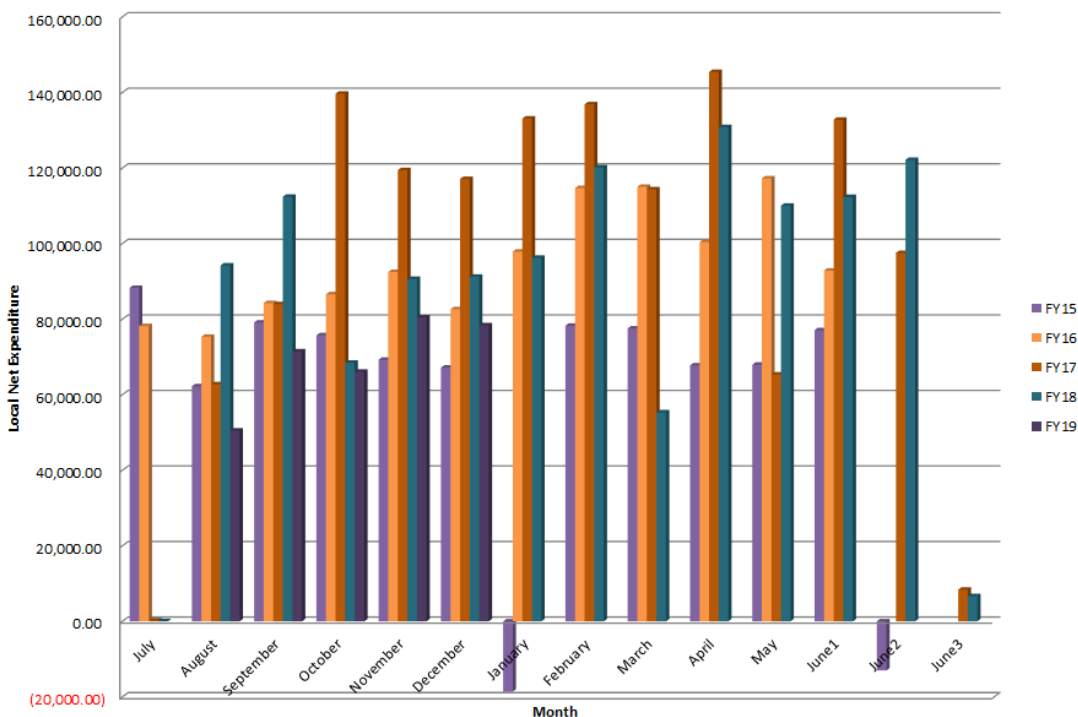
YTD Total Net:
\$926,954.33

YTD Local Net:
\$346,928.97

% Used of Total Allocation



Monthly Local Share Expenditures



Actual Balances as of
1/16/19:

Total w/o Wrap:
\$2,042,251.06

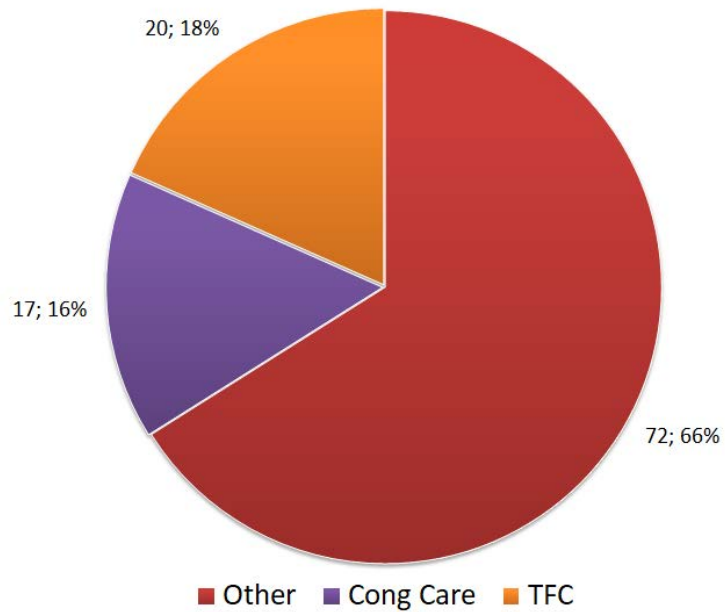
Non-Mandated:
\$4,466.25

CSA Updates:

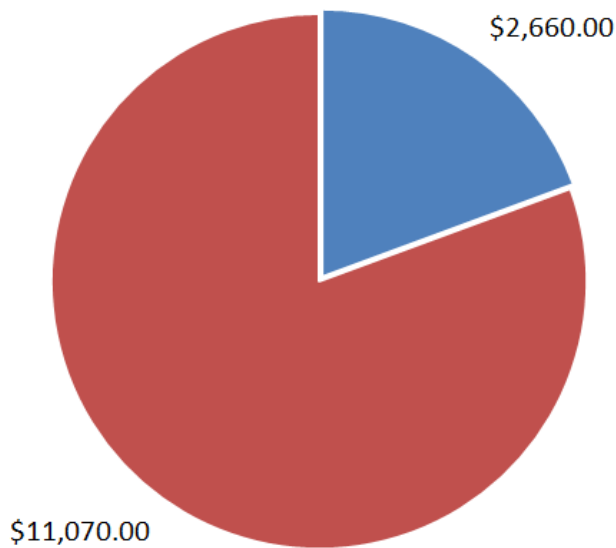
HFW Wrap ICC
Expansion Grant Year 3

- 16 of 25 Referrals
- 14 from Frederick County

Placement Environment



SpEd Wrap Used



Unduplicated Child Count Served
to Date: 109

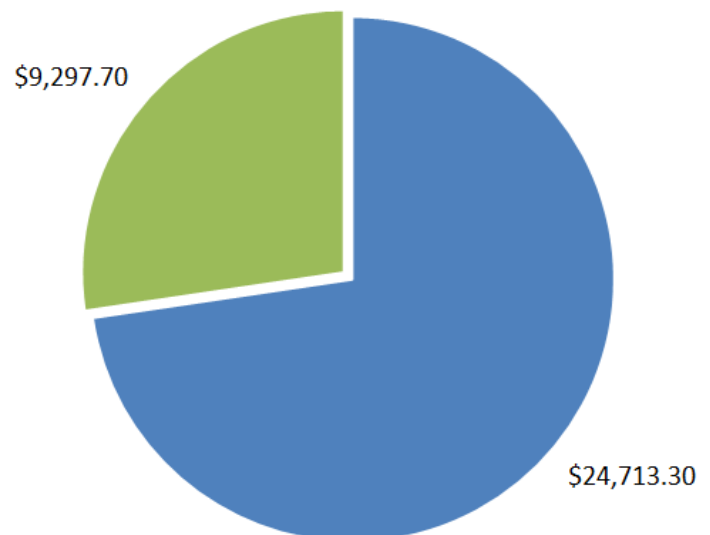
Youth in Congregate Care to Date:
17

Youth in TFC to Date: 20

SpEd Wrap
Encumbered: \$8,130.00

NonMandated
Encumbered: \$1,999.45

NonMandated Used



Utilization Review Clinician

A. Purpose:

The Frederick County Utilization Review Clinicians (FC URC) evaluate at-risk youth and recommend the most appropriate and least restrictive services available. UR Clinicians perform regular and structured quality assurance so that FC youth receive a high quality of services in a clinically effective and cost-efficient manner. UR Clinicians shall monitor the implementation of services to assure that the goals and objectives of the Individual Family Service Plan (IFSP) are being effectively addressed.

B. Description:

The 1999 Appropriations Act required that Utilization Management/Utilization Review be incorporated into the administration of the Comprehensive Services Act. Localities could choose between adopting the state-sponsored UM/UR program, or developing a state-approved local plan. Services are provided by Master's level clinicians within the CSA office under County Administration.

C. Process:

1. UR CLINICIANS ROLE:

The UR Clinicians work closely with vendors, CSA case managers, clients, parents, and the Family Assessment and Planning Teams (FAPT). UR services are initiated when a case manager contacts the CSA office requesting services. A comprehensive assessment, including a CANS, is then conducted by UR Clinicians. The report resulting from this assessment is given to the FAPT and the CSA case manager to assist in the decision-making process. This assessment considers CSA eligibility, level of care, previous interventions attempted, recommendations for the least restrictive level of care believed to be able to effectively meet the needs of each youth, and specific vendors if appropriate. UR Clinicians also consider possible mitigating circumstances. These may include unique or challenging child, family or system-related factors that affect the level of intervention recommended.

2. CASES REVIEWED BY UR CLINICIANS:

UR Clinicians shall review all cases for which CSA funds are requested or received, including the administration of a CANS except for cases in which only the following are requested or purchased:

- Family Foster Care only
- Purchase of goods
- Non-specialized services, such as community activities only indirectly related to mental health treatment, such as childcare, babysitting, swimming lessons, transportation, etc.

3. SOURCES OF INFORMATION:

UR Clinicians shall gather information for this assessment from the CSA case manager, agency files, client, parents, and other relevant parties, as releases permit.

(a) During the first months of contact with CPS or Foster Care, parents may be involved in adversarial legal proceedings with DSS, & many are initially resistant to treatment. Due to the sensitive nature of the relationship between DSS & parents during that period, UR Clinicians will rely on the case manager to obtain necessary information from parents for these new CPS cases. After first 3 months of CSA services, UR Clinicians will begin contacting parents directly after consulting with the case manager to determine if this is appropriate & timely.

4. MEDICAID FUNDED SERVICES:

As part of the application process for CSA funded services, each child shall be screened for Medicaid eligibility. Medicaid approved providers shall be utilized before non-Medicaid providers. UR Clinicians shall recommend to the CPMT exceptions to this policy when clinically appropriate and necessary to meet IFSP goals. CPMT authorization is necessary for the use of non-Medicaid providers for Medicaid reimbursable services.

UR Clinicians shall complete, fax to the vendor, and record the required Medicaid documents for residential and therapeutic foster care cases within the Medicaid guidelines so that the vendor may pursue Medicaid reimbursement for cases referred by the CSA office.

5. REVIEW OF SERVICES:

- (a) If either UR Clinicians or the case manager discovers in their review process that the treatment plans, services and/or quality of performance are unresponsive to IFSP goals and objectives, they are to communicate with each other and decide who will address the issue with the provider. The result of the communication to the provider shall be included in the following month's UR Clinician's report.
- (b) After consultation with the CSA case manager, UR Clinicians may schedule a FAPT review if it appears that the vendor is not complying with the IFSP recommendations and goals, or the youth may require a step-down to less intensive services.
- (c) UR Clinicians shall review all CSA Pre-Checklist, purchase orders, and invoices for CSA funds, except for cases in which only the following are purchased:
 - Private day special education placement
 - Family Foster Care only
 - Purchase of goods
 - Non-specialized services, such as community activities only indirectly related to mental health treatment, such as childcare, babysitting, swimming lessons, transportation, etc.

At the time of such review, UR Clinicians will verify that the CSA office is in receipt of a current treatment plan and progress notes from the vendor as required in the CSA vendor contracts. If the CSA office is not in possession of such current documents, the invoice will be held, and UR Clinicians shall notify the vendor and case manager within ten business days.

6. UR CLINICIANS REVIEW TIMELINES:

For new cases and services UR Clinicians shall conduct a review within 45 days of funding authorization to ensure that services are being implemented consistent with IFSP goals. For new residential and group home placements the review shall include an on-site visit.

- (a) For residential and group home interventions, UR Clinicians shall conduct site visits and reviews at least quarterly during the first year after placement, to coincide with FAPT reviews. After a year, reviews and site visits shall increase to monthly to support discharge to a less restrictive setting as quickly as possible. If at the year mark it appears unlikely that discharge will be accomplished within fifteen months, UR Clinicians shall report to CPMT on the barriers to less restrictive placement. CPMT may then authorize UR Clinicians to continue quarterly visits if the child is placed in a distant location or in a long-term placement with little change expected in symptoms. CPMT may reduce the frequency of UR Clinicians out-of-state site visits on a case by case basis. Case managers shall also conduct quarterly site visits and subsequently complete a summary utilization report. UR Clinicians and case managers may visit more frequently if indicated.

During site visits, UR Clinicians shall complete an updated CANS, attend treatment team meetings when possible, meet with the on-site case manager and/or therapist, review the youth's progress toward long and short-term goals, review the youth's file, and meet with the client. UR Clinicians shall then generate a comprehensive written report of progress and recommendations. This report shall address progress and goals related to all relevant CANS strengths and needs, family involvement, discharge plans, medications, ongoing CSA eligibility, possible mitigating circumstances, and whether the youth continues to require the current level of intervention. The UR Clinicians site visit and review evaluates whether the vendor's treatment plan is effectively addressing the youth's goals as stated in the IFSP. If not, UR Clinicians notify the CSA case manager immediately.

(b). For community-based services UR Clinicians shall subsequently conduct reviews every three months to coincide with FAPT reviews. Each review includes the completion of a CANS, with a subsequent report to address elements described in 6 (a) above. UR Clinicians shall only conduct a six month review if service extension is being considered.

7. DISTRIBUTION OF UR CLINICIANS REPORTS:

UR Clinicians shall distribute its initial reports to the referring case manager and the FAPT at least two business days prior to the FAPT review. A comprehensive UR report and CANS shall be distributed to the CSA case manager and the vendor after each subsequent review at least one week prior to the FAPT review. A current UR Clinician report shall be submitted for each FAPT review.

Due to the dynamic nature of many CSA cases, it is recognized that case manager's and UR Clinician's service recommendations may not be finalized, or may change, in the period before FAPT. In such cases, it is essential that the case manager and UR Clinician communicate and discuss their respective recommendations prior to the FAPT review.

8. DISCHARGE PLANNING:

UR Clinicians shall review discharge planning in the initial report, and in all subsequent reports, and make recommendations if appropriate. These recommendations address time frames, possible mitigating circumstances, and specific services needed to transition to a less restrictive level of care.

9. CONTRACT ADMINISTRATION:

UR Clinicians shall be knowledgeable of the CSA vendor contracts and consider the elements of these contracts when conducting reviews of client progress, vendors, and invoices.

10. VENDOR EVALUATION AND RECOMMENDATION:

UR Clinicians shall evaluate current vendors being used by CSA and familiarize themselves with new vendors on a regular basis. UR Clinicians serves as a knowledgeable resource for case managers seeking vendors. Whenever possible, UR Clinicians shall identify two or more appropriate vendors for consideration by the case manager. UR Clinicians shall maintain a roster of providers and contact persons for use by case managers. If UR Clinicians and the CSA case manager disagree on a proposed vendor, UR Clinicians may schedule a FAPT review for resolution.

11. UTILIZATION MANAGEMENT OF THE SYSTEM:

UR Clinicians shall participate in the collection of data and entering of this data into a management information system for the purpose of assessing the effectiveness of service delivery, current practices, policy development, and the formulation of program changes. Data collected by the CSA management information system may be used to guide policy and program decisions. Some possible examples of this include:

- Identifying issues around recidivism, such as time frames after termination of services, by diagnosis, and or provider.
- Identify length of stay trends by provider and diagnosis in order to more effectively address treatment needs of youth served by CSA
- Evaluating effectiveness of treatment interventions by comparing CANS scores at beginning and end of services.

D. Review

The CSA Office shall report annually to the CPMT on the status of the UR Clinician's function, including caseload, capacity, and quality and effectiveness indicators.



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES *Administering the Children's Services Act*

Administrative Memo #19-01

To: CSA Coordinators
CPMT Chairs
Members of the State Executive Council for Children's Services
Members of the State and Local Advisory Team

From: Scott Reiner 

Re: Updated CSA Policy Manual

Date: January 15, 2019

The Office of Children's Services (OCS) is pleased to release an updated version of the CSA Policy Manual to reflect changes made since the previous release. I hope that you find this resource useful and a valuable tool in operating your local Children's Services Act programs. Specific changes are as follows:

1. Update of Policy 2.1.3 (Individual Participation in State Executive Council Meetings by Electronic Means) to reflect statutory changes passed by the 2018 General Assembly.
2. Revisions to Policy 3.6 (Mandatory Uniform Assessment Instrument).
3. Addition of Policy 4.7 (Response to Audit Findings with Regard to the Children's Services Act).

The revised Policy Manual is available on the CSA website at:

<http://csa.virginia.gov/Resources/PolicyGuides>

As always, questions about CSA policy and practice may be directed to any of the staff at the Office of Children's Services.



CROSSROADS COUNSELING CENTER, INC.

RATE SHEET

(Revised as of 01.01.2019)

Fiscal Year 07.01.2018 to 06.30.2019

All services are not available in all Crossroads Counseling Center Offices. Please check with your local Crossroads Office for services currently available in your area.

BEHAVIORAL THERAPY	HOUR / UNIT	FEE
Behavioral Therapy Service (BTS): Applied Behavioral Analysis derived behavior change services designed by a Licensed Behavior Analyst for individuals younger than 21 delivered in the home. Behavioral Therapy Services are designed to enhance communication skills, decrease maladaptive behavior patterns and train the family to effectively manage the individual's behavior in their natural settings. Services are provided by a Licensed Behavior Analyst (LBA) and qualified Specialists, under the direct supervision of the LBA, following all regulations as defined by DMAS.	Per hour	\$60.00
COMMUNITY MENTAL HEALTH REHABILITATIVE SERVICES	HOUR / UNIT	FEE
Intensive In-Home Service (IIH): Intensive, time-limited interventions for children/adolescents under the age of 21, provided typically, but not solely in the residence of a child who is at risk of out-of-home placement or who is being transitioned to home from an out-of-home placement. These services are designed to improve family dynamics, provide modeling and the clinically necessary interventions to increase functional and therapeutic interpersonal relations between family members in the home. IIH services provide assessment, individual and family counseling, crisis treatment, psycho-educational skills instructions, including problem-solving, interpersonal interaction, anger management, and communication skills, service coordination with other providers, and 24-hour emergency response. At least one adult with whom the child/adolescent is living must be willing to participate in services. Services are delivered by qualified Specialists following all regulations as defined by DBHDS and DMAS. FAPT funded individuals must meet the medical necessity criteria for this service as defined by DMAS.	Per hour	\$60.00
Therapeutic Day Treatment Service for Children and Adolescents (TDT): Services offered to school-aged children and adolescents who have behavioral or emotional difficulties or are at risk for out-of-home or school placement. These services include a combination of individual and group therapeutic interventions and activities, including evaluation, psychiatric medication education and monitoring, opportunities to learn and use daily skills, and enhancing social and interpersonal skills such as problem solving, anger management, community responsibility, increased impulse control, and appropriate peer relations. TDT services may be provided during the school day or during the summer (where available) in programs of two or more hours per day. Services are delivered by qualified Specialists following DBHDS and DMAS regulations. FAPT funded individuals must meet the medical necessity criteria for this service as defined by DMAS.	Per unit	\$36.53
Mental Health Skill-Building Service (MHSS): Services provide individualized, goal-directed training to enable individuals with severe and chronic mental health disorders to achieve and maintain stability and independence within the community so they may continue to reside in the least restrictive environment. Training is provided to develop functional skills and appropriate behavior related to health and safety, activities of daily living, use of community resources, assistance with medication management, and monitoring health, nutrition and physical	Per unit	\$83.00 \$91.00 (Northern VA)

condition, with goals toward self-monitoring and self-regulation of these activities. Services are delivered by qualified Specialists following all regulations as defined by DBHDS and DMAS. FAPT funded individuals must meet the medical necessity criteria for this service as defined by DMAS.		
FAMILY SUPPORT SERVICES	HOUR / UNIT	FEE
Home Based Service (previously Early Intervention): Qualified Specialists provide therapeutic interventions and skills training to children/adolescents and their families in the home setting of the child at risk of an out-of-home placement or transitioning from an out-of-home placement. Seeks to enhance more effective communication within the family and to improve behavior management practices with children. This service is an alternative for individuals who do not carry Medicaid or do not meet the Medicaid criteria for Intensive In-home services.	Per hour	\$60.00 \$70.00 (Northern VA)
Parent Mentoring Service: Skill-based service for families who have a child (birth to 18) at risk of or is transitioning from an out-of-home placement, have emotional or behavioral difficulties, or for parents who may be challenged by their own mental health concerns and need assistance in learning to manage their child's behavior. Services are provided in the family's home at a more intensive level than a parent class, with the primary purpose of improving family functioning. Qualified Specialists provide parents with education and skills to improve family functioning by increasing positive familial communication, understanding the child's behavior and improving management techniques, and enhancing the child's self-esteem. *Parents receiving this service are encouraged to participate in the Parenting Education Group.	Per hour	\$65.00 \$75.00 (Northern VA)
Supervised Visitation: Supervised Visitation is a service that monitors the interactions of children and their birth parents during planned visitations, ensuring a safe and healthy environment in which children can interact with their birth family. If needed, a qualified Specialist may use therapeutic interventions to enhance the visitation and teach and model healthy parent/child interactions, appropriate boundaries and work to improve the overall relationship between the children and birth family.	Per hour	\$60.00 \$70.00 (Northern VA)
Parenting Education Group: A trained group facilitator dedicated to creating healthy relationships within families, teaches parents a set of strategies that assists children in developing self-regulation and self-efficacy with children of all ages. Parenting principles include refusing to energize negativity, energizing success, absolute clarity, active-experiential-proactive recognitions, and consistent consequences. The program consists of 10 weekly sessions. This group complements Parent Mentoring and is most effective as a concurrent service.	Per session	\$40.00 (Individual) \$60.00 (Couple)
INDEPENDENT LIVING SERVICES	HOUR / UNIT	FEE
Independent Living Skills: Adults Qualified Specialists provide goal directed training and support to adults (21+) to develop functional skills and appropriate behavior related to health and safety, activities of daily living, use of community resources, employment, housing, assistance with medication management, and monitoring health, nutrition and physical condition. Enables individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. This service is an alternative for individuals who do not carry Medicaid or do not meet the Medicaid criteria for Mental Health Skill-Building services.	Per hour	\$55.00 \$65.00 (Northern VA)
Independent Living Skills: Adolescents Qualified Specialists provide independent living skills training, support and connection with additional resources for older adolescents (16-20) who may be transitioning to an	Per hour	\$55.00 \$65.00 (Northern VA)

independent living situation or may be having difficulty with the transition to adulthood. Services include support and training in the areas of education, employment, daily living skills and community life.		
Re-Entry Life Skills Coaching: A program designed to help teens transition into their community upon release from incarceration. This program utilizes an evidence-based, 12-session curriculum, each session lasting between 1 ½ to 2 hours, to teach life skills, self-awareness, anger avoidance, employment skills, and community service activities to help increase the teen's responsibility for his/her actions by overcoming self-defeating thoughts and behaviors.	Per hour	\$42.00 \$48.00 (Northern VA)
INDIVIDUAL SUPPORT SERVICES	HOUR / UNIT	FEE
Adolescent Services for Support, Independence, Skill-building & Training (ASSIST): A service for youth/adolescents needing support and training aimed at reducing continued court involvement and promoting personal accountability and independence. Qualified Specialists develop positive relationship with at-risk youth/adolescents to help guide them to make better life choices, teach appropriate social and interpersonal skills, and appropriate functioning in the community.	Per hour	\$50.00 \$60.00 (Northern VA)
Adult Anger Management Group: A psycho-educational group conducted by a trained facilitator, focusing on several topics including teaching adults 18 years and older to identify individual triggers and symptoms associated with anger. Participants learn strategies to manage their anger and increase coping skills. Participants may be self-referred, referred by the courts or other professionals. The program consists of 1 session (1.5-2 hr.) per week for 8 weeks.	Per session	\$40.00
Adolescent Anger Management Group: A psycho-educational group conducted by a trained facilitator, designed to teach participants aged 14 to 17, coping skills to help manage their anger. Participants learn what not to do, helping them respond to anger in a nonaggressive manner and rethink anger-provoking situations. Participants may be self-referred, referred by the courts or other professionals.	Per session	\$30.00
Social Skills Group: Daily psycho-educational group provided to middle and high school students who are in an Alternative Suspension Center or other educational setting. The group teaches social skills, anger management and moral reasoning using an evidenced-based curriculum.	Per day	\$60.00
MENTORING SERVICES	HOUR / UNIT	FEE
Mentoring Service: Qualified Mentors provide behavior management, advocacy, role modeling, individual living/life skills development, socialization/recreation and anger management techniques.	Per hour	\$50.00 \$60.00 (Northern VA)
OUTPATIENT SERVICES	HOUR / UNIT	FEE
Mental Health Evaluation: A Mental Health Evaluation (MHE) is used to ascertain whether or not an individual is functioning on a healthy social, emotional, and behavioral level, and to diagnose potential mental health disorders. The individual receives a diagnostic evaluation, Psychological Screening Inventory (PSI), and treatment recommendations. The MHE is conducted by a licensed therapist, or a Resident or Supervisee under the direct supervision of a licensed therapist.	Per evaluation	\$225.00

OUTPATIENT SERVICES	HOUR / UNIT	FEE
Diagnostic Evaluation: Initial evaluation and clinical assessment of treatment needs for mental health outpatient therapy services for individuals and/or families by a licensed therapist, or a Resident or Supervisee under the direct supervision of a licensed therapist. This evaluation is the first outpatient therapy appointment.	Per evaluation (90 min.)	\$125.00
Outpatient Therapy: Individual mental health outpatient therapy with the individual and/or family by a licensed therapist, or a Resident or Supervisee under the direct supervision of a licensed therapist.	Per hour	\$100.00
SUBSTANCE ABUSE OUTPATIENT SERVICES	HOUR / UNIT	FEE
Substance Abuse Assessment: A biopsychosocial, multidimensional Substance Abuse Assessment based on the ASAM Criteria conducted by a licensed professional to ascertain an individual's level of care needs for treatment of their substance use. The individual receives the assessment and the Substance Abuse Subtle Screening Inventory (SASSI), an evidence-based screening instrument. Diagnosis and treatment recommendations are determined as a result of the assessment.	Per assessment	\$250.00
Individual Substance Abuse Counseling (ASAM Level 1): Individual substance abuse counseling with a licensed professional as determined to meet individualized needs based on the Substance Abuse Assessment. A licensed professional will develop an individualized treatment plan with the client. Sessions will be 60 minutes and the number of sessions will be dependent on the client's needs and progress.	Per hour	\$135.00
Group Substance Abuse Counseling (ASAM Level 1): Group substance abuse counseling will be provided by a licensed professional. Goals established individually with the client for their ISP will be addressed in a group setting. Groups will have no more than 10 individuals at a time.	Per session	\$60.00
Family Substance Abuse Counseling (ASAM Level 1): Family counseling with a licensed professional as determined to meet ISP goals established with the individual.	Per hour	\$135.00
Relapse Prevention Group: Psychoeducational group sessions conducted by a licensed professional, Resident or Supervisee under the direct supervision of a licensed professional, or a Certified Substance Abuse Counselor (CSAC) to assist with relapse prevention. This group focuses on skills needed in early and late recovery to avoid relapse, addressing triggers, and development of a relapse prevention plan to cope with life stressors so as not to return to substance use as a coping mechanism.	Per session	\$50.00
Substance Abuse Education Group: Psychoeducational group conducted by a licensed professional, Resident or Supervisee under the direct supervision of a licensed professional, or a Certified Substance Abuse Counselor (CSAC). The group will be topic driven based on the needs identified for the clients on their ISPs. Topics will range from issues facing a client through the stages of learning about substance abuse, issues likely in early recovery, and ultimately how to maintain abstinence.	Per session	\$50.00
Peer Support Services: Peer Support Services for adults is an evidence-based, recovery oriented rehabilitative service for individuals 21 years or older provided by a certified Peer Recovery Specialist (PRS). A PRS is an individual with lived experience with substance use or co-occurring	Per hour	\$50.00

mental health and substance use disorders who has been successful in the recovery process. Specific Peer Support Service activities promote empowerment, self-determination, and understanding through mentoring, service coordination, and teaching positive coping skills to use when facing the unique stressors and barriers encountered by individuals in recovery.		
Urine Drug Screen	Per unit	\$50.00
TRANSPORTATION SERVICES	HOUR / UNIT	FEE
Transportation: Transportation of a client and/or family by CCC to/from pre-determined locations.	Per mile	\$ 0.58

Crossroads Counseling Center, Inc. is a DBHDS licensed provider of Intensive In-Home Services, Therapeutic Day Treatment for Children and Adolescents, Mental Health Skill-building Services, and Outpatient Mental Health and Substance Abuse Services.

Crossroads Counseling Center, Inc. is a participating provider with the following Medicaid plans:

Aetna Better Health of Virginia
Anthem HealthKeepers Plus
Magellan of Virginia
Magellan Complete Care of Virginia
Optima Health Community Care
United Healthcare
Virginia Premiere Elite Plus

POLICY 3.6

MANDATORY UNIFORM ASSESSMENT INSTRUMENT

3.6.1 Purpose

To provide consolidated guidance to local Children's Services Act (CSA) programs regarding the requirements for the utilization of the Child and Adolescent Needs and Strengths (CANS), the mandatory uniform assessment instrument used with all children and families receiving services through the CSA.

The specifications in this policy represent the minimum state CSA requirements for use of the CANS. Individual localities may adopt, through local policy, additional requirements regarding administration of the CANS at their discretion.

3.6.2 Authority

- A. Section 2.2-2648.D.11 of the Code of Virginia (COV) requires "a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Children's Services Act youth."
- B. Section 2.2-5210 of the COV specifies "utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § 2.2-2648."
- C. Section 2.2-5212 A of the COV states "in order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, ... shall be determined through the use of a uniform assessment instrument and process by the policies of the community policy and management team to have access to these funds."
- D. The 2018 Appropriation Act (Chapter 2, Item 282 B 8) states "The State Executive Council shall require a uniform assessment instrument."
- E. State Executive Council Policy 3.6 (adopted in December 2007 and updated in May 2008) establishes: "The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the uniform assessment instrument for children and youth receiving services funded through the state pool. Use of the CANS shall be effective July 1, 2009."

3.6.3 Definitions

"Child and Adolescent Needs and Strengths (CANS)" means the Virginia versions of the Child and Adolescent Needs and Strengths assessment instrument, developed by John S. Lyons, Ph.D., as modified for CSA use. The Virginia CSA versions include the Standard and DSS-Enhanced CANS, each having two age versions (Birth to Four and Ages 5+) and each having a Comprehensive Version and a Reassessment version.

"CANVaS 2.0" means the online software application for the Virginia CANS created in accordance with COV §2.2-5210 to permit local governments to submit data from the mandatory uniform assessment to OCS.

"CANS Certification" means completion of the CANS training requirements, passing a certification examination and subsequent granting of a certificate on any CSA Virginia version of the CANS as required by the Praed Foundation.

"Comprehensive CANS" means a CANS full assessment, including the four child functioning domains, caregiver domain(s) and eight modules. The modules are rated only if prompted by a rating on specific trigger items.

"Designated Super User / Report Administrator (DSU/RA)" means a local staff person designated to serve as the Local Administrator for the CANVaS 2.0 system. DSU/RAs may be trained Super Users who are designated to serve in the role or other staff as determined by the locality. DSU/RAs serve as gatekeepers to CANVaS, have access to local CANS data including reports and are the locality's primary contact with OCS regarding CANS.

"Discharge CANS" means a Comprehensive version of the CANS, denoted as a "Discharge CANS" in the CANVaS 2.0. system, completed within 90 days prior to, at the time of, or 90 days following either the child and family's exit from CSA funded services or a final review by the Family Assessment and Planning Team (FAPT).

"DSS-Enhanced CANS" means the version of the Virginia CANS modified to include additional features for local Department of Social Services (DSS) use, including the ability to rate multiple caregivers and a Child Welfare module.

"Initial CANS" means a Comprehensive version of the Virginia CANS completed to determine eligibility for CSA-funded services in accordance with COV §2.2-5212.

"Reassessment CANS" means a Reassessment version of the Virginia CANS completed at regularly defined intervals as determined by local requirements, but no less than annually, for a child and family served by CSA. The Reassessment version does not contain the eight modules found in the Comprehensive version.

“Standard CANS” means the version of the Virginia CANS which does not include the additional features developed for the DSS-Enhanced CANS and is appropriate for use by public agency staff other than local DSS when administering the assessment.

“User Agreement” means the online document outlining the requirements for access and use of the CANVaS 2.0 site. Users shall indicate that they accept and honor these requirements.

3.6.4 CANS as the Mandatory Uniform Assessment Instrument

- A. The Child and Adolescent Needs and Strengths assessment (CANS) shall be the uniform assessment instrument for children and youth receiving services funded through the state pool.
- B. All children receiving CSA state pool funded services shall have CANS assessments completed in accordance with the parameters specified in this policy.

3.6.5 Frequency of CANS Administration

- A. Any child and family receiving CSA funded services shall be administered the CANS assessment.
- B. The Initial CANS is required to determine and/or support the child's eligibility for CSA consistent with the statutory requirement in COV §2.2-5212.
- C. The Initial CANS must be completed prior to the initiation of CSA-funded services described on a service plan (e.g., Individual Family Service Plan, Individualized Education Program, or Foster Care Plan), with an exception (14 days) for emergency services and placements as provided for in §2.2-5209.
- D. The CANS assessment is required annually. “Annually” is defined as within 60 calendar days of the anniversary date of the Initial CANS or subsequent Annual CANS, meaning the reassessment may fall 60 days prior to, on the date of, or 60 calendar days subsequent to the anniversary of the previous annual assessment date.
- E. The Reassessment version of the CANS may be used for the Annual assessment. Local governments shall have the discretion to use either the Comprehensive version or the Reassessment version of the CANS for the Annual assessment.
- F. The CANS completed within the time frame noted in D. above shall be referred to as the “Annual CANS.”
- G. Local policy adopted by the Community Policy and Management Team (CPMT) shall direct the frequency of reassessment of the CANS between the one year intervals of required Annual CANS unless otherwise required by another funding source (e.g. Medicaid).

H. The Discharge CANS shall be the Comprehensive version of the CANS.

- (1) Discharge CANS are required only when a child's CSA case is closed. A CPMT may opt to complete a Discharge CANS when transferring a case to another locality according to local written policy.
- (2) The Discharge CANS may be done 90 days prior to, at the time of, or within 90 days following either the completion of all CSA-funded services, or final FAPT review.
- (3) A Discharge CANS is not required in any of the following situations:
 - i. when a child and family receive CSA-funded services for less than 30 calendar days. An Initial CANS is required in such instances.
 - ii. at the time of transfer of services from one locality to another. The receiving locality will complete CANS as required per their local schedule.
 - iii. when one service ends, but the child and/or family continue to receive other CSA-funded services.

3.6.6 Use of the CANVaS 2.0 On-line Data System

- A. Only employees of local government agencies (local department of social services, court services units, school divisions, community services boards/behavioral health authorities, and CSA offices) may create accounts in CANVaS 2.0 to carry out their job responsibilities in working with children and families.
- B. Prior to account creation, all users requesting access shall agree to the terms of the User Agreement required to access the CANVaS 2.0 site. The agreement addresses access, security and confidentiality, and closure (completion) of assessments within a specified time frame.

3.6.7 Required Certification by All CANS Assessors

- A. Any individual who administers the CANS shall be appropriately certified on the use of the assessment. "Appropriately certified" means the individual has:
 - (1) completed one or more of the Virginia CSA training courses offered on the Praed Foundation CANS training and certification site;
 - (2) attained a score of 70 percent or higher on the certification exam;
 - (3) received a certificate granted by the Praed Foundation for the approved time frame of one year from date of certification; and
 - (4) administers the CANS only during the approved time frame of his or her certification.
- B. CANS completed by individuals who are not appropriately certified are not valid and shall not be used for any purpose, including service planning.

- C. Paper CANS score sheets may only be used if the individual administering the CANS is
- (1) appropriately certified, and
 - (2) the information from the score sheet is entered into CANVaS within 60 days by the assessor or an authorized data entry person.
- D. Sharing of specific information such as ratings of items on a certification vignette to enable another individual to pass the certification exam is prohibited. Individuals who share or receive such information may lose access to CANVaS 2.0 at the discretion of the Office of Children's Services.

3.6.8 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.