

***CHILDREN'S SERVICES ACT
PROGRAM AUDIT***

Frederick County

Audit Report No. 12-2018

August XX, 2018



Office of Children's Services
Empowering communities to serve youth

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EXECUTIVE SUMMARY

The Office of Children's Services has completed an audit of the Frederick County Children's Services Act (CSA) program. Frederick County CSA program provided services and/or funding to 138 at-risk youth and families in fiscal year (FY) 2017. The audit included a review and evaluation of management oversight, operational, and fiscal practices. Based upon established statewide CSA performance measures reported as of FY 2017, significant achievements for the Frederick County CSA program included:

- 100% of youth exiting foster care were placed in a permanent living arrangement, which is 17.6% above the statewide average and exceeds the established state target by 14%.
- 60% percent of youth had a decrease in the Child and Adolescent Needs and Strengths (CANS) scores within the child behavior/emotional needs domains, which is 11.3% above the statewide average.

However, there are additional opportunities to effect quality improvement in other areas of the CSA program. The audit concluded that there were deficiencies in compliance and internal controls particularly in reference to governance and fiscal practices. Conditions were identified that could adversely affect the effectiveness and efficient use of resources and compliance with statutory requirements. The following significant issues were identified:

- The CPMT has not documented a formal plan to substantiate coordination of long-range planning as required by the Code of Virginia (COV) § 2.2-5206.
- Frederick County CSA program did not fully take advantage of available fiscal resources that could be utilized to provide non-educational treatment services to students with disabilities. Only \$4,007.50 of the \$20,348.36 Special Education (SPED) WRAP allocation has been expended as of April 30, 2018 and as of July 16, 2018, \$6,835.00 has been expended.

The Office of Children's Services appreciates the cooperation and assistance provided on behalf of the CPMT and other CSA staff. Formal responses from the CPMT to the reported audit observations are included in the body of the full report.

Stephanie S. Bacote, CIGA
Program Audit Manager

Annette E. Larkin, MBA
Program Auditor

INTRODUCTION

The Office of Children's Services has completed a financial/compliance audit of the Frederick County Children's Services Act program. The audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing (Standards). The standards require planning and performance of the audit pursuant to stated audit objectives in order to provide a reasonable basis for audit observations, recommendations, and conclusions. The audit was completed on August XX, 2018 and covered the period May 1, 2017 through April 30, 2018.

The objectives of the audit were:

- To determine whether adequate internal controls have been established and implemented over CSA expenditures.
- To determine the adequacy of training and technical assistance by assessing local government CSA staff knowledge and proficiency in implementing local CSA programs.
- To assess whether operations have maintained high standards for sound fiscal accountability and ensured responsible use of taxpayer funds by evaluating fiscal activities of the local CSA program.
- To assess the level of coordination among local government CSA stakeholders and efforts to improve CSA performance by evaluating the local CSA program's operational and utilization review practices.

The scope of the audit included youth and their families who received CSA funded services during the last two (2) months of FY2017 and the first ten (10) months of FY2018. Audit procedures included reviews of relevant laws, policies, procedures, and regulations; interviews with various CSA stakeholders; flowcharts of operational and fiscal processes; various tests and examination of records; and other audit procedures deemed necessary to meet the audit objectives.

BACKGROUND

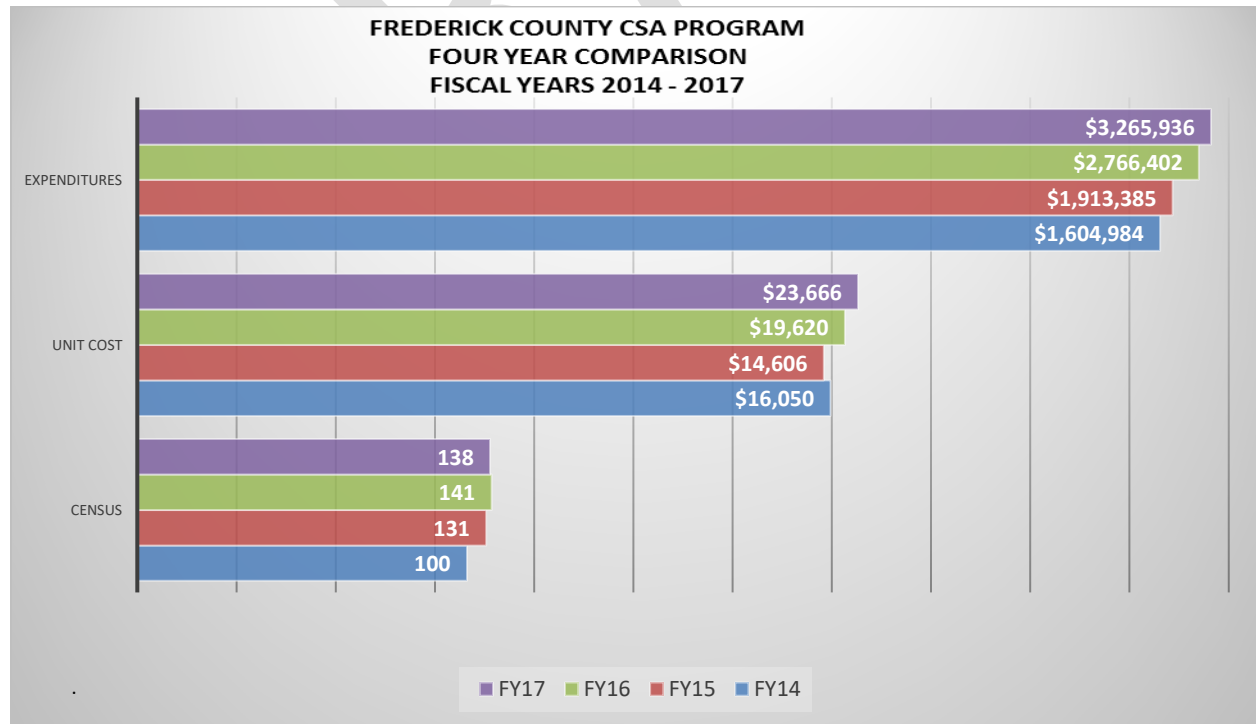
Frederick County was established in 1738 from Orange County, which encompassed present day Shenandoah, Clarke, Warren, and Frederick Counties and five (5) West Virginia counties. The county seat is the City of Winchester. According to the US Census Bureau Quick Facts, Frederick County estimated population in 2017 was 86,484 and median household income from 2012-2016 was \$68,929.

The Children’s Services Act (CSA) is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at-risk youth and their families. The state funds, combined with local community funds, are managed by a local interagency team, referred to as the Community Policy and Management Team (CPMT) that plans and oversees services to youth. The CPMT is supported by a Family Assessment and Planning Team (FAPT) and Multidisciplinary Teams (MDT) responsible for recommending appropriate services to at-risk children and families, a CSA Coordinator, and a CSA Account Specialist. Expenditure demographics for fiscal 2014 to 2017 are depicted below.

CSA Pool & Census Data by FY for the Frederick County (2014-2017)

FY	Census	Census Change	Census % Change	Pool Expenditures	Expenditures \$ Change	Expenditures % Change	Unit Cost	Unit Cost % Change
14	100	531	5%	\$ 1,604,984	\$ 141,342	10%	\$ 16,050	4%
15	131	31	31%	\$ 1,913,385	\$ 308,401	19%	\$ 14,606	-9%
16	141	10	8%	\$ 2,766,402	\$ 853,017	15%	\$ 19,620	34%
17	138	-3	-2%	\$ 3,265,936	\$ 499,534	18%	\$ 23,666	21%

Note: Changes recorded for FY 14 are based on difference from fiscal year 2014 to 2013



OBSERVATIONS AND RECOMMENDATIONS

A) CPMT GOVERNANCE

Observation #1:

Criteria:

Compliance and Internal Controls

The CPMT has not documented a formal plan to substantiate coordination of long-range planning that includes an assessment of current risks, strengths and needs of the existing system, as well as establishing and documenting measurable criteria for evaluating the effectiveness of the local CSA program. The ability and likelihood of the CPMT to adequately monitor and provide oversight of the local CSA program is an essential component of the organizational governance. The absence of formal planning, coordination, and program evaluation to ensure that the goals and objectives of the program are met ultimately impacts the CPMT efforts to better serve the needs of youth and families in the community and to maximize the use of state and community resources.

Recommendations:

As required by CSA statute § 2.2-5206, the CPMT should develop, document, and implement a long-range plan to guide the locally administered CSA program. The process should include development of formal risk assessment process and measurable criteria to be used for evaluating program accountability and effectiveness.

Client Comment:

B) FISCAL ACTIVITIES

Observation #2:

Criteria:

Internal Control

Frederick County CSA program did not fully take advantage of available fiscal resources that could be utilized to provide non-educational treatment services to students with disabilities. Frederick County CSA Program initially received a total allocation of \$24,714 for fiscal year 2018 for “Special Education (SPED) Wrap-around” funding to provide community-based services to students with educational disabilities. In January 2018, OCS rescinded the allocation as no funds had been expended to date. However, the CPMT expressed an intent to spend \$20,348.36 and the OCS re-allocated the funds requested. As of April 30, 2018, only \$4,007.50 (20%) has been expended and as of July 16, 2018, \$6,835.00 (34%) of the funds allocated has been expended. Underutilization of available funding creates a lost opportunity to address the needs and improve overall treatment outcomes for at-risk youth and families in Frederick County.

Recommendations:

Frederick County CPMT should optimize every opportunity available to increase and utilize funding to support the provision of services to at-risk youth and families in the Frederick County community, to include but not limited to utilizing SPED wrap-around funds.

Client Comment:

DRAFT

CONCLUSION

Our audit concluded that there were deficiencies in compliance and internal controls over the Frederick County CSA program, particularly in reference to governance and fiscal practices. Conditions were identified that could adversely affect the effective and efficient use of resources, as well as compliance with statutory requirements. An exit conference was conducted on Wednesday July 23, 2018, to present the audit results to the Frederick County CPMT. Persons in attendance representing the Frederick County CPMT were as follows:

Jay Tibbs, County Administrator
Michele Sandy, CPMT Chair
Tami Green, Social Services
Peter Roussos, Court Service Unit
Dr. Colin Greene, Health Department
Mark Gleason, Community Service Board
Dana Bowman, Private Provider
Dawn Robbins, Parent Representative
Jackie Jury, CSA Coordinator
Annie Kennedy, CSA Account Specialist

Representing the Office of Children's Services was Annette Larkin, Program Auditor. We would like to thank the Frederick County CPMT and related CSA staff for their cooperation and assistance on this audit.

REPORT DISTRIBUTION

Scott Reiner, Executive Director
Office of Children's Services

Jay Tibbs, Frederick County Administrator

Michele Sandy, CPMT Chair,

Sharon Kibler, CPMT Fiscal Agent

Jackie Jury, CSA Coordinator

SEC Finance and Audit Committee

DRAFT



CSA Program Audits

Audit Name: Frederick County

Audit No: 12-2018; Period: 5/1/17- 4/30/18

MANAGEMENT DISCUSSION POINTS

Prepared By: Annette E. Larkin

Date Prepared: 7/16/2018

Discussion Point #:	MDP 1	Final Disposition: <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Report <input type="checkbox"/> Dropped
Cross References: D1 and Perm File, and D.2.		Explanations for verbal/dropped: Exceptions do not significantly impede the accomplishment of agency objectives; however, management must be made aware to further enhance existing internal controls.
Condition/ Control Weakness	<ul style="list-style-type: none"> • The Frederick County FAPT is missing the required parent representative. • There are two section in Frederick County policy and procedures manual that the CPMT should consider revising or providing clarification. <ul style="list-style-type: none"> ○ Section 3.3.3.3 Mandated Eligibility through Court Involvement Court determines the Child CHINS – The CPMT may want to add a clarifying statement that this is a Child in Need of Services vs Supervision.- page 11 as CHINS-Supervision does not place the child and family in the mandated sum-sufficient population. It is to be noted that CHINS Services is defined in the glossary section of the policy and is defined in proceeding section 3.1.3.2 Mandated Eligibility through Foster Care and Foster Care Prevention. ○ Section 3.5.1.6- Exception to requiring 2 CPMT signatures on an emergency funding approval form. Foster Care 1. Maintenance needs clarification as it states special needs payments to DFS foster families shall be approved by the DSS Director based on the rate scale approved by CPMT. The auditor inquired to whether special needs payments were referring to Enhance Maintenance Payments. The CSA Coordinator stated “ It’s only children who would receive the basic maintenance and clothing allowance that CPMT delegates to the Director of DSS. If a child was placed in a TFC and received a VEMAT payment, then 2 signatures would be required.” However, as the policy is written, it does not distinguish between basic maintenance and enhance maintenance. In addition, per the CSA Coordinator special need payments are no longer provided so it should be moved from the policy. • The following are opportunities for improvement in Frederick County CSA service planning activities: <ul style="list-style-type: none"> ○ It is the practice for the FAPT to identify child/family strengths at the initial assessment only. ○ An annual comprehensive CANS assessment were not completed in 5 out of the 16 cases reviewed. ○ In 1 out of 16 cases reviewed, a paper CANS assessment was provided and note entered into CANVaS, the FAPT used the goals and objectives of the provider, and a foster parents did not participate in the FAPT meetings. 	



CSA Program Audits

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MANAGEMENT DISCUSSION POINTS

Prepared By: Annette E. Larkin

Date Prepared: 7/16/2018

Authority/ Criteria	COV § 2.2-5207 ; § 2.2-5206 , § 2.2-5212 ; CANS Frequency of Administration – updated 2013; § 2.2-5208 ; OCS Policy Manual 3.3, 3.5, and 3.6; Frederick County Policies and Procedures Manual Revised May 2018;	
Recommendation	<ul style="list-style-type: none"> • The CPMT should continue it’s recruitment efforts for a parent representative on FAPT. • The CPMT should revised their policies and procedures manual to ensure all procedures are clearly stated to reduce the possibility of misinterpretation of their policies. • As a best practice, the FAPT should identify child and family strengths for every assessment evaluation. • In accordance with local policy and CSA guidance, a comprehensive CANS should be completed at list annually and all CANS assessment should be entered in CANVaS. • As a best practices, the FAPT should identify the measurable goals and objectives on the service plan and not rely of the provider to determine them for the child and/or family. • As a best practice, and to increase family engagement, foster parents should be given the opportunity to participate in all service planning activities. 	
CLIENT RESPONSE		
CSA Coordinator	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
CPMT Chairperson	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
COMMENTS: (Attach additional sheets if necessary)		
		Reviewed By: Date:



CSA Program Audits

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MANAGEMENT DISCUSSION POINTS

Prepared By: Annette E. Larkin

Date Prepared: 7/16/2018

Discussion Point #:	MDP 2	Final Disposition: <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Report <input type="checkbox"/> Dropped
Cross References: D1		
Condition/ Control Weakness	The CPMT has not documented a formal plan to substantiate coordination of long-range planning that includes an assessment of current risks, strengths and needs of the existing system, as well as establishing and documenting measurable criteria for evaluating the effectiveness of the local CSA program. The ability and likelihood of the CPMT to adequately monitor and provide oversight of the local CSA program is an essential component of the organizational governance. The absence of formal planning, coordination, and program evaluation to ensure that the goals and objectives of the program are met ultimately impacts the CPMT efforts to better serve the needs of youth and families in the community and to maximize the use of state and community resources.	
Authority/ Criteria	COV § 2.2-5206 item 4	
Recommendation	As required by CSA statute § 2.2-5206, the CPMT should develop, document, and implement a long-range plan to guide the locally administered CSA program. The process should include development of formal risk assessment process and measurable criteria to be used for evaluating program accountability and effectiveness.	
CLIENT RESPONSE		
CSA Coordinator	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
CPMT Chairperson	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
COMMENTS: (Attach additional sheets if necessary)		
		Reviewed By: Date:



CSA Program Audits

Audit Name: Frederick County

Audit No: 12-2018; Period: 5/1/17- 4/30/18

MANAGEMENT DISCUSSION POINTS

Prepared By: Annette E. Larkin

Date Prepared: 7/16/2018

Discussion Point #:	MDP 3	Final Disposition: <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Report <input type="checkbox"/> Dropped
Cross References: D3		
Condition/ Control Weakness	<p>Frederick County CSA program did not fully take advantage of available fiscal resources that could be utilized to provide non-educational treatment services to students with disabilities. Frederick County CSA Program initially received a total allocation of \$24,714 for fiscal year 2018 for "Special Education (SPED) Wrap-around" funding to provide community-based services to students with educational disabilities. In January 2018, OCS rescinded the allocation as no funds had been expended to date. However, the CPMT expressed an intent to spend \$20,348.36 and the OCS re-allocated the funds requested. As of April 30, 2018, only \$4,007.50 (20%) has been expended and as of July 16, 2018, \$6,835.00 (34%) of the funds allocated has been expended. Underutilization of available funding creates a lost opportunity to address the needs and improve overall treatment outcomes for at-risk youth and families in Frederick County.</p>	
Authority/ Criteria	<p>COV Sections: § 2.2-5211.B.1; CSA Policy Manual 4.1.3 "Wrap Around Services for Students with Disabilities" (<i>Adopted January 10, 2011</i>); Department of Accounts, Agency Risk management and Internal Controls Standards, Control Environment, Oversight by the Agency's Governing Board</p>	
Recommendation	<p>Frederick County CPMT should optimize every opportunity available to increase and utilize funding to support the provision of services to at-risk youth and families in the Frederick County community, to include but not limited to utilizing SPED wrap-around funds.</p>	
CLIENT RESPONSE		
CSA Coordinator	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
CPMT Chairperson	<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur <input type="checkbox"/> No opinion at this time	Signature: Date:
COMMENTS: (Attach additional sheets if necessary)		
		Reviewed By: Date:

FREDERICK COUNTY CPMT AGENDA

July 23, 2018
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of July Agenda
- III. Audit Exit Interview
- IV. Consent Agenda-See Memo for details
 - A. Approve June Minutes
 - B. Approve Budget Request Forms
- V. Executive Session
 - A. Case Review
- VI. Committee Member Announcements
 - A. As Needed
- VII. CSA Report Jackie Jury
 - A. June Financial Report
 - B. CSA Updates
 1. HFW ICC Expansion Grant Update
 2. CSA New Hire
- VIII. Old Business Jackie Jury
 - A. Vendor Contracts
 1. Rates over 3% increase
 2. Requested Contract Modifications
 3. New Contract requests
- IX. New Business Jackie Jury
 - A. Administrative Memo #18-06 Jackie Jury
 - B. Administrative Memo #18-07 Jackie Jury
- X. Review Assigned Tasks
- XI. Next Meetings
 - A. CPMT July 23, 2018, 1st Floor Conference Room- See Memo for future dates
 - B. Joint FAPT/CPMT July 24, 2018, 1:00 p.m. CSA Conference Room
- XII. 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 June 25, 2018

The Community Policy and Management Team (CPMT) Committee met on June 25, 2018 at 1:00 p.m. 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
- Dr. Colin M. Greene, Lord Fairfax District Health Department
- Dawn Robbins, Parent Representative
- Peter Roussos, Court Services Unit
- Tamara Green, Frederick County DSS

The following members were not present:

- Michele Sandy, Frederick County Public Schools
- Dana Bowman, Children Service of Virginia
- Mark Gleason, Northwestern Community Services Board

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator

Call to Order: Jay Tibbs called the meeting to order at 1:00pm.

Adoption of June Agenda: Peter Roussos made a motion to adopt the June agenda; Tamara Green seconded; CPMT approved.

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

- May 21st CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Adoption of May Minutes: Tamara Green made a motion to approve the May minutes as distributed with non-substantial changes; Dawn Robbins seconded; the CPMT approved.

Adoption of Budget Request Forms: Tamara Green made a motion to approve the Budget Request Forms; Dawn Robbins seconded; the CPMT approved.

Adoption to Convene to Closed Executive Session: On motion duly made by Dr. Colin M. Greene and seconded by Peter Roussos, the CPMT voted unanimously to go into Closed Executive 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. As Needed

Adoption of Motion to Come Out of Closed Executive Session: Dr. Colin Green made a motion to come out of Closed Executive Session and reconvene in Open Session; Peter Roussos 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
Tamara Green	Aye
Dr. Colin Greene	Aye
Dawn Robbin	Aye
Jay Tibbs	Aye

Committee Member Announcements: - None

CSA Report: Fiscal Year 2018 Pool Reimbursement: May net expenditures were \$268,992.77 with a local match of \$110,022.12. Of the 142-youth served to date, 29 are in congregate care and 18 are in a TFC.

Non-mandated Budget: The CSA Coordinator summarized the non-mandated budget for FY18 stating that \$1,500.00 has been encumbered with \$18,588.25 being spent.

Office Updates:

- High Fidelity WrapAround Intensive Care Coordination Expansion Grant
 - o There are currently 9 out of 25 targeted cases referred. Five of those referrals are from Frederick County.
 - o The Steering Committee was unable to meet this month. No new update is available.
- Grafton has drafted a program description for a local therapeutic group home for boys ages 12-16 who have a diagnosis of ID/ASD, but are high functioning, and have a comorbid psychiatric disorder. Grafton is planning to use one of their current unused group homes in the community. This group home would provide Medicaid Level B services with youth attending the public school system. Grafton will also become certified in providing ICC services to assist the youth/family in finding community resources, supports, and reduce the length of stay for youth in that setting. The pilot will be offered regionally only.
- The Supplemental Allocation Request was submitted and approved on June 15, 2018, with 75% of the initial request being released immediately. CSA will have to submit a request to have the remaining 25% released, likely for June expenditures. Amount requested and approved was \$475,471.13.
- Annie Kennedy has submitted her resignation for the CSA Account Specialist position. Annie's last day will be July 27, 2018. The CSA Office, along with the HR office will be working closely through the upcoming hiring process.

Old Business:

- Executive Session Update- Youth who was approved to stay beyond anticipated Medicaid authorization period did get an extension in Medicaid and was accepted to a nontherapeutic group home. The youth transitioned on June 11th.
- Policy & Procedure Manual- Request a vote to approve the revised manual.
 - o Tamara Green made a motion to approve the Policy & Procedure Manual; Peter Roussos seconded; the CPMT approved.
- Vendor Contracts- Request a vote to approve the revised contracts. Please review rate increases over 3% for individual approval.
 - o Dr. Colin Green made a motion to approve, with stipulation, the vendor rate sheets with a more than 3% increase; Tamara Green seconded; the CPMT approved.
 - Stipulation – Circle of Security has been denied due to high rates. The CSA Coordinator will send a letter with explanation to this vendor.
- OCS Preliminary Findings
 - o Frederick County lacks a Strategic Plan
 - o FAPT lacks a Parent Representative
 - o FAPT Follow Up reports don't include strengths

New Business:

- FAPT Private Provider Representative Appointment- Jeff Phillips will not be available to continue his appointment that ends June 30, 2018. He is grateful for the number of years he has spent on the team and apologizes for not being able to continue at this time. It was recommended that this position be announced on Frederick County's website.
- Admin Memo #18-04 was distributed to outline the new process for determining SpEd Wrap Allocation for the new fiscal year. The allocation is based on the prior four year's use. Frederick County received \$13,730.00. At any point during FY19, the CSA may request additional funds if needed.
- Admin Memo #18-05 was distributed to outline the deadlines for year-end expenditure reporting and FY19 allocations. Frederick County has notified all vendors of the last date invoices can be received in order to pay them, and that invoices received after that date will not be paid. This notification was sent with checks and POSs through regular mail and by separate email blast. For FY19, Frederick County will receive \$3,053,022.00 for the initial allocation. As part of that, the local protected amount (nonmandated funds) will not be determined until July. OCS is also improving the method of requesting administrative funds, which will be available by October.
- NOIDP- OCS has issued a Notice of Intent to Develop Policy regarding the CANS. Guidance currently exists concerning the frequency of administration, entry into CANVaS 2.0, and certification requirements. The new policy would replace this with a "consolidated and comprehensive guidance to local CSA program with regard to the requirements for the use of CANS." Comment period is from June 25-August 10, 2018.

Review Assigned Tasks:

- The CSA Coordinator will send a denial letter to The Attachment Clinic.
- The Private Provider Representative position will be posted on Frederick County's website.

- Peter requested more information concerning The May Institute on possibly changing the youth's placement in the future.

Next Meeting: The next CPMT meeting is Monday, July 23th 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, July 24, 2018 in the CSA conference room on the 2nd Floor of the County Administration building from 1pm-2pm.

Adjournment: Peter Roussos made a motion to adjourn; Dr. Colin Greene seconded; the CPMT approved. The meeting was adjourned at 2:05pm.

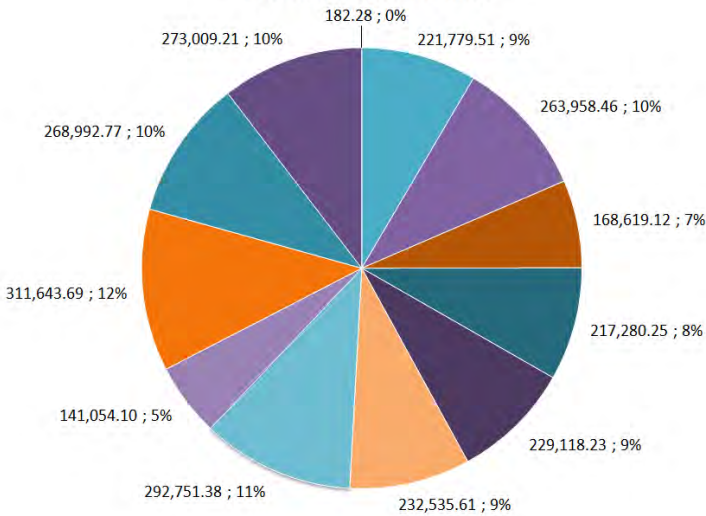
Minutes Completed By: Annie Kennedy



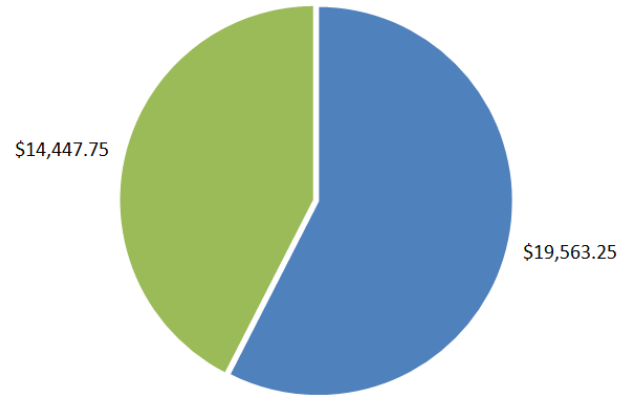
Frederick County CSA Update | June 2018

YTD Total Expenditures
of Reports
Submitted: 12

% Used of Total Allocation

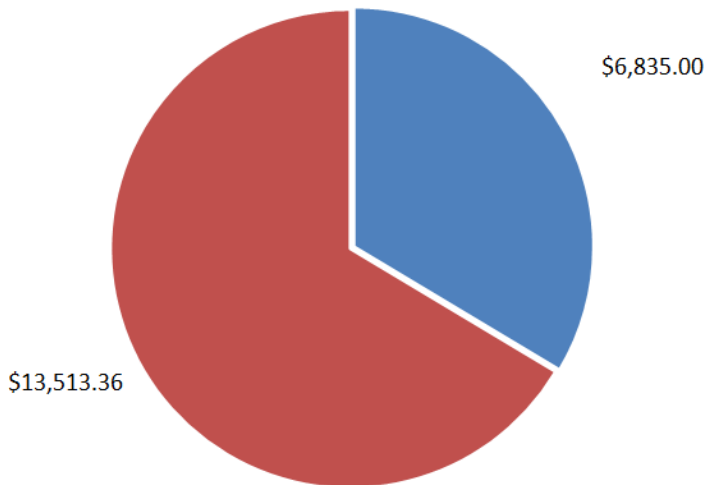


NonMandated Used



Encumbered: \$1,240.00

SpEd Wrap Used



Encumbered: \$00.00

Expenditure Breakdown:

- YTD Total Net: \$2,620,924.61
- YTD Local Net: \$1,082,010.38

Actual Balances as of 7/16/18:

- Total w/o Wrap: \$92,390.52
- Non-Mandated: \$13,622.75
- SpEd Wrap: \$13,363.36

CSA Updates:

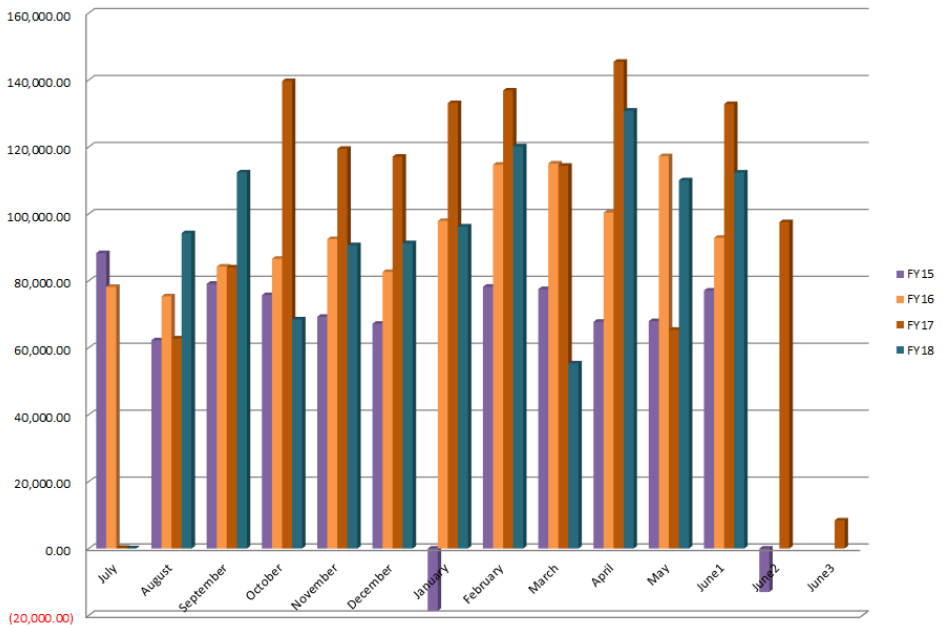
HFW Wrap ICC Expansion Grant

- 12 of 25 Referral
- 7 from Frederick County

Supplemental Allocation Request

- Total Requested: \$475,471.13
- 100% Released

Monthly Local Share Expenditures

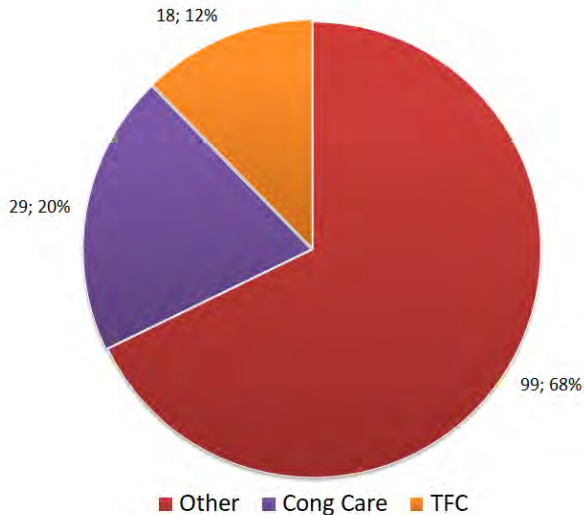


June Expenditures:

Net Total: \$273,009.21

Net Local: \$112,338.69

Placement Environment



Unduplicated Child Count Served to Date:

146

Youth in Congregate Care to Date: 29

Youth in TFC to Date: 18



2018 - 2019 RATES

Treatment Foster Care Assessment Level (up to 60 days):

These services include a minimum of weekly case management visits and contact, treatment needs assessment, treatment plan development, ongoing child-specific training for foster parents, monthly psycho-educational groups for youth, child-specific resource referral, 24/7 on-call support and crisis stabilization, monthly clothing allowance for children in care, allowances for recreational activities, and traditional transportation. This level may also be used for respite/short term foster care placements (0-30 days). Within 60 days, an assessment (to include: social history and needs assessment) will be provided in a treatment team format to determine the level and needs of the youth. Written copies of this assessment will be provided to FAPT with the recommendation of level of care. The determination of level of care shall be made collaboratively based on all available information and documentation of the youth's need by FAPT and ESP.

Private Foster Care Support, Supervision and Administration:	\$145 / Day
Treatment Foster Care Case Management	\$10.88 / Day; 326.50 / Month
Maintenance-Basic + VEMAT	\$15.70-23.33/ Day; 471-700 / Month + VEMAT
(Ages 0-4 \$15.70 / Day \$471 / Month; 5-12 \$18.40 / Day \$552 / Month; 13+ \$23.33 / Day \$700/ Month)	

Total: \$145+10.88+Maintenance+VEMAT/Day**

Level 1 Treatment Foster Care:

These services are for youth with moderate treatment needs. Youth served at Level 1 require monitoring and services provided to lessen the likelihood that their needs will become more acute or return after being "resolved". Services include a minimum of twice monthly case management visits and contacts, with at least one visit taking place in the home. It also includes advocacy, treatment plan development, progress reports, ongoing child-specific training for foster parents, respite (short-term foster care) for foster parents, monthly psycho-educational groups for youth, child-specific resource referral, 24/7 on-call support, monthly clothing allowance for children in care, allowances for recreational activities, and traditional transportation.

Private Foster Care Support, Supervision and Administration:	\$125 / Day
Treatment Foster Care Case Management	\$10.88 / Day; 326.50 / Month
Maintenance-Basic + VEMAT	\$15.70-23.33/ Day; 471-700 / Month + VEMAT
(Ages 0-4 \$15.70 / Day \$471 / Month; 5-12 \$18.40 / Day \$552 / Month; 13+ \$23.33 / Day \$700/ Month)	

Total: \$125+10.88+Maintenance+VEMAT/Day**

Level 2 Treatment Foster Care:

These services are for youth with significant treatment needs. Youth on Level 2 require significant interventions to address, remedy, or ameliorate their identified needs. Services include a minimum of three monthly case management visits, with at least one visit taking place in the home. It also includes biweekly contact, advocacy, treatment plan development, progress reports, ongoing child-specific training for foster parents, respite (short-term foster care) for foster parents, monthly psycho-educational groups for youth, child-specific resource referral, 24/7 on-call support, monthly clothing allowance for children in care, allowances for recreational activities, and traditional transportation.

Private Foster Care Support, Supervision and Administration:	\$135 / Day
Treatment Foster Care Case Management	\$10.88 / Day; 326.50 / Month
Maintenance-Basic + VEMAT	\$15.70-23.33/ Day; 471-700 / Month + VEMAT
(Ages 0-4 \$15.70 / Day \$471 / Month; 5-12 \$18.40 / Day \$552 / Month; 13+ \$23.33 / Day \$700/ Month)	

Total: \$135+10.88+Maintenance+VEMAT/Day**

Level 3 Treatment Foster Care:

These services are for youth with intensive treatment needs. Youth on Level 3 require intensive interventions to address, remedy or ameliorate their identified needs. Services include a minimum of four case management visits per month, with at least one visit taking place in the home. It also includes weekly contacts, advocacy, treatment plan development, progress reports, ongoing child-specific training for foster parents, respite (short-term foster care) for foster parents, monthly psycho-educational groups for youth, child-specific resource referral, 24/7 on-call support and crisis stabilization, monthly clothing allowance for children in care, allowances for recreational activities, and traditional transportation.

Private Foster Care Support, Supervision and Administration:	\$145 / Day
Treatment Foster Care Case Management	\$10.88 / Day; 326.50 / Month
Maintenance-Basic + VEMAT	\$15.70-23.33/ Day; 471-700 / Month + VEMAT
(Ages 0-4 \$15.70 / Day \$471 / Month; 5-12 \$18.40 / Day \$552 / Month; 13+ \$23.33 / Day \$700/ Month)	

Total: \$145+10.88+Maintenance+VEMAT/Day**

Non-Treatment Foster Care:

These services are for youth who score 0 on the VEMAT and may be developmentally on target, demonstrate age appropriate behaviors, are able to participate in community activities without restriction, or are the sibling of a youth who meets the criteria for ongoing TFC placement in the same foster home. Services include a minimum monthly case management visit and contact, advocacy, treatment plan development, progress reports, ongoing child-specific training for foster parents, respite (short-term foster care) for foster parents, optional monthly psycho-educational groups for youth, child-specific resource referral, 24/7 on-call support, monthly clothing allowance for children in care, allowances for recreational activities, and traditional transportation.

Private Foster Care Support, Supervision and Administration:	\$82.50 / Day
Maintenance-Basic	\$15.70-23.33/ Day; 471-700 / Month
(Ages 0-4 \$15.70 / Day \$471 / Month; 5-12 \$18.40 / Day \$552 / Month; 13+ \$23.33 / Day \$700/ Month)	

Total: \$82.50 + Maintenance / Day

Infant/Dependent Care:

This service is added for an infant/child who remains in the custody of a youth who is placed in treatment foster care. Services include teen parent education, coordination of services, ongoing foster parent training, child-specific resource referral, 24/7 on call support for the teen parent, monthly clothing allowance, allowances for recreational activities, and traditional transportation. The rate (support & supervision and room & board) is added to the charges for client who retains custody of the infant/child. This rate is only available for dependents whose parents are in the custody of the Local Department of Social Services.

Private Foster Care Support, Supervision and Administration:	\$25 / Day
Maintenance-Basic (0-4):	\$15.70 / Day -- \$471 / Month
	Total: \$25 + Maintenance / Day

Independent Living Arrangement (ILA):

These services are for youth ages 17-21 preparing for independent living, in need of a comprehensive independent living plan assessment and development of a transitional plan. Youth will be provided with separate living arrangements. Services include life planning, money management, educational resources, job seeking and maintenance services, nutritional services and meal planning, transportation, and 24/7 on-call support. All services are provided in a supportive environment that stimulates independence and stability.

Independent Living Arrangement:	\$197.50 / Day
Youth Coaching:	\$45 / Hour
	Total: \$197.50 / Day + \$45 / Hour

** If all qualifications are met and approved by Magellan, Treatment Foster Care Case Management Services will be billed on your behalf to Magellan. If not approved by Magellan, Treatment Foster Care Case Management Services are the responsibility of the custodial agency.



ADDITIONAL SERVICES

Available to all children and families both in our program and outside of our TFC program

Family Support Services (Parenting Skills Training and Coaching)

Total: \$75/Hour

Individualized training and skills development for parents, co-parents, foster parents, and extended caregivers. Services include, support for adults to develop a collaborative/cooperative parenting alliance to effectively coordinate children's care and strengthen the parent-child attachment.

Family Support Services (Parent Coaching):

Total: \$70/Hour - 7.6990 ↑

Services include individualized training and skill development for parents. This may include conflict management, child development education, developmental and behavioral effects of trauma education, domestic violence education, parenting education and training, parent training with children present, monitoring progress of parenting skills, family communication, development of structure and time management, behavior modification, budgeting and money management and development of long and short-term goals permanency goals.

Family Support Services (Resource Family Casework Services):

Total: \$65/Hour

Services for the stabilization of foster care and post-adoption placements that include individualized training and skill development for parents, home visits, referral to community resources and specialists, family advocacy, on-call crisis intervention, progress report documentation, and service planning. This service is offered at no extra cost to children placed in ESP foster homes.

Family Support Services (Supervised Visitation):

Total: \$65/Hour

Services include neutral clinical observation of visits in order to assess parenting skills and, when appropriate, direct parent training. Report is provided to the referring agency after each visit. Visits occur in ESP's home-like visitation room.

Intensive Care Coordination/ High Fidelity Wrap-Around Services

Total: \$900/month

Provides community based services through a family-driven, evidence based, team-based, collaborative process to help families and youth who are at risk of being placed in or are currently in an out of home placement. Services include facilitation of team meetings, assisting the family to identify family's strengths and needs, completion of an assessment, coordinating with the family to develop the child's safety and service plans, facilitating the identification of the services and supports needed by the family, as well as monitoring of services and safety and service plans, and adjusting them as needed.

Mentoring (Therapeutic Mentoring / Stabilization Services):

Total: \$50/Hour - 11.1190 ↑

Mentors plan constructive and therapeutic activities in the community in order to successfully achieve individual treatment goals through positive, nurturing experiences. Therapeutic Mentors provide a positive role model, help clients develop appropriate interpersonal skills, connect clients to needed resources, and aid youth in attaining life skills specific to the youth's treatment needs.

Independent Living Services:

Total: \$45/Hour

Services include direct support for youth implementing daily living skills, employment preparedness and job search, vocational and job training, and other skills necessary to prepare for life outside of foster care.

Individualized Support Services (Aftercare/Transitional Services):

Total: \$45/Hour

Aftercare/Transitional services provide continuity for youth transitioning out of an ESP foster home into the youth's biological family, an adoptive home, or an independent living arrangement. Services will strengthen individual skills and/or provide environmental supports. Services include home visitations, referrals to community resources and/or specialists, child advocacy, transition plan development, and progress report documentation.

Stand Alone Transportation Service

Total: \$3.50/Mile

Stand Alone Transportation Services are for exceptional requests made that are outside the normal scope of services. A Transportation Specialist will provide transportation services for clients that need assistance getting to school, appointments, and other meetings that the client must attend.

More comprehensive information on all the services listed above can be provided upon request.

**Adoption through Collaborative Partnerships (ATCP) rates are established by the Commonwealth. This includes a \$1200 fee billed for home studies for public and private entities.*

Registration for 2018-2019!!

Registration for the 2018-2019 will open July 1!

basicREC DESIGNED TO BE THE BEST!!

To register please visit fcprd.net or call 540-665-5678.

basicREC during the school year

Open to all Frederick County Elementary students, the basicREC program will provide your child with "out of this world" recreational opportunities before and after school! Children will engage in active games and also have the opportunity to participate in art projects, crafts, sports, and fitness programs, along with many other activities. Weather permitting, activities will take place outside.

basicREC Morning & Afternoon

Fee: \$96 per week; includes a daily snack, all early release days, delayed openings, teacher workshop days, snow day camp, winter break, spring break and enrichment programs. You must register through our main office for these days, other than early release and delayed openings.

basicREC Mornings Only

Fee: \$47 per week; includes delayed openings; \$15 per day for teacher workshop days, snow day camp, winter break, and spring break. Program hours: 6:30 a.m. until the beginning of classes

basicREC Afternoons Only

Fee: \$51 per week; includes a daily snack, all early release days; \$15 per day for teacher workshop days, snow day camp, winter break, and spring break. Program hours: from the afternoon release bell until 6 p.m.

Activity #	Location
1303-A	Apple Pie Ridge Elementary
1303-B	Armel Elementary
1303-C	Bass Hoover Elementary
1303-D	Evendale Elementary
1303-E	Gainesboro Elementary
1303-F	Greenwood Mill Elementary
1303-G	Indian Hollow Elementary
1303-H	Middletown Elementary
1303-I	Orchard View Elementary
1303-J	Redbud Run Elementary
1303-K	Stonewall Elementary

Activity #	Location
1301-A	Apple Pie Ridge Elementary
1301-B	Armel Elementary
1301-C	Bass Hoover Elementary
1301-D	Evendale Elementary
1301-E	Gainesboro Elementary
1301-F	Greenwood Mill Elementary
1301-G	Indian Hollow Elementary
1301-H	Middletown Elementary
1301-I	Orchard View Elementary
1301-J	Redbud Run Elementary
1301-K	Stonewall Elementary

Activity #	Location
1302-A	Apple Pie Ridge Elementary
1302-B	Armel Elementary
1302-C	Bass Hoover Elementary
1302-D	Evendale Elementary
1302-E	Gainesboro Elementary
1302-F	Greenwood Mill Elementary
1302-G	Indian Hollow Elementary
1302-H	Middletown Elementary
1302-I	Orchard View Elementary
1302-J	Redbud Run Elementary
1302-K	Stonewall Elementary

Don't need basicREC every day?

Register only for the times you need - with no minimum number of days required! You pick it: morning, afternoon, morning and afternoon, spring break camp, winter break camp, teacher workshop days, snow days. The possibilities are endless! Register online, while space is available, for one day or multiple days.

Fees for part-time:

Fee for morning only: \$13 per day

Fee for afternoon only: \$15 per day including early dismissal days

Fee for morning and afternoon: \$26/day including teacher workshop days and other FCPS holidays for which basicREC is open

8.33 ↑

7.142 ↑

420 ↑



Daily registrations do not receive refunds or credits unless the program is canceled. Days may be switched if it is confirmed that your child did not attend.

G I L I N S T I T U T E
for trauma recovery & education

RATE SHEET
GIL INSTITUTE FOR TRAUMA RECOVERY AND EDUCATION

EFFECTIVE RATES: JULY 1, 2018- JUNE 30, 2019

The listed rates are part of Outpatient Services.
Please note that a comprehensive description of services can be found at
www.gil institute.com

Name of Service & Description	Rate	Unit
Outpatient Services		
Individual Outpatient Psychotherapy (LCSW, LMFT, LPC) Psychotherapeutic services provided by a licensed clinician in an office.	\$160	Session (45-50 minutes)
Family Outpatient Psychotherapy (LCSW, LMFT, LPC) Psychotherapeutic services provided by a licensed clinician in an office.	\$160	Session
Couples Outpatient Psychotherapy (LCSW, LMFT, LPC) Psychotherapeutic services provided by a licensed clinician in an office.	\$160	Session
Individual Outpatient Psychotherapy (Licensed PhD, PsyD) Psychotherapeutic services provided by a licensed clinician in an office.	\$170	Session
Family Outpatient Psychotherapy (Licensed PhD, PsyD) Psychotherapeutic services provided by a licensed clinician in an office.	\$170	Session
Couples Outpatient Psychotherapy (Licensed PhD, PsyD) Psychotherapeutic services provided by a licensed clinician in an office.	\$170	Session
Group Outpatient Psychotherapy (LCSW, LMFT, LPC, Licensed PhD, PsyD) Time-limited (up to 12 sessions) group therapy services for children, adolescents, and adults on a variety of areas such as sexual abuse, divorce, parent support, and adoption, Circle of Security. Availability of group services in Spanish and English is based on demand. The \$85 Rate is per/ person.	\$ 85	Session
Assessment/Evaluation		
Parent Child Assessment This parent-child assessment model utilizes the Marshak Inventory to pinpoint specific parent-child difficulties and strengths and allows trained clinicians to develop treatment plans based on data obtained from the observed assessment. Service Procedure includes: phone or in-person interview with referring professionals with identification of specific assessment question; completion, scoring and interpretation of parent-child assessment instruments; parent-child participation in the MIM which may last 30 to 60 minutes as specified above; clinical review and interpretation of videotaping of parent-child meeting(s); feedback to parents about videotaped session (if appropriate); preparation of written reports, if requested and agreed upon at the outset.	\$160 or 170	Session

6.66% ↑

6.25% ↑

13.33% ↑

6.66% & 6.25% ↑

Outpatient Services

Boundary Project Services

Boundary Project includes a variety of services including individual, group, and family therapy depending on the needs of each case.

Assessment/Evaluation

Sexual Behavior Problem Assessment for Children

\$ 160 or 170 Session

Up to 6 sessions. Developmentally-sensitive assessment of the child's sexual development, prioritizing on the direct management of identified or suspected problem sexual behaviors. Assessment written report will be charged at \$160 or \$170/per hour, to not exceed a charge for more than 4 hours.

Assessment conducted by licensed clinician in an office.

→ 6.660 + 6.2570 ↑

Outpatient Services

Boundary Project Parent Group

(LCSW, LMFT, LPC, Licensed PhD, PsyD)

\$85 Session

Time-limited (up to 12 sessions) group therapy services for parents of children identified as in need for this intervention.

Outpatient Services

Boundary Project Child Group

(LCSW, LMFT, LPC, Licensed PhD, PsyD)

\$85 Session

Time-limited (up to 12 sessions) group therapy services for children identified as in need for this intervention.

13.3320 ↑

Outpatient Services

Boundary Project Ind/Fam Therapy

\$160 or 170 Session

Psychotherapeutic services provided by a licensed clinician in an office.

→ 6.6620 + 6.252 ↑

Assessment/Evaluation

Extended Play Based Developmental Assessment

\$160 or 170 Session

Up to 12-14 sessions comprehensive assessment of children's functioning. Individual rates apply depending on clinician's credentials. Assessment written report will be charged at \$160 or \$170/per hour, to not exceed a charge for more than 4 hours.

↑ same as above

Assessment/Evaluation

Trauma Assessment and Intervention for Children and Youth \$160 or 170 Session

Post-trauma Assessment of Type 1 and Type 2 traumas. Integrated, trauma-focused approach. Services adjusted for children ages 2 to 17 years. Assessment written report will be charged at \$160 or \$170/per hour, to not exceed a charge for more than 4 hours.

↑ same as above

Outpatient Services

Circle of Security Parent Program:

The Circle of Security Parenting Program is a relationship-based parenting program. Up to eight sessions. Program can be delivered in individual and/or group therapy sessions. Facilitator is a registered parent educator who has received specialized training in the use of this model.

Individual Outpatient Psychotherapy (LCSW, LMFT, LPC)

\$160 Session

6.6620 ↑

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Individual Outpatient Psychotherapy (Licensed PhD, PsyD) \$170 - 6.25% ↑
Psychotherapeutic services provided by a licensed clinician in an office. Session

Group Outpatient Psychotherapy (LCSW, LMFT, LPC, Licensed PhD, PsyD) \$85 - 13.33% ↑
per/person Session

Outpatient Services

THERAPLAY:

Theraplay is an attachment-based, relational therapy. Theraplay utilizes a structured parent-child assessment (MIMS) to ascertain parental strengths and weaknesses and allows trained clinicians to target specific relational dimensions.

Individual Outpatient Psychotherapy (LCSW, LMFT, LPC) \$160 Session - 6.66% ↑
Individual Outpatient Psychotherapy (Licensed PhD, PsyD) \$170 Session - 6.25% ↑
Psychotherapeutic services provided by a licensed clinician in an office.

Outpatient Services

Equine-Assisted Therapy \$210 Session - 5% ↑
Up to 12 sessions. Hope through Equine-Assisted Recovery & Therapy (HEARTS) psychotherapy is a unique form of psychotherapy that uses horses as a therapeutic tool that has the potential to address a broad range of social, emotional, and behavioral problems. Gil Institute therapists will be collaborating with Katie Fallon, EAGALA-certified equine specialist and she will provide services with her horses in a wonderful location in Leesburg, Virginia.

Outpatient Services

Therapeutic Parent-Child Sessions After Separations (TPCS-S)

Structured and coordinated therapy sessions to facilitate relationship repair after a rupture in the parent-child relationship.

Individual Outpatient Psychotherapy (LCSW, LMFT, LPC) \$160 Session - 6.66% ↑
Individual Outpatient Psychotherapy (Licensed PhD, PsyD) \$170 Session - 6.25% ↑
Psychotherapeutic services provided by a licensed clinician in an office.

Family Support

Individual, Family, and Group Outpatient Psychotherapy \$105 Session - 10.53% ↑
Psychotherapeutic services provided by unlicensed master level clinicians working under the supervision of a Gil Institute licensed clinician.

Family Support

Individual, Family, and Group Outpatient Psychotherapy \$120 Session - 9.09% ↑
Psychotherapeutic services provided by unlicensed doctorate level clinicians working under the supervision of a Gil Institute licensed clinician.

Family Support

Individual, Family, and Group Outpatient Psychotherapy \$135 Session - 8% ↑
Psychotherapeutic services provided by unlicensed Doctor level clinicians (PhD, PsyD) working under the supervision of a Gil Institute licensed clinician.

Other

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Fees for Court Appearances \$310 per hour - 3.33% ↑
Including but not limited to court preparation, communication with attorneys and Travel Time.

Other
Assessment written report will be charged at \$160 or \$170/per hour, to not exceed a charge for more than 4 hours.

Other
Fees for Monthly Written Reports \$160-170 per hour
Charge should not exceed more than 1 hour and a half per report.

} 6.16% & 6.25% ↑

Other
Fees for Participating in Treatment Meetings \$160-170 per hour
In person or by telephone participation.

Other
No Show Fees. \$ 160-170 per session. Client not attending session without notice to the clinician by 9:00 am the morning of the scheduled session.

Hallmark Youthcare Richmond

Rates effective 07/1/18

Service	Residential Program (CSA)	Residential Program-Medicaid	Assessment & Diagnostic-Not Covered by Medicaid
Residential Room & Board	\$170.00	\$170.00	\$170.00
Residential Case Management	\$15.00	\$15.00	\$15.00
Residential Medical Counseling	\$78.00	\$78.00	\$78.00
Residential Daily Supervision	\$130.50	\$130.50	\$130.50
Residential Supplemental Therapies	48.00	Billed to Medicaid	\$48.00 4.35% ↑
Assessments	N/A	N/A	\$48.00 3
TOTAL	\$441.50	\$393.50	\$489.50
Residential Education IEP/per school day	\$155.00	\$155.00	\$155.00 -6.90% ↑
Residential Education Non-IEP/per school day	\$125.00	\$125.00	\$125.00 -6.84% ↑



Paxton Campus
The Aurora School

601 Catactin Circle NE
 Leesburg, VA 20176
 Tel: 540.751.1414
 Fax: 703.777.1935
 www.aurora-school.org

Rate Sheet for Fiscal Year 2019

The Aurora School is a CSA provider licensed to operate by the Virginia Department of Education
 Services Provided and fees are as follows:

Special Education Private day school program \$362/day
 1:1 to 1:3 staff: student ratio, 6.25-hour day, 12-month program providing Case Management by VA
 licensed Special Education teacher and program consultation by Board Certified Behavior Analyst.

Special Education Related Services

Applied Behavior Analysis Therapy	\$55/hour
2:1 staff: student ratio, Delivered by trained ABA therapist with onsite supervision by BCBA or BCaBA Intensive Behavior/educational support (ABA therapist)	\$20/hour
Speech and Language Therapy	\$130/hour
Occupational Therapy	\$130/hour
Music Therapy (Individual)	\$130/hour
Music lessons (without behavioral support)	\$50/hour
Music Therapy (Group)	\$75/hour
Behavioral Consultation (BCBA/BCaBA)	\$150/hour
BCBA/BCaBA candidate supervision	\$100/hour

} 18.18% ↑

Assessments/Training

Training presentations	\$1250/day
Staff development workshops/seminars	\$150/hour
Caregiver and community training	\$55/hour
Academic assessment	\$500/assessment
VB-MAPP/ABLLS-R assessment	\$500/assessment
Speech and Language/Assistive Technology Evaluation	\$500/assessment
Occupational Therapy Evaluation	\$500/assessment
Music Therapy Assessment	\$500/assessment
Music Therapy Initial Evaluation	\$100/evaluation

Paxton Campus...

...maximizes the potential of children while supporting families and
 individuals with disabilities so that they may thrive in the community.



United Way #8139
 CFC #33755
 CVC #8150

RATE SHEET

Registration begins February 1 for YMCA members and February 15 for non-members.

Camp Gooch

Camp Gooch offers a traditional outdoor summer camp day camp experience! Our trained and certified staff will work with each child in a small group setting. They will build relationships, foster a sense of belonging and create opportunities for each of our campers to achieve and learn. We offer a wide range of engaging specialist activities, 30 minutes of reading every day, as well as character development and swim lessons. Every week has a fun and exciting theme with an educational focus and exciting twist. YMCA Camp Gooch, you belong here!

A typical day at Camp Gooch may include:

- **Camp Arts:** creative arts, camp songs & skits, music, drama & dance
- **Outdoor Sports:** archery (basic and advanced), sports & field games, gaga ball
- **Outdoor Education:** outdoor education & survival
- **Aquatics:** swim lessons, free swim

Ages: Rising Kindergartners – 5th graders

Times: 7:30 a.m. – 6 p.m.

Dates: 10 one-week sessions, beginning June 11

YMCA Member: \$169 per week **Non-Member:** \$193 per week - 3.76% ↑

Goochland Leaders In Training (LIT)

The LITs of Camp Gooch participate in typical camp activities but will also have supplemental projects focused on service and team building. The LIT staff use an experiential learning approach to leadership development. Lessons focus on the progression from personal development and exploring many leaderships styles and learning what works for you.

Ages: Rising 6th – 8th graders

Times: 7:30 a.m. – 6 p.m.

Dates: 10 one-week sessions, beginning June 11

YMCA Member: \$169 per week **Non-Member:** \$193 per week → 4.89% ↑

Camper In Leadership Training (CILT) at Goochland

The Camper in Leadership Training (CILT) program is designed to teach and inspire rising 9th and 10th graders. Hands-on training experiences and professional development workshops provide the foundation of the program. Participants will learn basic safety, group control, games, camp best practices and engage in activities that provide valuable employment skills, healthy relationship and opportunities to lead.

Ages: Rising 9th – 10th grade

Times: 7:30 a.m. – 6 p.m.

Dates: 1 three-week session beginning July 2

YMCA Members: \$240 per session **Non-Members:** \$265 per session

APPLY TODAY

Camp Forms

Most information is now collected during the registration process. But for the small number of additional forms needed, you can find them on our Camp and Child Care Forms page.

Camp & Child Care Forms

For information about summer day, sport, teen or specialty camps, please contact our Camp Director:

Camp and CILT Director: Amber Holloway hollowaya@ymcarichmond.org

Regional Director: Clare Smith smithc@ymcarichmond.org

AMENDMENT

This Amendment (this "Amendment") is entered into between the Frederick County Community Policy and Management Team ("Buyer") and Grafton School, Inc. ("Provider") effective as of July 1, 2018 (the "Effective Date").

WITNESSETH

WHEREAS, Buyer and Provider desire to enter into an Agreement for Purchase of Services relating to services offered by Provider (the "Agreement"), subject to the amendments set forth below.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby amend the Agreement as follows:

Records Maintenance

Section 9 of the Agreement has been amended and the following has been added:

The Provider shall reimburse the Buyer and agreed upon overpayments in a prompt manner. Overpayments may include, but not be limited to: Duplicate payments and payments for services not provided.

Subcontractors

Section 11 of the Agreement has been amended and the following has been added:

Provider shall ensure all subcontractors are accountable to the same standards as required of provider employees. This includes, but is not limited to:

1. Insuring appropriate licensure for type of service performing
2. Appropriate background check as required by state and federal law
3. Appropriate trainings as required by state and federal law

Subcontractors shall be subject to all of the provisions, requirement and conditions of this Agreement and any PSO signed pursuant to this Agreement. It is provider's responsibility to ensure compliance and maintain documentation of said compliance. Provider shall make such documentation available to Buyer upon request.

Provider Termination of Purchase of Service Order

Section 24 of the Agreement has been amended and the following has been added:

Services may be terminated early so long as the partner or legal guardian, as the case may be; the Buyer or its representative, and the Provider agree to such termination and as long as such agreement is not unreasonably withheld.

Invoices

Section 25 (J) of the Agreement has been amended.

Denial of Funding

Section 26 of the Agreement has been amended.

Addendum A Special Education and Related Services

Attendance

Section 3 (a) of the Agreement has been deleted and the following has been added:

The Provider shall maintain monthly attendance records which shall be submitted to the Frederick County Public School (FCPS) Special Instructional Services Department within fourteen (14) days after the end of each calendar month.

Graduation Requirement

Section 7 of the Agreement has been deleted. Not Applicable

Rate Negotiation

Section 13 of the Agreement has been amended.

Addendum D Congregate Care Services Agreement

Room & Board

Section 1 (3) of the Agreement has been deleted.

Treatment Planning and Reporting

Monthly Progress Reporting

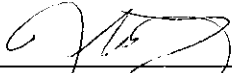
Section 4 (A) of the Agreement has been deleted and the following has been added:

The Provider will complete and submit a monthly report within fourteen (14) business days of the end of the reporting period.

Section 5 (A) of the Agreement has been deleted and the following has been added:

The Provider will complete and submit a discharge/aftercare report within thirty (30) business days of the discharge/end of service.

Authorized signatures of the Buyer and Provider.



Authorized Representative of Grafton School, Inc.

Title: COO

Date: 7-12-2018

Authorized Representative of the Frederick County CPMT

Title: _____

Date: _____

AGREEMENT FOR PURCHASE OF SERVICES
Grafton School, Inc.

This Agreement is entered into by and between the Frederick County Community Policy and Management Team (CPMT), hereinafter referred to as the "Buyer" and the Provider identified above. It is understood that this entire Agreement for Purchase of Services, hereinafter referred to as the "Agreement," contains General Terms and Conditions which are to be adhered to by all parties, as well as Specific Terms and Conditions of the Addendum, if any, applicable to the services to be provided by the Provider, and a Rate Sheet. Where there exists any inconsistency between the General Terms and Conditions of the Agreement and the terms of the Addendum, if any, the provisions of the Addendum will control.

Whereas the Buyer is responsible for providing services purchased hereunder pursuant to Title 2.2-5200 - 2.2-5214 of the Code of Virginia;
(<http://lis.virginia.gov/cgi-bin/legp604.exe?000+cod+TOC0202000005200000000000>)

Whereas the Provider has established itself as a qualified provider of the services purchased hereunder and meets all applicable State and federal standards relative to those services:

NOW THEREFORE, the parties hereto do mutually agree as follows:

1. **ADHERENCE TO LAW:** This Contract is subject to the provisions of the Code of Federal Regulations, the amendments thereto, and relevant state and local laws, ordinances, regulations and pertinent health and behavioral health accreditation agencies/organizations. The Buyer may modify this Contract to comply with any requirements mandated by federal, state or local law by giving written notice of said modification to the Provider.
2. **CHOICE OF LAW AND FORUM.** This Contract shall be governed in all respects, whether as to validity, construction, capacity, performance, or otherwise, by the laws of the Commonwealth of Virginia and any action, administrative or judicial, brought to enforce any provision of this Contract shall be brought only in the federal or state courts for Frederick County. The Provider accepts the personal jurisdiction of any court in which an action is brought pursuant to this Contract for purposes of that action and waives all defenses to the maintenance of such action.
3. **SPECIFIC INTERPRETATIONS:**
 - A. *Waiver.* The failure of the Buyer to enforce at any time any of the provisions of this Contract, or to exercise any option which is herein provided, or to require at any time any performance by the Provider of any of the provisions hereof, shall in no way affect the validity of this Contract or any part thereof, or the right of the Buyer to thereafter enforce each and every provision.
 - B. *Remedies Cumulative.* All remedies afforded in this Contract shall be construed as cumulative, that is in addition to every other remedy provided herein or by law.
 - C. *Severability.* If any part, term, or provision of this Contract is held by a court of competent jurisdiction to be in conflict with any state or federal law, the validity of the remaining portions or provisions shall be construed and enforced as if this Contract did not contain the particular part, term or provision held to be invalid.
 - D. *Captions.* This Contract includes the captions, headings and titles appearing herein for convenience only, and such captions, headings and titles shall not affect the construal, interpretation or meaning of this Contract.

E. *Contract Construal.* Neither the form of this Contract, nor any language herein, shall be interpreted or construed in favor of or against either party hereto as the sole drafter thereof.

4. OTHER AGREEMENTS:

- A. Any documents expressly referred to in this Agreement but not attached hereto, including among others, the Individual Family Service Plan (IFSP) and the Individualized Education Program (IEP), are incorporated by reference as part of this Agreement.
- B. In the event any provision of the Agreement for Purchase of Services is inconsistent with the placement agreement of the Provider the provisions of the Agreement for Purchase of Services will prevail.

5. QUALITY OF CARE:

- A. The Provider shall permit representatives authorized by the Buyer to conduct program, facility, and fiscal reviews/visits in order to assess service quality. Such reviews/visits may include, but are not limited to, site visits, classroom monitoring, meetings with the child(ren) & youth provided for under this Agreement, review and copying any and all records maintained on children covered by this Agreement, review of individual service plans, review of service policy and procedural issuances, review of staffing ratios and job descriptions and meetings with any staff directly or indirectly involved in the provision of services. Such reviews may occur as often as deemed necessary by the Buyer and may be with or without prior notification. The above mentioned fiscal reviews are limited to the invoices associated with specific Frederick County CPMT placed children.
- B. The Provider will ensure that the treatment/service plan is developed in conjunction with the Buyer, is consistent with, and can be expected to meet, the goals recorded in the IFSP, IEP and supporting documents. The Provider will assure that the treatment services delivered are consistent with the treatment/service plan for the child/youth and family. The provider will ensure that treatment/service plans (IFSP) for Virginia children are driven by and regularly reassessed based on the functional assessments in the state mandatory uniform assessment, the Child and Adolescent Needs and Strengths (CANS) instrument. The Provider will ensure that the youth and the family are progressing toward the goals in the treatment/service plan and/or IEP, and will notify the Buyer's case manager if progress is not being made. The Buyer will review the procedures related to emergencies, client satisfaction and service delivery to assure implementation of all aspects of the treatment/service plan and/or IEP. The Buyer will share formal assessment of outcomes with the Provider and client perceptions of satisfaction and outcomes.
- C. In the event the Provider believes it is in the best interest of the child to relocate the daily living residence of the child, the Provider shall discuss with the Buyer's case manager the proposed relocation, the circumstances surrounding the proposed relocation, and the impact the move shall have on the child prior to any move actually being made. If the Buyer disagrees that it is in the best interest of the child, or is not in accordance with the child's IFSP, the Buyer may make alternative placement plans for the child.
- D. If the Provider is unable to discuss the relocation with the Buyer's case manager prior to its occurrence, the Provider shall notify the Buyer's case manager within twenty four (24) hours of the move or by the next business day. The Buyer may make alternative placement plans for the child if the relocation is not in the best interest of the child, or is not in accordance with the child's IFSP.
- E. Discharge planning will begin at intake and be consistent with IFSP, IEP and other supporting documents.

6. PERFORMANCE MEASURES AND OUTCOMES REPORTING:

- A. The Provider will submit any annual or periodic reports that include performance measures and/or outcomes data that is disseminated to the public, purchasers of provider services, stockholders and/or donors, and/or as required by local, state or federal reporting, to the CSA Office, 107 N Kent Street, 2nd Floor, Winchester, VA 22601.

7. REPORTING:

A. TREATMENT PLAN/SERVICE PLAN/EDUCATIONAL

- 1) The Provider shall submit to the Buyer a proposed written IEP and/or treatment plan, as the case may be, within thirty (30) calendar days of the initiation of services to the child/youth. The IEP/treatment plan shall include at least the following information: type(s) and number(s) of disabilities, and/or mental health and intellectual disability diagnoses, and/or delinquent behaviors which the purchased services are intended to address, prognosis, short and long-term goals, expected outcomes, and performance timeframes mutually agreed to between the Buyer and Provider when the services are purchased. All treatment plans shall include at least the following information: short and long term goals, anticipated time of completion, prognosis, and medications administered (if any).

B. MONTHLY TREATMENT PROGRESS REPORTS AND DISCHARGE/AFTERCARE SUMMARY

- 1) Progress Reports shall be submitted to the Buyer's case manager and CSA Office within 30 days of the reporting period.
- 2) Discharge/Aftercare Summary shall be submitted to the Buyer's case manager and CSA Office within 30 days of service termination.
- 3) Progress and Discharge/Aftercare Summary shall incorporate progress or lack of progress of child and family toward treatment goals and reasons thereof, barriers to achieving goals, medications administered (if any), medication changes, and any significant incidents affecting the child including change of therapist. Educational progress reports should include progress made by the child or lack thereof indicated by the educational goals/objectives. If the Provider fails to provide any written treatment plan, progress report, educational progress report or Discharge/Aftercare Summary in a timely manner, the Buyer may withhold payment of the Provider's invoices until such plan or report is received.
- 4) Progress and Discharge/Aftercare reports will include progress on independent living goals where applicable.

C. All IEPs must be submitted on documents which contain all Department of Education approved IEP required elements.

D. For children funded under Virginia Medicaid, a copy of the monthly written report submitted to Medicaid must also be submitted to the buyer's case manager and CSA Office within the timeframes stipulated by Medicaid.

8. SERIOUS INCIDENT REPORTING (SIR):

- A. The following procedures shall be adhered to in reporting a serious incident, actual or alleged, which involves youth placed by the Buyer. A serious incident includes, among others, abuse or neglect; criminal behavior; death; emergency medical treatment; facility related issues, such as fires, flood, destruction of property; food borne diseases; serious infractions of facility or school rules; physical assault/other serious acts of aggression; sexual misconduct/assault; substance abuse; serious illnesses (such as tuberculosis, meningitis, or other communicable diseases); serious injury (accidental or otherwise); medication errors resulting in serious injury to a client or medication errors indicating a pattern of behavior (such as regular refusals or adverse reactions); suicide attempt; unexplained absences; or other incidents which jeopardize

the health, safety, or wellbeing of the youth.

- B. Within 24 hours of knowledge of a serious incident, the Provider shall report the incident by speaking to or leaving a message for the Buyer's case manager for each youth involved.
- C. Within 2 business days of the verbal report of the serious incident, the Provider must submit to the CSA Office a concise account of the incident and include: name of provider and, if applicable, facility name; name of person completing form; date and time of serious incident; date of the report; child/youth's name, age, gender, ethnicity; placing agency name; placing agency case manager's name; where the incident occurred; description of incident (including what happened immediately before, during and after the incident); names of witnesses; action taken in response to incident, including whether physical restraint or seclusion was used; names/agencies notified (family, legal guardian, child protective services, medical facility, police); recommendations for follow-up and/or resolution of incident; signature of person completing report; and facility/provider director's (or designee) signature and date. Frederick County strongly encourages the use of email to submit an SIR, using encryption to protect confidential information. Documents can be emailed to jjury@fcva.us, faxed to (540) 678-0682, or mailed to the CSA Office, 107 N Kent Street, 2nd Floor, Winchester, VA 22601.
- D. Separate reports should be completed and submitted for each child/youth involved and placed by the Buyer. The Provider is responsible for ensuring the confidentiality of the parties involved in the incident.
- E. The following types of serious incidents which do not directly involve youth placed by the Buyer, but impact the health, safety or wellbeing of youth placed by the Buyer, should also be reported to the Buyer for all programs, sites, and facilities where the Provider currently has a contract with the Frederick County Community Policy Management Team: the death of any student or resident, any serious criminal activity in a facility or on the grounds where the Buyer has placed a child, sexual assault of any resident, any serious contagious illnesses, facility related issues, such as fires, flood, destruction of property, or other incidents which jeopardize the health, safety, or wellbeing of the youth. The report should include: the nature of the incident, date, time, and facility address in accordance with all Federal, State and local laws relating to appropriate standards of conduct by the Provider relating to confidentiality and HIPAA. A verbal report should be made to the CSA Coordinator at (540) 722-8395 within 72 hours, and a written report that states the nature of the incident must be submitted within 10 business days to: CSA Office to jjury@fcva.us, via facsimile at (540) 678-0682, or mailed to the CSA Office, 107 N Kent Street, 2nd Floor, Winchester, VA 22601.
- F. In the event the Buyer's case manager determines that a serious incident has occurred the Buyer's case manager will notify the Provider of the allegation. The Provider shall within 48 hours of the case manager's notification complete and submit a written report as provided, supra.

9. RECORDS MAINTENANCE:

- A. The Provider and any subcontractor shall maintain an accounting system and supporting records adequate to assure that invoices are in accordance with applicable State and federal requirements. Such supporting records shall reflect all direct and indirect costs of any nature expended in the performance of this Agreement and all income from any source. If required, the Provider shall also collect and maintain fiscal and statistical data on forms designated or approved by the Buyer. The Provider shall maintain such program records as may be required by the Buyer. The Provider covenants to retain all books, records, progress reports, educational records and other documents relative to this Agreement for five (5) years after termination or final payment under this Agreement, except when a longer period of retention is necessary for the purposes of complying with the requirements of an unresolved federal or

State audit, State or federal law, or court order. The Buyer, its authorized agents, and/or State and federal auditors shall have full access to and the right to examine any of said materials specific to children served by this Agreement during said period. ~~In the event of a determination that the Provider received funds improperly or did not provide the authorized services or goods for which funds were received, the Provider shall provide the Buyer full restitution of any such funds.~~

- B. The Buyer, based upon findings, may require that the Provider, within thirty (30) calendar days from the date of the request, submit an independent Certified Public Accountant prepared compilation, review or audit. The requested compilation, review or audit must have been completed within the last two fiscal years.

10. CONFIDENTIALITY:

- A. Any information obtained by the Provider concerning the child pursuant to this Agreement shall be maintained as confidential. Use and/or disclosure of such information by the Provider shall be limited to purposes directly connected with the Provider's responsibilities for services under this Agreement. If applicable, it is further agreed by both parties, that this information shall be safeguarded in accordance with the provisions of Title 63.2, Sections 102 and 104 of the Code of Virginia (1950), as amended, and any other applicable provisions of State and federal laws and regulations including but not limited to the Individuals with Disabilities Education Act, 20 USCS@1400, et seq. (2002) (IDEA), the Family Education Rights Privacy Act of 1974 and/or Educational Records Management regulations, and the Health Insurance Portability and Accountability Act of 1996, as amended.
- B. The Provider shall comply with the confidentiality provisions of VA. Code Section 2.2-5210. This includes, among others, not photographing the child/youth placed by the Buyer nor permitting media coverage of the child/youth without the written permission of the parent(s) or the legal guardian, as the case may be. It further precludes audiovisual recording of the child/youth as well as prohibits the child's/youth's participation in any research projects without the written permission of the parent(s) or the legal guardian, as the case may be.

11. SUBCONTRACTORS: ~~The Provider shall not enter into subcontracts for any of the services to be provided under this Agreement without obtaining prior written approval from the Buyer. The Rate Sheet shall reflect those services which are approved and subcontracted by the Provider. Unless otherwise agreed in writing by the Buyer, such subcontractor shall be required to comply with all of the terms and conditions set forth in this Agreement. The Provider is responsible for the performance of its subcontractors.~~ However, prior written approval shall not be required for the purchase by the Provider of articles, supplies and equipment which are incidental but necessary for the performance of the services to be provided under this Agreement. The Provider shall not assign this Agreement without prior written approval of the Buyer, which approval shall be attached to this Agreement and subject to such conditions and provisions as the Buyer may deem necessary. Nothing in this Agreement shall be construed as authority for either party to make commitments which will bind the other party beyond the scope of service contained herein.

12. EMPLOYEES:

- A. Neither the Provider, nor its employees, volunteers, assignees or subcontractors shall be deemed employees or agents of the Buyer by virtue of the services to be performed pursuant to this Agreement or the contractual relationship established hereby. The Provider shall have the sole responsibility for its staff and volunteers, including its work, personal conduct, directions and compensation. The Provider hereby agrees to indemnify and hold harmless the

Buyer from any and all employee tax liability (including withholding liability) and any employment-related claims, including any claim of entitlement to employee benefits, imposed or threatened to be imposed solely as a result of the contractual relationship established hereby.

- B. Upon request of the Buyer, the Provider will submit resumes and, if applicable, credential information for certain employees, so long as no Federal or State law is breached as to information protected by confidentiality laws.

13. **CRIMINAL BACKGROUND CHECKS:** The provider will be in compliance with its state's laws, regulations and licensure requirements relating to conducting criminal checks of its employees and volunteers. Employees and volunteers providing services to or having direct contact with a client placed by Provider must be checked through a child protective service registry in the state the client is placed within thirty (30) days of employment, so long as the aforementioned employee check is not in conflict with the Provider's state's laws. If it is known that the employee or volunteer has moved from another state and has worked with children within one year prior to his or her employment or volunteering, this state must also be checked. If the Provider is notified that any of its employees or volunteers is named in a child protective service registry, then this information will be made available by the Provider to the Buyer with ten (10) days of receipt of such notice.

14. **CONTINUITY OF OPERATIONS:** The provider is required to maintain Continuity of Operations Plan (COOP Plan), in compliance with any and all federal, state, and local requirements, and to make this available upon request to the Buyer. COOP planning information may be found on the Federal Emergency Management Administration website at <http://www.fema.gov/government/coop/index.shtm>.

15. **DISCRIMINATION:** During the performance of this Agreement, the Provider agrees as follows:

- A. It will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, or disability, except where religion, sex, national origin, or physical and mental ability is a bona fide occupational qualification reasonably necessary to the normal operation of the Provider. The Provider agrees to post in conspicuous places, available to employees or applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- B. The Provider, in all solicitations or advertisements for employees placed by or on behalf of the Provider, will state that such Provider is an equal opportunity employer.
- C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- D. The Provider shall include the provisions of the foregoing paragraphs A, B and C in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor of the Provider.

16. **RATES:** The Provider is required to have all services and rate information entered and up-to-date in the Service Fee Directory by the beginning of the contract year. Any non-payment to the Buyer because of a provider's negligent failure to enter current services and rates into the Service Fee Directory will result in non-payment to the Provider. The Provider states that the rates for the services described in this Agreement are not more than those set forth in the Service Fee Directory, as defined in Title 2.2-5214 of the Code of Virginia. The Provider will not charge or accept from the Buyer compensation for services which is more than the Provider

charges other public governmental buyers of equivalent services in equivalent volumes. The Provider agrees that no child or any member of the child's family will be charged a fee besides the rate agreed to by the Buyer for the same service, except services specifically excluded. The rates applicable to services provided in accordance with this Agreement appear on the "Rate Sheet" attached to this Agreement. The Buyer may purchase only those services included on the Rate Sheet attached to this Agreement. In the event the Provider elects to offer services not included on the Rate Sheet attached hereto, the Provider will submit to the CPMT a request to add the service. Approval from the CPMT shall be secured prior to the offering of the service. Failure to obtain such approval will result in non-payment for such services. The Provider guarantees that any cost incurred pursuant to this Agreement shall not be included or allocated as a cost of any other federal, State, or locally financed program.

17. **INDEMNIFICATION:** Provider shall indemnify, keep and save harmless the County, its agents, officials, employees and volunteers against claims of injuries, death, damage to property, patent claims, suits, liabilities, judgments, cost and expenses which may otherwise accrue against the County in consequence of the granting of a contract or which may otherwise result there from, if it shall be determined that the act was caused through negligence or error, or omission of the Contractor or his or her employees, or that of the subcontractor or his or her employees, if any; and the Contractor shall, at his or her own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith; and if any judgment shall be rendered against the County in any such action, the Contractor shall, at his or her own expense, satisfy and discharge the same. Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided.
18. **INDEPENDENT CONTRACTOR STATUS.** Provider and the County understand and intend that Provider shall perform the Services specified under this Agreement as an independent contractor and not as an employee of the County. The manner of and means by which the Provider executes and performs its obligations hereunder are to be determined by Provider in its reasonable discretion. Provider is not authorized to assume or create any obligation or responsibility, express or implied, on behalf of, or in the name of, the County or to bind the County in any manner, unless, in each instance, Provider shall receive the prior written approval of the County to so assume, obligate, or bind the County.
19. **INSURANCE:** The Provider shall at its sole expense obtain and maintain during the term of this Contract the insurance policies listed and required herein, naming Frederick County CPMT as an additional insured, and shall furnish Frederick County CPMT with a certificate of insurance prior to commencing work upon any PO signed pursuant to this Contract. Any required insurance policies must be effective prior to the provision of any services or performance by the Provider under this contract and such policies cannot be cancelled without 30 days written notice to Frederick County CPMT. The following insurance is required:
- A. Commercial general liability insurance, written on an occurrence basis which shall insure against all claims, loss, cost damage, expense or liability from loss of life or damage or injury to person or property arising out of the Provider's performance under this Contract. The minimum limits of liability for this coverage shall be \$1,000,000 combined single limit for any one occurrence.
 - B. Contractual liability broad form insurance shall include the indemnification obligation set forth in this contract.

- C. Workers' compensation insurance covering Provider's statutory obligations under the laws of the Commonwealth of Virginia and employer's liability insurance shall be maintained for all its employees engaged in work under this contract. Minimum limits of Liability for employers liability insurance will be \$500,000 for bodily injury by accident each occurrence, \$100,000 bodily injury by disease (policy limit) and \$100,000 Bodily injury by disease (each employee). With respect to Workers' compensation coverage, the Provider's insurance company shall waive rights of subrogation against FC CPMT, its officer, employees, agents, volunteers and representatives.
- D. Automobile liability insurance shall be at least \$1,000,000 combined single limit applicable to owned or non-owned vehicles used in the performance of any work under this contract.
- E. Professional liability insurance with a minimum of liability of \$1,000,000.

The insurance coverage in amounts set forth in this Section may be met by an umbrella liability policy following the form of the underlying primary coverage in a minimum amount of \$1,000,000. Should an umbrella liability coverage policy be used to satisfy the requirements of this section, such coverage shall be accompanied by a certificate of endorsement stating that the policy applies to all of the above types of insurance.

20. LICENSURE:

- A. The Provider represents and warrants that it (i) duly holds all necessary licenses required by local, state, federal laws and regulations and (ii) will furnish satisfactory proof of such licensure to the Buyer or its Representative prior to execution of this Agreement. In addition, the Provider will provide an updated copy of any applicable licenses that expire during the term of this contract within 30 days of receipt of the updated license. The Provider covenants that it will maintain its required licensed status with the appropriate governmental authorities and will immediately notify the Buyer's CSA Office at (540) 722-8395 in the event such licensing is suspended, withdrawn or revoked. The Provider agrees that such suspension, revocation or withdrawal shall constitute grounds for the immediate termination of this Agreement. Misrepresentation of possession of such license shall constitute a breach of contract and terminate this Agreement without written notice and without financial obligation on the part of Buyer to pay the Provider's invoices. If the provider's license becomes provisional as defined in Virginia Administrative Code, 12VAC 35-105-50, the Provider will notify the Buyer within five (5) business days of the date the Provider is notified by the Commonwealth of the provisional status, regardless of the reason the license was made provisional. Failure to notify the Buyer may result in immediate termination of the contract by the Buyer. The Provider will submit to the Buyer the Corrective Action Plan at the time it is provided to the Commonwealth 12VAC 35-105-170. Failure to do so may be grounds for immediate termination of the contract by the Buyer.
- B. In the event the Provider is found in material non-compliance with the regulations of its licensing authority, the Provider will notify the Buyer's CSA Office at (540) 722-8395.

21. GRIEVANCES: In the event that a child under the supervision or authority of the Buyer, or the child's parent/guardian submits a complaint to the Buyer concerning the Provider, the Provider shall promptly provide all verbal or written information or documents within its control relevant to such complaint to the Buyer upon a request by the Buyer for such information.

22. PURCHASE OF SERVICE ORDER:

- A. This Agreement, attached addendum (if any), and the attached Rate Sheet(s) contain the entire terms for purchase of services contemplated hereby, but do not obligate the actual purchase of

any services. A Purchase of Service Order (PO) setting forth a description of the discrete services purchased and the duration thereof, will be presented to the Provider on a child specific basis when the Buyer chooses to purchase services. The PO will be mailed to the Provider for review, acceptance and signature indicating approval with the child specific service terms.

- B. A Purchase of Service Order will be issued separately for the payment of services for all children/youth whose Maintenance and Special Needs services are reimbursable by Title IV-E funds. A check, separate from that issued for payment for other CSA services provided by the Provider, shall be issued to pay for the services funded by Title IV-E.
- C. CPMT approval provides the authority for the Buyer to access CSA pool funds on behalf of CSA eligible children for specific levels and types of service within the established operating procedures. To commence services, Providers must be in receipt of a Purchase of Service Order. In an emergency situation as defined by the Buyer, a copy of an Emergency Funding Authorization form will be provided by the Buyer to commence services prior to provider receipt of a Purchase of Service Order.
- D. The Provider shall charge the Buyer only when and as authorized by the PO signed by the Buyer or its representative. The PO is incorporated into this Agreement by reference.

23. BUYER ADJUSTMENT or TERMINATION OF PURCHASE OF SERVICE ORDER: The Purchase of Service Order may be modified, amended or terminated by the Buyer at any time for child-related causes to include, but not limited to, changes in eligibility and changes in child progress as well as for the provision of inadequate or inappropriate services for the child. The Buyer may not terminate or adjust the Purchase of Service Order arbitrarily or without cause. In the event that the Buyer becomes unable to honor the approved PO for causes beyond the Buyer's reasonable control, including but not limited to, failure to receive sufficient federal, State or local government funds, the Buyer may terminate, amend or modify any or all Purchase of Service Orders pursuant to this Agreement as necessary to avoid delivery of service for which the Buyer cannot make payment. The Buyer or its representative shall notify the Provider immediately in writing of any cause for termination hereunder. The Buyer shall pay the Provider for any authorized services rendered prior to the Provider's receipt of notice of termination hereunder.

24. PROVIDER TERMINATION OF PURCHASE OF SERVICE ORDER: After accepting the PO, the Provider may request of the Buyer to terminate service provision to the client for child-related causes, including but not limited to, the Provider determining that the Buyer required services are not available, or not therapeutically appropriate. The Provider may not request the Buyer to terminate or adjust the Purchase of Service Order arbitrarily or without cause. The Provider must give thirty (30) calendar days advance written notice to the Buyer or its representative of any request for termination. However, in the event that a child poses an imminent safety risk to him/herself, staff, or other children, the Provider may request termination of services with 7 days' notice. ~~Services may be terminated early so long as the parent or legal guardian, as the case may be, the Buyer or its representative, and the Provider agree to such termination.~~ For either a 30-day request for termination, or a request for early termination, the Provider must work with the Buyer or its representative to provide transition from the Provider's services.

25. INVOICES:

- A. Each month the Provider shall submit to the CSA Office separate invoices for each child for units of services authorized by the Buyer and actually delivered by the Provider during the

preceding month. The Provider shall not mail invoices to the case managers of the Buyer. The Provider shall mail all invoices to the Frederick County CSA Office, 107 N Kent Street, 2nd Floor, Winchester, VA 22601.

- B. All invoices must contain the following information: legal name of the Provider; child/youth name; month service was provided; purchase order number; Buyer's case manager name; the provided service as defined on the Rate Sheet; contract unit price; # of units; and specific service dates.
- C. Providers are not to bill for more services than the maximum monthly number of units on the PO. Should the Provider receive a request from the Buyer's case manager for additional services for that month, the Provider shall immediately notify the CSA Coordinator at (540) 722-8395. Additional services are only authorized by an amendment to the PO.
- D. Provider invoices which are not approved will be returned to the Provider for correction or modification. The Provider promptly shall re-submit a corrected invoice within 14 business days.
- E. The Provider shall not charge the Buyer, and the Buyer shall in no event be responsible for, more than the rate or the maximum number of units authorized by the Buyer and specified on the PO. If services are required which are not authorized or which exceed the number of authorized units, or both, the Provider must notify the Buyer immediately and receive written authorization from the Buyer prior to rendering such services.
- F. The Buyer processes invoice payments twice per month. The Provider must submit invoices with all required elements by the 5th of the month in order to be processed during the first check run. Any invoices received after the 5th of the month may be delayed until month end check run.
- G. In those instances where non-Virginia Medicaid medical services are provided to the client, the charges for such services shall be billed separately to a third party. If a client is placed by Frederick County, any outside medical services shall be billed to the parents' insurance or to the parent.
- H. All outside medical services shall be approved prior to the client receiving the services, unless they are of a nature requiring immediate emergency assessment and treatment to prevent life threatening or serious debilitating medical deterioration. In the latter instance, the Provider will follow the reporting requirements set forth in Section 8, Serious Incident Reporting.
- I. The Buyer shall not be obligated to pay for services when the Provider fails to submit invoices within thirty (30) days following the month of the provision of the service. However, in those instances when the Provider seeks payment from an insurance company, or TRICARE, the 30-day requirement is suspended, provided the Provider immediately notifies the Buyer of this contingency. Within thirty (30) days following receipt by the Provider of said insurance or TRICARE payments, the Provider shall be required to submit invoices for balance due, if any.
- J. If the Provider receives Virginia Medicaid payments for services rendered under this Agreement, such payments shall constitute payment in full for those services. The Buyer will accept invoices and pay for services offered by a Medicaid enrolled Provider that are not eligible for Medicaid payment, while a child is awaiting Virginia Department of Medical Assistance Services (DMAS) determination. The Buyer will not accept or pay invoices for Medicaid eligible services until DMAS makes their determination that those services are no longer reimbursable for a particular child. ~~Upon initial DMAS denial, the Provider must submit appropriate documentation for appeal.~~ The Provider should submit a separate invoice for denied Medicaid eligible services once DMAS makes their final determination upon appeal as to reimbursement for the entire month of service. At that point the service will be processed as a CSA Authorized service. A Purchase Order will be generated by the Buyer for those DMAS denied services in addition to the Purchase Order already generated for the



services not eligible for Medicaid reimbursement. ~~Payments denied due to the client no longer meeting Medicaid medical criteria,~~ a Provider's failure to provide authorized Medicaid eligible services or to submit required paperwork to DMAS in a timely manner are not eligible for CSA reimbursement. (2)

26. DENIAL OF FUNDING: Due to the need to ensure that the best interests of the child/youth are met, it is required that when the Provider is notified that Medicaid or other non-CSA funding is to be discontinued, the Provider notify the CSA office and Buyer's case manager by the next business day by telephone and then in writing. ~~The Provider must submit an appeal with any applicable documentation to justify Medicaid/other insurance coverage. Buyer's case manager will assess the situation and may bring the case before the Family Assessment Planning Team (FAPT) to review the IFSP/case service plan.~~ Providers will be paid for the stay, while awaiting a final decision, provided that the notification requirement to the CSA office and case managers is met and CPMT authorizes funding. (3)

27. ANCILLARY SERVICES:

- A. Providers are required to use Virginia Medicaid certified or applicable Third Party Payment providers for medical, dental, and psychotherapeutic services for youth who are Medicaid eligible or have private insurance. A list of Providers who have enrolled with Virginia Medicaid is available on the MCO website or at: www.viriniamedicaid.dmas.virginia.gov, hover over the Provider Resources tab and then click to Search for Providers.
- B. The website for Provider enrollment is: www.viriniamedicaid.dmas.virginia.gov then click on the tab for Provider Services, then Provider Enrollment. If at any time during the registration process you have questions or issues, please contact the Virginia Medicaid Helpdesk toll free at 866-352-0496.
- C. Use of Non Medicaid providers for Medicaid reimbursable services by Medicaid eligible youth requires prior approval from Frederick County CPMT.

28. BILLING ERRORS:

- A. If the Provider determines the payment received for services invoiced is an underpayment, then the Provider is responsible for notifying the Buyer in writing of the billing error within forty-five (45) calendar days after receipt of the alleged underpayment. Supporting evidence describing in detail the nature of the payment error must accompany such notification. The Buyer must correct any error found or respond in writing to the Provider why no error exists within forty-five (45) calendar days after receipt of the Provider's notification. If the Provider's notification and supporting evidence are not received by the Buyer within the forty-five (45) calendar day limit, then the Buyer shall not be obligated to make any adjustments with regard to the asserted billing error.
- B. If the Provider determines that the payment received for services invoiced was an overpayment, the Provider shall notify Buyer immediately and, at Buyer's election, issue a refund payment or credit memorandum within fourteen (14) business days. Where the determination of overpayment is made initially by Buyer, then at Buyer's sole election, the Provider shall issue a refund payment within fourteen (14) business days after Buyer's request or Buyer shall offset the overpayment amount against amounts due or to become due hereunder.

29. DISPUTES: Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement which cannot be disposed of by negotiation or agreement can be presented by the Provider to the CPMT. The CPMT or its designee shall be responsible for

making the final decision and notifying the Provider in writing of the decision. This provision shall not preclude the Provider from exercising any rights under law for failure of the Buyer to comply with the terms of this Agreement. Any such factual determination by the CPMT or its designee shall not be binding on the Provider in the case of any litigation concerning such issue.

30. TERMINATION FOR CONVENIENCE: This Agreement may be terminated in whole or in part by the CPMT in accordance with this clause whenever the CPMT shall determine that such a termination is in the best interest of the County. Any such termination shall be effected by delivery to the Provider at least thirty (30) working days prior to the termination date of a Notice of Termination specifying the extent to which performance shall be terminated and the date upon which termination becomes effective.

31. TERMINATION FOR CAUSE: Except as otherwise provided herein, should any of the terms of this Agreement be breached by one of the parties, the other party shall have the right to terminate its obligations hereunder if the aforesaid breach is not cured within five (5) days after notice of the breach is given to the breaching party. This right of termination hereunder is in addition to, and not in lieu of, any and all other rights which may be afforded to the non-breaching party.

32. NOTICE: Any notice expressly provided for in this Agreement shall be in writing, shall be given manually, by mail, or by overnight delivery service, and shall be deemed sufficiently given when actually received by the party to be notified. (FAX may be used by the Provider to give notice to the Buyer followed by the mailing of the original to the Buyer). The notice shall be sent to the address set forth below:

BUYER: Frederick County CPMT/CSA
107 N Kent Street, 2nd Floor
Winchester, VA 22601

PROVIDER: To the address as it appears on the front of this Agreement.

Any party by written notice to the other, given in the manner prescribed herein, may change its address for receiving notice.

33. BINDING AGREEMENT: The terms of this Agreement, attached Addendum(a), any PO issued hereunder, and Rate Sheet:

- shall be enforceable and binding upon and inure to the benefit of the parties hereto;
- may not be modified or amended except by written agreement signed by the parties; and
- shall constitute the entire agreement of the parties with respect to its subject matter.

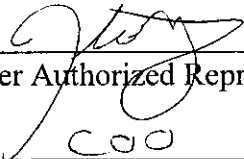
No provision of this Agreement shall be deemed to inure to the benefit of any third party.

34. PERIOD OF CONTRACT: The period of this contract shall be from date of signature through June 30, 2019 with the ability to renew annually by mutual agreement until June 30, 2021. In the event the parties to this Agreement have not reached mutual agreement as to the rates or terms prior to the expiration of this Agreement, this Agreement shall be extended on a month to month basis. The Provider will continue services for the existing placement(s) at the current

rates until agreement is reached. The Buyer will continue to pay for services for the child(ren) & youth already placed with the Provider at the current rates until agreement is reached. No new placements will be made with the Provider until agreement to the new rates is reached. No retroactive rate payment will be made by the Buyer. Prior to July 1 of each year, a renewal letter will be sent to current vendors to confirm the Buyer wishes to continue the Agreement. Rate changes are allowed only during the renewal period and must be agreed to and approved by CPMT.

IN WITNESS THEREOF the parties have caused this Agreement to be executed by officials hereunto duly authorized.

Provider Name **Grafton School, Inc.**



Provider Authorized Representative

COO
Title

J. Scott Leair

Printed Name

7-12-2018

Date

CSA Coordinator

Date

ADDENDUM A SPECIAL EDUCATION AND RELATED SERVICES

This Addendum A dated July 1st, 2018 amends, modifies and supplements that certain Agreement for Purchase of Services (“Agreement”) dated July 1st, 2017, between the Frederick County Community Policy and Management Team (“CPMT”), hereinafter referred to as the “Buyer”, and Grafton School, Inc. hereinafter referred to as the “Provider”. Where there exists any inconsistency between the Agreement and Addendum A the provisions of Addendum A will control.

This Addendum A reflects those services which the Provider agrees to make available to the Buyer. The services to be provided to each student placed will be in accordance with that student's Individualized Education Program (IEP) as agreed to prior to its effective date by the Frederick County Public Schools (FCPS). Non-educational expenses excluded from this Addendum A include, but are not limited to, those incurred for personal allowances, medical care, clothing, psychiatric treatment, psychotherapy, certain extracurricular activities, and certain field trips. Terms not otherwise defined herein shall have the same meanings ascribed to them in the Agreement.

SPECIFIC TERMS AND CONDITIONS

1. **OBLIGATIONS:** All obligations of the Provider pursuant to the State of Virginia (or Provider's State) and federal special education laws and regulations are incorporated herein by reference.
2. **PROVIDER STATUS:** The Provider will maintain its status as a school approved by the Provider's State Board of Education and will notify the Buyer promptly in the event such approval is withdrawn, revoked or threatened to be withdrawn or revoked. Such withdrawal or revocation shall immediately terminate this Agreement without financial obligation on the part of the Buyer to pay the Provider's invoices subsequent to the loss of approved status.
3. **ATTENDANCE:**
 - a. ~~The Provider shall maintain monthly attendance records which shall be submitted to the Frederick County Public Schools (FCPS) Special Instructional Services Department within five (5) days after the end of each calendar month.~~
 - b. If a student has been absent for a period of two (2) or more consecutive school days or for a period of more than four (4) days in any month, the Provider shall investigate the reasons for such absence. The Provider will consult with FCPS regarding pre-approved absences and the method of documenting student attendance.
 - c. The Provider should document the interventions attempted to ensure that the student attends school regularly before referring the case to a school attendance officer.
 - d. After five unexcused school absences, the Provider may consider referring the student for attendance violations if the student is of compulsory attendance age (five to sixteen.)
 - e. In the event the child is absent without authorization for more than five (5) consecutive calendar days, the Provider must get written authorization from the CSA Coordinator to hold the placement open. The Buyer will discontinue payment for education and other services as of the fourteenth (14th) consecutive calendar day of the unauthorized absence.
 - f. In the event the child is provided education outside of the classroom, the number of days that the child is in that alternate setting must be reported to the placing agency.
 - g. If a child has an authorized absence, such that the child is unable to participate in his/her special education placement, that placement will be held for the child for no more than fourteen (14) calendar days with written approval of the CSA Coordinator. Longer holds

- will be negotiated on a case-by-case basis
- h. CSA can only fund services actually received, therefore any absences, whether authorized or unauthorized, shall not be paid.
 4. ANNUAL REPORTS: Providers will submit an annual report that includes performance measures and/or outcomes data that is submitted to other regulatory agencies including the Department of Education and accrediting organizations. Such reports shall be submitted to the CSA Office, 107 N Kent St, 2nd Floor, Winchester, VA 22601 with all annual contract documents.
 5. EDUCATIONAL REPORTS: The Provider shall prepare Quarterly Educational Progress Reports, proposed draft IEPs and, as appropriate, transcript data on each student covered by this Agreement and shall submit such reports to the FCPS Special Instructional Services Department, 1415 Amherst Street, Winchester, VA 22601 and CSA Office, in accordance with the dates identified in the school calendar. For the purposes of this Agreement, if the Provider is a day school, school calendar shall be defined as one consistent with the FCPS school calendar. However, if the Provider is a residential school and/or a twelve (12) month school, the school calendar shall be defined as that which is agreed upon by the Provider and the FCPS.
 - a. Proposed draft IEPs shall be submitted to, and received by, FCPS and those parents whose parental rights have not been terminated and/or those who have custodial rights of the youth prior to any scheduled IEP meeting. The FCPS reserves the right to recommend only those services/programs considered to offer the student benefit of an education in the least restrictive setting according to the provisions set forth in the Individuals with Disabilities Education Act (IDEA). The representative from the FCPS, other FCPS staff and parents, as appropriate, shall have the right to attend any IEP meeting.
 - b. The Provider shall provide the FCPS promptly with the student's quarterly grades and/or progress report(s).
 - c. A Final Progress Report or Exit Summary on each student covered by this Agreement shall be submitted to FCPS by June 30th of each year during which the services are provided hereunder on forms supplied by FCPS unless parties agree to use Provider forms. If the Final Progress Reports are not received by June 30th of any such year, for any reason, the Buyer reserves the right to impose a three percent (3%) reduction of the total charges billed by the Provider for each late student report.
 - d. The Provider shall submit additional reports upon the request of FCPS Special Instructional Services Department. Additional reports may include, but are not limited to: written reports of any serious incident involving the student; evaluations (psychological, educational, related services); social, emotional, or behavioral progress reports.
 - e. The Provider shall submit written serious incident reports within two business days of knowledge of the incident. All other reports listed above must be submitted within 10 business days. The Provider agrees to provide timely responses to inquiries made by FCPS and to apprise FCPS of all material information concerning the student covered by this Agreement, including, without limitation, any change in the residence address of the student's parents or legal guardian.
 6. SYLLABUS: A syllabus describing each course offering must be provided to the FCPS Special Instructional Services Department no later than September 1st of each school year; failure to deliver the syllabus shall constitute a certification by the Provider that it has adopted the FCPS

standard course descriptions for each subject area for which a syllabus has not been produced.

7. GRADUATION REQUIREMENTS:

- a. ~~The Provider shall supply each student, grades 9 through 12, with a minimum of one-hundred and forty (140) hours of instruction in accordance with the course descriptions set forth in the syllabi provided pursuant to Section 6 of this Addendum (or the FCPS standard course designated where no syllabus has been provided) in order to award one credit for each course successfully completed towards the FCPS high school graduation requirements.~~
- b. ~~The Provider must notify FCPS Special Instructional Services Department immediately (and prior to the commencement of instruction) if any of the instruction provided to a student will not comply with the course descriptions or satisfy graduation requirements.~~
- c. ~~Grades should be submitted quarterly to FCPS Special Instructional Services Department and CSA Office.~~
- d. ~~All final grades and credits earned shall be reported no later than thirty (30) days after the last day of the school year and must be received by the FCPS Special Instructional Services Department before final payment will be made. All final grades and transcripts for graduating students must be reported by June 1st of the graduation year.~~



8. INDIVIDUALIZED EDUCATION PROGRAM (IEP): The IEP team shall consist of the Local Education Agency (LEA), parents, those who have custodial rights or surrogate parents and the provider's school staff. Any member of the IEP team may request an IEP meeting if such member entertains concerns that the instruction or program provided needs to be reviewed. In the event that the instruction or program provided to any or all of the students concerned by the terms of this Agreement is inappropriate for such student(s), the Provider shall promptly notify the FCPS Special Instructional Services Department. If advisable, the FCPS Special Instructional Services Department may arrange an IEP meeting to consider modifications to the IEP.

9. ONE-TO-ONE EDUCATIONAL SUPPORT: One-to-one educational support is to assist youth in the classroom setting to meet their educational goals. One-to-one educational support can be provided to comply with the IEP goals. Prior approval from the Buyer is required prior to initiation of one-to-one educational support.

10. PAYMENTS: In the event that a student is placed with the Provider for a period which is less than the full school year, the amount to be paid shall be prorated on the basis of the number of school days the student actually received educational services from the Provider compared with the total number of school days in the school year.

11. WITHDRAWAL: In order to provide a successful transition and appropriate receiving program, any anticipated change in the student's placement needs to be discussed with the Provider, the FCPS Special Instructional Services Department, any other interested agency case manager, the parents or legal guardian and the student, if appropriate.

12. NOTICE:

- a. Notices required of the Provider to be sent pursuant to this Addendum A shall be sent for FCPS referred students to: Frederick County Public Schools, Special Instructional Services Department, 1415 Amherst Street, Winchester, VA 22601
- b. Notices required of the Provider to be sent pursuant to this Addendum A shall be sent for FCPS referred students to: CSA Office, 107 N Kent St, 2nd Floor, Winchester, VA 22601

- c. Any party by written notice to the other, given in the manner prescribed above, may change its address for receiving notice.

13. RATE NEGOTIATION: The rate negotiated between the Buyer and the Provider shall not exceed that stated in the Service Fee Directory. The negotiated rate is set forth on the Rate Sheet attached hereto and made a part hereof.

- a. To the extent that any charges are billed to the Buyer on a ~~per day~~, per session or per treatment basis, the Buyer shall have no obligation to pay amounts charged for ~~days~~, sessions or treatments that a student does not actually receive for any reason, including, without limitation, absence or illness. The Provider agrees that its submission to the Buyer of any invoice on which charges are billed on a per session or per treatment basis constitutes its certification that all services for which payment is requested thereby have been provided to the FCPS student identified therein.
- b. Any amounts paid by the Buyer pursuant to this Agreement which are subsequently determined to be inappropriate for any reason, including without limitation, those services not actually provided, may be offset against any other amounts to be paid to the Provider by the Buyer.

14. NON-EDUCATIONAL EXPENSES: The Provider agrees to contract separately with the parent or legal guardian of each student for those non-educational expenses to be provided for each student. Non-educational expenses include, but are not limited to, those incurred for personal allowances, medical care, psychiatric treatment, psychotherapy, certain extracurricular activities, and certain field trips.

IN WITNESS THEREOF the parties have caused this Addendum to be executed by officials hereunto duly authorized.

Grafton School, Inc.

Provider Name



Provider Authorized Representative

CCO

Title

CSA Coordinator

J. Scott Zenti

Printed Name

7-12-2018

Date

Date

**ADDENDUM D
CONGREGATE CARE SERVICES AGREEMENT**

This Addendum D, dated the 1st day of July, 2018, amends, modifies and supplements that certain Agreement for Purchase of Services ("Agreement") dated, July 1, 2017, between the Frederick County Community Policy and Management Team ("CPMT"), hereinafter referred to as the "Buyer" and Grafton School, Inc. hereinafter referred to as the "Provider". Where there exists any inconsistency between the Agreement and Addendum D the provisions of Addendum D will control.

This Addendum D reflects those services which the Provider agrees to make available to the Buyer. The services for each youth placed will be in accordance with that youth's Individualized Family Service Plan ("IFSP") and the Provider's treatment plan, or, as the case may be, the Individual Education Program ("IEP"), with a review of the applicable document within thirty (30) days after placement. Any related services provided as part of the youth's IEP shall be for the purpose of providing benefit from the educational program. Terms not otherwise defined herein shall have the same meanings ascribed to them in the Agreement.

**I. PSYCHIATRIC RESIDENTIAL (PRTF), THERAPEUTIC GROUP HOME (TGH)
AND ALL OTHER CONGREGATE CARE SETTINGS:**

All clinical services may not be provided by all providers. If applicable, the following services should be provided:

1. ROOM & BOARD:

A. Payment to cover the cost of (and the cost of providing) food, clothing, shelter, daily basic supervision, school supplies, personal incidentals, liability insurance with respect to a youth, clothing, and costs related to administration and operation of a facility necessary to provide the items in this sentence.

1) Food: Costs associated with providing food for the youth (net of USDA revenues), costs may include:

- a) The food itself
- b) Meal preparation, operation and maintenance of the kitchen facility
- c) Dietary supplies
- d) Salaries and fringe benefits associated with staff involved in food preparation and assuring appropriate dietary/nutritional standards are met

2) Shelter: Costs associated with providing and maintaining living quarters for the youth, costs may include:

- a) Cost of a lease or rental agreement
- b) Utilities, furniture and equipment
- c) Costs of housekeeping, linen and bedding
- d) Maintenance of the building and grounds
- e) Routine recreation
- f) Insurance related to the living quarters
- g) Taxes related to the shelter of the youth
- h) Costs may not include construction costs, but may include depreciation of capital assets, interest, and property taxes

**3) ~~Clothing: Costs associated with providing and maintaining the clothing for the youth.~~
These costs may include: Costs of the clothing itself, laundry and dry cleaning.**

- 4) Daily basic supervision (normal supervision duties): Costs associated with normal 24-hour supervision of the youth. Costs may include:
 - a) The salaries and fringe benefits of staff (including house parents) involved in supervising the youth
 - b) Recreation supervision
 - 5) School supplies: Costs associated with books, materials, and supplies necessary for a youth's education.
 - 6) Personal incidentals: Incidental costs associated with the personal care of a youth such as: items related to personal hygiene; cosmetics; over-the-counter medications and special dietary foods; infant and toddler supplies, including high chairs and diapers; and fees related to activities.
 - 7) Liability insurance with respect to the youth: Insurance costs directly related to a youth, above normal home insurance, to cover damages and harm by the youth to property or another person. This cost is included in the room and board rate for applicable homes.
- B. The Provider shall provide each youth with sufficient space, safe board, sanitary conditions and the level of supervision necessary to comply with the residential service description in the State Service Fee Directory. Special dietary needs shall be assessed and provided on an individual basis.
 - C. The rates for services will be paid on the first day services are provided to the placed youth. The rates for services will not be paid for the day of discharge from the services of the Provider.
 - D. In the event the youth leaves the facility without authorization, for more than four (4) consecutive calendar days the Provider must get written authorization from the CSA Coordinator to continue to bill for the placement. In any event, the Buyer will discontinue payment for room and board and other services as of the fourteenth (14) day of the unauthorized absence.
 - E. If a youth placed in a group home is authorized for a service in an acute care setting, the bed in the group home may be held for the youth for more than four (4) days with approval of the CSA Coordinator. Bed holds longer than fourteen (14) days will be negotiated on a case by case basis, and must be authorized by the CPMT.
2. **ADDITIONAL DAILY SUPERVISION:** Title IV-E allowable costs of salaries and fringe benefits of staff (including house parents where applicable) associated with 24-hour supervision of the youth beyond that which is normally required of a youth, or supervision needed for certain youth including those with physical or emotional disabilities. The youth's needs must be documented and must be billed as separate line item and clearly identifiable separate from Therapeutic Behavioral Services.
 3. **THERAPEUTIC BEHAVIORAL SERVICES:** Therapeutic services rendered in a group home setting that provide structure for daily activities, psycho-education, therapeutic supervision and activities, and mental health care to ensure the attainment of therapeutic mental health goals as identified in the treatment plan.
 4. **MEDICAL/NURSING SERVICES:** Overall medical treatment of the youth is coordinated by the nursing staff or other medically-trained staff. Such staff shall provide the scheduling, coordinating, monitoring of, and transportation to, medical treatments, physical examinations, and dental checks. In addition, trained staff shall coordinate and monitor the administration of medications and provide first aid to injured youth. The nursing staff or trained staff person shall conduct regularly scheduled meetings with each youth for the purpose of monitoring the onset of symptoms and reviewing nutritional, hygienic and other regimens which may affect physical

health. The services shall be supervised by a medical doctor.

5. **COUNSELING/THERAPY:**

- A. **INDIVIDUAL COUNSELING/THERAPY:** Individual counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.
- B. **GROUP COUNSELING/ THERAPY:** Group counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.
- C. **FAMILY COUNSELING/ THERAPY:** Family counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision and shall occur face-to-face according to FAPT recommendation, but no less than one (1) time per month. The family counseling/therapy shall incorporate family members as appropriate. Counseling with family is to include techniques that will assist the family in the return of the youth to the family, when appropriate. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.

6. **FAMILY VISITATION:** Ongoing contact, therapy, and visitation are a critical component of an individual's clinical services and basic human rights. The Provider shall plan and schedule regular and ongoing visits for the youth with the family, relatives and/or others (e.g. foster parents, adoptive parents, and fictive kin) in accordance with the youth's treatment plan and IFSP.

- A. Family visitation shall not be withheld as a behavioral consequence.
- B. Any reduction or change in visitation has to have clinical justification and the approval of the Buyer's case manager prior to the reduction or change.

7. **SOCIALIZATION/RECREATION:** Youth shall have regular, scheduled opportunities for socialization and recreation through individual and group activities designed to enhance learning, provide cultural enrichment, foster reintegration into the community, enhance leadership skills and improve self-esteem. Goals to accomplish these specific outcomes will be identified in Individual Recreation Plans (IRPs) developed and documented by the Provider and the Buyer's case manager for each youth. The activities shall be designed to provide fun and pleasure and may include, but are not limited to, outdoor athletics, field trips, games, camping and crafts.

8. **EDUCATIONAL SERVICES:** Services that are provided to meet the educational needs of the youth as required by the educational requirements of the Virginia Code. Such services may include public school integration, on-site residential schooling, community-based vocational training, vocational training, alternative education, or special education.

9. **EMERGENCY SERVICES:** Emergency services are programs and supports that are available twenty-four (24) hours/day, 365 days/year that can be accessed immediately and may include crisis stabilization, pre-screening for mental health commitments and emergency mental health assessments. Such services shall be time-limited, supportive, and clear as to purpose and goals. For certain Providers emergency shelter may be purchased during the 72 hour emergency custody provision of the law as outlined in the Virginia State Social Services Manual. Provision of such service shall be provided on a temporary/emergency basis, up to thirty (30) days and shall include but is not limited to, room and board.

10. **TRANSPORTATION:** All transportation to activities within the scope of the service plan is provided. Transportation includes to and from court appearances, community activities, school trips, recreation/leisure time activities, and other activities necessary in providing for the youth's health, emotional and recreational needs. Vehicles will be equipped with a first aid kit, a road safety kit, and seat belts at all times while youth are being transported. Maintenance checks will be performed on vehicles at regular intervals to ensure the safety of youth while being transported. The drivers shall be subject to a Department of Motor Vehicles check and all driving licensure requirements.
11. **ONE-ON-ONE CARE:** One-on-one care is provided to youth whose medical, behavioral or emotional condition necessitates close supervision and monitoring which cannot be provided through the regular staff-to-youth ratios. This supervision shall be designed to provide safety and support through acute periods. Except in emergencies, one-on-one care shall be provided only after approval by CPMT. It shall be limited to the number of hours approved by the Buyer's case manager, CSA Coordinator, and CPMT. One-on-one care is not to be charged to the Buyer during the sleeping hours of the youth, unless otherwise authorized by the Buyer.
12. **SUBSTANCE ABUSE/ADDICTION:** Frederick County has adopted the American Society of Addiction Medicine as best practices in the treatment of substance use disorders. Substance Use Services are provided to assist youth and their families with recovery from substance abuse/addiction. Treatment of the actively substance-addicted population shall incorporate a structured program that addresses the addiction and the associated developmental, family, peer and relationship issues. Treatment shall incorporate education, individual and group therapy dealing with abuse/addiction and concomitant problem areas with a strong emphasis on family therapy and the twelve step programs for the development of coping and living skills to prevent relapse. Treatment shall also incorporate the provision of continuing care or referral to appropriate facilities for continuing care services. Treatment shall be provided by an individual who holds a certification or license in substance abuse treatment or individual supervised by an approved substance abuse clinical supervisor unless an exception is made by FAPT. Providers of Substance Abuse treatment services shall follow ASAM criteria in determining the needs of the client and level of care necessary for treatment.
13. **PROBLEMATIC SEXUAL BEHAVIOR/SEXUAL TRAUMA:** Services are provided to assist youth who have demonstrated problematic sexual behavior or who have experienced sexual abuse. The program shall be designed to provide a professional evaluation and treatment by a licensed provider with specialized training and relevant expertise.
14. **INDEPENDENT LIVING SKILLS TRAINING AND SERVICES:**
 - A. The Provider should provide or ensure training to youth ages 14 and older to help the youth gain life skills and transition successfully from foster care. The living skills training services are direct activities toward specific goals in accordance with the transition living plan. The training and services should include activities that fit into the domains of the Casey Life Skills Assessments including: daily living, self-care, housing and money management, career and education planning, permanency and other domains.
 - B. The Provider shall work collaboratively with the Buyer in providing independent living services mandated under the Foster Care Independence Act of 1999.
 - C. Progress on independent living goals should be included in the quarterly reports.
 - D. The Provider will complete a Casey Life Skills Assessment for any youth ages 14 and older in their program within 30 days of placement or within 30 days of a youth turning 14 that is

currently placed. If the youth has a current Casey Life Skills Assessment, this document shall be provided to the Provider.

- 1) The Casey Life Skills Assessments must be updated at least yearly. The youth may complete the plan on their own or it can be a collaborative effort with the youth and the Provider.
 - 2) The Casey Life Skills Assessment can be found at <http://lifeskills.casey.org/>.
 - 3) Once completed the Provider should submit a copy to the Buyer's case manager within 10 days.
- E. A transition living plan must be completed by the Provider within 30 days of completion of the Casey Life Skills Assessment.
- 1) The transition living plan should be a collaborative effort with the youth and all treatment providers, including the Buyer's case manager. The transition living plan may be completed during an LCPA treatment meeting and other team based planning meeting.
 - 2) A sample transition living plan can be received from the Buyer upon request. In the event the Provider already has a transition living plan template this plan must be approved by the Buyer's case manager prior to use.
 - 3) The transition living plan shall be updated at least yearly or modified, as needed, such as when the youth achieves the goals before the end of the year. Updates are done in collaboration with the Buyer's case manager, the youth, the youth's family, the provider, and any other members of the youth/family's team. Any significant changes proposed to the service/treatment plan will reflect the consensus of the youth, family and team. An updated plan should be submitted to the Buyer's case manager within 10 days of the decision to make changes.
 - 4) The Buyer's case manager serves as the point of contact for the team-based planning process and is responsible for decisions about services rendered in a manner consistent with the FAPT authorization and team-based planning process.
- F. The provider must complete a 90-day Transition Living Plan on a youth 90 days before the youth turns 18, 19, 20 and 21.
- 1) The 90-day Transition Living Plan should be a collaborative effort with the youth and all treatment providers, including the Buyer's case manager. The transition plan may be completed during an LCPA Treatment meeting and other team based planning meeting.
 - 2) A sample 90-day Transition Living Plan can be received from the Buyer's case manager upon request. In the event the Provider already has a transition living plan template this plan must be approved by the Buyer's case manager prior to use. The 90-day transition living plan must be updated at least yearly. Once completed the Provider should submit a copy to Buyer's case manager within 90 days before the youth turns 18, 19, 20 and 21.

15. DIAGNOSTIC/OTHER SERVICES: Additional diagnostic services may be requested by the Buyer from the Provider in addition to those psychological, educational, medical and other diagnostic evaluations provided by the Buyer at the time of admission of the youth. The Provider may recommend approval of additional services from the Buyer's case manager.

16. MENTORING: Mentoring is forming a trusting relationship with a youth through positive engagement and serving as a role model for healthy emotional development and responsible actions. It may include providing socialization activities that will reduce feelings of isolation and increase social skills; introducing new interests, talents, activities and opportunities to a youth; and providing encouragement and support for academic achievement and staying in school.

17. APPEARANCES: It is understood that in the course of the provision of services the Provider's staff may be called upon by the Buyer's case manager to appear for court hearings, Family

Partnership Meetings, and FAPT meetings. Information to be provided at such hearings or meetings may include assessments, evaluations, recommended services, the services provided, and the progress resulting from the service interventions. The Buyer will make every attempt to notify the Provider well in advance of the Provider's requirement to appear at the court hearings and meetings. When possible, subpoenas will be provided for court.

18. **ACCESS TO FACILITY:** In addition to the language in Section 5A of the Agreement for Purchase of Services the Provider will at all times provide the Buyer access to the child's living areas/residence/bedroom. At the Provider's request the Buyer's agents will sign a notice of confidentiality if there are Provider concerns about confidentiality of roommates or other youth in the facility.

II. TREATMENT PLANNING AND REPORTING:

1. INITIAL ASSESSMENT:

- A. The Provider will complete and submit a written initial assessment within thirty (30) days of service initiation.
- B. The initial assessment shall include the following:
- 1) Current or Preliminary DSM diagnoses for youth
 - 2) Youth strengths and needs
 - 3) Youth functioning in major life domains (e.g., school, home, community, legal)
 - 4) Current family structure and functioning - strengths and needs
 - 5) Other current treatment/services including medication management
 - 6) Summary of service and treatment history
 - 7) Behaviors to be addressed - focus of intervention

2. SERVICE/TREATMENT PLAN:

- A. The Provider will complete and submit an initial service/treatment plan based on the initial assessment describing the services to be provided to each youth and the youth's family in accordance with that youth's Individualized Family Service Plan (IFSP) within thirty (30) days of services being initiated.
- B. The service/treatment plan shall be modified, as needed, in collaboration with the Buyer's case manager, the youth, the youth's family, the provider, and any other members of the youth/family's team. Any significant changes proposed to the service/treatment plan will reflect the consensus of the youth, family and team.
- C. The service/treatment plan shall include the following:
- 1) Short and long term goals that are youth, family and behavior-specific with measurable objectives and performance timeframes
 - 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers
 - 3) Estimated # of contact hours and frequency of contacts per week
 - 4) Discharge plan
 - 5) Plan signed by provider, Buyer's case manager, youth, youth's family member

3. **TREATMENT REVIEW MEETINGS:** The legal guardian and the Buyer's case manager shall be invited to all scheduled/emergency treatment team meetings. For youth in the custody of the DFS, the youth/youth's family shall be invited when deemed appropriate by the Buyer's case manager.

4. MONTHLY PROGRESS REPORTING:

- A. ~~The Provider will complete and submit a monthly report within ten (10) business days of the~~

~~end of the reporting period.~~

- B. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The monthly report submitted on the Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Identifying client information to include name of youth and birthdate, and date of admission
 - 3) Progress on goals; Barriers toward achieving goals, Progress towards discharge
 - 4) Progress in family therapy; frequency type; type of visits, contacts, and off-site passes
 - 5) Significant incidents affecting the youth (in accordance with Section 8 of the APOS)
 - 6) Change in therapist, medication and/or agencies/service involvement with youth
 - 7) Current functioning in major life domains (e.g., school, home, community, legal)
 - 8) Discharge/Transition plan
 - 9) Date of reporting period
 - 10) DSM Diagnoses and medications

5. **DISCHARGE/AFTERCARE REPORT:**

- A. ~~The Provider will complete and submit a discharge/aftercare report within ten (10) business days of the discharge/end of service.~~
- B. Discharge reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
- C. The discharge/aftercare report submitted on Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Summary of progress on goals
 - 3) DSM diagnoses and medications at time of discharge
 - 4) Description of functioning in major life domains at end of service (e.g., school, home, community, legal)
 - 5) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.

III. REIMBURSEMENT FOR SERVICES:

- 1. **PAYMENT THROUGH INSURANCE:** The Provider agrees to accept the family's private insurance (including TRICARE or its equivalent), or Virginia Medicaid or FAMIS for payment of Medicaid eligible services. CSA will not fund services covered by the above forms of insurance if that insurance is available to pay for services, unless prior authorization has been obtained through the CPMT.

When all or any portion of the services rendered by the Provider hereunder is covered by a policy of insurance, TRICARE (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to TRICARE (or its equivalent), as the case may be. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services. With the exception of a required deductible, copayment, and/or coinsurance through third party payment, the third party payment shall constitute payment in full for those services.

- 2. **PROVIDER MEDICAID SERVICES:** The CPMT requires all providers whose services meet the Virginia Medicaid standards for a PRTF or TGH as outlined in the Psychiatric Services

Manual and Community Mental Health Rehabilitative Services Manual, respectively, to enroll as PRTG or TGH provider. Medicaid application information is available through:

Virginia Medicaid - PES PO Box 26803 Richmond, VA 23261-6803
1-800-829-5373 (in state toll-free) 1-804-270-5105 local
Fax: 1-804-270-7027
www.viriniamedicaid.dmas.virginia.gov

If the provider is already enrolled as a Medicaid PRTF or TGH provider, the Provider shall provide the Buyer with its Medicaid number with the submission of contract documents. The Provider shall be responsible for timely and complete filing per the Department of Medical Assistance Services Community Mental Health Rehabilitative Services located at:

<https://www.viriniamedicaid.dmas.virginia.gov>

- A. The Provider shall be responsible for:
- 1) Completing and forwarding the Medicaid pre-authorization materials, including the Initial Review form, for each Medicaid eligible youth to the DMAS contractor within two business days after admission or after receipt of information from the Buyer.
 - 2) Notifying the Buyer when a youth is authorized for Medicaid reimbursement. Such notice is required by fax at (540)678-0682 or through secure email at jjury@fcva.us within two business days after the Provider receives notice from DMAS that the youth is approved or denied.
 - 3) Developing the Individualized Service Plan for the youth within thirty (30) days of authorization for Medicaid reimbursement, and reviewing every thirty (30) days.
 - 4) Completing the continued stay criteria and submitting it to the DMAS contractor prior to expiration of the authorization period.
 - 5) Preparing and implementing DMAS billing.
 - 6) Ensuring that its physicians and other professionals serving the Buyer's referred clients are also enrolled in Medicaid and providing the Buyer with the Medicaid number of those individuals on staff or under subcontract who provide services to the Buyer's clients.
 - 7) Billing DMAS for other Medicaid covered services, e.g. therapy, pharmacy.
 - 8) Invoicing the CPMT for the non-Medicaid eligible services according to Section 25 of the Agreement for Purchase of Services.
 - 9) Notifying the Buyer when the youth no longer meets the Medicaid reimbursement criteria and DMAS no longer authorizes payment for the youth. Such notice is required by secure email at jjury@fcva.us or FAX to (540) 678-0682 within two business days after the Provider receives notice from DMAS that it will no longer make payment.
- B. The Provider is responsible for submitting all Medicaid preauthorization documentation and continuing stay documentation within the time frames required by Medicaid. If a Provider fails to submit this information in a timely manner, through no fault of the Buyer, in order to receive Medicaid PRTF or TGH reimbursement, the Provider is financially responsible and shall not be eligible for reimbursement from the Buyer.
- C. The Buyer shall provide the Medicaid number of the youth referred, if applicable. When referring a youth for Medicaid residential treatment the Buyer's responsibilities are to:
- 1) Provide a complete copy of DSM diagnosis.
 - 2) Complete the Child & Adolescent Needs and Strengths (CANS) score sheets from the for both the Youth Functioning Profile and the Caregiver Functioning Profile and submit to the Provider as part of the authorization process. The CANS rating shall be completed within thirty (30) days prior to placement and shall be submitted to the Provider in a

timely fashion. It shall indicate at least two areas of moderate impairment as defined in the eligibility criteria.

- D. The Independent Assessment, Certification and Coordination Team is responsible for providing the Certificate of Need that indicates necessity of placement and CANS to assist the Provider with submission of documentation within the time frames required by Medicaid. Providers should contact the CSA Coordinator at (540)722-8395 or through secure email at jjury@fcva.us to request the above information.

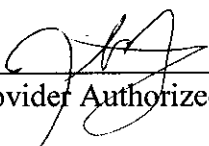
IV. INVOICING:

1. The Provider will submit invoices in accordance with section 25 of the APOS and section IV of this Addendum D within ten (10) business days of the end of the month. The Buyer reserves the right to reject any invoices with incomplete data elements. Time frames for payment begin when the invoice contains all required elements.
 - A. The invoice shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Separate invoice for each youth
 - 3) Youth's name
 - 4) Month service was provided
 - 5) Purchase order number
 - 6) Buyer's case manager name
 - 7) Services delivered as defined on the rate sheet
 - 8) Contract unit price
 - 9) # of units
 - 10) Dates of service
 - 11) Copy of Monthly Progress Update for month of service being billed
 - B. TITLE IV-E: The CPMT requires that all allowable costs for foster care youth must be structured in accordance with all Federal and State regulations to allow the Buyer to seek appropriate reimbursement for those services via Title IV-E of the Social Security Act.

IN WITNESS THEREOF the parties have caused this Addendum D to be executed by officials hereunto duly authorized.

Grafton School, Inc

Provider Name



Provider Authorized Representative

COO

Title

CSA Coordinator

J. Scott Best

Printed Name

7-12-2018

Date

Date



Gates to Success-ILA

The Gates to Success (GTS) ILA purposes to provide young men and women (17-21) with the tools necessary to live on their own. While residing in a fully furnished, single occupancy apartment, youth are provided with the wrap-around services needed to ensure they are at a point of being self-sustainable. Our goal is to provide youth with the care, resources, and skills that are essential to their contribution to society.

At GTS, we understand that the process of transitioning from a home environment with caretakers or parents is much different from living on one's own. Youth are facing everyday challenges with transitioning to the age of majority, graduating from high school, and transitioning into a college or vocational/training program. GTS staff will focus on enhancing youth's independent living skills to achieve self-sufficiency and independence. These skills are essential in preparing and enabling the youth to be successful in adulthood. The end result is an increased investment and awareness as the youth acclimates to living independently.

GTS accepts and specializes in services for youth with behaviors and diagnoses such as oppositional defiance, anxiety, depression, reactive attachment, ADHD, borderline intellectual functioning, and mood disorders, as well as youth transitioning out of residential facilities. The youth must be cognitively able to participate in the program and complete basic daily living skills, with minimal assistance. The youth must also show motivation, emotional readiness, and a willingness to learn and engage in the transitional process from foster care to self-sufficiency, along with comply with the rules and expectations established by GTS in conjunction with the Local Department of Social Services, including but not limited to, abiding by the IL contract. Youth with physically disabling conditions will be accepted if their needs can be reasonably accommodated within the apartment complex. All youth transitioning from a foster home or other environment with caretakers and are seeking independence and self-sufficiency in an IL apartment arrangement will be seriously considered for placement.

GTS offers IL services to assist youth in becoming self-sufficient and independent through the establishment of individualized goals. GTS has in place a leveling system, which enables the youth to gain greater independence and self-sufficiency by showing an ability to maintain success in identified goals. Youth are able to progress through levels (Level 4-Assessment, Level 3- Dependent, Level 2-Emerging, Level 1-Independent) based on the following criteria:

- 1) Engagement in program services (weekly meetings, monthly trainings, employment readiness services, education/vocation services);
- 2) Medication management/compliance; and
- 3) Substance free



GTS provides services based on this level system. The number of individual consultations and face-to-face contacts varies according to the youth's level.

The following services are included:

- Annual completion of the Casey Life Skills Assessments
- Formulation of the Independent Living Transitional Living Plan (and ongoing assessment of progress in meeting goals/objectives identified)
- Educational/vocational planning and support (including school enrollment and job seeking services)
- Transportation provision for medical, educational/vocational, and personal appointments, as well as family visits. Transportation may also be arranged, as needed for personal needs as arranged in advance
- Interpersonal and social skills building opportunities within the community with other GTS residents, neighbors, and community partners
- Employment seeking/job maintenance skill building
- Money management and financial support (communication, nutritional, and transportation allowance), as well as support with items necessary for employment and school
- Nutritional services (including weekly grocery allowance, as well as menu, grocery shopping, and meal preparation assistance)
- 24-hour access to caring, committed, GTS staff (GTS staff live on-site to provide additional oversight and support for emergency needs)
- Assistance with medication management (including support with appointment scheduling and prescription refills)

All youth will begin the program on Level 4 (Assessment Level) so that their level of need and the amount of supervision and assistance necessary to ensure success in their placement can be assessed. A youth at this level may or may not have employment in place; however, Case Managers will assist youth with seeking and obtaining employment (preparing a resume, interview skills, job retention skills, as well as encouraging participation in a workforce readiness program). Youth at this level may or may not have an educational plan in place; however, Case Managers will assist youth with deciding on education/career options. Youth will receive daily support through GTS staff (Security Staff and Case Managers) in managing his/her medications (including scheduling psychiatric appointments and maintaining prescription refills).

Accommodations and Location:



GTS' philosophy of choosing individual apartments provides shelter, as well as a living situation with services and supports to promote self-sufficiency. This arrangement allows the residents to easily transition into becoming a responsible leaseholder. GTS offers IL services to assist youth in becoming self-sufficient and interdependent. These services include, but are not limited to: life skills assessments, educational/vocational planning and support, transportation, interpersonal and social skills building, employment seeking/job maintenance, money management, nutritional services, as well as 24-hour access to caring, committed, GTS staff. Multiple GTS staff live on-site to provide additional oversight and support for emergency needs.

The GTS apartments are located in the Crossings at Bramblewood complex, at 1401 Yellowpine Circle, Richmond, VA 23225. This location provides public transportation services for the residents, which promotes time management and independence. The GTS apartments are also within walking distance to a bank, grocery store, local shops, a park for recreation, and a hospital. Residents of the GTS services have access to the onsite laundry and gym facilities which are convenient, economical, and time saving. There is also a clubhouse with a pool, outdoor grill, playground area, and business center available for use.

GTS offers a Mommy and Me Program for mothers with children and pregnant youth. The mother and child living arrangement includes a larger, more comfortable living space to allow for separate sleeping and personal space. The Mommy and Me living arrangement also provides for individual nutritional needs. There are safety and child – proofing standards in place. Special equipment and furnishings are supplied for the child, as well.

Admissions Process

Referrals for the GTS IL Apartment Program may be made 24 hours a day, 7 days a week via phone, fax or email. Referrals are received from Local Departments of Social Services and private child placing agencies. The admission process begins when the Local Department of Social Service's Worker submits an Application for Admission, which is reviewed by the Program Director and Chief Executive Officer. Once all referral information is received, Gates to Success IL Service staff begins the decision making process as to whether the referred youth can be appropriately served in the GTS IL Apartment Program. GTS Staff will contact the referring worker no later than one business day of the decision being made. Youth are accepted into the GTS IL Apartment based on their willingness to adhere to the program rules and expectations, which includes attending work, and school.

Approval for acceptance into the GTS' IL Apartment Program will be assessed on an individual and case-by-case basis. When making this decision, a youth's physical health, mental health,



legal issues, educational and vocational plans, and willingness to participate in the services offered will be taken into consideration. GTS IL Staff will schedule a tour of the facility, which will allow the youth and their foster parents, caregivers, and/or Social Worker to meet staff and other youth and learn more about the program and services offered.

Once the tour has been completed and all parties agree that the GTS IL Apartment Program is appropriate for the referred youth, GTS Staff will contact the Local Department of Social Services to arrange a move-in date.

Average Length of Stay

The length of stay in the GTS IL Apartment Program is dependent on the needs of the individual residents; however, most residents will remain in the apartment program until age 21 and they are no longer eligible to receive support services from a Local Department of Social Services. The goal prior to transitioning from the GTS IL Apartment Program is that the resident has sufficient income to obtain and maintain housing based on their own income and credit merit. GTS' services are designed to assist residents with this goal.

Acceptable Criteria

The GTS IL Apartment Program serves males and females between the ages of 18-21 who are receiving services from a Local Department of Social Services. The GTS IL Apartment Program services are available to all youth without regard to race, religion, color, sexual orientation, disability, nationality or ethnic origin. The youth must be cognitively able to participate in the program and complete basic daily living skills, with minimal assistance. The youth must also show motivation, emotional readiness, and a willingness to learn and engage in the transitional process from foster care to self-sufficiency, along with comply with the rules and expectations established by GTS in conjunction with the Local Department of Social Services, including but not limited to, abiding by the IL contract. Youth with physically disabling conditions will be accepted if their needs can be reasonably accommodated within the apartment complex.

Exclusion Criteria

All youth transitioning from a foster home or other environment with caretakers and are seeking independence and self-sufficiency in an IL apartment arrangement will be seriously considered for placement. The Gates to Success IL Services staff, with consultation from the Chief Executive Officer, will discuss all referrals for residency. The GTS IL Apartment Program is not appropriate for youth who have severe mental health needs requiring one-to-one supervision, pose an imminent risk of harm to themselves or others, or youth with criminal histories that



would prevent them from qualifying for a background check completed by the management staff of the Crossings at Bramblewood. Due to the environment of the GTS IL Apartment Program and the independent nature of the program, sexual offenders who are at moderate or high risk of re-offending and/or have not received treatment may not be appropriate for admittance.

Discharge/Transition Planning

Upon admission into the GTS IL Apartment Program, staff will work with the youth to establish goals that will be incorporated into the service plan once transitioned in the GTS IL Apartment Program. Therefore, discharge planning begins when the first objectives are developed at the time of admission into GTS' services. A youth is essentially discharged from GTS IL Apartment Program once it is determined they are no longer in need of the support and supervision provided by GTS staff, or once they reach age 21. Prior to discharge, the IL Coordinator/Case Manager along with the Program Director meets with the youth, the Local Department of Social Services Representative, the placing agency, and any other parties deemed a part of the youth's team, to discuss the resident's transition plan.

Early discharge and termination of services from the GTS IL Apartment Program may occur if the youth is not meeting the service goals/objectives. Youth will also be discharged if there is habitual non-compliance with written policies and procedures and a demonstrated lack of progress in the services offered. Youth may also be discharged if they are committed for a criminal offense, or engage in behaviors that put themselves or others in danger.

Services Offered

As part of the GTS IL Apartment Program, staff will ensure that each youth has an updated Independent Living Transition Plan, which will include an updated Casey Life Skills Assessment. From this information, staff will implement an initial service plan, with the assistance of the youth and members of the youth's treatment team as identified by the youth. The goals and objectives in this plan will focus on services and supports that not only build on the residents' strengths, but also meet the residents' individual needs in preparing for adulthood. Services include, but are not limited to: educational planning, vocational training, assistance with daily living skills, nutrition, money management and consumer awareness, self-care, and relationships and communication. Along with these major independent living skill building services, the GTS IL Apartment Program will assist youth with establishing and maintaining permanent connections. Additionally, GTS makes a lifetime commitment to all youth in our program. By being available to youth after discharge from our program and helping them



develop permanent connections, GTS ensures that youth have a network to turn to as they continue to meet their goals and develop into successful adults.

Once a youth has been accepted for placement/admission and services, the caseworker will collaborate with the youth, legal guardian, and professional personnel involved in the youth's case as applicable to determine the appropriate services necessary for program success. Upon admission, the youth will participate in a program orientation (30 days) to assist the youth in a positive transition and in becoming familiarized with the program, community, and services. Within 30 days of admission, an initial service plan will be implemented and shared with the youth, the placing agency, and any other party identified as part of the youth's treatment team.

GTS offers a level system, which enables the youth to gain greater independence and self-sufficiency by showing an ability to maintain success in identified goals.

Career and Education Planning

A primary component to self-sufficiency, thus a requirement of the GTS IL Services is to be enrolled in an educational or vocational program. Career and Education Planning Services will ensure the youth understands the importance of education and its relationship to employment and the pursuit of a career. GTS staff will meet with residents individually to determine career options based on what interests the youth. GTS staff will also assist residents in applying for education and training programs and learning how to receive financial assistance to fund such programs. Residents will be linked to community resources/employment agencies. These services will focus on how to search for a job, resume building, completing employment applications, and interview skills.

GTS staff understands the importance of earning higher wages in order to sustain one's living environment. As such, GTS has partnerships within the community and encourages residents to enroll in certificate and vocational training programs that provide certification in a particular area of study in a short amount of time.

Independent Living Core

The Casey Life Skills Assessment is the IL needs assessment used to determine a youth's general understanding and proficiency as they prepare for adulthood. From the assessment a Service Plan/ Learning Plan is developed. GTS IL Apartment Program will begin with coordinating and connecting our youth with resources and instructing them on how to navigate through the appropriate systems. These systems include, but are not limited to, the courts, Department of Motor Vehicles, Virginia Department of Taxation, housing authority, and health department.



Credit worthiness is the foundation of a person's economic profile. Therefore, credit reports and credit scores will be obtained on all youth. Youth will also be instructed on the importance of establishing and maintaining credit worthiness. Civic responsibility, as well as civil rights will be introduced to residents with the results being a well informed and educated participate in society. Residents will be educated and encouraged on the voting process.

Nutrition Services

As part of the GTS IL Apartment Program, youth will set goals for learning about meal planning, preparation, and food storage. These services are intended to ensure the youth can plan and prepare meals that are tasteful and nutritious. Youth will receive a grocery allowance and will be guided to shop for groceries without spending more than they can afford. Residents with children will receive a supplemental allowance for the child as well. Staff will transport residents to the grocery store and remain with the youth to ensure they are adhering to their shopping list. Employed residents can use personal funds to supplement their grocery budget to purchase additional snacks and personal items. Apartment checks are done to ensure the residents' apartments are stocked with the food items purchased. Face to face meetings between GTS staff and residents offer an opportunity to assess if the youth is eating properly. The residents do not utilize any other public resources for food, or monetary supplement.

Money Management and Consumer Awareness

All GTS IL Apartment Program residents will receive a weekly allowance for groceries and transportation expenses. Employed residents are expected to save 50% of their earnings. Unemployed residents are encouraged to save a minimum of \$5.00 per week. All GTS IL residents must submit weekly bank receipts to show their deposits, as well as the available balance in their accounts. Wells Fargo Bank is in walking distance of the Crossings at Bramblewood and offers free student checking and savings accounts.

Self-Care Skill Building Services

GTS understands that healthy physical and emotional development is essential for a successful transition into adulthood. As such, residents will receive services that will encourage the youth's positive care for their health, personal hygiene, and pregnancy prevention. Residents will learn to care for minor injuries and illnesses, as well as learn when, how, and where to seek medical attention. Residents will also learn the importance of avoiding drug and alcohol dependency, along with unsafe situations and how to reduce the risk of violence. Residents will be coached on proper hygiene and overall good health and safe sex practices.



Relationships and Communication

GTS staff understands the importance of connectedness to others to meet basic needs and are committed to assisting youth with building natural supports such as trusting adults, as well as a community of support. Staff will assist residents in maintaining relationships with those who are currently active in their lives by encouraging visits, phone contact, and community outings. Residents will learn strategies for personal development, as well as how to communicate effectively in various settings, with different audiences. Youth will be coached on the process of healthy decision making, as well as tools to avoid abusive relationships.

Along with the aforementioned services, all residents will be encouraged to attend meetings, trainings, workshops, and conferences focused on building skills and preparing the youth for successful independent living.

Therapeutic/Supportive Services

GTS encourages and provides access to individual therapy, substance abuse treatment, and mental health support services. GTS staff will coordinate these services with the youth and the placing agency. A qualified provider will be contracted on an as needed basis. Residents will be encouraged to maintain their current psychiatric, psychological, and medication management routine, terminating services at the discretion of their providers.

Medication Management

GTS will partner with residents that are responsible and cognitively capable regarding their medication regimen. In the beginning stages, the resident's medication will be stored in the GTS office and a GTS Medication Certified staff will administer the residents' medication, as needed. As the resident progresses through the program, the resident may then become responsible for managing and administering prescription and over the counter medications they receive from a health care provider. The provider is responsible for instructing the youth on the proper use and administration of all medications. GTS encourages youth, as they are 18 years of age or older, to advocate for their medical needs as this is a primary independent living skill. Apartment checks provide an opportunity for GTS staff to monitor and encourage residents to adhere to their medication regimen.

Supervision

A GTS staff member is available from 7:00 AM until 1:00 AM. An on-call manager is available for emergency situations. In the event of an emergency wherein the youth becomes sick or is



injured, the Program Director will be notified. The Program Director will inform the parents or legal guardian. The agency where the youth is placed will also be notified, as appropriate.

During the orientation period (first 30 days) all residents have a weekday curfew of 10PM and weekend curfew of 12 midnight. Staff perform security checks nightly between 10PM and 1AM, and every morning between 7AM and 8AM, to ensure all residents are safely in their apartments and no unauthorized guests are present.

Each staff member is aware of the general whereabouts of each youth at all times. Between 9:00 AM and 7:00 PM staff engage with residents who are unemployed to ensure that they are actively seeking employment and engaging in services offered by GTS (mentioned above). GTS staff also conduct apartment checks to ensure the residents are eating and the apartment is clean and free of vermin. If there are any maintenance issues uncovered during the apartment check, GTS staff will notify Crossings at Bramblewood's office staff.

Family Visitation

GTS encourages residents to maintain family contact and other relationships that are approved by the legal guardian. As such, GTS residents are welcome to visit their approved contacts, as well as receive approved guests in their apartments. GTS will provide transportation for family visitation that is not supported by the public transportation services. Residents will be encouraged to maintain permanent relationships with supportive, trusting adults.

Transportation

The GTS IL Apartment Program is accessible to public transportation. As an independent living skill, youth are provided with an allowance to support this transportation and are encouraged to utilize this service for school and work. GTS staff use a company vehicle to transport residents and their children, to and from work, school, and other appointments, if public transportation is not accessible in these locations, or beyond certain hours of the day. As a part of their IL skill building, residents are encouraged to request transportation services in advance, utilizing a schedule. In addition, residents who possess their own automobiles are required to maintain proper documentation of the vehicle (insurance, registration, etc.) on file at the GTS office, and are educated on the proper maintenance of their vehicles.



**FISCAL YEAR 2019
INDEPENDENT LIVING SERVICES
July 1, 2018 – June 30, 2019**

Agency Name: Gates to Success Independent Living Apartment Program Company: Gatewood Children's Homes
 Contact Person: Tasha Brown E-mail: Tasha.browngch@aol.com
 Phone #: 804-929-0712 Fax #: 804-323-1373

Program: Gates to Success - Independent Living Is Program Licensed? Yes

SERVICE/DESCRIPTION	UNITS OF SERVICE	RATE
Housing: Fully furnished single-occupancy apartment	Monthly	\$644.00 \$700.00 (Fostering Futures Eligible Youth)
Services:		
Level 4 (Assessment)		
-First 90 days of placement		
-Individual consultations 5 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, and educational and employment goals		
- Face-to-face contact: 10 times per week (may include curfew/security checks)		
-Weekly nutrition allowance		
-Communications device		
-GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance.		
- Medication management will be handled by GTS		
Total Daily Rate Billed to CSA	Daily	\$228.00



<p>Level 3 (Dependent)</p> <ul style="list-style-type: none"> - Individual Consultations: 4 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, and educational and employment goals - Face-to-face contact: 8 times per week (may include curfew/security checks) - Weekly nutrition allowance. Residents may also receive additional financial support up to \$48 per month to assist with cell phone services. -GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance. - Medication management will initially be handled by GTS until the resident is properly trained. GTS staff will prompt residents for appointments and refills. 		
<p>Total Daily Rate Billed to CSA</p>		\$213.00
<p>Level 2 (Emerging)</p> <ul style="list-style-type: none"> -Individual Consultations: 3 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, and educational and employment goals - Face-to-face contact: 6 times per week (may include curfew/security checks) - Weekly nutrition allowance. Employed Fostering Futures Eligible residents may also receive additional financial support to assist with cell phone services. -GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance. -Medication management will be the resident's responsibility 80% of the time. 		



Total Daily Rate Billed to CSA	Daily	\$203.00
Level 1 (Independent)		
-Individual Consultations: 2 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, and educational and employment goals		
- Face-to-face contact: 4 times per week (may include curfew/security checks)		
- Weekly nutrition allowance		
-Residents at this level will provide their own transportation 100% of the time; GTS will assist with transportation in emergency situations.		
- Medication management will be the resident's responsibility.		
Total Daily Rate Billed to CSA	Daily	\$188.00
Additional Supervision		
-GTS staff will conduct random, unannounced apartment checks throughout the day, at least every hour and a half to two hours to monitor resident's safety and well-being (emotionally and physically). This service ensure compliance with program expectations, in addition to providing the needed emotional and mental support.		
Service is available to resident's on Level 4 only		
Total Daily Rate Billed to CSA in addition to rate for Level 4	Daily	\$45.00
1:1 care Professional care staff used when resident is in crisis for emotional stability short-term until they transition to a more appropriate setting.		
** Service is available to residents on Level 4 only**		
Total hourly rate billed to CSA in addition to rate for Level 4	Hourly	\$55.00



FISCAL YEAR 2019
INDEPENDENT LIVING SERVICES
July 1, 2018 – June 30, 2019

Agency Name: Gates to Success Independent Living Apartment Program Company: Gatewood Children's Homes
 Contact Person: Tasha Brown E-mail: Tasha.browngch@aol.com
 Phone #: 804-929-0712 Fax #: 804-323-1373
 Program: Gates to Success – Mommy and Me Is Program Licensed? Yes

SERVICE/DESCRIPTION (If your service is not listed, please add)	UNITS OF SERVICE (List Hourly/Monthly or Daily)	RATE
<i>Housing: Fully furnished, larger, 2-bedroom apartment, to allow for separate sleeping and personal space.</i>	Monthly	\$644.00 \$700.00 (Fostering Futures Eligible Youth)
Services:		Rate includes pregnant or parenting one child** Additional \$100 for each dependent child beyond one**
Maintenance for dependent child	Monthly	\$471.00
Level 4 (Assessment)		
-First 90 days of placement		
-Individual consultations 5 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, parenting skills, and educational and employment goals		
- Face-to-face contact: 10 times per week (may include curfew/security checks)		
- Weekly nutrition allowance, weekly dependent child allowance		
- Communications device		
-GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance.		



- Medication management will be handled by GTS		
Total Daily Rate Billed to CSA	Daily	\$295.00
Level 3 (Dependent)		
- Individual Consultations: 5 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, parenting skills, and educational and employment goals		
- Face-to-face contact: 8 times per week (may include curfew/security checks)		
- Weekly nutrition allowance, weekly dependent child allowance; Residents may also receive additional financial support to assist with cell phone services.		
-GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance.		
- Medication management will initially be handled by GTS until the resident is properly trained. GTS staff will prompt for appointments and refills.		
Total Daily Rate Billed to CSA	Daily	\$288.00
Level 2 (Emerging)		
-Individual Consultations: 4 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, parenting skills, and educational and employment goals		
- Face-to-face contact: 6 times per week (may include curfew/security checks)		
- Weekly nutrition allowance. Employed Fostering Futures Eligible residents may also receive additional financial support to assist with cell phone services.		



-GTS will provide transportation when/where public transportation is not available. Residents utilizing public transportation will receive an additional transportation allowance.		
-Medication management will be the resident's responsibility 80% of the time.		
Total Daily Rate Billed to CSA	Daily	\$278.00
Level 1 (Independent)		
-Individual Consultations: 3 times per week to encourage and monitor IL core services, health/medical needs, money management, interpersonal and safety skills, and educational and employment goals		
- Face-to-face contact: 4 times per week (may include curfew/security checks)		
- Weekly nutrition allowance, weekly dependent child allowance		
-Residents at this level will provide their own transportation 100% of the time; GTS will assist with transportation in emergency situations.		
- Medication management will be the resident's responsibility.		
Total Daily Rate Billed to CSA	Daily	\$268.00
After-hours daycare/Emergency childcare- Provided to Mommy and Me program participants in the event traditional daycare is unavailable; GTS staff will assist in providing childcare services		
Total Daily Rate Billed	Hourly	\$25.00



Why We're Different

We believe that from the time a youth is identified, we want to breathe **hope** into their story. We want our youth to look forward to this transition, not just survive it. We want them to feel welcome, we want them to feel connected, and we want them to feel confident as they step into this next life phase.

It is the desire of the Fostering Acadia team to **change** the status quo for independent living arrangements. For us, that means creating an excitement and expectancy for potential youth: no more trash bags, no more barren apartments. When a youth moves into their apartment, we want the transition to be smooth, purposeful, and enjoyable.

This transition to independence is the beginning of their **future** as an individual living in the community. We plan to equip our youth with the life skills necessary to function in the day to day aspects of life. But to do so successfully, we believe our youth desire and need natural supports. It is our goal to give our youth an opportunity to connect with a support system that is equipped to help them and permanent.

And that's how we foster hope, foster change, and foster futures.

Sincerely,

Jason Brown, M.A.
Founder/Executive Director

Below are specific ways we plan to implement our mission into our services to youth.

Agenda	Description
IL for a Day	Many foster youth move into placements without understanding what the programs are about. Fostering Acadia aims to address these concerns by hosting an event called “IL for a Day.” Interested youth will be paired with a current Fostering Acadia youth and staff member to tour facilities, discuss the program, attend a college class, meet partnering employers, and participate in RVA community events. Interested youth must have their social worker/legal guardian sign them up by connecting with either the Executive or Program Director. “IL for a Day” is just one step in building familiarity with our services and community prior to placement.
Luggage for Youth	All youth accepted into Fostering Acadia will receive their own luggage if they do not have any. We believe the transition to an independent living arrangement should be a planned and celebrated transition. For this reason, we want to replace the common practice of using trash bags with supplying our youth with luggage and moving boxes. Please check with either the Executive or Program Director regarding receiving luggage for your youth.
Move in Team	Fostering Acadia utilizes a move in team that helps youth transition easily into their apartment. The move in team are Fostering Acadia volunteers specifically used to help new youth move in. After moving in and completing orientation, each youth will be treated to a meal at a local restaurant with the Fostering Acadia move in team and administration.
Welcoming Kit	Youth will receive an individualized welcoming kit that includes: Fostering Acadia Youth Manual, Fostering Acadia t-shirt, rainy day gift card, Flex watch that supports the cause of their choice, and letters from former foster youth giving words of advice.
Permanency Project	Youth will have the option and opportunity to participate in the Permanency Project. Fostering Acadia utilizes families, couples, and individuals who desire to connect with youth in efforts to support and mentor them. Youth interested in participating in the permanency project will be individually matched with available volunteers. This optional service is meant to provide natural community supports with the availability of permanency.
Scholarship for Former Youth	Each year, Fostering Acadia will select 1-2 former foster youth for a scholarship opportunity. The former foster youth will complete an application for the scholarship and interview with the Fostering Acadia Board of Directors. The selected applicant will receive a year’s worth of free rent and basic utilities. The applicant’s responsibilities will include: engaging the current Fostering Acadia youth through advice and support, guest speaking with the Fostering Acadia team, participating in selected vendor fairs, and helping with monthly trainings.
Detailed Case Management Logs	Fostering Acadia sends out detailed case management logs to social workers/legal guardians per the youth’s level of care. These detailed case management logs outline services and care the youth is receiving daily. The case management logs equip social workers/legal guardians with the most up to date information regarding their youth.



Fostering Acadia Rates & Services

Fostering Acadia provides individualized services with three levels of care for youth admitted into the program. As each youth progresses in his or her treatment plan, the level of care can be assessed in collaboration with the Fostering Acadia case manager and DSS locality. Please contact Jason Brown, Founder/Executive Director, with any questions.

Units of Service	Itemized Name	Narrative of Item	Rate	Services Included
Monthly	Monthly Base Fee	Base fee for services in all levels of care.	\$2,000 per month	Case Management Services Monthly Meetings Case Collaboration Service Coordination On-Call Support Emergency Days/Support Educational Support Vocational Support Transportation Services Permanency Project
Daily	Level of Care 3	This level of care provides 7 days of services on a weekly basis.	\$152 per diem	7 Face-to-Face Contacts 3-4 Weekly Meetings 3-4 Curfew Checks 5-7 Apartment Cleanliness Checks 5-7 Medication Checks 5-7 Life Skills Manual Checks 1-2 Meal Preparation and Grocery Shopping Trips
Daily	Level of Care 2	This level of care provides 5 days of services on a weekly basis.	\$152 per diem	5 Face-to-Face Contacts 2-3 Weekly Meetings 2-3 Curfew Checks 3-5 Apartment Cleanliness Checks

				3-5 Medication Checks 3-5 Life Skills Manual Checks 1-2 Meal Preparation and Grocery Shopping Trips
Daily	Level of Care 1	This level of care provides 3 days of services on a weekly basis.	\$152 per diem	3 Face-to-Face Contacts 1-2 Weekly Meetings 1-2 Curfew Checks 1-3 Apartment Cleanliness Checks 1-3 Medication Checks 1-3 Life Skills Manual Checks 1 Meal Preparation and Grocery Shopping Trip
Daily	Mother & Child	This service is for mothers with child(ren). Youth can utilize level of care 1,2, or 3 as deemed appropriate by Fostering Acadia admissions team and DSS locality.	\$187 per diem	*Parent Coaching and Support *Professional Pictures by Courtney Taylor Bowles Photography *Homemade Crocheted Baby Blanket *Support with Accessing WIC and Day Care Assistance Face-to-Face Contacts Weekly Meetings Curfew Checks Apartment Cleanliness Checks Medication Checks Life Skills Manual Checks Meal Preparation and Grocery Shopping Trips
Daily	Father & Child	This service is for fathers with child(ren). Youth can utilize level of care 1,2, or 3 as deemed appropriate by Fostering Acadia admissions team and DSS locality.	\$187 per diem	*Parent Coaching and Support *Professional Pictures by Courtney Taylor Bowles Photography *Homemade Crocheted Baby Blanket *Support with Accessing WIC and Day Care Assistance Face-to-Face Contacts Weekly Meetings Curfew Checks Apartment Cleanliness Checks Medication Checks Life Skills Manual Checks Meal Preparation and Grocery Shopping Trips
Monthly	IL Stipend	Monthly stipend for IL eligible youth.	\$644 per month or \$700 per month for Fostering Futures	Room and Board

*Please note that the daily rate or per diem is only utilized on days where service provisions are implemented. These service provisions will be tracked and audited through the case management logs and given to CSA and localities monthly.



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

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

ADMINISTRATIVE MEMO #18-06

TO: CSA Coordinators
CPMT Chairs

FROM: Scott Reiner, Executive Director 

DATE: July 2, 2018

RE: Contracted Rates for Private Day Education Services

The recently approved state Appropriation Act (Chapter 2, Item 282. N.) requires that: "All localities shall submit their contracted rates for private day education services to the Office of Children's Services by August 1 of each year." This requirement is a component of efforts to study costs related to this service and is tied to the provision of that Item limiting annual rate increases to two percent above the rates paid in the prior fiscal year, effective July 1, 2019.

In order to meet this requirement, the Office of Children's Services has prepared a spreadsheet for your use to submit this data to OCS for rates contracted for Fiscal Year 2019 (beginning July 1, 2019). No later than August 1, 2018, please complete the spreadsheet to reflect all contracted rates for your locality for private special education day services funded through CSA to include both standard per diem rates and additional charges for related services (see instructions on the first tab of the spreadsheet for specifics). This will be utilized as the baseline rate data for the implementation of the budget requirement on July 1, 2019 (Fiscal Year 2020).

Please carefully review the included instructions for completion and submission of this information.

I appreciate your cooperation and am happy to respond to any question you may have.



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMO-#18-07

TO: CPMT Chairpersons
CSA Coordinators

FROM: Scott Reiner, Executive Director, Office of Children's Services *SR*
Carl Ayers, Director, Division of Family Services, Virginia Department of Social Services

DATE: July 6, 2018

SUBJECT: Implementation of the Virginia Kinship Guardianship Program - Effective July 1, 2018

The 2018 General Assembly enacted legislation establishing the Virginia Kinship Guardianship Program (KinGap) with implementation effective July 1, 2018 (COV §63.2-1305, §63.2-100 and §63.2-905). KinGap facilitates the placement of children with relatives and provides a supported permanency option for foster children for whom return home or adoption are not appropriate goals. While current VDSS Foster Care policy encourages the use of relative placements when a child is at risk of foster care placement, KinGap provides a new way for relatives to access long-term support when assuming the responsibility of caring for children in their extended family.

Local departments of social services (LDSS) are encouraged, when appropriate, to use the emergency foster home approval process to facilitate relative placements which may ultimately become KinGap homes. Children placed through the existing emergency approval process are eligible for the Children's Services Act (CSA) and Family Assessment and Planning Teams (FAPTs) should be cognizant of the importance of promptly supporting such relative placements. As with any foster child, CSA funds may be used while eligibility for Title IV-E is determined and if the child is eligible, IV-E is the responsible funding source for maintenance. If the child is not eligible for IV-E, CSA is responsible for foster care maintenance costs.

With KinGap, after the goals of return home and adoption have been ruled out and the child has been in the (DSS approved) relative foster home six months or longer, the relative may sign a KinGap assistance agreement with the LDSS, who will petition the court to transfer legal custody to the relative. Once custody is transferred, the child is no longer in foster care, but the child and family are eligible for KinGap assistance until the child reaches age 18. The child's funding source for maintenance (both basic and enhanced, if appropriate) continues to be IV-E or CSA.

Children whose custody has been transferred to a relative with a KinGap agreement are eligible for all foster care services as defined in §63.2-905, meaning these children meet the criteria established in the Code of Virginia (§2.2-5211 and §2.2-5212) as eligible and "mandated" for CSA. KinGap assistance includes the payment of the maintenance payment as well as the provision of services recommended by the FAPT and approved by the Community Policy and Management Team (CPMT).

KinGap Assistance Agreements are similar to VDSS Adoption Assistance agreements in several ways, including the following:

- there is a written agreement between the agency and the caregivers reflecting the relatives' intent to provide a permanent home for the child
- basic and enhanced maintenance may be paid
- maintenance is negotiated and may not exceed the amount paid if the child had remained in foster care
- the locality holding custody of the child at the time of transfer to the relative(s) is the responsible locality for maintaining the agreement and making maintenance payments
- non-recurring expenses to facilitate the custody transfer may be made not to exceed \$2000 (IV-E funds are used if child is IV-E eligible; CSA funds are used if not)
- KinGap payments continue until the child's 18th birthday and may continue to the age of 21 if the youth meets certain criteria.

However, unlike Adoption Assistance, ***there is no provision for special services payments***. If services are needed, KinGap children and families will be referred to the Family Assessment and Planning Team in the locality of the family's residence. Provision of ***services*** is the responsibility of the residence locality; ***maintenance*** costs, whether IV-E or CSA, are the responsibility of the locality holding the Kinship Guardianship Assistance Agreement. Children and families living in KinGap homes are eligible and mandated for services through CSA.

If you have questions regarding the implementation of the Kinship Guardianship program, please contact your Regional VDSS Permanency Consultant or Carol Wilson with the Office of Children's Services.