# FREDERICK COUNTY CPMT AGENDA

December 18, 2023 1:00 PM 107 N Kent St Winchester, VA 1<sup>st</sup> Floor Conference Room

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
  - A. November Minutes
  - B. Budget Request Forms
- IV. Executive Session
  - A. None
- V. Committee Member Announcements
- VI. CSA Office
  - A. CSA Committee Vacancy Updates
- VII. Old Business
  - A. UR/CQI Policy Revision
  - B. Proposed FAPT Structure
- VIII. New Business
  - A. None
- IX. Informational Items
  - A. None
- X. Assigned Tasks
- XI. Next CPMT Meeting
  - January 22, 2024, 1:00-3:00pm, 1st Floor Conference Room
- XII. Adjourn

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (16), 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-
- Certification 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

<sup>\*\*</sup>Instructions for Closed Session:

# CPMT Meeting Minutes: Monday, November 27, 2023

The Community Policy and Management Team (CPMT) met in the 1<sup>st</sup> Floor Conference Room at 107 N Kent St, Winchester, VA 22601, on November 27, 2023, at 1:00 pm.

# The following members were present:

- Leea Shirley, Lord Fairfax Health District
- Denise Acker, Northwestern Community Services Board
- Jay Tibbs, Frederick County Administration
- · Linda Gibson, Frederick County Department of Social Services proxy

# The following members were not present:

- Dr. Michele Sandy, Frederick County Public Schools
- Tamara Green, Frederick County Department of Social Services
- Jerry Stollings, 26<sup>th</sup> District Juvenile Court Service Unit
- David Alley, Private Provider Representative, Grafton Integrated Health Network

# The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- · Sarah Makomva, CSA Account Specialist

Call to Order: Jay Tibbs called the meeting to order at 12:59 pm.

- I. Introductions
- II. Adoption of Agenda- Denise Acker made a motion to adopt the November agenda; Leea Shirley seconded; CPMT approved the adopted agenda.
- Consent Agenda- The following items were included in the Consent Agenda for CPMT's approval:
   A. October 23, 2023 CPMT Minutes. Denise Acker corrected Tara Blackley is the VDH District Director, not the VDH Regional Director. Denise Acker motioned to approve the October minutes with correction. Leea Shirley seconded. CMPT approved.
  - B. Budget Request Forms- Confidential Under HIPAA. Denise Acker made a motion to approve the Budget Request Forms. Leea Shirley seconded. CPMT approved.

### IV. Executive Session

- A. Adoption to Convene to Executive Session: Linda Gibson made a motion to go into Closed Executive Session to discuss cases confidential by law as permitted by Section §2.2-3711 (A) (4) and (16), and in accordance with the provisions of 2.2-5210 of the Code of Virginia. Denise Acker seconded. CPMT approved.
- B. Adoption of Motion to Come Out of Executive Session-Leea Shirley made a motion to come out of Closed Session and reconvene in Open Session, Denise Acker seconded; CPMT approved.
- C. Roll Call Certification of Executive Session- Certify to the best of each Frederick County 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.

Linda Gibson AyeJay Tibbs AyeLeea Shirley Aye

- Denise Acker Aye
- D. Adoption of Motion to Approve Items Discussed in Executive Session- Denise Acker made a motion to move forward with the business discussed in executive session, Leea Shirley seconded; CPMT approved.
- V. Committee Member Announcements

A. None

VI. CSA Office Business

A. None

VII. Old Business

A. None

### VIII. New Business

- A. Drug Screen Costs- CPS Supervisor is requesting an increase in monthly drug screen amounts due to some months having 5 weeks and DSS then must pay for those screens. Jacquelyn Jury also made CPMT aware that the vendor that does the drug screens, Amherst Family Practice, has a contract that is currently under negotiation. The vendor made the request to raise rates starting January 1,2024. CSA office has asked Amherst Family Practice if they are willing to keep the current rates through June 30, 2024, the end of the fiscal year, and is awaiting a response.
  - Denise Acker made a motion to approve an increase in drug screen monthly allowance to 5 weeks, up to \$750 per month, Leea Shirley seconded; CPMT approved.
  - Denise Acker made a motion to approve the rate increase for drug screens at Amherst Family Practice effective January 1, 2024 if they decline the request to keep rates unchanged until June 30, 2024. Leea Shirley seconded; CPMT approved.
- B. EverDriven Contract- CPMT reviewed EverDriven's proposed amendments to the contract. The CSA Coordinator will provide the EverDriven representative with CPMT decisions for review.

### IX. Informational Items

- A. Administrative Memo #24-11- OCS has made changes to the LEDRS upload portion on the website. Users will now see a notification identifying the next reporting month due. This change was made to prevent report preparers from accidentally skipping a month. If the report preparer does attempt to submit a report out of order, they will be notified that the report being submitted is out of sequence and must click "skip file" in order to submit the report. This will generate \$0.00 for the month being skipped.
- B. CSA 5-year Outcome Report- A statewide publication CSA puts out reporting data outcomes for the past 5 years.
- X. Assigned Tasks- Jackie Jury will make necessary corrections and send EverDriven a revised contract.

# XI. Next CPMT Meeting

• December 18, 2023, 1:00-3:00pm, 1st Floor Conference Room

XII. Adjourn: Denise Acker made a motion to adjourn the meeting, Leea Shirley seconded, CPMT agreed.
Minutes Completed By: Sarah Makomva

### 3.4 Utilization Review and Continuous Quality Improvement (UR/CQI)

Utilization Review and Continuous Quality Improvement are processes used by purchasers of health and human services to ensure the highest quality of care is being provided. The goal of UR/CQI is to employ a set of standards designed to assess the appropriateness of care, including quality, level, and effectiveness of treatment. The Code of Virginia (COV) requires that each Community Policy and Management Team (CPMT) develop policies regarding the review and monitoring of all CSA funded services. Specific mandates for the State Executive Council, CPMTs, and Family Assessment and Planning Teams (FAPT) can be found in the COV sections §2.2-2648 D.15, §2.2-5206.13, and §2.2-5208.5 respectively. In Frederick County, UR/CQI is performed by case managers, MDT and FAPT reviews, and in certain circumstances a UR/CQI Specialist.

#### **Purpose**

The purpose of this policy is to establish local guidelines and procedures for the provision of UR/CQI in accordance with Virginia regulation and further define the role and requirements of the UR/CQI Specialist.

#### Definitions

<u>Utilization Review</u>: UR is a systematic process of evaluating the appropriateness, necessity, and efficiency of mental health services provided to individuals. It involves assessing the utilization of services against established criteria to ensure that they meet the needs of the recipients and are delivered in the most effective manner.

<u>Continuous Quality Improvement</u>: CQI is an ongoing, systematic process aimed at enhancing the quality, efficiency, and outcomes of mental health services. It involves the assessment of service delivery, identification of areas for improvement, and implementation of strategies to optimize service effectiveness.

#### **Applicability**

This UR/CQI policy applies to the Frederick County Children's Services Act (CSA) Office. It specifically addresses the roles and responsibilities of each party in the completion of UR/CQI activities.

# **UR/CQI** Specialist Responsibilities

The UR/CQI Specialist is responsible for performing utilization review for children, youth, and families receiving CSA funded services under the following circumstances:

- · Youth referred for congregate care placement.
- · Youth placed in congregate care environments.
- Youth before the court who have been placed on notice with the Department of Social Services (DSS).
- · Youth and/or families receiving more than 25 hours per week of community-based services.
- Youth and/or families receiving CSA funded services for longer than 12 consecutive months unless otherwise agreed upon between CSA and the referring agency.
- Youth and/or families demonstrating three consecutive months of minimal progress unless otherwise agreed upon between CSA and the referring agency.

#### **UR Process Details**

 Collection of Data: The UR/CQI Specialist will perform a comprehensive review of information collected through in-person and telephonic interviews, electronic communication, and records review

Information will be collected from the client and family, including but not limited to parent(s) and caregivers, case manager(s), relevant agencies, and current and past providers. The UR/CQI Specialist

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will obtain a comprehensive biopsychosocial history. This shall consist of academic/work, family, medical/mental health, community, leisure/recreation, spirituality, environmental, and any other relevant life domains.

- Criteria Evaluation: The UR/CQI Specialist will assess the appropriateness and necessity of services requested and/or provided based on established criteria and guidelines. Criteria considerations include but are not limited to:
  - o Child and Adolescent Needs and Strengths (CANS)
  - o Risk of harm to self and/or others
  - Prior services attempted
  - o Use of evidence based practices
  - o Prior services received
  - o Service provision in the Least Restrictive Environment
- Review Frequency: UR for Congregate Care will occur monthly, DSS On Notice cases and high-service utilization community-based services will have monthly reviews with a mid-month check-in to ensure prompt service delivery and engagement.

### **UR/CQI** Reporting Requirements

A comprehensive report will be created by the UR/CQI Specialist and provided to the FAPT, case manager, and congregate care provider. and provided to the FAPT, case manager, and congregate care provider. The report will include the following information: demographics, CSA eligibility category, diagnoses, placement history, current medications and history of medication trials, CANS review and reports on CANS longevity data, treatment goals, FAPT participation, biopsychosocial history, summary of youth and facility staff interviews, clinical documentation review, summary of family engagement, discharge plan, clinical recommendations, other clinical information relevant to the case, and CSA compliance summary. Reports will be submitted no later than one week prior to the youth's FAPT date and updated according to the frequency schedule. The UR/CQI specialist will attend FAPT meetings for all cases on the UR caseload to provide a verbal summary of clinical impressions and recommendations for service planning.

The UR/CQI Specialist will provide verbal and/or written reports to the relevant parties regarding the outcomes of UR/CQI activities and any identified areas for improvement.

### Case Manager and FAPT/MDT Responsibilities

The CSA case manager and FAPT/approved alternative MDT will perform UR/CQI functions for children, youth and families who do not fall into any of the above categories. Case managers are required to bring a case through the MDT or FAPT in accordance with CPMT policy. MDT meetings cannot be held without the presence of the family. The FAPT makes every effort to include the youth and family, taking into consideration that some have attended MDTs prior to the FAPT meeting. In cases where the family does not participate, the case manager must submit a copy of the signed MDT plan with the signature page showing the parent/caregiver agreed to participate in requested services.

Initial case presentations include current and historical information, strengths and needs, services utilized in the past, provider reports (if any), evaluations (if any), a current CANS, and any other pertinent information relating to the youth and family. The team develops long and short-term goals and determines the services

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necessary to meet them. (See section 3.3.2 Family Assessment and Planning Team for detailed information regarding the structure of the FAPT meeting)

Case reviews occur at a frequency determined by the services being provided (See section 3.3.5.1 FAPT Review Frequency).

#### **COI Process**

Data collected from UR reviews and CANS reports will be analyzed related to the delivery and outcomes of mental health services. Data will be aggregated to identify areas for enhancement in service delivery, effectiveness, and efficiency. Findings will be reported to CPMT on an annual basis or more frequently as needed.

CPMT shall consider CQI reports to implement strategies aimed at improving the quality and outcomes of services provided through CSA funding.

### **Review and Amendments**

This UR/CQI policy will be subject to periodic review to ensure alignment with regulatory requirements and best practices. Amendments or updates will be made as necessary to enhance the effectiveness of the UR and CQI processes.

#### References

All references to the Code of Virginia (COV) sections §2.2-2648 D.15, §2.2-5206.13, and §2.2-5208.5, along with any other relevant statutes or regulations, shall be duly considered in the implementation and enforcement of this policy.

This policy establishes a comprehensive framework for the UR/CQI Specialist within the Frederick County CSA Office to conduct utilization reviews and continuous quality improvement for mental health services in compliance with specified regulations, ensuring efficient and effective services while maintaining a rigorous review and improvement process.

# Proposed FAPT Procedures

Frederick County CPMT recognizes that children, youth and families in need of services through the CSA Office have likely experienced behavioral and/or emotional trauma. Families are often involved with multiple agencies and present with impairment in several settings. Discussing struggles within a family system at FAPT can create anxiety and shame. For that reason, it's essential to implement practices that promote a safe and open environment and encourage family engagement. Frederick County CPMT has adopted the following procedures to ensure that children, youth and families feel heard and are treated with dignity and respect throughout the process.

# Case Manager Responsibilities

### Initial Introduction to CSA

Upon identification of the need for services funded through the CSA Office, case managers will obtain required authorizations to release and exchange information and provide the family with general information about CSA. This information shall include the following:

- What is CSA?
  - The CSA Office provides a structure to assess the strengths and needs of children, youth, and families, recommends services appropriate to address identified needs, and determines how those services can be obtained.
  - o Services funded through the CSA Office are time limited.
  - If services are funded through the CSA Office, the household will be assessed a monthly contribution toward the cost of the services.

# **Submit Documentation**

The case manager shall complete and submit the following documents by midnight the Tuesday prior to the scheduled FAPT meeting.

- CSA Initial Referral Form
- Complete Budget Request Form
- Signed Due Process/Rights & Safeguards Acknowledgement of Receipt
- MUAI-currently the CANS
- Foster Care Prevention form (if relevant)
- CSA Eligibility Determination form

### Before FAPT Meeting

Case managers shall thoroughly prepare children, youth, and families for the FAPT meeting. A minimum of 1 day prior to the meeting, the case manager shall contact the family to provide more detailed information regarding FAPT and CPMT, the meeting process, and potential outcomes. This shall include:

- The role of FAPT
  - FAPT is a team of individuals who work with youth and families from DSS, CSU, FCPS,
     CSB, private provider, and a community member with lived experience.
  - FAPT assesses the strengths and needs of the family and determines what resources are available to address those needs.
  - If services cannot be provided by the community, private insurance, Medicaid, or other means, FAPT determines whether the child or youth meets eligibility criteria for the CSA Office to pay for the needed services.

- o FAPT makes a recommendation to CPMT to authorize funding.
- o FAPT monitors services to ensure they are meeting the needs of the service recipients.
- The role of CPMT
  - CPMT, among many responsibilities, reviews recommendations by the FAPT and decides whether to authorize funding through the CSA Office.
- What the child, youth, and family can expect
  - Each participant has a voice at the table and is encouraged to express their thoughts and/or concerns.
  - During the first meeting, a discussion will occur regarding state determined eligibility criteria and whether each criterion is met.
  - Although some discussions may be difficult to participate in, it is important to identify all
    the strengths and needs of the family to ensure eligibility criteria can be met and the
    most effective resources/services are considered. The meeting is a judgement-free
    environment, and the team will respect the privacy and dignity of the family.
  - The team often comes to a consensus, however there are occasions when individual members may disagree. When this happens, decisions are made by the majority of members while respecting the opinions of those who disagree. Alternative suggestions foster creative thinking and provide opportunities for consideration of more options.
- Review the Rights and Safeguards

# Meeting Structure

FAPT members are responsible for ensuring required documentation is completed and meetings run on schedule. To accomplish this, members will have roles or tasks assigned to each. The team will have a timekeeper and notetaker to assist the Chair in performing all required functions. The FAPT meeting will provide for open communication and respect among each participant. To accomplish this, the following components will be included in each meeting:

### Housekeeping Items

- Welcome and Introductions- FAPT Chair
  - Meeting participants will introduce themselves and provide a summary of their role in their respective agency. An introduction in this manner will provide an opportunity to better connect with the family.
- Meeting Rules- FAPT Chair
  - o Family Engagement Principles- Defer to principles which will be posted.
  - Confidentiality Statement
  - Purpose of Meeting/Meeting Structure-
    - Initial- The Chair will summarize the structure of the meeting and purpose to assess strengths and needs, eligibility, services requested, and action steps.
    - Review- The Chair will summarize the structure of the meeting and purpose noting that continued eligibility, service goals, progress toward termination, and barriers will be reviewed.
    - Ask participants if they have any other items they would like to add to the agenda.

### Meeting Content

Once housekeeping items are completed, the Chair should guide the team through the discussion ensuring each participant has an opportunity to add to the conversation. To facilitate the flow of the meeting and convey the importance of the youth and family's voice, the Chair shall guide participants as follows:

### Initiating the Discussion

The Chair will ask the youth and family if they would like to start or prefer the case manager to start the meeting by explaining what circumstances led to the referral. Or, if a case review, by summarizing what has occurred since the last meeting. By giving the youth and family this choice, the team encourages a safe environment where a family can decline if they feel uncomfortable or speak if desired while starting the discussion with important contextual information.

# Gathering Information

Once the initial discussion has begun, the case manager, youth, and family should be provided the opportunity to provide information and feedback. The Chair will ensure that the following information is provided:

Case Manager Report

The Case Manager is responsible for presenting pertinent information to establish eligibility and a clear understanding of youth and family needs. This includes providing the following information:

- If review, summarize prior FAPT meeting and action steps recommended.
- Summarize status of action steps.
- Provide pertinent information and/or events that occurred since the last meeting.
- Summarize the family's involvement in treatment.
- Identify what success will look like.
- Note any barriers to obtaining success.
- Youth and Family Participation

The Chair shall encourage the youth and family to provide the following information:

- Identify strengths of the youth and/or family.
- Summarize their progress toward goals.
- Ensure the child is given the opportunity to provide their input.
- Ask if they have any questions or concerns.
- Provider Participation

The Provider shall present the following information:

- Service goals and measurable progress towards meeting them.
- Discharge plan and what the client needs to do to accomplish discharge goals.

# Review Meeting

The Chair shall summarize and complete activities to end the meeting.

- Review service plan and action steps.
- o Ask if there are any questions.
- Ensure each FAPT member agrees with services and action steps. The Chair should ensure individual members acknowledge acceptance or disapproval of the service plan.
- Explain Appeals process and provide family with a copy.
- o Explain and Obtain signatures on Participation and Consent form.