



**Queen Anne's County
Local Coordinating Council (LCC)**

Policy & Procedures Manual

Approved by the LCC on November 1, 2007

Table of Contents

Mission.....	2
Purpose.....	2
Edition	2
Participating Agencies.....	2
Compliance with Laws and Regulations	2
Acknowledgements	3
Queen Anne's County Local Coordinating Council Membership FY08.....	3
Typical LCC Standards.....	4
Policies and Procedures	4
Responsibilities of the Lead Agency.....	6
Agendas.....	6
Minutes.....	6
Confidentiality Agreement.....	7
Disposition Letters After LCC Meeting.....	7
Filing of Information	7
Emergency Meeting.....	7
Consent Forms/Release Of Information	7
Discretionary Funding Requests (LCC Flex Funds).....	7
Appeals.....	7
Roles and Responsibilities of the LCC Chairperson and the LCC Specialist.....	8
Confidentiality of Records.....	9
LCC Reports.....	9
Appendices to Manual	10
Access to and Completion of Documents	10
Appendix 1 Documentation required for referral to LCC	11
Appendix 2 Steps to make a referral to LCC.....	12
Appendix 3 LCC/SCC Referral Packet	13
Appendix 4 Sample Agenda LCC Meeting.....	29
Appendix 5 LCC Sign In.....	30
Appendix 6 LCC Approval Form.....	31
Appendix 7 Letter Explaining Appeal Process.....	33
Appendix 8 Sample CSI Parent Letter.....	35
Appendix 9 CSI MOA.....	37
Appendix 10 Request for Flex Funding.....	40
Appendix 11 Disability Census Codes.....	41
Appendix 12 Documentation for Referral to SCC.....	44
Appendix 13 COMAR	45
Appendix 14 LMB Manual - LCC Portion	61
Appendix 15 Confidentiality Form.....	71
Appendix 16 CSI Clinical Recommendation Form.....	72

Mission

The Queen Anne's County Local Coordinating Council (LCC) ensures that children and their families, with special needs receive the necessary supports and resources to live a successful life. The LCC reviews the situation of each child and family referred and their plan of care to meet the child's needs. When all community resources have been exhausted and/or it is found to be in the best interests of the child, the LCC will develop and implement an inter-agency plan of care for children in need of residential placement. The LCC will then follow the progress of the child and family and modify the plan as necessary.

Purpose

The State of Maryland established a State Coordinating Council (SCC) and a Local Coordinating Council (LCC) in each Maryland jurisdiction. The SCCs and LCCs are charged with reviewing cases of youth placed into in-state residential placements and out of state placements to ensure that these placements are necessary, and that there are no other available resources which would allow youth to remain in their homes and communities during treatment. The LCCs also have access to interagency funding, which can be used to return or diver youth from instate residential and out of state placements. The State is committed to serving youth in the least restrictive and most appropriate environments possible, and the SCC and LCCs collaborate with State and local agencies to accomplish this.

Edition

Draft 10/2/07

Participating Agencies

Local School System (LSS)

Local Health Department

Local Department of Social Services (DSS)

Department of Juvenile Services (DJS)

Local Core Service Agency (CSA)

Local Management Board (LMB)

Developmental Disabilities

Administration (DDA)

Parent Advocate

Alcohol and Drug Abuse Administration

Division of Rehabilitative Services

(DORS)

Compliance with Laws and Regulations

All LCC Policies and Procedures shall be aligned with and follow all relevant legislative and regulatory authorities for LCC and the State Coordinating Council (SCC) including but not limited to the Maryland Annotated Code Human Services Article, Section 8-409 (formerly known as Article 49D), COMAR 14.31.01.00, the Local Management Board Manual and House Bill 1226 entitled Children, with Disabilities - Voluntary Placement Agreements. Updates to each of the above laws or regulations and others relevant to LCC shall be included as they are enacted.

Acknowledgements

Thanks to the Board and Staff of the Caroline County Community Partnerships, especially Renee' Woodworth and Susan Runnels, who have provided the Queen Anne's County Community Partnerships for Children and Families, our Local Management Board, and the Local Coordinating Council with the template for this manual along with other technical assistance.

Queen Anne's County Local Coordinating Council Membership FY08

Voting Agencies

Queen Anne's County Public Schools (LSS)
Queen Anne's County Department of Health (Health Department)
Mid Shore Mental Health Systems (CSA)
Queen Anne's County Department of Social Services (DSS)
Department of Juvenile Services (DJS)
Developmental Disability Administration (DDA)
Maryland Coalition of Families (Parent/Child Advocate)
Queen Anne's County Alcohol and Drug Abuse Services (ADAA)
Queen Anne's County Community Partnerships for Children and Families (LMB)
Department of Rehabilitative Services (DORS)

FY 08 LCC Members

Michael R. Clark, LCC Chair
Community Partnerships for Children and Families (LMB)
Cindi Bauer, LCC Specialist
Community Partnerships for Children and Families (LMB)
Vacancy
Queen Anne's County Department of Health
Stirling Ward
Queen Anne's County Board of Education (LSS)
Diane Lane
MD Coalition for Children and Families, Parent/Child Advocate
Joyce Davis
Queen Anne's County Department of Social Services (DSS)
Marian Sinclair
Mid-Shore Mental Health Services, Core Service Agency (CSA)
Denise Whiteley
Department of Juvenile Services (DJS)
Emma Shivers
Developmentally Disabled Administration (DDA)
Gary Fry
Alcohol and Drug Abuse (ADAA)
Kris Rinker-Aiken
Division of Rehabilitative Services (DORS)

Typical LCC Standards

- LCC Meetings are held the first Thursday of each month
- LCC Meetings begin promptly at 8:30 a.m.
- Cases are scheduled beginning at 8:45 a.m.
- Emergency meeting requests must be approved by the Chairperson and will be reviewed within 10 days of the referral.
- A file with schedules and referrals is maintained at the Community Partnerships for Children and Families (Partnerships) offices for administrative purposes.

Policies and Procedures

LCC Referrals

- The IAC (Inter-Agency Council) will receive a case and discuss the services needed, if IAC and the lead agency determine the child needs placement or intensive services the case will be referred to the LCC.
- A lead agency or the IAC will refer a case to the LCC with residential placement recommendations, Technical Assistance cases or CSI possibilities.
- All VPA requests will be reviewed by the LCC for the purpose of determining whether any alternative or interim services for the child and family may be provided by any agency.
- The LCC/SCC Referral Form is filled out electronically by the Lead Agency and emailed to the LCC Specialist, a copy of the signed Release of Information/Consent Form and a signed 10 day waiver (if applicable) shall be forwarded to the LCC Specialist. A clinical recommendation shall also be submitted prior to the LCC meeting date if residential placement or CSI services are being requested.
- All LCC cases will be reviewed within 30 days of a completed LCC/SCC Referral Form.
- The LCC will make recommendations for a plan of care to include placement/level of care. If the LCC members do not come to a consensus on the recommended plan of care a majority vote will be needed and the minutes will document the LCCs recommendation and the dissenting members and/or family's objections.
- If the LCC approves CSI funding for a child it will be referred to the LMB for approval.
- If the case is not approved by the LCC, the LMB will notify the parent/guardian of the reason for denial within 10 days of the LCC/LMB decision..
- The Lead Agency must provide notification to the LCC/LMB with-in 30 days of residential placement. The Lead Agency must notify the LCC Specialist with placement information which will be entered into SCYFIS.

Parent Notification

- The parent/guardian of the child will be sent an invitation at least 10 days prior to the LCC meeting in which a child's plan of care is to be discussed unless there is insufficient notice, in this case a 10 day waiver must be signed by the parent/guardian. If the parent/guardian contacts the LCC specialist indicating that they can not make the meeting as scheduled, attempts will be made to reschedule the meeting for a time that is convenient for the parent/guardian and

the majority of the LCC members. If the parent/guardian does not respond to the notice the case will be discussed by the LCC and a recommendation made to the parent/guardian. If the child is custodial to Dept. of Social Services or Dept. of Juvenile Services an attempt will be made to invite the parent, if the parent/guardian does not respond, services will be discussed and a determination made by the LCC.

- Individuals to be invited are to be included in the LCC referral form as a copy of the ten day notification will be sent accordingly. It is imperative that the information on the referral form be correct as names and addresses are taken from the referral form to mail the ten day notification.
- In the case of an emergency, parents may waive the right to the 10 day notice or the right to attend the meeting. The waiver form is to be signed by the parent(s)/guardian.
- Within 10 calendar days of a decision by the LCC or SCC regarding the residential placement of a child with special needs, or the request for CSI funding, the LCC or SCC shall provide written notice to the parent/guardian and legal counsel.
- For the appeal of LCC/SCC decision see the Appeals Section of these Policy and Procedures.

Referral to Community Services Initiative (CSI)

- The Lead Agency will make a referral to the LCC using the LCC/SCC Referral Form for CSI Services. The completed CSI Clinical Recommendation Form must accompany the referral form.
- The LCC will review the referral and recommendation and if approved, make a referral to the LMB for CSI Services.
- Upon LMB approval, the LCC Specialist will enter the case into SCYFIS and note approval date if appropriate.
- The LCC/SCC Referral Form information is entered into SCYFIS.
- If assessment is approved by the LCC/LMB, the LMB vendor case manager will do an Assessment, the CSI Plan of Care shall include input from the parents and the LCC. The Plan of Care and the CSI budget will be designed for 1 year of services and submitted to the LMB via SCYFIS, the LMB and LCC will approve or disapprove, final approval for CSI services will be given by the LMB.
- If services are approved by the LMB the lead agency, case management and parent/guardian will be notified.
- CSI Services will begin for the Child/Youth upon signed receipt of CSI Parent Letter and a Memorandum of Agreement which will be signed by the Lead Agency, LMB and parent.
- The Case Manager will give quarterly updates to the LCC.
- The LCC Specialist will be responsible for notifying the LCC of the 6 month review of the CSI case.
- At the end of 1 year CSI services the LCC and LMB, in coordination with the Lead Agency and the parent/guardian, shall begin to prepare a transition plan for serving the child without continued use of CSI funding. At the end of 1 year CSI Services, the Plan of Care may be extended not to exceed a total of 2 years of continued services.

Referral for Out-of-State Placement

- The LCC will review within 10 days of referral, the need for and appropriateness of an out-of-state placement referral and approve or disapprove of the placement.
- A notification to the lead agency, parent/guardian and attorney if applicable, will be made within 10 days of the LCC/LMB decision
- After consideration and approval of a referral for out-of-state placement by the LCC/LMB, the referring agency will submit an application to the State Coordinating Council (SCC) for the costs, or a portion of the costs to the SCC.
- When approving an OOS placement the LCC will approve one or more specific facilities for a youth in case the first choice does not have an opening or the Lead Agency determines the other OOS facility is more appropriate.
- The application must follow the guidelines in COMAR 14.31.01.11
- Out of State cases will be reviewed annually at the beginning of the Fiscal Year

Responsibilities of the Lead Agency

- LCC Member Agencies are obligated to refer to the LCC all youth recommended for an in-state residential placement or an out-of-state placement.
- The Lead Agency is required to sign a commitment agreement (MOA) to continue involvement through the CSI period funding and for those cases involving youth who are expected to need continued services after the CSI funding period.
- For CSI cases the Lead Agency must agree to keep the child's case open and remain the designated Lead Agency, even if similar cases would be closed. The Lead Agency must sign a MOA with the parent and the LMB.
- The Lead Agency can only close a case of a child receiving CSI services if another LCC member agency agrees to become the lead and signs the CSI commitment agreement.
- Notify the LCC within 24 hours of any changes in the child's legal status, placement, or parent/guardian contact information
- After placement, submit to the LCC within 24 hours, admission/discharge dates, name, address, phone of placement facility and primary contact at the facility.
- Review the child's progress at least twice annually (or as required at an LCC meeting)

Agendas

- An agenda and prior month's minutes are emailed to LCC members one week prior to the current LCC meeting date.

Minutes

- Minutes will be taken at each meeting on a required GOC form. These minutes are typed and distributed to the chairperson for review within five days of the meeting. The minutes will be emailed to the LCC members with the current month agenda.
- All minutes relating to a CSI case will be recorded in SCYFIS.
- All minutes relating to placement of a child will be recorded in SCYFIS.

Confidentiality Agreement

- All LCC members must sign a confidentiality agreement
- Confidentiality Agreements will be kept on file at the LMB Office.

Disposition Letters After LCC Meeting

- A copy of the LCC minutes must be received by the parents/guardians of a child who have attended an LCC meeting, within ten days of the meeting approving the minutes. These minutes will reflect the recommendations of the LCC. Copies of these minutes are sent to parents/guardians, attorneys, and other individuals attending the meeting.

Filing of Information

- The LCC Specialist will maintain records for all LCC referrals.
- For all approved CSI cases, an individual child folder is created and maintained in the Partnership office in a locked fire proof filing cabinet.
- A file with agendas and minutes, policies and procedures will be maintained in the LMB office.

Emergency Meeting

- An emergency meeting will be called when there is insufficient time to the next scheduled LCC meeting for a child to be reviewed for services.
- Emergency meetings will be held within 10 business days of the referral.
- All emergency meetings must be approved by the LCC chair.
- In the case of an emergency meeting, parent(s) may agree to waive the right to a ten (10) day notice for the meeting and will sign a waiver form
- When an emergency meeting is established, the participating members (or appointed official designees) are required to attend.

Consent Forms/Release Of Information

- A signed Release of Information/Consent Form must be submitted with the LCC/SCC Referral Form to allow agencies to share necessary medical information to assist in the development of a plan of care.

Discretionary Funding Requests (LCC Flex Funds)

- The Lead Agency will contact the LCC Specialist to submit a funding request form and all required documents.
- The LCC Specialist will add the request to the next LCC meeting agenda.
- Upon LCC approval for funding the request is submitted to the LMB for final approval.
- Upon final approval the lead agency will receive a request for contract. The completed request will be forwarded to the LMB for contracting.

Appeals

- The parent of a child with special needs may seek reconsideration of an LCC recommendation regarding the child's placement as follows:

- By filing an appeal in accordance with statutory or regulatory appeal provisions of the agency that referred the child to the LCC or was designated by the LCC to act as the lead agency in the child's case, which may include:
- due process hearing system for the provision of a free appropriate public education for students with disabilities, established under Maryland annotated code, education article 8-413;
- provisions for contested care hearings relating to programs provided by the social services administration established in COMAR 07.01.04;
- if no statutory or regulatory appeal mechanism is available to the parent with respect to the child's placement, by filing a written request for reconsideration with the SCC within 30 days of receipt of notice of the LCC decision.
- A request for SCC reconsideration of an LCC decision shall proceed as follows:
- the written request shall include all information and documentation deemed necessary by the parent for full consideration of the appeal;
- the SCC has the discretion to seek further information from the parents, the LCC or a local agency
- the SCC shall ensure that its decision is consistent with the determination of the state agency that has final authority to determine appropriate services or state funding for the child's plan of care
- the SCC shall send a written notice of its decision to the parent and the LCC within 30
- calendar days of receipt of the request for reconsideration
- The SCC's decision regarding a reconsideration request is final and not subject to further appeal.

Roles and Responsibilities of the LCC Chairperson and the LCC Specialist

The responsibility for chairing the LCC falls to the Chairperson. The Chairperson shall be elected for a term of one year by a majority vote. There is no limit on the amount of terms the person may hold that office. Elections shall be held at the LCC meeting in June and the term shall begin the following July 1st. The LCC Chairperson may fulfill the responsibilities of the LCC Specialist if needed; the LCC Specialist is an employee of the LMB.

Responsibilities of the LCC Chairperson are to:

- appoint a parent of a child with special needs or a parent advocate from the community to the LCC;
- facilitate applications for out of state placement and Community Services Initiative (CSI) funds to the Local Management Board, the State Coordinating Council, and the Governor's Office for Children;
- request from the SCC and/or provide technical assistance and/or training to LCC members as needed;
- attend state and local trainings and meetings relevant to the work of the Local Coordinating Council;
- ensure compliance to state requirements regarding documentation and prepare for and assist during state and local audits; and
- complete other duties as needed to ensure compliance with state and local requirements.

- Work with the LMB director to provide oversight to the LCC specialist as needed.

Responsibilities of the LCC Specialist are to:

- maintain all LCC files, in compliance with state and county regulations regarding confidentiality;
- enter data for LCC Case Reviews into SCYFIS;
- maintain the LCC review schedule, including setting times for new reviews and ensuring that cases are reviewed every 6 months;
- facilitate LCC meetings and case reviews, including keeping and distributing minutes;
- contact parents/guardians to invite them to review and to provide information regarding the appeal processes for LCC placement decisions;
- assist lead agencies in completing applications for out of state placement and CSI funds; submit such applications to the Local Management Board, the State Coordinating Council, and the Governor's Office for Children;
- provide or arrange for technical assistance and/or training to LCC members as needed;
- attend state and local trainings and meetings relevant to the work of the Local Coordinating Council;
- ensure compliance to state requirements regarding documentation and prepare for and assist during state and local audits; and
- complete other duties as needed to ensure compliance with state and local requirements.

Confidentiality of Records

- All files are maintained in a locked fireproof cabinet at the LMB (Community Partnerships)
- Copies are to be returned to LCC Specialist after discussion to be destroyed (excluding lead agency and file copy)
- Consent for information will be obtained and become part of child's file
- For children approved for RTC placement a record/file will be maintained at the Core Service Agency and the LMB.
- Upon the close of LCC/LMB services the child's file will be returned to the Lead Agency to be kept until 5 years after the child turns 21.
- The LCC Specialist will provide any changes and updates to the LCC manual.

LCC Reports

- The LCC Specialist shall submit a report to GOC for each qtr. of the fiscal year. Reports are due on the 3rd Friday of October, January, April and July following the end of the quarter.
- Reports shall be submitted to the LCC/SCC manager at GOC.
- The reports required are the SCYFIS LCC Status Report for OOS and In State served cases and the CSI Served Cases
- Each report will be signed by the LCC Specialist indicating its accuracy.

Appendices to Manual

1. Documentation required for referral to LCC
2. Steps to make a referral to Queen Anne's County Local Coordinating Council;
3. LCC/SCC Referral Packet
 - a. Release of Information
 - b. LCC/SCC Referral Form
 - i. LCC Referral Packet Checklist
 - ii. SCC Referral Packet Check List
 - iii. 10 Day Waiver
 - iv. Sections 1-15
4. Sample Agenda
5. LCC Sign In
6. LCC Approval Form
7. Sample Letter Explaining LCC Appeal Process
8. Sample CSI Parent Letter
9. CSI MOA
10. LCC Request for Flex Funding
11. Disability Census Codes
12. Documentation required for referral to SCC
13. COMAR 14.31.01.02 - 14.31.01.13
14. LMB Manual LCC Portion
15. Confidentiality Form
16. CSI Clinical Recommendation Form

Access to and Completion of Documents

Most of the Documents listed above MUST BE TYPED. The most recent versions of these documents may be downloaded from the Queen Anne's County Community Partnerships for Children and Families (LMB) website. Go to www.communitypartnerships.info and click on "LCC".

Appendix 1 Documentation required for referral to LCC

Documentation required for referral to LCC	
Document	Comments
LCC and SCC Referral Form	
OPTIONAL: 10-day waivers from parents/guardians and attorneys OR letter of assurance from Lead Agency that waivers are on file, signed by appropriate persons, and are current	
Legal guardianship court order	LCC to review and document in minutes
Rejection letters/forms from in-state facilities	LCC to review and document in minutes
Letter of acceptance from OOS facility	LCC to review and document in minutes
Current court order or letter of assurance from lead agency regarding court order	LCC to review and document in minutes
Current IEP	LCC to review and document in minutes
<p>Clinical recommendations,** including:</p> <ul style="list-style-type: none"> • DSM- IV TR diagnosis • Recommendation for the proposed OOS type of facility/level of care or recommendations for services needed • by a psychologist or psychiatrist, or update from a licensed masters’ level clinician <p><i>**Note: Not required for MSDE/LSS cases in which the placement is required by the IEP</i></p>	<p>LCC to review and document in minutes</p> <ul style="list-style-type: none"> • Timeline requirements: <ul style="list-style-type: none"> ▪ Clinical recommendations must be within 6 months of LCC review OR ▪ Clinical recommendations must be within 1 year of LCC review AND accompanied by a written progress report from the case manager <p><i>Note: Timeline requirement is waived for youth going to an MA-funded RTC (if MA is funding that youth’s placement)</i></p>

Appendix 2 Steps to make a referral to LCC

Steps to make a referral to Queen Anne's County Local Coordinating Council:

Any child that has been recommended for a Residential Treatment Center (RTC) level of care MUST be referred to the Local Coordinating Council prior to the child's placement or no later than 30 days after placement has occurred.

Referrals are made to the LCC to obtain advisory assistance, technical assistance regarding the availability and funding of appropriate alternative community-based resources and give final approval to move forward for RTC. The LCC also monitors the situation and implementation of the Plan of Care, assures progress is made in treatment and that the child is not lingering in RTC and makes recommendations on an on-going basis. The LCC monitors each child at least annually but, the LCC may recommend the case be reviewed more often.

Once it has been determined a child needs to be referred to the LCC, please follow these steps:

1. Put the child on the agenda.

Call the LMB of Queen Anne's County at (410)758-6677 and request the child be placed on the next available LCC agenda at least 15 days before the LCC is scheduled to meet (Note LCC meetings are held the 1st Thursday of each month). An emergency meeting may be called at anytime.

2. Prepare the LCC packet.

Type the following form for submission via email or fax: *The form must be completely filled out or it will not be considered a valid referral.*

The LCC/SCC Referral Form (this includes a list of people to invite to the LCC meeting such as; parents, attorneys, therapists etc.)

Submit this form via email (qalmb@qac.org) or fax (410)758-6904 to the LMB.

3. Prepare the Supplemental Packet.

The Supplemental Packet must accompany the Referral Form to be a complete referral.

The following will be part of the "LCC Supplemental Packet"

- (1) The Parent or Guardian "Consent for Interagency Release of Information/Records" form, (**NOTE:** a case **CANNOT** be discussed at the LCC without a current release of information form signed by the parent/guardian or the custodial agency;
 - (2) Most **recent/current** "treatment Summaries", recent IEP, up to date Psychiatric/Psychological Evaluations or Summaries;
 - (3) Hospital discharge reports;
 - (4) Court Orders;
 - (5) And any rejection letters if applications have already been filed to RTCs and the child has been denied admission.
- Please submit **current** information, unless this is an initial request for RTC and the history is irrelevant.

4. Deliver Packets.

ENTIRE PACKETS MUST BE SUBMITTED TO THE LMB 10 DAYS IN ADVANCE OF THE SCHEDULED LCC MEETING IN ORDER FOR THAT CHILD TO REMAIN ON THE LCC AGENDA.

5. All LCC meetings occur at:

320 Pennsylvania Ave.
 Centreville, MD 216117
 Phone: (410) 758-6677
 Fax: (410) 758-6904
 Email: qalmb@qac.org

Appendix 3 LCC/SCC Referral Packet

**QUEEN ANNE'S COUNTY LOCAL COORDINATING COUNCIL (LCC)
CONSENT FOR INTERAGENCY RELEASE OF INFORMATION/RECORDS**

I (we) give permission for the following agencies to obtain/release/share information regarding:

Name: _____ DOB _____ SS# _____

I (we) understand that the LCC may require information to be released from or shared with, the following agencies:

- Queen Anne's County Public Schools
- Queen Anne's County Dept. of Health
- Queen Anne's County Dept. of Social Services
- Juvenile Justice Administration
- Mental Hygiene Administration
- State Coordinating Council
- Governor's Office for Children
- Developmental Disabilities Administration
- Maryland Coalition for Families (Family Advocate)
- Crossroads Community Inc.

Specify other public/private providers as appropriate: _____

I (we) understand that information obtained by the Queen Anne's County Local Coordinating Council will be used for assessment, evaluation, and planning for the delivery of services for our child. The information to be obtained may include records pertaining to:

- ___ Medical History
- ___ Developmental History, including psychological evaluations and treatment social history
- ___ Psychiatric
- ___ DJS Information
- ___ Educational information
- ___ Other Please specify: _____

I (we) understand that by law, I (we) need not consent to the release of this information. However, I (we) choose to do so willingly and voluntarily for the purpose specified above. Authorization expires _____ (maximum of 1 year from the date of signatures). I (we) understand that I (we) may revoke this consent at any time except to the extent that action has been taken in reliance on my (our) consent.

Signature Parent(s) or Guardian(s)

Signature Witness

Print Name

Print Name

Youth/Client (if over 18 years of age)

Print Name

Date

Expiration date: _____

LCC/SCC REFERRAL FORM

Youth		DOB	
Jurisdiction		Lead Agency	

For Referral to LCC

The Local Lead Agency (LLA) must complete the LCC/SCC Referral Packet. The LLA then submits the Referral Packet and all required documentation to the LCC Support Specialist at the Local Management Board.

Local Lead Agency Representative:

This packet is complete and accurate, and the requested placement/ services are appropriate for this youth's needs.

Signature

Date

Print or type name

Print or type title

For Referral to SCC

The Local Lead Agency (LLA) must complete the LCC/SCC Referral Packet, updating any information if needed. The LLA then submits the Referral Packet and all required documentation directly to the State Lead Agency (not to the Governor's Office for Children). The State Lead Agency (SLA) will review the Referral Packet, and submit it to the Governor's Office for Children. Copy of packet submitted to GOC must be one-sided only.

State Lead Agency Representative:

This packet is accurate, there are no appropriate in-state placements, and an out of state placement is necessary to meet this youth's needs.

Signature

Date

Print or type name

Print or type title

FOR LCC, SLA, AND GOC USE ONLY

<i>Date of LCC Receipt</i>	<i>Date of SLA Receipt</i>	<i>Date of GOC Receipt</i>

REFERRAL PACKET CHECKLIST - LCC

Documentation required for referral to LCC	
<input type="checkbox"/>	LCC and SCC Referral Form
<input type="checkbox"/>	Legal guardianship court order (or letter of assurance from lead agency)
<input type="checkbox"/>	Current court order or letter of assurance from lead agency
<input type="checkbox"/>	Current IEP
<input type="checkbox"/>	For OOS placement: Rejection letters/forms from in-state facilities
<input type="checkbox"/>	For OOS placement: Letter of acceptance from OOS facility
<input type="checkbox"/>	<p>Clinical recommendations,* including:</p> <ul style="list-style-type: none"> • DSM- IV TR diagnosis • Recommendation for the proposed OOS type of facility/level of care or recommendations for services needed • by a psychologist or psychiatrist, or update from a licensed masters' level clinician <p><u>Timeline requirements:</u></p> <ul style="list-style-type: none"> ▪ Clinical recommendations must be within 6 months of LCC review <u>OR</u> ▪ Clinical recommendations must be within 1 year of LCC review AND accompanied by a written progress report from the case manager <p><i>*Notes:</i></p> <ul style="list-style-type: none"> • <i>Not required for MSDE/LSS cases in which the placement is required by the IEP</i> • <i>Timeline requirement is waived for youth going to an MA-funded RTC (if MA is funding that youth's placement)</i>
<input type="checkbox"/>	OPTIONAL: 10-day waivers from parents/guardians and attorneys <u>OR</u> letter of assurance from Lead Agency that waivers are on file, signed by appropriate persons, and are current

REFERRAL PACKET CHECKLIST - SCC**Documentation required for referral to SCC****New referrals:**

- LCC and SCC Referral Form**
Timeline requirements:
- SCC application packet must be received at GOC within 30 days after Local Lead Agency receipt of LCC minutes
- MSDE-approved cost-sheet** (or for non-MSDE-approved placements, agency contract)
- LCC minutes, including:**
- All required elements
 - Approval of the requested OOS facility
- OPTIONAL – 10-day waivers** from parents/guardians and attorneys **OR** letter of assurance from Lead Agency that waivers are on file, signed by appropriate person, and are current
- Funding verification form**, if other agencies are co-funding
- If LSS is co-funding**
- Current Educational Assessment or letter of assurance from lead agency
 - Individual Placement application (if needed) or letter of assurance from lead agency

Transfer cases:

- Letter from previous facility requesting transfer or discharge
- Most recent progress report/treatment plan review or discharge summary (whichever is applicable)
- Letter of acceptance from new OOS facility
- MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from new OOS facility
- LCC minutes (same timeline as new referrals)

Readmission to the same OOS facility within 3 months after discharge due to AWOL:

- Discharge summary
- New acceptance letter
- New MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from OOS facility, if different than previous cost sheet

LCC AND SCC 10-DAY WAIVER

Youth		DOB	
Jurisdiction		Lead Agency	

The Local Coordinating Councils (LCCs) and State Coordinating Council (SCC) review applications from Lead Agencies for funding of the residential placement of children with disabilities into residential facilities. The LCC or SCC may approve, modify, or reject the application as submitted. In accordance with Maryland law (Article 49 D; after 10/1/07: Human Services Article, Section 8-409), parents and attorneys are entitled to written notification at least ten (10) days prior to any meeting of the Local Coordinating Council and State Coordinating Council in which their child/client's placement is discussed.

If you waive your right to a full ten (10) days notice (by signing below), the review of your child/client's case may be expedited. **You must provide a working phone number for your case to be expedited, so that you may be notified of the meeting.** In any event, you will be notified in writing of any decisions of the SCC and LCC concerning your child's placement.

This form is optional. If you do not sign this form, your child/client's case will be reviewed by the Local Coordinating Council or State Coordinating Council after providing ten (10) days written notice to you.

I wish to be notified in advance of the date of the Local Coordinating Council or State Coordinating Council meeting to discuss my child/client. I have had an opportunity to review and discuss this form with my child/client's case manager. I do not need ten (10) days written notice for the (please check the appropriate box below):

- LCC and SCC meetings**

 LCC meeting only

 SCC meeting only

Print name (parent/ guardian/ attorney)		
I am the child's	<input type="checkbox"/> parent	<input type="checkbox"/> legal guardian
	<input type="checkbox"/> attorney	
Phone numbers	Home	
	Work	
	Other	

This waiver will expire 1 year from the date of the parent/guardian/attorney's signature. This waiver may be rescinded prior to this expiration date by submitting a written letter to the Lead Agency of the intent to withdraw this waiver. The date of Lead Agency's receipt of this letter will be the effective date of the termination of this waiver; the Lead Agency is responsible for notifying the LCC and SCC in writing of any waivers withdrawn for LCC or SCC cases.

Parent/Guardian/Attorney Signature *Date*

Lead Agency Verification:

Lead Agency Worker - Print Name *Title*

Lead Agency Worker - Signature *Date*

Instructions: Referral Form must be completed in Microsoft Word; handwritten forms will not be accepted.

<i>Date of Referral:</i>

SECTION 1 - YOUTH INFORMATION

<i>Name</i>					<i>DOB</i>		
<i>SSN</i>		<i>Gender</i>		<i>Age</i>		<i>Race</i>	
<i>Current Placement</i>				<i>If other, specify</i>			
<i>If not living with parents/legal guardians:</i>							
<i>Name of Facility</i>					<i>Admission Date</i>		
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Contact Person</i>				<i>Phone</i>			

SECTION 2 - REFERRAL INFORMATION

<i>Jurisdiction</i>			<i>Local Lead Agency</i>				
<i>LLA Case Manager</i>			<i>Title</i>				
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>			
<i>Type of Review</i>			<i>Referral for</i>				
<i>Request to be expedited?</i>		<i>If yes, reason</i>					
<i>For SCC Referrals only:</i>							
<i>OOS Facility</i>				<i>Type</i>			
<i>Program</i>				<i>Secure Care</i>			
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Contact</i>				<i>Phone</i>			
<i>Projected Enrollment Date</i>			<i>Projected Duration</i>				
<i>Cost (per year)</i>			<i>Residential</i>	<i>Education</i>			
	<i>Amount</i>						
	<i>Funding Agencies</i>						
<i>If this is an OOS Transfer, Reason for Transfer</i>							

SECTION 3- PARENT/GUARDIAN INFORMATION

Has Termination of Parental Rights occurred?		<input type="checkbox"/> <i>Yes – mother</i> <input type="checkbox"/> <i>Yes – father</i> <input type="checkbox"/> <i>No</i>		
Are parents deceased?		<input type="checkbox"/> <i>Yes – mother</i> <input type="checkbox"/> <i>Yes – father</i> <input type="checkbox"/> <i>No</i>		
<ul style="list-style-type: none"> • Do not include agency information in this section, even if child is committed to an agency. • Below, do not list parents who are deceased or who have had TPR. • List only parents/guardians who have legal custody. 				
Name		Relationship		
Street Address		State	Zip	
Phone		Alternative Phone		
Interpreter needed?		If yes, which language?		
Name		Relationship		
Street Address		State	Zip	
Phone		Alternative Phone		
Interpreter needed?		If yes, which language?		
Name		Relationship		
Street Address		State	Zip	
Phone		Alternative Phone		
Interpreter needed?		If yes, which language?		

SECTION 4 - ATTORNEY INFORMATION

Must be listed for any child with an attorney; if child has multiple attorneys, list all.

Name		Office/Practice		
Street Address		State	Zip	
Phone		Fax		
Name		Office/Practice		
Street Address		State	Zip	
Phone		Fax		

SECTION 5 – OTHERS TO BE INVITED

<i>For IDEA placements, list parent surrogate, if appropriate:</i>							
<i>Name</i>							
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Phone</i>			<i>Alternative Phone</i>				
<i>Interpreter needed?</i>		<i>If yes, which language?</i>					
<i>List any other party not otherwise listed that should be invited to the LCC or SCC; <u>only list those parties for whom the lead agency has written consent from the parent/guardian to invite:</u></i>							
<i>Name</i>			<i>Title/ Relationship</i>				
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Phone</i>			<i>Alternative Phone</i>				
<i>Interpreter needed?</i>		<i>If yes, which language?</i>					
<i>Name</i>							
<i>Name</i>			<i>Title/ Relationship</i>				
<i>Street Address</i>				<i>State</i>		<i>Zip</i>	
<i>Phone</i>			<i>Alternative Phone</i>				
<i>Interpreter needed?</i>		<i>If yes, which language?</i>					

SECTION 6 - LEGAL STATUS

<i>Legal Status</i> <i>(check all that apply)</i>	<input type="checkbox"/> Committed to DJS <input type="checkbox"/> Committed to DSS <input type="checkbox"/> Committed to DHMH	<input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Not committed to any public agency <input type="checkbox"/> Other
<i>Lisa L.?</i>		
		<i>If yes, date of MART review</i>
<i>Outcome of MART Review</i>		

SECTION 7 – LEAD AGENCY INFORMATION

<i>Supervisor</i>		<i>Title</i>			
<i>Street Address</i>		<i>State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>	
<hr/>					
<i>LLA LCC Representative</i>		<i>Title</i>			
<i>Street Address</i>		<i>State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>	

SECTION 8 - CO-FUNDING OR CO-COMMITTED AGENCIES

List all that apply.

<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>	<input type="checkbox"/> <i>Court-ordered commitment</i>
<i>Case Manager</i>		<i>Title</i>	
<i>Street Address</i>		<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>Fax</i>	<i>Email</i>
<hr/>			
<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>	<input type="checkbox"/> <i>Court-ordered commitment</i>
<i>Case Manager</i>		<i>Title</i>	
<i>Street Address</i>		<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>Fax</i>	<i>Email</i>
<hr/>			
<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>	<input type="checkbox"/> <i>Court-ordered commitment</i>
<i>Case Manager</i>		<i>Title</i>	
<i>Street Address</i>		<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>Fax</i>	<i>Email</i>

SECTION 9 - EDUCATIONAL INFORMATION

Current School				Grade			
Street Address				State		Zip	
Phone				Fax			
If not currently attending school:							
Last school				Withdrawal date and Grade			
Street Address				State		Zip	
Phone				Fax			
Special Education?		If yes, last IEP date		504 Plan?		If yes, date of 504 Plan	
If youth is in Special Education:							
Educational Environment Codes (check one):							
<input type="checkbox"/> Code A - Outside General Ed. class less than 21 %		<input type="checkbox"/> Code F - Public Separate Day School		<input type="checkbox"/> Code G - Private Separate Day School			
<input type="checkbox"/> Code B - Outside General Ed. class between 21% -60%		<input type="checkbox"/> Code H - Public Residential Facility		<input type="checkbox"/> Code I - Private Residential Facility			
<input type="checkbox"/> Code C - Outside General Ed. class over 60%							
<input type="checkbox"/> Code D - Homebound Placement							
<input type="checkbox"/> Code E - Hospital Placement							
Federal Census Codes (check one or all that apply):							
<input type="checkbox"/> 01 – Mental Retardation		<input type="checkbox"/> 06 – Emotional Disturbance		<input type="checkbox"/> 12 – Deaf-Blindness			
<input type="checkbox"/> 02 – Hearing Impairment		<input type="checkbox"/> 07 – Orthopedic Impairment		<input type="checkbox"/> 13 – Traumatic Brain Injury			
<input type="checkbox"/> 03 – Deaf		<input type="checkbox"/> 08 – Other Health Impairment		<input type="checkbox"/> 14 - Autism			
<input type="checkbox"/> 04 – Speech or Language Impairment		<input type="checkbox"/> 09- Specific Learning Disabilities		<input type="checkbox"/> 15 – Developmental Delay			
<input type="checkbox"/> 05 – Visual Impairment		<input type="checkbox"/> 10 – Multiple Disabilities					

SECTION 10 – DDA INFORMATION

If not receiving services, has an application been submitted?				If yes, date of application			
If youth is receiving DDA services:							
Case Manager				Title			
Street Address				State		Zip	
Phone		Fax		Email			
Eligibility Level		<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> Individual Support Services			
If approved for DDA services, priority level (check one):							
<input type="checkbox"/> Crisis Resolution		<input type="checkbox"/> Current Request		<input type="checkbox"/> Transitioning Youth			
<input type="checkbox"/> Crisis Prevention		<input type="checkbox"/> Future Need					

SECTION 12 - BACKGROUND AND OTHER INFORMATION (continued)

<i>Other recent/relevant evaluations (e.g. substance abuse evaluations, educational assessments, etc.):</i>			
<i>Evaluation</i>		<i>Date</i>	
<i>Other recent/relevant community-based services (e.g. out-patient therapy, in-home services, etc.)</i>			
<i>Type of Service</i>	<i>Provider</i>	<i>Dates</i>	
		<i>To</i>	<i>From</i>
<i>Recent/relevant out-of-home placements (e.g. RTC, group home, detention, etc.)</i>			
<i>Type of Placement</i>	<i>Facility</i>	<i>Dates</i>	
		<i>To</i>	<i>From</i>
<i>Recent/relevant hospitalizations:</i>			
<i>Hospital</i>	<i>Dates</i>		
	<i>To</i>	<i>From</i>	
<i>Other relevant background information:</i>			

SECTION 13 – STRENGTHS AND NEEDS OF CHILD AND FAMILY

	<i>Child</i>	<i>Family</i>
<i>Strengths</i>		
<i>Needs</i>		

SECTION 14 – FOR OUT OF STATE PLACEMENTS: EXCEPTION CRITERIA

Check all that apply.

<input type="checkbox"/> The out of state (OOS) placement is closer to the child's home than any alternative in-State placement, or the child's permanent placement includes residence with a caregiver in proximity to the proposed OOS placement
<input type="checkbox"/> The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate OOS programs
<input type="checkbox"/> The child is currently in detention, shelter care, or committed to the Department of Juvenile Services pending placement under a court order
<input type="checkbox"/> Compliance with the federal Individuals with Disabilities Education Act (IDEA) requires OOS placement
<input type="checkbox"/> The child is hospitalized in an acute care psychiatric hospital under the following circumstances: <ul style="list-style-type: none"> • The child is committed to DJS, local DSS, or a division of DHMH; • The child's treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement within 30 calendar days; and • The only available, appropriate placement is OOS

SECTION 15- EFFORT TO SECURE A PLACEMENT

Fill in form completely, and use additional pages, if needed. List all in-state and OOS facilities applied to. Under Comments, include what additional services would be needed for the facility to accept this youth. For any rejection based on no projected openings (#1), include follow-up information (i.e. recent contacts to ascertain current waiting-list status).

Reason for Rejection From Placements

- | | | |
|-------------------------------------------|--------------------------------------------|---------------------------------|
| 1. No projected opening within ____ days* | 8. Parents unable/unwilling to participate | 14. Sex offender-Adjudicated |
| 2. Too aggressive | 9. Medication non-compliant | 15. Medical Issues |
| 3. AWOL risk | 10. Fire setter | 16. Psychiatric Issues |
| 4. Age inappropriate | 11. No response from facility | 17. Education Issues |
| 5. Gender inappropriate | 12. No reason given | 18. Programmatic Issues |
| 6. IQ – too High | 13. Sex offender-Non-Adjudicated | 19. Other (specify in Comments) |
| 7. IQ – too Low | | |

**Specify in Comments below how many days until an opening is anticipated*

Facility/Program		Date Applied	Date Rejected	Reason for Rejection (Numbers)	Comments	Follow-up Information
Name						
City						
State						
Name						
City						
State						
Name						
City						
State						
Name						
City						
State						
Name						
City						
State						
Name						
City						
State						
Name						
City						
State						

VERIFICATION OF CO-FUNDING

Instructions: Form is required if funding for in-state or out of state placement will be provided by another agency besides the lead agency. If multiple co-lead agencies are funding, use a separate form for each agency. This form can be signed at the LCC.

Youth		DOB	
Jurisdiction		Lead Agency	

Date of Approval	
Name of Approved Facility(ies)	

For Local School System co-funding:

- I hereby certify that an approved residential program is required to appropriately meet this student's special education needs.
- I hereby certify that it is appropriate for the local school system to participate in co-funding an approved residential program with _____ for reasons that exceed the student's special education needs.

Funding is approved for the following components:

- Residential component Educational component

Chairperson, IEP Team:

Signature: _____ ***Date:*** _____

LSS Special Education Supervisor/Director or Designee:

Signature: _____ ***Date:*** _____

For CSA, DDA, DJS, or DSS co-funding:

I hereby certify that approval is given for co-funding for the following components of this placement:

- Residential component Educational component

Print Name: _____ ***Agency:*** _____

Signature: _____ ***Date:*** _____

Appendix 4 Sample Agenda LCC Meeting



**Queen Anne's County
Local Coordinating Council**

P.O. Box 418
 Centreville, MD 21617
 Phone: 410/758-6677
 Facsimile: 410/758-6904
 E-mail: qalmb@qac.org

LCC Meeting Agenda

Date:

Location: Community Partnerships for Children Office

Time: 8:30 a.m.

Order of Business:

- 1) Approve Agenda
 - a. Additions
 - b. Deletions
 - c. Document Review
- 2) Case Review (see below)
- 3) Presentation:

Case Review Schedule:

Time	Child's Name	Presenter/Agency
8:45am	Client Name SCYFIS #	Presenter/Lead Agency Name
9:15am	Client Name SCYFIS #	Presenter/Lead Agency Name
10:15am	Resource Presentation/Training When Requested	

Agenda Items Subject to Change. All meetings will be held at the Queen Anne's County Community Partnerships unless otherwise notified. An emergency meeting of the LCC may be called in addition to the regular meeting schedule.

Appendix 6 LCC Approval Form

LCC APPROVAL FORM

Note: This form is to be completed and signed at the LCC review. This form documents the LCC approval, but does not constitute the complete LCC minutes.

Youth		DOB	
Jurisdiction		Lead Agency	
Date of LCC Review			
<u>Placement or Services Approved or Recommended by LCC:</u>			
<input type="checkbox"/> <i>In-state residential placement</i> <input type="checkbox"/> <i>Out of state placement (OOS)</i> <input type="checkbox"/> <i>CSI</i> <input type="checkbox"/> <i>Technical Assistance provided</i> <input type="checkbox"/> <i>Other - specify:</i>			
<u>For OOS Placement Approval – specific OOS placement(s) approved:</u>			

LCC Vote			
<i>Agency/ Representative</i>	<i>Signature</i>	<i>Approve, Reject, or Abstain</i>	<i>Date</i>
Alcohol/Drug Administration -			
Core Service Agency -			
Developmental Disabilities Administration -			
Division of Rehabilitation Services -			
Department of Juvenile Services -			
Department of Social Services -			
Health Department –			
Local Management Board -			
Local School System -			
Parent Advocate -			

Appendix 7 Letter Explaining Appeal Process

Dear _____

A parent's right to appeal a decision of the LCC under Md. Ann. Code Art. 49D § 20 is not affected by participation in these procedures. A parent may file an appeal regardless of whether a case has been through mediation or arbitration, and regardless of the outcome. Information discussed in mediation may not be used as evidence in an appeal. Information provided to the SCC in arbitration may made part of the record of an appeal with the agreement of both the parent and the LCC members.

You may appeal any decision made by the Local Coordinating Council (LCC) regarding your child's residential placement, under MD. Ann. Code Article 49D, Section 20. If you wish to appeal such a decision, you should do the following:

If you believe that the LCC's decision was wrong, your first step is to consult with LCC staff by calling the LCC Chairperson in your jurisdiction. They will help you to determine whether the lead agency has a statutory appeal process that is applicable to your child's situation. The lead agency is either the agency that referred your child to the LCC or another agency designated as the lead agency by the LCC. Appeal processes may include:

1. The due process hearing system for the provision of a free appropriate public education for students with disabilities, established under Maryland Annotated Code, Education Article 8-413 (Maryland State Department of Education)
2. Hearings relating to programs provided by the Social Services Administration established in COMAR 07.01.04 (Department of Human Resources)
3. Appeals of decisions of the Developmental Disabilities Administration under COMAR 10.22.16 (Department of Health and Mental Hygiene), or
4. Other relevant process established by statute or regulation for the reconsideration or appeal of agency decisions.

The lead agency may not have an appeal process that can address the issues. If this is the case, then you may appeal the LCC decision by filing a written appeal request with the State Coordinating Council ("SCC") within 30 calendar days of receipt of the notice of the LCC decision. The appeal should be addressed to: State Coordinating Council, Governor's Office for Children, Youth and Families, 301 W. Preston St., 15th floor, Baltimore, MD 21201.

Your written request should include:

1. A statement of the LCC decision that you wish to appeal, including the date of the LCC action at issue.
2. A statement of the facts relevant to the decision.
3. The reasons why you believe that the LCC decision was incorrect or improper.
4. An explanation of any hearings or other proceedings that have taken place or are about to take place regarding the issues that were raised with the LCC, and the results of any such proceedings.

5. Any information and documentation that you consider necessary for full consideration of the appeal.

The SCC will review the material that you have submitted to determine if it requires further information from you, the LCC or a local agency. In most instances the SCC will decide the appeal within 30 calendar days of receiving all needed written materials. On some occasions, the SCC may determine that oral presentations by the parents and the LCC would be beneficial to the appeal process. If this occurs, the SCC will ask you to present your position to the SCC at one of its meetings.

The SCC will send a written notice of its decision in any appeal to the parent and the LCC within 30 calendar days of having received all information necessary to make its decision. The SCC's decision regarding an appeal is final and not subject to further administrative appeal.

Appendix 8 Sample CSI Parent Letter



Queen Anne's County Local Coordinating Council

P.O. Box 418
Centreville, MD 21617
Phone: 410/758-6677
Facsimile: 410/758-6904
E-mail: qalmb@qac.org

Date

Name
Address
City, State Zip

Dear (Parents' Name):

As you have discussed with representatives of the Queen Anne's County Community Partnerships (LMB vendor of LCC), your child, **(child's name)**, is eligible to receive services under the Community Services Initiative (CSI) of the (local LMB). The purpose of this letter is to summarize important aspects of the initiative to give you a clear understanding of what to expect from it.

Maryland's Subcabinet for Children, Youth and Families ("Subcabinet") established the CSI to reduce the number of children who are placed unnecessarily in "out-of-home facilities by State and local agencies. The initiative offers interagency services to children in, or at risk of, an out-of-home placement, who have been identified as candidates for a two-year program of alternative services provided within Maryland and, ideally, within the child's home community. With CSI services, children who otherwise may have required extended placements far from their homes and families are able to receive appropriate, less restrictive services within Maryland.

We believe that your child may benefit from CSI services, and are pleased that we were able to work together to develop a plan of care to meet your child's needs over the next two years. Before our service providers begin to implement the agreed-upon plan of care, we want you to be aware of the following:

AN ALTERNATIVE PROGRAM. CSI services are offered as an alternative to services to which your child is eligible through (name of lead agency) ("lead agency"). Participation in such services is voluntary with the family, and they are provided at the discretion of the Local Management Board ("LMB") and its service providers.

Should you become dissatisfied with the plan of care or its implementation during the two-year service period, you are free to terminate CSI services and resume any services for which your child is legally eligible from the lead agency or other agencies.

DURATION OF SERVICES. The specific services that your child will receive are indicated in the attached plan of care. Within one year, your child's plan of care will be reviewed and revised to include a transition plan. This plan will describe how your child will

resume services with the lead agency or other agencies to which he or she may be entitled by the end of the two-year CSI service period. CSI services terminate at that time.

CONFIDENTIALITY. Information concerning your child, your child's needs, and the services provided under the CSI will be kept confidential. Such information may be disclosed only to the Local Coordinating Council ("LCC"), service providers and potential service providers, and CSI monitors. These individuals agree to maintain the confidentiality of the information. It will not be redisclosed, nor shared with any other persons, without prior, written consent.

STUDENTS WITH DISABILITIES. Students with disabilities receiving services under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq. ("IDEA"), may also receive (CSI) services. These services will be consistent with the child's Individualized Education Program ("IEP"), and may supplement that which is provided in the IEP. A student with disabilities remains entitled to IEP services and IDEA's due process rights during participation and CSI services, and at the end of the two-year service period. Please note, however, that IDEA's due process provisions, including the "stay put" provision, 20 U.S.C. § 1415(j), do not apply to CSI services that exceed the requirements of the child's IEP.

If you have any questions regarding these items or any other aspect of CSI services, please feel free to call Cindi Bauer at (410) 758-6677. We look forward to serving your child and working with you to meet (his/her) needs.

PLEASE NOTE SERVICES WILL NOT BEGIN FOR YOUR CHILD UNTIL THE COMMUNITY PARTNERSHIPS HAS RECEIVED A SIGNED COPY OF THIS LETTER. A stamped addressed envelope has been provided for the return of this letter.

Sincerely,

Cindi Bauer, LCC Specialist
Queen Anne's County Community Partnerships for
Children and Families

I have read the above summary of the Community Service Initiative, and I understand and agree to its contents.

Parent's Name(s)

Parent's Signature(s)

Date

Appendix 9 CSI MOA

Memorandum of Agreement for Community Services Initiative Funding

This Agreement, between and among the _____ (Local Management Board), the _____ (Lead Agency) and _____, (the Parents), the parent(s) of _____ (Youth's Name) (collectively, the Parties) establishes the conditions for the provision of Community Services Initiative (CSI) services and funding for the youth.

Requests for CSI funding must be approved by the Lead Agency, LCC, LMB, and the Governor's Office for Children (GOC), and meet eligibility requirements. CSI funding is not an entitlement and is subject to the availability of funds.

The parties agree that they have discussed, fully understand, and accept the following conditions for CSI funding:

1. **CSI Program** - CSI funding is provided to the LMB by the Children's Cabinet, with services provided by the LMB's designated contractor. The purpose of the CSI funding is to provide community-based alternatives to more restrictive residential placement to children who meet eligibility criteria established in State regulations, for a period of up to two years (COMAR 14.31.01.). CSI services for the child will be provided in accordance with the Plan of Care attached as Appendix 1.
2. **Lead Agency Responsibility** - During the course of this agreement, the Lead Agency shall be responsible for: _____ (*specify tasks*). The Lead Agency is responsible for keeping the youth's case open and providing services during the entire period of CSI funding (unless another LCC member agency agrees to assume the Lead Agency responsibilities). The Lead Agency is responsible for submitting documentation to the LCC/LMB (on a monthly basis) of all Lead Agency expenditures included in the matching funds for the youth's Plan of Care. The Lead Agency is responsible to continue to provide any and all services for which the youth and family are in need and eligible.

For cases in which eligibility for CSI was met through a clinical assessment that the child's needs for services would substantially diminish within a 2-year period: If the child's needs do not substantially diminish within the 2 year period, the Lead Agency is responsible for providing (during and after the 2-year CSI funding period) the same level of care services that the youth would have been eligible for if he/she had originally been placed in an out-of-state or residential placement.

3. **LMB Responsibility** - The LMB, with its designated contractor, shall be responsible for the administration of this agreement. The LMB will (or require its CSI vendor to) collect (on a monthly basis) and maintain documentation on all funding of the Plan of Care by other entities (parents, Lead Agency, insurance, etc.).
4. **LCC Responsibility** - The LCC is responsible for reviewing the youth's case at least every six months, to ensure that services are meeting the youth's needs and that the youth is making progress on plan of care goals. In conjunction with the Lead Agency, parents, and CSI vendor, the LCC is responsible for developing a transition plan (due by the end of the first year of CSI funding) for the ending of CSI funding.

5. **Parent Responsibility** - The parents shall fully cooperate with the LMB, the LCC, the Lead Agency, and the CSI vendor in the implementation of the child's Plan of Care (Appendix 1). The parents shall diligently pursue reimbursement for services in the Plan of Care through any private or public insurance coverage that they may have and shall apply for any potential additional funding source for those services that may be identified by the LMB, Lead Agency, or CSI vendor. The parents are responsible for submitting documentation to the LCC/LMB (on a monthly basis) of all parental expenditures included in the matching funds for the youth's Plan of Care.
6. **Duration of Services** - If approved by GOC, CSI services will begin within the next 30 days, and shall terminate within two (2) years after the date upon which the services begin, or upon completion of the Plan of Care, whichever is earlier. CSI services and funding may not extend past that termination date. Services may be terminated at an earlier date upon the request of the parent, or upon a determination of the Lead Agency, LCC, LMB, or GOC that CSI services are no longer appropriate to meet the health, educational or safety needs of the child, or no longer meet the requirements of federal or State law. Upon termination of CSI services, any services for which the child is legally entitled from the lead agency or other agencies shall continue or resume. The parents may terminate CSI services at any time.
7. **Responsibilities Upon Termination of CSI Services** - Within one (1) year of implementation, or sooner if specified in the Plan of Care, the LCC, LMB, and Lead Agency will make reasonable efforts to coordinate transition planning to assist the child's parents in seeking other services after the termination of the child's participation in CSI services. The child's parents accept full responsibility for the child's care upon termination of CSI services, except to the extent that the child may be legally entitled to other services under federal or State law, or to the extent that the LMB or other public agencies or private organizations may be able to identify other service options and funding to become effective on or before the CSI services termination date.
8. **Confidentiality** - Information concerning the child and the services provided by the CSI program will be kept confidential. Such information may be disclosed only to the LCC, LMB, service providers and potential service providers, GOC, and the Children's Cabinet, for the purposes of administering the CSI program. Client-specific information will not be redisclosed, nor shared with any other persons, without the prior written consent of the parent.
9. **Students with Disabilities** - If the child is a student with disabilities under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq. ("IDEA"), the child's CSI services will be consistent with the child's Individualized Education Program ("IEP"), and may supplement that which is provided in the IEP. However, IDEA's due process provisions, including the "stay put" provision, 20 U.S.C. § 1415(j), do not apply to CSI services that exceed the requirements of the child's IEP and nothing in this agreement shall be construed to permit the child's services under the Community Services Initiative to effectuate the provisions of §1415(j) of the Individuals with Disabilities Act, 20 U.S.C. § 1400 et seq.
10. **Voluntary Placement Agreement** - This agreement is not a Voluntary Placement Agreement under Maryland Annotated Code, Family Law Art. §5-501, and nothing in this agreement may be construed to effectuate the procedural or other rights associated with

voluntary placements under Maryland law.

11. The parties will comply with the requirements for CSI services and funding established in State regulations and Children's Cabinet policy.

CSI funding is not an entitlement; CSI funding is subject to eligibility requirements and availability of funding.

The parties agree to the above conditions:

Parent(s)

Date

Parent(s)

Date

LMB

Date

Lead Agency

Date

Appendix 10 Request for Flex Funding

Queen Anne's County Local Coordinating Council Request for Flex Funding

Child's Name _____ DOB _____

Parent's Name _____ Phone _____

Address _____ Work Phone _____

Lead Agency _____

Agency Contact & Phone _____

Reason Funds are Needed	Amount of Funds Needed	Approval*
Total		

*LCC CHAIR'S INITIALS

Signatures:

Health Department

Department of Social Services

Board of Education

Department of Juvenile Justice

Core Service Agency

DDA

LCC Chairperson

PARTNERSHIP Approval _____

Date _____

Appendix 11 Disability Census Codes

Disability Census Codes

- 01 Mental Retardation** - significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's educational performance.
- 02 Hearing Impairment** – an impairment in hearing, whether permanent or fluctuating, that adversely affects a student's educational performance, but that is not included under the definition of deafness.
- 03 Deaf** - a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects the child's educational performance.
- 04 Speech or Language Impairment** - a communication disorder such as stuttering, impaired articulation, voice impairment, or language impairment that adversely affects a child's educational performance.
- 05 Visual Impairment** - an impairment in vision which, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.
- 06 Emotional Disturbance** – a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects a student's educational performance:
- (A) an inability to learn that cannot be explained by intellectual, sensory or health factors;
 - (B) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - (C) inappropriate types of behavior or feelings under normal circumstances;
 - (D) a general, pervasive mood of unhappiness or depression;
 - (E) a tendency to develop physical symptoms or fears associated with personal or school problems;
 - (F) includes schizophrenia;
 - (G) does not include a student who is socially maladjusted, unless it is determined that the student has an emotional disturbance.
- 07 Orthopedic Impairment** - a severe orthopedic impairment that adversely affects a student's educational performance. Includes impairments caused by congenital anomaly (e.g. club foot or absence of some member, etc), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contractures).

- 08 Other Health Impairment** - having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, attention deficit disorder, attention deficit hyperactivity disorder, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance.
- 09 Specific Learning Disability** - a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor impairments, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.
- 10 Multiple Disabilities** - concomitant impairments, such as mental retardation-blindness or mental retardation-orthopedic impairment, the combination of which causes such severe educational problems that the student cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.
- 12 Deaf-Blindness** - concomitant hearing and visual impairments, the combination of that causes such severe communication and other developmental and educational problems that the student cannot be accommodated in special education programs solely for children with deafness or children with blindness.
- 13 Traumatic Brain Injury** - an acquired injury to the brain, caused by an external force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.
- 14 Autism** – a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a student's educational performance. Other characteristics often associated with autism are repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.
- 15 Developmental Delay** - ***This term may be used by a public agency utilizing the MSDE Developmental Delay definition.*** This term applies to a student 3-9, who exhibits a 25% delay in one or more of the following areas: cognitive development, physical development, including vision and hearing, communication development, social and emotional development, adaptive

development. Developmental Delay also includes atypical development or a diagnosed physical or mental condition.

LRE Codes

- A** **OUTSIDE GENERAL EDUCATION SETTINGS LESS THAN 21%** - 6-21 year old enrolled in a comprehensive school who receives special education and related services **OUTSIDE GENERAL EDUCATION SETTING** for less than 21% of the school day.
- B** **OUTSIDE GENERAL EDUCATION SETTINGS BETWEEN 21 AND 60%** - 6-21 year old student enrolled in a comprehensive school who receives special education and related services **OUTSIDE GENERAL EDUCATION SETTING** for at least 21%, but no more than 60% of the school day.
- C** **OUTSIDE GENERAL EDUCATION SETTINGS MORE THAN 60%** - 6-21 year old enrolled in a comprehensive school who receives special education and related services **OUTSIDE GENERAL EDUCATION SETTING** for more than 60% of the school day.
- D** **HOMEBOUND PLACEMENT** - 6-21 year old who receives special education instruction at home.
- E** **HOSPITAL PLACEMENT** - 6-21 year old who receives special education in a medical treatment facility on an in-patient basis.
- F** **PUBLIC SEPARATE DAY SCHOOL** - 6-21 year old who receives special education and related services for greater than 50% of the school day in a public separate day facility that *does not house programs for students without disabilities*.
- G** **PRIVATE SEPARATE DAY SCHOOL** - 6-21 year old who receives special education and related services for greater than 50% of the school day in a private separate day facility that *does not house programs for students without disabilities*.
- H** **PUBLIC RESIDENTIAL FACILITY** - 6-21 year old who receives special education and related services greater than 50% of the school day in a public residential facility.
- I** **PRIVATE RESIDENTIAL FACILITY** - 6-21 year old who receives special education and related services for greater than 50% of the school day in a private residential facility.

Appendix 12 Documentation for Referral to SCC

Documentation required for referral to SCC ¹	
Document	Comments
Cover sheet with signatures	
LCC and SCC Referral Form	<ul style="list-style-type: none"> • Timeline requirements: <ul style="list-style-type: none"> ▪ SCC application packet must be received at GOC within 30 days after Local Lead Agency receipt of LCC minutes
MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract)	
LCC minutes, including: <ul style="list-style-type: none"> ▪ All required elements ▪ Approval of the requested OOS facility 	<ul style="list-style-type: none"> • Timeline requirements: <ul style="list-style-type: none"> ▪ SCC application packet must be received at GOC within 30 days after Local Lead Agency receipt of LCC minutes
OPTIONAL – 10-day waivers from parents/guardians and attorneys OR letter of assurance from Lead Agency that waivers are on file, signed by appropriate person, and are current	
If other agencies are co-funding <ul style="list-style-type: none"> • Funding Verification form 	
If LSS is co-funding <ul style="list-style-type: none"> • Funding Verification Form • Current Educational Assessment or letter of assurance from lead agency • Individual Placement application (if needed) or letter of assurance from lead agency 	
Transfer cases:	
<ul style="list-style-type: none"> • Letter from previous facility requesting transfer or discharge • Most recent progress report/treatment plan review or discharge summary (whichever is applicable) • Letter of acceptance from new OOS facility • MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from new OOS facility • LCC minutes (same timeline as new referrals) 	
Readmission to the same OOS facility within 3 months after discharge due to AWOL:	
<ul style="list-style-type: none"> • Discharge summary • New acceptance letter • New MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from OOS facility, if different than previous cost sheet 	

Appendix 13 COMAR

COMAR Regulations 14.31.01.02 – 14.31.01.13*14.31.01.02**.02 Definitions.*

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Appropriate" service or placement means a service, placement, or plan of care provided in accordance with the requirements of applicable federal and State laws, including:

- (a) 20 U.S.C. §1400 et seq.;
- (b) 42 U.S.C. §§620 and 670 et seq.;
- (c) The Child Abuse Prevention and Treatment Act, 42 U.S.C. §5102 et seq.;
- (d) The Adoptions and Safe Families Act of 1997 (P. L. 105-89);
- (e) Courts and Judicial Proceedings Article, §3-820, Annotated Code of Maryland;
- (f) COMAR 13A.05.01 and 13A.05.02;
- (g) Health-General Article, Title 15, Annotated Code of Maryland;
- (h) Applicable regulations in COMAR 10.09; and
- (i) The reauthorization of the Elementary and Secondary Schools Act of 2001, P.L. 107—110 (January 8, 2002).

(2) Child in Need of Out-of-State Placement.

(a) "Child in need of out-of-State placement" means a child who is recommended for or placed in an out-of-home placement outside of the State by a member agency of the local coordinating council.

(b) "Child in need of out-of-State placement" does not include a child placed in foster care, as defined in Family Law Article, §5-501, Annotated Code of Maryland.

(3) "Child in need of residential placement" means a child:

- (a) Recommended for placement in a residential placement by a member of the local coordinating council;
- (b) On whose behalf the member seeks State funding for the placement; and
- (c) That a member agency has determined meets the eligibility criteria for a State-funded placement.

(4) "Child with intensive needs" means a child who has behavioral, educational, developmental, or mental health needs that cannot be met through available public agency resources because:

- (a) The child's needs exceed the resources of a single public agency; and
- (b) There is no legally mandated funding source to meet the child's needs.

- (5) "Child with special needs" means a child in need of residential placement or a child with intensive needs.
- (6) "Children's Cabinet" means those agencies directed by Executive Order:
- (a) To examine Maryland's system of services to children and their families; and
 - (b) To facilitate ongoing improvements to this service delivery system.
- (7) "Community services initiative" means the system for the distribution of flexible Children's Cabinet funds to return or to divert children from unnecessarily restrictive placements outside of their home communities.
- (8) "Flexible Children's Cabinet funds" means funds allocated to the Children's Cabinet for the provision of community-based, interagency services for children.
- (9) "Funding agency" means the State or local agency designated by State or federal law or by the local coordinating council as responsible for funding or cofunding educational, residential, or treatment services identified in a child's plan of care.
- (10) "Lead agency" means the local agency identified by federal or State law or by the local coordinating council as responsible for the oversight and implementation of the child's plan of care.
- (11) "Local agency" means the local school system, the local management board, and any local or regional departments, divisions, or offices of the State agencies identified in §B(18) of this regulation.
- (12) "Local coordinating council (LCC)" means the interagency body established in each local subdivision in the State for the purpose of developing and implementing plans of care for the residential placement, or alternatives to residential placement, of children with special needs.
- (13) "Local management board (LMB)" means the interagency body established by each local jurisdiction in the State for the purpose of overseeing and ensuring the implementation of a local interagency delivery system for children, youth, and families in that jurisdiction.
- (14) "Out-of-State placement" means the placement of a child with special needs in a residential facility outside of the State for which State funding is sought, including:
- (a) Alternative living units;
 - (b) Group homes;
 - (c) Hospitals;
 - (d) Residential facilities for children with disabilities;
 - (e) Residential treatment centers;
 - (f) Wilderness programs; and
 - (g) Other out-of-home settings as needed or appropriate to meet the special needs of a child.
- (15) "Parent advocate" means an individual who is trained by and actively participates in a parents' support or advocacy organization whose purpose is to support families of children with special needs.
- (16) "Parent or guardian" means the parent, guardian, or person with legal authority to make decisions regarding the placement or other services provided by public agencies to a child with special needs.

(17) "Plan of care" means the plan developed by the LCC in response to a referral from a member agency, for the residential placement of a child with special needs, or services which provide an appropriate alternative to residential placement for a child with special needs, consistent with:

- (a) The child's individualized education program, if the child is a student with disabilities;
- (b) Any court-ordered services;
- (c) Services covered and authorized under the Maryland Medical Assistance Program if the child is eligible for medical assistance under Health-General Article, Title 15, Annotated Code of Maryland; or
- (d) Any other service or program mandated by federal or State law with respect to the individual child.

(18) Residential Placement.

(a) "Residential placement" means a placement in:

- (i) An out-of-State hospital, for purposes other than acute care psychiatric assessment;
- (ii) A residential treatment center;
- (iii) A residential school;
- (iv) An intermediate care facility for the mentally retarded; or
- (v) Other programs identified by the Children's Cabinet as additional funding may become available to children in need of residential placement and children with intensive needs.

(b) "Residential placement" does not include a placement in:

- (i) A facility established under Article 83C, §2-117, Annotated Code of Maryland; or
- (ii) Foster care, as defined in Family Law Article, §5-501, Annotated Code of Maryland.

(19) "State agency" means the:

- (a) Department of Health and Mental Hygiene;
- (b) Department of Human Resources;
- (c) Department of Juvenile Services;
- (d) Governor's Office for Children; and
- (e) Maryland State Department of Education.

(20) "State Coordinating Council (SCC)" means the State interagency body established as a committee of the Children's Cabinet and which is responsible for:

- (a) Overseeing the operation of the LCCs;
- (b) Monitoring the provision of residential placement services to children with special needs; and
- (c) Performing additional functions in accordance with the directives of the Children's Cabinet.

14.31.01.03*.03 Membership and Organization of the SCC and the LCC.***A. SCC Membership and Organization.**

(1) The members of the SCC are the following State officials, or their designees:

- (a) The Secretary of the Department of Health and Mental Hygiene;
- (b) The Secretary of the Department of Human Resources;
- (c) The Secretary of the Department of Juvenile Services;
- (d) The Director of the Governor's Office for Children; and
- (e) The State Superintendent of Schools.

(2) The Secretary of the Department of Disabilities, or a designee, shall participate as a non-voting, ex officio member of the SCC.

(3) The Governor's Office for Children shall provide staff support for the SCC.

(4) The SCC shall be chaired by a voting member as follows:

- (a) The chairman shall serve a term of 12 months; and
- (b) The chairmanship shall rotate among all voting members.

(5) The SCC shall establish and develop procedures for the selection and operation of a committee to:

- (a) Review applications for state funding for the placement of individual children with special needs made by the LCC;
- (b) Make recommendations regarding the approval of such applications to the SCC; and
- (c) Perform other functions as identified by the SCC.

B. LCC Membership and Organization.

(1) Each LCC shall consist of at least one designee of each of the following bodies:

- (a) The Alcohol and Drug Administration;
- (b) The Department of Juvenile Services;
- (c) The Developmental Disabilities Administration;
- (d) The local school system;
- (e) The local core service agency;
- (f) The local department of social services;
- (g) The local health department;

- (h) The local management board; and
 - (i) The local office of the Division of Rehabilitation Services of the Maryland State Department of Education.
- (2) The LCC membership shall include a parent of a child with special needs from the community, or parent advocate, or both, appointed by the chairman of the LCC in consultation with the local child advocacy community.
- (3) Although each LCC member agency may designate staff to represent it on the LCC, all designees shall possess authority to the extent permitted by federal and State law to commit the resources of the agency that they represent.
- (4) For all matters decided by a vote of the LCC:
- (a) Each member agency listed in §B(1) of this regulation has a single vote; and
 - (b) The parent and parent advocate member represented on the LCC each have a single vote.
- (5) The LCC shall select its chairman by:
- (a) Rotating the chairmanship among the members of the agencies represented on the LCC; or
 - (b) Appointing the LMB'S designee to the LCC as its chairman.
- (6) The LCC is part of the LMB for administrative and budgetary purposes.
- (7) Subject to the availability of additional State appropriations, the LMB shall provide administrative staff and support to the LCC.
- (8) The LCC is independent of the LMB in its decisions regarding individual plans of care for children and policy recommendations regarding services to children.

14.31.01.04

.04 Role and Responsibilities of the SCC.

A. General Responsibilities. The SCC shall encourage the implementation of the State's policies to:

- (1) Promote the development of a continuum of quality educational, treatment, and residential services in Maryland which will enable children with special needs to be served in the least restrictive setting appropriate to their individual needs;
- (2) Identify any additional treatment, educational, and residential resources or supports which may provide children with appropriate services in the least restrictive environment; and
- (3) Prevent the inappropriate placement of children with special needs in out-of-State facilities.

B. Oversight of the LCC. The SCC shall oversee the operations of the LCC, including the:

- (1) Development of policies and procedures to govern the structure and activities of LCCs including identification of the types of in-State and out-of-State placement recommendations which shall be referred to the LLCs by member agencies;
- (2) Ongoing training for LCC members regarding applicable laws, regulations, policies, and procedures;
- (3) Review and monitoring of LCC activities and operation;
- (4) Review of applications for State funding of the placement of individual children with special needs in out-of-State residential or out-of-State long-term psychiatric facilities if the LCC recommends:

- (a) An out-of-State residential or out-of-State long-term psychiatric placement on an initial basis;
- (b) A change from one out-of-State placement to another;
- (c) A change of placement within an out-of-State facility, if the recommended placement is more expensive or provides for a more restrictive environment; or
- (d) The renewal of an out-of-State placement for an additional fiscal year;
- (5) Technical assistance to LCC members to assist in resolving interagency disputes regarding residential placement issues; and
- (6) Resolution of requests by parents of children with special needs for reconsideration of LCC decisions, in accordance with Regulation .07 of this chapter.

C. Oversight of Resources for Children with Special Needs. The SCC shall oversee the resources available to serve children with special needs through the following activities:

- (1) Monitoring the services provided to children in in-State and out-of-State residential facilities, in cooperation with the LCCs as appropriate;
- (2) Establishment, support, and maintenance of a multiple agency information system to support agency accountability and State level service planning capability;
- (3) Maintenance of a list of all residential facilities for children with special needs, which are approved or licensed by State agencies;
- (4) Participation in the interagency teams which monitor in-State and out-of-State facilities for compliance with applicable laws, regulations, and standards; and
- (5) Recommendations to State and local agencies regarding the use of existing community-based services and the development of new and enhanced community-based programs to serve children with special needs.

D. Decisions of the SCC with respect to the funding of and, if appropriate, the placement of a child with special needs shall be advisory to the State agency with final authority to determine State funding for a child's plan of care.

14.31.01.05

.05 LCC Policies and Procedures.

A. With the approval of the SCC, each LCC shall develop policies and procedures to govern the:

- (1) Conduct of regular meetings of the LCC; and
- (2) Review of referrals by member agencies of individual children with special needs, including procedures for:
 - (a) Timely review of all referrals;
 - (b) Expedited review of any referral designated as an emergency matter by the referring agency;
 - (c) Submission of placement and funding recommendations to the SCC;
 - (d) Development and implementation of plans of care; and
 - (e) Assurances of parental participation, or documentation of the LCC's diligent efforts to assure parental participation, in the development of the plan of care.

B. The LCC is subject to the oversight of the SCC, including:

- (1) Ensuring the availability of LCC facilities, staff, and records to State monitors and auditors at the direction of the SCC; and
- (2) Implementation of any corrective actions required by the SCC.

C. The LCC shall act as soon as possible, and, except for good cause, within 30 days of receipt of a referral from a member agency to:

- (1) Review the referral;
- (2) Assist in the identification of any community based services appropriate to meet the needs of the child;
- (3) Develop a plan of care, as appropriate under this regulation; and
- (4) Make application to the SCC for State funding, as appropriate under Regulation .11 of this chapter.

14.31.01.06

.06 Referrals to the LCC.

A. The LCC shall review referrals by member agencies for the residential placement of children as provided in this regulation.

B. The member agency shall refer all recommendations for residential placement before the child's placement if:

- (1) The agency believes that the child may require an out-of-State placement, to ascertain whether appropriate in-State programs have been considered;
- (2) The agency believes that the child may be served appropriately through the community services initiative; or
- (3) The recommended residential placements is not required under:
 - (a) The Individuals with Disabilities Education Act (20 U.S.C. §1400 et seq.); or
 - (b) Medicaid medical necessity criteria, as specified in 42 CFR Part 441.

C. A member agency may refer a recommendation for residential placement before the child's placement to obtain advisory, technical assistance regarding the availability and funding of appropriate alternative community-based resources.

D. Technical assistance under §C of this regulation:

- (1) May be made:
 - (a) To the child's individualized education program team, if the team has recommended 24-hour-a-day services under the child's individualized education program;
 - (b) To the child's placing agency, if the child has been determined to meet medical necessity criteria for residential placement under Maryland medical assistance requirements; and
 - (c) To a member agency, whenever the agency believes that LCC advice may assist in identifying funding sources and appropriate community based resources to serve a child in need of residential placement; and
- (2) May not delay the member agency's efforts to secure a residential placement for a child.

E. After placement, the lead agency shall refer all residential placements to the LCC:

(1) In order to:

- (a) Plan on an interagency basis for the child's transition to less restrictive services; and
- (b) Collect data for monitoring and evaluation purposes; and

(2) In accordance with the following time frames:

- (a) Within 30 days after placement, if the child was placed by an LCC member agency; or
- (b) Within 90 days after placement, for all other placements that come to the attention of an LCC member agency.

14.31.01.07

.07 Plan of Care.

A. For each child referred to the LCC, the lead agency, in cooperation with the LCC, shall ensure that the child is served consistent with a plan of care that complies with this regulation.

B. A plan of care complies with this regulation if it:

(1) Services the child in the least restrictive environment consistent with:

- (a) The child's individualized education program, if the child is a student with disabilities;
- (b) Any court order regarding the child's placement;
- (c) The medical recommendations of the child's treating physician, if the child is eligible for medical assistance under Health-General Article, Title 15, Annotated Code of Maryland; and
- (d) Any other legal requirements which govern the child's placement;

(2) Contains the following elements:

- (a) Interagency services, as appropriate;
- (b) Recommendation for an appropriate placement for the child to the agency or agencies with legal responsibility for providing the child with educational or residential services, or both; and
- (c) A statement of the sources and amounts of funding to implement the plan of care, which may include:
 - (i) Public agency funds available for the recommended placement and services;
 - (ii) Public insurance funds for which the child's family intends to apply, as appropriate; and
 - (iii) Private funds, including parental contribution or private insurance, to fund any portion of the costs of implementing the plan of care for which public funds are not available under relevant federal or State law funding mechanisms; and
- (3) Provides for the participation of the child's parent or guardian in the development of the plan of care consistent with Regulation .12 of this chapter and other relevant federal and State laws.

14.31.01.08

.08 Additional Responsibilities of the LCC.

A. The LCC shall refer cases that it reviews to other entities, including:

(1) The LMB, if the child may be served appropriately by the Children's Cabinet community services initiative under Regulation .10 of this chapter;

(2) The SCC, in accordance with Regulation .11 of this chapter, if the LCC determines that the child requires an out-of-State placement; and

(3) Other agencies and service providers, as appropriate.

B. With the lead agency, the LCC shall monitor implementation of the child's plan of care.

C. In cooperation with the SCC, the LCC shall:

(1) Review resources available to serve children with special needs in its jurisdiction;

(2) Monitor services provided to those children; and

(3) Make recommendations regarding the development of additional community based services in its jurisdiction.

14.31.01.09*.09 Responsibilities of LCC Member Agencies.*

A. Whenever a local agency determines that a child may require a residential placement, the agency shall refer the child's case promptly to the LCC for review, technical assistance, and coordination of interagency services to the extent required in Regulation .06 of this chapter.

B. For all children recommended for residential placement, each lead agency shall provide timely information in accordance with procedures established by the SCC for the tracking and monitoring of residential placements.

C. If a dispute among the agency representative members of the LCC as to the child's plan of care, or agency responsibilities for the plan of care, cannot be resolved at the local level, a member agency may submit the dispute to the SCC for resolution in accordance with the dispute resolution procedure adopted by the Children's Cabinet.

14.31.01.10*.10 Referrals to the Community Services Initiative.*

A. If the LCC, the parent, and lead agency agree that a child referred to the LCC in accordance with Regulation .06 of this chapter may be served appropriately in the child's home community with additional community based supports, the LCC may refer the child to the LMB for services under the community services initiative.

B. The LMB will evaluate whether the child may properly be served under the Community Services Initiative based upon the following factors:

(1) The likelihood that community-based services will adequately benefit the child;

(2) The availability of qualified providers in or near the child's home community;

(3) The current availability of flexible Children's Cabinet funds to the LMB to pay for community based services not funded by the child's lead agency, or other agencies or payment sources; and

(4) A determination that the child's needs can be met without Children's Cabinet funding after a period of 2 years, based upon:

- (a) A clinical assessment that the child's needs for the services included in the community based service plan will substantially diminish within a 2-year period; or
- (b) The documented commitment of the child's lead agency, or other agencies or funding sources, to assume responsibility for the funding and implementation of the child's plan of care after 2 years.
- C. The Children's Cabinet may approve an LMB's recommendation to serve a child under the community services initiative, subject to the availability of funds, according to a system of priorities.
- D. The order of priorities for serving children with community services initiative funding, from highest to lowest, is as follows:
- (1) A child in need of out-of-State placement, as defined in Regulation .02B(2) of this chapter;
 - (2) A child in need of out-of-State placement, as defined in Regulation .02B(2) of this chapter, already placed out-of-State;
 - (3) A child in need of residential placement, as defined in Regulation .02B(3) of this chapter, awaiting discharge from an in-State residential placement;
 - (4) A child in need of residential placement, as defined in Regulation .02B(3) of this chapter, recommended for in-State placement; and
 - (5) A child with intensive needs, subject to the availability of additional State funding and in accordance with the Children's Cabinet plan.
- E. The Children's Cabinet shall establish procedures for the distribution of community services initiative funding in accordance with the priorities of §D of this regulation.
- F. For each child served under the community services initiative, the LMB and the LCC shall jointly oversee implementation of the community based plan of care as follows:
- (1) Before the end of 1 year of services, the LCC and LMB shall prepare a transition plan for serving the child without continued Children's Cabinet funds, to take effect not later than 2 years after the initiation of community based services;
 - (2) The LCC and LMB shall prepare the transition plan in coordination with the child's lead agency and any other funding agencies, and the child's parent or guardian;
 - (3) If the LMB and LCC identify any concerns with the ability of the lead agency to implement the transition plan after 2 years of community based services, the LMB shall report those concerns promptly to the Children's Cabinet; and
 - (4) If the transition plan cannot be implemented at the end of the 2-year service period for good cause, the LCC and LMB may request an extension of Children's Cabinet funded services to the Children's Cabinet or its designee.
- G. The Children's Cabinet or its designee may grant an extension for good cause, subject to the availability of funds.

14.31.01.11

.11 Procedures to Obtain State Funding or Approval for an Out-of-State Placement.

- A. After consideration of a referral for an out-of-State placement by the LCC, the referring agency shall submit an application for State funding for the costs, or a portion of the costs, of the placement, as provided by applicable State laws.
- B. The application shall be on a form specified by the SCC and shall include the following:
- (1) Information deemed necessary by the SCC to identify the child, the child's special needs, and the nature and costs of the recommended placement;

(2) Documentation of the LCC's efforts to serve the child in the least restrictive environment appropriate to the child's needs, including:

- (a) A description of efforts to identify appropriate community-based services to meet the child's needs;
- (b) Reasons why community-based options were considered inadequate to meet the child's needs or were otherwise rejected;
- (c) A description of additional supports and services which would be required to provide appropriate services in an in-State facility, a community-based program, or the child's home;
- (d) The lack of availability of appropriate in-State facilities and services to meet the needs of the child; and
- (e) Referral to the LMB; and

(3) A plan for the child's return from the out-of-State placement, including:

- (a) Time frame for the child's return;
- (b) Description of services and resources needed to facilitate the child's return; and
- (c) As appropriate, identification of a strategy for developing resources needed to facilitate the child's return which are not currently available in the community.

C. SCC Approval of State Funding for an Out-of-State Placement.

(1) The SCC may approve an application from an LCC for State funding of an out-of-State placement under one of the following exception criteria:

- (a) The out-of-State placement is closer to the child's home than any alternative in-State placement;
- (b) The plan for the child's permanent placement includes residence with a caregiver in proximity to the proposed out-of-State placement;
- (c) The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100 percent of the average cost per placement for all appropriate out-of-State programs for which application would be made for the child;
- (d) The child is currently in detention, shelter care, or committed to the Department of Juvenile Services pending placement under to a court order;
- (e) Compliance with the federal Individuals with Disabilities Education Act requires out-of-State placement; or
- (f) The child is hospitalized in an acute care psychiatric hospital under the following circumstances:
 - (i) The child is committed to the Department of Juvenile Services, a local department of social services, or a division of the Department of Health and Mental Hygiene;
 - (ii) The child's treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement within 30 calendar days; and
 - (iii) The only available, appropriate placement is out-of-State.

(2) The LCC shall indicate which of the above exceptions is applicable with regard to the placement of the child for whom it has made application to the SCC.

(3) Except for good cause, the SCC shall make a decision regarding the application for State funding of an out-of-State residential placement as soon as possible, and not later than 30 calendar days after receipt of the application from the LCC.

14.31.01.12

.12 Parental Participation.

A. Attendance at LCC and SCC Meetings.

(1) A child's parents and the child's legal counsel shall be invited to attend a meeting of the LCC, the SCC, or the Committee designated by the SCC to make recommendations regarding the approval of funding applications under Regulation .03 of this chapter, or any portion of the meeting during which the child's plan of care is presented.

(2) The child's parents and legal counsel may present information to the other meeting participants regarding their position as to the child's needs and proposed plan of care.

B. Notices to Parents.

(1) At least 10 calendar days before a meeting at which a child's plan of care is to be discussed, the parents and the child's advocate or counsel shall receive a written invitation to the meeting, including the:

- (a) Date, time, and location of the meeting;
- (b) Intent to discuss the child's plan of care at the meeting; and
- (c) Parents' right to be represented by an advocate or counsel.

(2) Within 10 calendar days of a decision by an LCC or the SCC regarding the residential placement of a child with special needs, the LCC or the SCC shall provide written notice to the parents of the:

- (a) Agency's decision or recommendation regarding the child's residential placement;
- (b) Right of a parent to appeal the decision or recommendation; and
- (c) Process for appeal.

C. Appeal of LCC and SCC Decision.

(1) The parent of a child with special needs may seek reconsideration of an LCC recommendation regarding the child's placement as follows:

(a) By filing an appeal in accordance with statutory or regulatory appeal provisions of the agency that referred the child to the LCC or was designated by the LCC to act as the lead agency in the child's case, which may include:

- (i) The due process hearing system for the provision of an appropriate public education for students with disabilities, established under Education Article, §8-413, Annotated Code Maryland;
- (ii) Provisions for contested case hearings relating to a program provided by the social services administration established in COMAR 07.01.04;
- (iii) Provisions for appeal of decisions of the Developmental Disabilities Administration under COMAR 10.22.16; or
- (iv) Any other relevant process established by statute or regulation for the reconsideration or appeal of agency decisions; or

(b) If no statutory or regulatory appeal mechanism is available to the parent with respect to the child's placement, by filing a written request for reconsideration with the SCC within 30 days of receipt of notice of the LCC decision.

(2) A request for SCC reconsideration of an LCC decision shall proceed as follows:

(a) The written request shall include all information and documentation considered necessary by the parent for full consideration of the appeal;

(b) The SCC has the discretion to seek further information from the parents, the LCC, or a local agency;

(c) The SCC shall ensure that its decision is consistent with the determination of the State agency that has final authority to determine appropriate services or State funding for the child's plan of care; and

(d) The SCC shall send a written notice of its decision to the parent and the LCC within 30 calendar days of receipt of the request for reconsideration.

(3) The SCC's decision regarding a reconsideration request is final and not subject to further administrative appeal.

14.31.01.13

.13 SCC Monitoring of Out-of-State Residential Services.

A. The SCC shall participate in the monitoring of out-of-State facilities where Maryland children are being served at State expense.

B. The SCC shall coordinate review of out-of-State facilities by an interagency monitoring team, including periodic site visits by the team, as appropriate.

C. Based upon the findings of the monitoring team, the SCC shall determine whether remedial actions are necessary.

D. Interagency monitoring efforts shall be:

(1) Consistent with any federal and State requirements applicable to SCC member agencies; and

(2) Pursuant to standards designed to protect the safety and welfare of the State's children in the facility, with reference to:

(a) The requirements of COMAR 14.31.05—14.31.07 for the licensure of residential child care programs in Maryland;

(b) Requirements for the education of students with disabilities, including 34 CFR 300 and 301 and COMAR 13A.05.02.13;

(c) Other relevant licensing requirements of the SCC member agencies; and

(d) The licensing requirements of the State in which the facility is located.

E. Post-Monitoring Remedial Actions for Out-of-State Services.

(1) Upon receipt of an interagency monitoring report which finds deficiencies in out-of-State residential services, the SCC shall:

(a) Assess the seriousness of the deficiencies;

(b) Determine whether it is necessary to:

(i) Remove children currently placed in the facility;

(ii) Place a moratorium on future State-funded placements to the program;

(c) Develop a remedial plan, including implementation timelines, which the facility shall implement in order to continue to serve Maryland children; and

(d) Notify the program, the local placing agency or agencies, and the LCCs of its actions.

(2) The SCC shall conduct periodic monitoring of any facility for which it has required a remedial plan to assess the facility's progress toward remedying deficiencies.

(3) If the SCC determines that a facility has made insufficient progress toward remedying deficiencies, it may:

(a) Require the removal of currently placed children from the facility;

(b) Place a moratorium on future State-funded placements at the facility; or

(c) Grant an extension of time for good cause for completion of a remedial action.

(4) As appropriate, the SCC shall notify the following of its determination:

(a) The appropriate licensing or accreditation authority in the state where the program is located;

(b) The facility;

(c) The LCC;

(d) The local placing agency or agencies;

(e) The State agencies identified in Regulation .02B(18) of this chapter; and

(f) The parent or guardian of any child required to be removed from the facility.

F. Services to Children at Facilities with Deficiencies.

(1) The LCC and the local placing agency, in consultation with the SCC, shall identify an expedited, interim placement for a child who must be removed from a facility or for whom an application for placement at the facility is pending with the SCC, if the SCC decides to:

(a) Remove currently placed children from the facility; or

(b) Place a moratorium on future State-funded placements to the facility.

(2) If the SCC has determined that children may no longer be placed at a facility with uncorrected deficiencies, the SCC may grant a waiver for an individual child or group of children, based upon the following considerations:

(a) The seriousness of the deficiency and its implications for the child's safety and welfare;

(b) Applicable legal requirements, including:

(i) The child's individualized education program, if the child is a student with disabilities;

(ii) Any court order regarding the child's placement;

(iii) The medical recommendations of the child's treating physician, if the child is eligible for medical assistance under Maryland Annotated Code, Health-General Article, Title 15, Annotated Code of Maryland; and

(iv) Any other legal requirements which may govern in the child's placement;

(c) The availability of alternative placements; and

(d) The ability of the facility to ensure safe and appropriate services for the individual child for whom the waiver is sought.

Appendix 14 LMB Manual - LCC Portion

LMB Manual; Subsection 30 – Local Coordinating Council

- A.** As required by Executive Order 01.01.2005.34 and Article 49D, there is a Local Coordinating Council (LCC) in each Maryland jurisdiction that “coordinates services for children in need of residential placement and children with intensive needs.”
- B.** There is no requirement regarding how often each LCC must meet, as long as the LCC fulfills its responsibilities and complies with the appropriate regulations regarding timelines for case reviews.
- C.** The LCC is comprised of:
- 1.** At least one representative from each of the following:
 - a.** The Department of Juvenile Services;
 - b.** The Developmental Disabilities Administration;
 - c.** The Alcohol and Drug Abuse Administration;
 - d.** The Local Board of Education;
 - e.** The Local Health Department;
 - f.** The Local Department of Social Services;
 - g.** The Local Office of the Division of Rehabilitation Services;
 - h.** The Local Management Board; and
 - i.** The Mental Hygiene Administration or the Local Core Service Agency.
 - 2.** A parent, parent advocate, or both, appointed by the Chair of the LCC in consultation with the child advocacy community.
- D.** LCC regulations and definitions can be found in COMAR 14.31.01.
- E.** The LCC is part of the LMB for administrative and budgetary purposes, but is independent from the LMB in its decisions regarding individual plans of care for children and policy recommendations.
- F. Cases Reviewed by the LCC** - COMAR 14.31.01.06 lists the types of cases that require an LCC review and LCC member agencies have an obligation to refer these cases to the LCC. The LCC can only accept referrals from LCC member agencies for youth who are currently eligible for and receiving services from that member agency. In general, the LCC is responsible for reviewing:
- 1.** Referrals to an in-state residential placement if the placement will be funded by an LCC member agency. LCC approval is required before placement for all cases except placements required under the Individuals with Disabilities Education Act (IDEA) or those meeting Medicaid medical necessity criteria (these cases must be brought before the LCC within 30 days of placement).
 - 2.** Referrals to the Community Services Initiative (CSI) program. LCC, LMB, and GOC approval is needed before funding can be accessed. LMB referral/approval can occur during the LCC review. See LCC Minutes.
 - 3.** Referrals to an out-of-state placement. LCC, LMB, and SCC approval is needed before placement. LMB referral/approval can occur during the LCC review. See LCC Minutes.
 - 4.** Referral by LCC member agencies to the LCC for technical assistance (as needed).
- G.** Timelines for LCC Reviews
- 1.** All cases referred to the LCC must be reviewed within 30 days of receipt of a completed

referral packet from the Lead Agency.

2. After the initial LCC review and approval, youth receiving CSI funding must be reviewed by the LCC every six months. All other youth in in-state residential placements or in out-of-state placements must be reviewed at least annually.
3. The LCC should be available to review cases more frequently, as needed.

H. During each LCC review, the Lead Agency is responsible for presenting the youth's case. Clinical recommendations for placement/level of care, as well as any applicable court orders, should be presented for all cases. The LCC must also review the parent's recommendations.

I. The LCC will make recommendations for a plan of care, to include placement/level of care. If the LCC members do not come to a consensus on the recommended plan of care, a majority vote will be needed and the minutes must document both the LCC's recommendation and the dissenting LCC members' and/or family's objections.

J. Lead Agency Designation/Transfer

1. The LCC member agency first referring the youth to the LCC is designated as the Lead Agency, unless another Lead Agency has custody of the youth.
2. A Lead Agency holding custody of a youth must be designated as the Lead Agency. If a youth is co-committed to two LCC member agencies, the LCC will determine which agency should serve as the Lead Agency.
3. For youth not in the custody of any Lead Agency, if two LCC member agencies are serving the youth, the agency that is funding the child's placement/plan of care will be designated as the Lead Agency. If both agencies are funding the placement/plan of care, any change in Lead Agency must be agreed to by both agencies and the LCC. All transfers of Lead Agency designation must be reflected in the LCC minutes.
4. For cases in which the youth receives CSI funding: The Lead Agency who initially applied for the CSI funding must keep the youth's case open (and continue to serve the youth) and remain the designated Lead Agency, even if similar cases (without CSI funding) would normally be closed.
 - a. At the time of the CSI application, the Lead Agency is required to sign a commitment agreement to continue involvement through the period of CSI funding and, for those cases involving youth who are expected to need continued services, after the period of CSI funding.
 - b. A Lead Agency can only close a case in which a youth is receiving CSI funding if another LCC member agency agrees to become the Lead Agency and signs the CSI commitment agreement.

K. Lead Agency Responsibilities

1. LCC member agencies are obligated to refer to the LCC all youth recommended for an in-state residential placement or an out-of-state placement.
2. In addition to the LCC member agency responsibilities included in COMAR 14.31.09, each Lead Agency must submit to the LCC, within 30 days of placement/discharge:
 - a. Admission and discharge dates
 - b. Name, address, and phone number, of the placement facility
 - c. Name, address, and phone number of the primary contact person for the placement

facility

3. The Lead Agency must also notify the LCC of any changes in the child's legal status, change in placement, and change in parent/guardian contact information.

L. LCC Support Specialists - Each LMB employs an LCC Support Specialist to provide administrative support for the LCC. The core responsibilities of the LCC Support Specialist are:

1. Staff Support to the LCC:
 - a. Meeting logistics (notification letters, agendas, minutes)
 - b. Coordinate parental notification regarding the dates/times of reviews and information regarding the LCC, SCC, CSI, and the LCC appeal process
 - c. Schedule follow-up reviews for all cases at least:
 - i. Every six months for CSI cases
 - ii. Annually for all other cases
 - d. Develop and maintain an LCC Policy and Procedure Manual
 - e. Provide and/or coordinate any training needed by the LCC to fulfill the LCC functions
 - f. Ensure that the LCC develops appropriate plans of care and transition plans for all reviewed cases
 - g. Ensure that Lead Agencies submit to the LCC, within 30 days of placement/discharge, all admission and discharge dates and name, address, phone number, and a contact name for the placement facility
 - h. Initial and ongoing data entry into SCYFIS
 - i. Coordinate the out-of-state Annual Renewal process
2. Case Coordination:
 - a. Serve as primary contact for GOC on LCC cases
 - b. Coordinate the development and approval of assessment, plan of care, and budget for CSI cases
 - c. Assist LMB in monitoring CSI case management vendor

M. Confidentiality Agreements

1. Each LCC member must sign a confidentiality agreement.
2. These agreements must be kept in the LCC records.

N. LCC Policy and Procedure Manual

1. Each LCC must develop and approve an LCC Policy and Procedure Manual (LCC Manual) and comply with the LCC Manual's requirements.
2. The LCC Manual must be updated annually to reflect any legislative changes, COMAR updates, and changes to the State of Maryland Policies and Procedures Manual for Local Management Boards.
3. In addition to the requirements listed in COMAR 14.31.01.05, the LCC Manual must include:
 - a. Procedures for informing parents about the LCC, CSI, and SCC, and the appeal process;
 - b. Sample LCC referral forms; and,
 - c. Information on CSI services (any applicable policies the LCC has adopted, use of a CSI vendor, etc.).

O. Maintenance of LCC Records

1. Each LCC must maintain records for all cases reviewed by the LCC.
2. LCCs are required to maintain both a hard-copy file as well as a client record in SCYFIS for each youth reviewed by the LCC.
3. At a minimum, hard-copy records must include:
 - a. Minutes from each LCC review;
 - b. Consents to release information, as appropriate;
 - c. Documentation of parental involvement (letters inviting parents to the LCC and/or signed waivers of the ten day notice requirement, letters to parents with copy of the minutes, other correspondence with parents);
 - d. Clinical recommendation for placement/level of care;
 - e. Court orders, if applicable;
 - f. CSI documentation, if applicable:
 - i. Clinical recommendation;
 - ii. Assessment;
 - iii. CSI vendor; and
 - g. Other documentation, as appropriate.
4. Minutes from each case review must be approved by the LCC at the following meeting.
 - a. Case review minutes must be in a format approved by the SCC and contain information on:
 - i. Current placement and services
 - ii. History of out-of-home placements
 - iii. Clinical recommendations for placement/level of care
 - iv. Court orders regarding placement/level of care, if applicable
 - v. Lead agency's recommendations for placement/level of care
 - vi. Funding sources for recommended placement/services
 - vii. LCC's recommendations for placement/level of care
 - viii. Transfer of Lead Agency, if applicable
 - ix. LMB approval/disapproval of out-of-state and CSI applications (if LMB reviews applications for out-of-state and CSI after the LCC, an addendum to the minutes must be added.)
 - x. Signatures of LCC members and guests present at each review.
5. Minutes from each LCC meeting must also be maintained.
 - a. At minimum, these minutes must include:
 - i. Attendance record;
 - ii. List of cases heard (information regarding clinical information and the LCC's recommendation does not need to be contained here, as it is contained in the child's record); and
 - iii. Any LCC business, including documentation that previous minutes were approved by the LCC.
6. All LCC records must be retained for five years after the child turns 21 years old.

P. SCYFIS Requirements

1. SCYFIS shall be used to submit applications for CSI funding, and to document LCC and SCC approval for out-of-state placements.

2. LCC Support Specialists are required to enter into SCYFIS all information for each child reviewed by the LCC, regardless of the child's actual placement.
3. LCC minutes for each LCC review must be entered into the child's SCYFIS record.
4. LCC Specialists shall be responsible for entering placement information and dates of admission/discharge within five days of LCC member agency notification.
5. Errors in SCYFIS data entry shall be immediately corrected by LMB staff.
6. Technical problems shall be reported to GOC Information Technology staff.

Q. Appeal Process

1. Parents of youth reviewed at the LCC have the right to appeal any LCC recommendation (see COMAR 14.31.01.12).
2. LCC Specialists are responsible for providing parents with written notification of their right to appeal, and the process for doing so. Each case record shall include documentation that parents were given this notification.

R. Inter-Jurisdictional Transfers - For youth placed out-of-state or receiving CSI funding, GOC should be contacted to ensure possible continuation of services and to verify LCC approval.

S. Reports

1. The LCC shall submit a report to GOC for each quarter of the fiscal year. Reports are due on the 3rd Friday of October, January, April, and July, following the end of the quarter.
2. Reports shall be submitted to the SCC/LCC Manager at GOC.
3. The following SCYFIS reports are required:
 - a. Status Report - Served [CaseLoad] - LS Served Cases (OOS) – Details
 - b. Status Report - Served [CaseLoad] - LS Served Cases (IS) – Details (Report to be developed in SCYFIS)
4. Each report should be signed by the LCC Support Specialist, indicating its accuracy.

Subsection 40 – Local Access Mechanism

A. The purpose of a Local Access Mechanism is to improve:

1. Coordination and utilization of existing resources and supports
2. Access to services by families
3. The identification of needed services

B. Program Definitions

1. A Local Access Mechanism (LAM) is an identifiable structure and method that helps families access and coordinate available services and supports, both public and private, to address the full range of needs encountered by families with children.
2. Information and Referral - Initial interaction of the consumer with the system which is initiated by an individual seeking resource(s) either for a child or a family member of for the

whole family.

3. Screening - Initial triage to identify children at risk and link them to appropriate resources.
4. Assessment - A comprehensive review of data from multiple sources to identify strengths, resources and needs to develop plans of care.
5. Evaluation - Discipline-specific intensive study of a clinical issue performed by an appropriately credentialed professional.
6. Systems Navigation - Assistance provided to families to help them identify strengths and needs and to obtain necessary services (does not constitute clinical evaluation). The individuals who provide this assistance do not carry a caseload, and are available to families as they present themselves. Families requiring clinical evaluation should be referred to appropriate child-serving agencies, organizations, or appropriately credentialed professionals.

C. Program Requirements

1. There is no requirement that an LMB develop a LAM.
2. LMBs using GOC funding for a LAM shall meet the minimum requirements set forth in this section.
3. Other requirements shall be established through a negotiated agreement between GOC and the LMB.
4. There is no state entitlement to a LAM or to any services listed in this section.

D. Models - LMBs may develop a LAM using one of the following models or another model approved by GOC:

1. Single Point of Access - A Single Point of Access (SPA) is the single point of entry for families who wish to enter the system, regardless of the intensity of the needs of their children. SPA provides a pathway for families in the navigation of the service delivery system. Examples include:
 - a. A web-based resource guide.
 - b. The United Way's 211 hotline number.
 - c. Another hotline operating within the community.
2. "No Wrong Door" Policy - Under a "no wrong door" policy, families are able to enter the LAM through an array of existing services and agencies. Existing points of access continue to serve children and families, while directing them to the LAM when appropriate.
3. Hybrid Model - In the hybrid model, the jurisdiction elects to combine elements of the two models above. Jurisdictions may propose to maximize access to local services by providing both a centralized information and referral source (such as the United Way's 211 number – principally for families not involved with existing organizations or agencies) *and* points of access through existing services (for families already involved with or seeking categorical services for the first time).

E. Functions of the LAM - At a minimum the LAM shall include the following functions, unless otherwise negotiated with and approved by GOC:

1. Information/Referral (I/R) is the first point of contact within the LAM. During that first

contact, the I/R specialist will ask preliminary questions and determine if the child or family is in a crisis situation that requires immediate attention by the police, a crisis response unit, or a hospital. The I/R shall have a mechanism in place that will ensure that the family is connected with the appropriate crisis response system.

2. Screening to determine a family's level of need and make the appropriate referral.
 - a. Screening does not constitute clinical evaluation or diagnosis. Families requiring clinical evaluation will be referred to appropriate child serving agencies, organizations, or appropriately credentialed professionals. Some level of intervention may occur here if the individual or family is not willing to go to the necessary level of service.
 - b. There are two levels to screening which may be done at the same time or in two distinct phases:
 - i. A screening is conducted to determine if assistance beyond information and referral is needed, including crisis intervention.
 - ii. This next level is utilized when it is determined that the caller's needs exceed simple information and referral, such as when a specific problem is presented. This screening will generate more detailed information concerning the families' strengths, needs, previous and current use of services, and other information that is needed to best address the individual or family's expressed concerns or problems. At this stage, there is a fuller identification of needs and concerns than at the first contact (although it is recognized that the screening may occur during the same encounter as the first contact).
3. Assessment - Assessment is used to identify strengths, resources and needs and obtain information for measuring customer results. An appropriate instrument shall be used to assist in the planning of non-clinical services for children and adolescents and their families as well as to provide information for quality assurance monitoring.

F. LMBs may also include a System Navigation component in the LAM. System Navigation is for those families who need additional assistance beyond a simple referral.

1. An LMB providing System Navigation will ensure that the family is:
 - a. Assisted with identifying strengths and needs and obtaining necessary services.
 - b. Appropriately screened and assessed by asking specific questions about current health conditions, recent family stresses, and other more detailed information. This screening is not, however, at the level of a clinical evaluation; families requiring clinical evaluation or diagnosis would be referred to the appropriate child serving agency, organization or an appropriately credentialed professional.
2. The staff position that provides systems navigation may be filled by either a legacy family member (referred to as a Family Navigator) or other appropriately trained professional or paraprofessional. The staff person filling the systems navigation role is required to complete the GOC approved training. These trainings will prepare family and other system navigators for their role and responsibilities. In addition to learning about system services and access, family members will receive training to prepare them for their unique dual role as family member and family navigator while other system navigators will receive heightened training on family experiences and concerns.
3. System or Family Navigators will provide the second level of screening and may complete a strengths and needs assessment with the family. This staff person does not provide clinical evaluation. Families requiring clinical evaluation or diagnosis shall be referred to the

appropriate child serving agency, organization or an appropriately credentialed professional.

G. Performance Measures - At a minimum, LMBs providing a LAM must report semi-annually on headline performance measures that indicate:

1. Quantity of effort: How much did you do?
2. Quality of effort: How well did you do it?
3. Quality of effect: Is anyone better off? (Child and family results or outcomes)

Subsection 50 - Care Coordination

A. Purpose

1. Care Coordination is most often used for families and children with more intensive needs - those families found within the top 20% of the triangle.
2. The goal of care coordination is to provide families in the top 5% of the care continuum triangle with intensive care coordination so that they can “move down the care continuum triangle,” and to provide families in the middle 15% to 20% with an intermediate level of care coordination that assists them to “move down in the care continuum triangle” and prevents them from “moving up” to more intensive services.
3. Families who receive care coordination typically need someone to manage the care plan and services until the point at which the family is ready and willing to assume this role. The care coordinator supports a single, unified plan across multiple agencies and life domains.

B. Definition - Care Coordination is assistance provided to families and children with more intensive needs - those families found within the top 20% of the triangle. These families may initially need someone whose responsibility is to manage the care plan and services until the point at which the family is ready and willing to assume this role. The care coordinator supports a single, common, unified plan across multiple agencies and life domains.

C. Staffing - The position of Care Coordinator may be filled with a family support person - someone with personal experience in navigating the system or with professionals who work in a team with a parent support person. Staff persons fulfilling this role must complete the GOC approved training required. The training will assist in preparation for the roles, as well as providing guidance on the parent-professional partnership and other elements of the System of Care.

D. Eligibility - Children receiving care coordination services through LMBs must be Community Medicaid Eligible.

E. Approved Model - LMBs that provide care coordination through wraparound pilot sites must use high fidelity wraparound, as defined by the National Wraparound Initiative Advisory Group.

F. Assumption of Risk - LMBs who are planning to provide care coordination through “wraparound pilot sites” must also consider the level of risk and responsibility that they choose to assume. The two approved approaches in Maryland are:

1. A *Care Management Unit (CMU)*, in which workers may be pulled from multiple agencies and co-located, or new workers may be hired. However, these workers are designated as members of this Unit, with responsibility for the children whose care they are overseeing. The staff of a CMU have been given both the responsibility and flexibility of being in charge of the child’s plan and outcomes, in conjunction with the family and team members. All agencies involved with the child, as well as the natural supports and family, have authorized this Unit to be responsible in leading the work. The CMU has complete flexibility in service planning, but

continues to rely on fragmented funding mechanisms. The CMU assumes responsibility for the child's plan and outcomes, but not the total financial risk that is assumed under the Care Management Entity.

2. A *Care Management Entity (CME)* is an entity that has assumed both outcome and financial liability. In return, the entity receives a single case rate for the child with whom the entity can flexibly spend money in order to individualize the plan of care. (See Appendix 6 for a copy of Maryland's Request to Amend Section 1115 of the Health Care Reform Demonstration, also known as the 1115 Medicaid Waiver.)

G. Performance Measures - At a minimum, LMBs providing care coordination must report semi-annually on headline performance measures that indicate:

1. Quantity of effort: How much did you do?
2. Quality of effort: How well did you do it?
 - a. LMBs must utilize the Wraparound Fidelity Index
3. Quality of effect: Is anyone better off? (Child and family results or outcomes)

Appendix 15 Confidentiality Form



Queen Anne's County Local Coordinating Council

P.O. Box 418
Centreville, MD 21617
Phone: 410/758-6677
Facsimile: 410/758-6904
E-mail: qalmb@qac.org

QUEEN ANNE'S COUNTY LOCAL COORDINATING COUNCIL CONFIDENTIALITY STATEMENT

I hereby agree and pledge that I will access only the information that is necessary for me to perform my responsibilities. I agree not to use, disclose or communicate any patient/client information in any manner whatsoever, other than the minimum necessary for the provision of our services. I understand that patient/client health care information will be released only to those who have a need to know and have signed the confidentiality statement. Also, I will abide by all State/Federal laws concerning confidentiality and HIPA.

I have read and understand the above Confidentiality Statement and agree to its contents.

Printed Name _____

LCC Agency Represented _____

Signature _____

Date _____

Appendix 16 CSI Clinical Recommendation Form

Clinical Recommendations for Community Services Initiative (CSI) Funding

Instructions: To be completed by a licensed mental health professional. Please type or print clearly; this form is available electronically from the LCC. These recommendations will be used in determining eligibility for CSI funding. CSI funding is not an entitlement, and is subject to eligibility criteria and availability of funding.

Child’s Name:	Date:
DOB:	

Clinician Name/License:
Organization:
Address:
Phone:

DSM IV-TR Diagnosis:

Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

Recommendations:

Based on my evaluation and/or treatment of this youth, and in my clinical judgment, this youth is currently in need of the following placement or level of care (select only one):

<input type="checkbox"/> Residential Treatment Center (placement or level of care)
<input type="checkbox"/> Residential school (placement or level of care) – <i>specify which school:</i>
<input type="checkbox"/> Intermediate care for the mentally retarded (placement or level of care)
<input type="checkbox"/> Alternative living unit* (placement or level of care) – <i>specify type:</i>
<input type="checkbox"/> Group home* (placement or level of care)
<input type="checkbox"/> Hospital* (placement or level of care) – <i>specify which hospital, type, and purpose:</i>
<input type="checkbox"/> Residential facility for children with disabilities* (placement or level of care)
<input type="checkbox"/> Wilderness program* (placement or level of care)
<input type="checkbox"/> Other**

**These categories can only be used to meet eligibility criteria for out of state return or out of state diversion.*

***May not meet eligibility criteria.*

Supporting Documentation: I have attached a description (on letterhead) of this youth’s history and behaviors which necessitate this placement/level of care.

Signature

Date