

STATE OF MARYLAND
TECHNICAL ASSISTANCE MANUAL
FOR
LOCAL COORDINATING COUNCILS

Issued by The Governor's Office for Children

On Behalf of The Children's Cabinet

Effective June 18, 2007



Governor's Office for Children
Promoting the well-being of Maryland's children

Table of Contents

Section	Page
Section I – Introduction	3
Section II – Contact Information	5
Section III - Policy Updates	6
Section IIV – Frequently Asked Questions	10
Section IV – Appendices	14
SCC Policies and Procedures	15
SCC Membership List	29
LCC OOS Minutes Form	30
SCC Out of State Referral Packet	33
SCC OOS Referral Packet -Instruction Guide	45
Example of the SCC Out of State Referral Packet	48
Acronyms	58
LCC Report Due Dates	59
SCYFIS LCC Status Levels	60
Guidelines for Status Changes - SCYFIS LCC/SCC Module	61
Clinical Recommendations for CSI Funding	71

SECTION I - INTRODUCTION

A. **Scope:** This technical assistance manual provides instruction on the administration and management of Maryland's Local Coordinating Councils (LCCs). As this is a technical assistance manual, some information relating to the roles and responsibilities of the LCCs may not be included, as it may be found elsewhere. This manual should be used in conjunction with the legislation, regulations, and policies discussed in Item D below.

B. **Reference Materials:** Documents referenced in this technical assistance manual are included in the Appendix and on the Governor's Office for Children (GOC) website (www.goc.state.md.us).

C. **Distribution and Updates:** This technical assistance manual shall be issued electronically to each Local Management Board (LMB) Director, LCC Chairperson, and LCC Staff Support Specialist, and will be available on GOC's website. Any updates will be issued electronically, posted to the website, and incorporated into the next version of the manual.

D. **Legislation, Regulations, and Policies:**

1. Article 49 D, which was reestablished through Senate Bill 294 (2006 legislative session), is the legislative authority for the State Coordinating Council and Local Coordinating Councils.
2. The Code of Maryland Regulations (COMAR) 14.31.01 provides the regulations for the SCC and LCCs (available online at www.goc.state.md.us).
3. The LCCs must follow the policies set forth in the State of Maryland Policies and Procedures Manual for Local Management Boards (available online at www.goc.state.md.us) and the State Coordinating Council Policies and Procedures (contained in the Appendix).

E. **Definitions (from COMAR 14.31.01.02):**

1. **Local Coordinating Council** – 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.
2. **State Coordinating Council** – The State interagency body established as a committee of the Children's Cabinet and which is responsible for: overseeing the operation of LCCs; monitoring the provision of residential

placement services to children with special needs; and performing additional functions in accordance with the directives of the Children's Cabinet.

3. **Community Services Initiative (CSI)** – The system for the distribution of flexible Children's Cabinet funds to return or divert children from unnecessarily restrictive placements outside of their home communities.

SECTION II – CONTACT INFORMATION

GOC Staff	Contact Information
Linda Carter, M.Ed. State Coordinating/Local Coordinating Council Manager	lcarter@goc.state.md.us 410-767-6209
Garland Thomas Local Management Board Technical Assistance Specialist	gthomas@goc.state.md.us 410-767-4692
Connie Colbert State Coordinating Council Administrative Assistant	ccolbert@goc.state.md.us 410-767-6200
Governor's Office for Children	www.goc.state.md.us 410-767-4160

See Section IV for contact information for SCC Members.

SECTION III - POLICY UPDATES

1. **LCC Disagreement with Court Orders:** *Policy to be developed.*

2. **Local Management of CSI Funds:** Effective 3/1/07, each Local Management Board was awarded an amount of CSI funds to manage, and has the ability to approve new cases (CSI Assessments) and budgets (Annual Yearly Plans) for each CSI case. GOC approval for CSI Assessments and Annual Yearly Plans (AYPs) is no longer needed. All eligibility criteria and other policies and procedures for CSI, as established in COMAR 14.31.01 and the State of Maryland Policies and Procedures Manual for Local Management Boards, remain the same.

3. **Annual Review Schedule for Out-of-State Placements:** Beginning in State Fiscal Year 2008, the LCC is required to review the cases of all youth who are placed out-of-state (OOS) at the beginning of each fiscal year (not at their LCC anniversary date).
 - a. These Annual Reviews can begin in April of the preceding fiscal year, and must be completed by August 31 of the new fiscal year. (For example, FY08 Annual Reviews can begin in April 2007 and must be completed by August 31, 2007.)
 - b. For Annual Reviews completed in April, May, and June, the Lead Agency worker should wait to submit the Annual Review packet to their State Lead Agency until after July 1, as some youth may be discharged from the out-of-state placement prior to July 1.
 - c. Lead Agency workers must submit all Annual Review packets to their State Lead Agency no later than September 15 of each year.

4. **Changes in LCC Referral/Minutes Documentation and SCC Application Requirements:** See the SCC Policies and Procedures (Appendix 1) for new requirements.
 - a. Changes to LCC Referral and Minutes documentation are effective as of 9/1/07 for Baltimore City, and 10/1/07 for all other jurisdictions. The LCC Minutes Form (to be revised by the SCC) will be required for all LCC cases and must be used by all jurisdictions.
 - b. The SCC will provide training and technical assistance to LCC and State and Local Lead Agency staff regarding changes that will be implemented 9/1/07 and 10/1/07.
 - c. Several changes to the SCC Application Requirements are effective immediately; see Appendix 1 for currently required documentation for referrals to the SCC for out of state (OOS) placement.

- 5. LCC Requirement for Emergency Case Reviews (effective immediately):**
- a. Emergency LCC cases must be heard within 10 business days of referral from the Lead Agency.
 - b. Each LCC must include a procedure for emergency case reviews in their LCC Policy and Procedures Manual, as required by COMAR 14.31.01.
 - c. The SCC recommends that the following types of cases be considered emergency cases: cases in which the youth is considered Lisa L., is in detention, has a court order for placement, or has been ejected or rejected and has no current placement. This list is not exhaustive of what may constitute an emergency case.
 - d. The SCC recommends that for all jurisdictions, at least one slot on each agenda should be held for emergency cases.
- 6. LCC Membership Requirements (effective immediately):**
- a. Article 49D and COMAR 14.31.01 list the requirements for LCC membership, and must be followed by all LCCs.
 - b. The LCC parent representative/parent advocate may not be an employee of any LCC member agency.
 - c. Any LCC member with a vested interest in the outcome of an LCC case must recuse herself from that case. (A vested interest may be a personal relationship with the family, a business relationship with potential service providers, or other circumstances.)
 - d. By 9/1/07, the SCC will gather additional information on LCCs which had included other community members in their membership or who regularly attended LCC meetings, and will determine an appropriate policy to address this.
- 7. Streamlining the out of state referral process (effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions):**
- a. Local Lead Agencies will refer cases to the LCC for approval of OOS placement once an OOS facility has been selected and has accepted the youth.
 - b. When approving out of state placements, the LCC must approve one or more specific OOS facilities for each youth (not just OOS placement in general). The SCC recommends that the LCC approve more than one OOS facility (if available) for a youth in case the first choice does not have an opening or the Lead Agency later determines that the other OOS facility is more appropriate.
 - c. If there are more than 30 days between the date of referral to the LCC and the date the case is reviewed by the LCC, the reason for this delay must be documented in the case minutes.

8. **LCC Review of Voluntary Placement Agreement (VPA) referrals (effective 10/1/07)**: House Bill 1226 (2007 legislative session) requires that the Department of Social Services (DSS) discuss all requests for VPAs at the next LCC meeting, for the “purpose of determining whether any alternative or interim services for the child and family may be provided by any agency.” LCC requirements to provide 10-day notice to parents and attorneys will apply to these referrals.
9. **LCC Training**: The SCC members will provide training to LCC members and State and Local Lead Agency staff.
 - a. All LCC members, DJS Resource staff, and other State and Local Lead Agency members (as identified by their SCC representative) will receive training.
 - b. Training will be conducted between July and September 2007, in preparation for the implementation of new LCC/SCC policies on 9/1/07 and 10/1/07. Trainings will be held regionally, where possible.
 - c. Training topics to be included in LCC training:
 1. Legislative and regulatory authority for LCCs and SCC. Policies included in the State of Maryland Policies and Procedures Manual for Local Management Boards and the SCC Policies and Procedures.
 2. Community resources, including:
 - i. In-state placement resources, including how to use the online SCYFIS Resource Directory.
 - ii. In-state community-based services, such as CSI, LCC Flex Funds, rehab. option, and other State agency services.
 - iii. Resources for transition aged youth.
 - iv. Currently approved OOS facilities, including placements for fire-setters, sex offenders, youth with developmental disabilities, etc.
 3. LCC requirements:
 - i. Requirements for LCC Policies and Procedures Manuals.
 - ii. Requirements for LCC Technical Assistance cases (less documentation is required than for required referrals).
 - iii. Requirements for Local Lead Agencies to provide follow-up information for all LCC cases, including admission and discharge dates, placement facility, etc. Recommended methods for collecting this information (e.g. follow-up on previous cases at the following LCC meeting).
 - iv. Requirements for emergency LCC reviews.
 4. Procedures for when the LCC disagrees with the Lead Agency’s recommendations and/or a court order.
 5. HB 1226, and LCC review of VPA referrals from DSS.
 6. Revised LCC/SCC forms and referral process, including:
 - i. All required documentation, including the LCC Minutes form and the LCC/SCC referral forms.

- ii. Recommendation that LCCs approve more than one OOS facility, when available (so that the Local Lead Agency does not need to return to LCC if the first choice OOS facility becomes unavailable or inappropriate).
- iii. Methods for determining the appropriateness of an OOS facility for a youth's needs.
- iv. How to read, understand, and make use of IEPs during the LCC decision-making process.
 - v. Timelines for referral process and required documentation.
- vi. Need for LCCs to make conclusive approvals or denials of OOS placements (i.e. approved "pending" will not be accepted by SCC; if there are issues not fully resolved at the LCC review, the case will need to be reviewed again by the LCC.)
- vii. SCC presentation protocol.
- viii. Requirements for in-state rejections before approval of OOS placement.

SECTION IV – FREQUENTLY ASKED QUESTIONS

Who should you contact for SCYFIS training and/or technical assistance?

Deborah Goodman, SCYFIS/MIS Support at 410-767-6255 or dgoodman@goc.state.md.us or Antoinette Thomas, Deputy Director, Information Systems at 410-767-6242 or athomas@goc.state.md.us.

Who is responsible for notifying parents and attorneys of an LCC meeting?

The LCC Support Specialist is responsible for notifying parents/legal guardians and attorneys of the dates/times of LCC meetings. Unless this right is waived (in writing), parents/legal guardians and attorneys have a right to be informed in writing 10 days prior to any LCC meeting.

Parents/legal guardians and attorneys can not waive the 10-day right for each other (i.e. if the parent waives the right but the attorney does not waive her right, the attorney must be given 10-days written notice of the LCC meeting).

If the parents/legal guardians or attorneys signed the 10-day waiver, the LCC Support Specialist is responsible for documenting the date and method of notification of the LCC meeting.

Occasionally, the Lead Agency may notify the parents/legal guardians or attorneys of the LCC meeting. For example, if the parent signed the 10-day waiver but their phone is disconnected, the Local Lead Agency case manager may meet with the parent to provide notice. If so, the LCC must have documentation that this meeting occurred.

COMAR 14.31.01.12 contains full information on the rights of parents/legal guardians and attorneys. The LCC will be monitored for compliance to these regulations.

Are parents and attorneys required to attend LCC meetings?

Although they are not required to attend, parents and attorneys have the right to participate in any part of an LCC meeting in which the child's case is being discussed.

What are the timelines (benchmarks) for LCC reviews?

- For all new referrals, reviews must be conducted within thirty (30) days of receipt of receiving the complete referral packet from the Lead Agency (see COMAR 14.31.01.05).
- Effective immediately, for emergency referrals, LCC reviews must be conducted within 10 business days of receipt of receiving the complete referral packet from the Lead Agency.
- For youth receiving CSI funding, LCC reviews must be held every six months.

- For all other cases, including in-state residential placements or in out of state (OOS) placements, LCC reviews must take place at least annually (see Policy Updates for timeline for OOS Annual Reviews).
- For new OOS referrals:
 - The SCC currently requires that all new cases referred to the SCC have LCC minutes (documentation of an LCC meeting that includes approval of an OOS placement) that occurred no more than six (6) months prior to the SCC review.
 - Effective 9/1/07 for Baltimore City and 10/1/07 for all other jurisdictions, the SCC will require that OOS packets be submitted to GOC within 45 days of the Local Lead Agency's receipt of the LCC minutes.
 - It is advised that the Local Lead Agency and LCC track all OOS referrals, and schedule new LCC reviews for cases in which the LCC minutes/approval may expire before the case is heard by the SCC. (Please note: The SCC hears all cases within 30 days, often sooner, of receiving a complete referral packet from the State Lead Agency.)

What forms are required for the LCC, and who is responsible for completing them?

- Referral to the LCC – The Local Lead Agency (LLA) is responsible for submitting a referral form to the LCC Support Specialist for all new referrals. Currently, this form can be created by the LCC, or the Local Lead Agency can directly input this information into SCYFIS (SCYFIS training, confidentiality agreement, and password are needed).
- LCC Minutes – The LCC Support Specialist is responsible for completing and distributing LCC minutes. For all cases approved for OOS placement, the OOS Minutes form must be used; the LCC can add items to this form, but the format must be the same. Currently, for all other cases, the LCC may use a different form if they choose, but all elements required in the OOS Minutes form must be included. Effective 9/1/07 for Baltimore City and 10/1/07 for all other jurisdictions, a standard LCC Minutes form (developed by the SCC) will be required for use in all LCC cases.
- CSI Clinical Recommendations Form - The LLA is responsible for submitting this form to the LCC. It must be completed by a licensed mental health clinician who has treated and/or assessed the youth.

What forms are required for the SCC, and who is responsible for completing them?

- LCC Minutes - The LCC Support Specialist is responsible for completing and distributing LCC minutes, and ensuring that the Local Lead Agency has a copy of these minutes for inclusion in the SCC OOS Application Packet.
- SCC OOS Application Packet – The LLA is responsible for completing all sections and gathering all required documentation. The LLA then forwards this packet to the State Lead Agency SCC representative or designee (who reviews the packet and submits it to the SCC/LCC Manager at GOC).

What is required to be entered into SCYFIS?

All LCC cases must have complete and accurate records in SCYFIS; this includes in-state residential placements, out-of-state placements, and CSI cases.

For all LCC cases, all fields in the following SCYFIS pages must be complete and accurate:

- Family
- Placement
- Status
- Review

In addition, for all CSI cases, all fields in the following SCYFIS pages must be complete and accurate:

- Family
- Referral
- POC
 - History
 - Strengths and Needs
 - Goals
 - GSP
- Status
- Act Log
- Attendance
- Summaries (to be completed at case close)
- Follow-Up (to be completed after case, as needed)

For OOS cases, the SCC Info. and PRC Decision pages are currently for GOC use only.

What is the relationship between CSI funding and LCC Flex Funds? Are they intended for the same purpose? Does the LCC first make a request for CSI funding and then, if not available, utilize LCC Flex Funds?

As stated in the Notice of Grant Award for LCC Flex Funds, these funds should be utilized for community-based services and community-based out-of-home placements needed by children with mental or developmental disabilities not in State custody, regardless of eligibility for the State Medical Assistance Program, if:

- a. The child is in an out-of-home placement and has been recommended for discharge but the child's family is unwilling or unable to have the child return home; or
- b. The child remains in the home but the child's family is unable to provide appropriate care for the child without additional services and the child is either at

risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement.

Eligibility information regarding CSI funds can be found in the State of Maryland Policies and Procedures Manual for Local Management Boards and COMAR 14.31.01.

The Local Lead Agency can determine which funding they want to apply for, and/or the LCC can determine which is appropriate. GOC encourages the LCC to consider Flex Funds for youth not in state custody first (if they meet criteria), in order to maximize the use of both funding sources.

How long does it take for a case to be approved for OOS placement by the SCC?

The total time between LCC approval and SCC approval is dependent on how quickly the Lead Agency submits a packet to GOC, which is dependent on the length of time it takes to determine if any in-state placements are appropriate, to locate an appropriate OOS placement, and for the Lead Agency to complete its own internal reviews. Once a complete SCC packet is submitted to GOC, the SCC has 30 days (per COMAR 14.31.01) to review the case. On average, however, cases are heard within 9 calendar days of submission of a complete packet.

SECTION V - APPENDICES

APPENDIX 1

SCC POLICIES AND PROCEDURES

(Approved by the Children's Cabinet Results Team 6/18/07)

1. State Coordinating Council (SCC) Membership: SCC members from State Lead Agencies can not be placement staff (or staff responsible for assisting in the placement of youth in residential facilities). Placement staff may attend meetings to present their agency's cases but can not vote. Each SCC member can vote on each case, including cases presented by that agency.
2. SCC Policy Responsibilities: The Children's Cabinet Results Team (CCRT) fulfills the SCC's policy responsibilities, which are described in Article 49 D and the Code of Maryland Regulations (COMAR) 14.31.01.
3. SCC Approval: SCC approval is required for all youth placed in out of state (OOS) facilities using State funding (see Article 49 D and COMAR 14.31.01).
 - a. SCC approval is required before a youth can be placed in an out of state facility using any State or local funding.
 - b. SCC approval is documented by the Governor's Office for Children completion of a funding letter, which is sent to the OOS facility, the Lead Agency, the parents, the youth's attorney, and the LCC Support Specialist.
4. SCC Review: The SCC is responsible for ensuring that each out of state placement is:
 - a. Appropriate to meet the youth's special needs (including mental health, educational, physical, social, and other needs);
 - b. Necessary due to lack of available, appropriate in-state placements;
 - c. Appropriately funded by State agencies; and
 - d. The least restrictive environment based on clinical, court, and LCC recommendations.
5. Rights of Parents and Attorneys: As stated in Article 49 D and COMAR 14.31.01, parents and attorneys have a right to be present during any portion of an LCC or SCC meeting about their child/client, including the LCC/SCC's discussion of the placement, potential in-state placements, previous services, any other issues, and the decision-making vote.
 - a. Parents/attorneys also have a right to 10-day written notice of any LCC/SCC meeting; this right can be waived if the parent/attorney signs the 10-Day Waiver form.
 - b. Agency workers can not sign the (parent) 10-Day Waiver Form except for DSS workers; DSS workers can only sign if both parents' parental rights have been terminated or the parents are deceased and there is no other legal guardian.

6. SCC Packet Submission Procedures:
- a. The Local Lead Agency presents the request to the Local Coordinating Council (LCC) for OOS placement; the LCC either approves or disapproves the request.
 - i. Currently, the LCC can either approve a specific OOS placement or give approval for an OOS placement in general.
 - ii. Effective 9/1/07 for Baltimore City and 10/1/07 for all other jurisdictions, the LCC approval must be for a specific OOS facility. The OOS facility must have accepted the youth prior the LCC review. The SCC recommends that the LCC approve more than one OOS facility (if more than one OOS facility has accepted the youth) for a youth in case the first choice does not have an opening or the Lead Agency later determines that the other OOS facility is more appropriate.
 - b. If the LCC approves an OOS placement (and currently, once an OOS facility has accepted the youth), the Local Lead Agency submits an SCC/OOS Referral Packet to their designated State agency representative.
 - c. State agency reviews Referral Packet:
 - i. If incomplete, the designated State agency representative works with Local Lead Agency to complete; or
 - ii. If complete and appropriate for OOS, the designated State agency representative submits the packet to the Governor's Office for Children (GOC).
 - d. The complete packet must be received by GOC 11 business days prior to the desired SCC review date (see Item 14 for information on the SCC Schedule).
 - e. GOC reviews the referral packet for completion:
 - i. If complete:
 1. The case is put on the next SCC agenda;
 2. Parents and attorneys are notified by GOC of the scheduled SCC review;
 3. The State Lead Agency is notified of the scheduled SCC review; and
 4. The State Lead Agency coordinates invitation of the Local Lead Agency and determines who will present the case at SCC (per State agency policy).
 - ii. If incomplete:
 1. The case is tentatively put on the next SCC agenda;
 2. The State Lead Agency is notified of missing documentation and tentatively scheduled SCC review, and coordinates invitation of Local Lead Agency (per State agency policy);
 3. Parents and attorney are notified by GOC of tentative SCC review, and that case may be cancelled due to lack of required documentation;

4. All missing required documentation is due to GOC by 3:00 pm 4 business days prior to the SCC meeting;
 - *Example: If SCC is scheduled for Tuesday (and there are no state holidays), all missing documentation must be received by GOC by 3 pm on the prior Thursday.*
5. If the required documentation is not submitted to GOC by the due date/time:
 - a. The case will be taken off the agenda;
 - b. The Children's Cabinet will be notified by GOC of the reason (missing documentation) for the cancellation; and
 - c. GOC will notify parents and attorneys of cancellation and the reason for cancellation.
6. For cases cancelled due to lack of documentation: Cases will not be scheduled again tentatively; cases will only be scheduled once all required documentation is received by GOC.
7. Required Documentation: SCC Referral Packets must be submitted to GOC for review; completed packets will be scheduled for SCC review. See below for requirements.
 - a. See table below for full documentation requirements for new referrals and transfer cases.
 - b. SCC approval is required (by State regulations) for any transfer from one OOS facility another.
 - c. Transfers within the same OOS facility: SCC approval is required (by State regulations) for any transfer within an OOS facility if the change is to a more restrictive and/or more expensive program. SCC approval is required before transfers, except for emergency situations: If the youth's health or well-being is substantially at risk, a transfer may occur prior to SCC approval, but the Lead Agency is responsible for securing SCC approval within 15 business days of the transfer. Justification for the emergency transfer will be required in addition to the other required documentation.

Required Documentation	Effective Immediately	Effective 9/1/07 or 10/1/07 (after training for LCC members/agency staff)*
Cover sheet/signatures	<ul style="list-style-type: none"> • Current form is required to be submitted by Lead Agency to GOC • SCC to review • State Lead Agency signature is all that is required 	<ul style="list-style-type: none"> • SCC to revise form • Revised form is required to be submitted by Lead Agency to GOC • SCC to review • State Lead Agency signature is all that will be required
Legal guardianship court order	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance 	<ul style="list-style-type: none"> • LCC to review and document
SCC application	<ul style="list-style-type: none"> • Current form is required to be submitted by Lead Agency to GOC • SCC to review 	<ul style="list-style-type: none"> • SCC to revise form • Revised form is required to be submitted by Lead Agency to GOC • Same form will be used for referral to LCCs; form will not need to be updated for referral to SCC unless youth information has changed • SCC to review
Effort to secure in-state placement	<ul style="list-style-type: none"> • Current form is required to be submitted by Lead Agency to GOC • SCC to review 	<ul style="list-style-type: none"> • SCC will include questions about in-state and OOS rejections in the LCC minutes form • LCC will review and document • SCC will review as part of review of LCC minutes • SCC will focus on reasons for rejections and will use this data in resource development recommendations • SCC will also develop an OOS placement profile/template which will be completed at each SCC review to document the type of OOS placement needed (e.g. youth needs a hardware secure RTC that also provides substance abuse treatment) – this data will also be used in resource development recommendations
Rejection letters/forms from in-state facilities	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance 	<ul style="list-style-type: none"> • LCC to review and document

**Effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions*

Required Documentation	Effective Immediately	Effective 9/1/07 or 10/1/07 (after training for LCC members/agency staff)*
Service/transition plan	<ul style="list-style-type: none"> • Current form is required to be submitted by Lead Agency to GOC • SCC to review 	<ul style="list-style-type: none"> • SCC will include questions about services and transition in the LCC minutes form • LCC will review and document • SCC will review as part of review of LCC minutes
Letter of acceptance from OOS facility	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance 	<ul style="list-style-type: none"> • LCC to review and document
MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract)	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review 	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • For Annual Reviews: SCC will determine if requirement for MSDE-approved cost-sheet can be revised
Current court order	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance 	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance or the court order • LCC to review and document
Current IEP	<ul style="list-style-type: none"> • Lead Agency to provide a letter of assurance 	<ul style="list-style-type: none"> • LCC to review and document

**Effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions*

Required Documentation	Effective Immediately	Effective 9/1/07 or 10/1/07 (after training for LCC members/agency staff)*
<p>LCC minutes</p> <ul style="list-style-type: none"> with approval of OOS placement with Exception Criteria with Lead Agency 	<ul style="list-style-type: none"> Lead Agency to submit to GOC SCC to review LCC minutes must be within 6 months prior to the SCC review 	<ul style="list-style-type: none"> SCC to revise form Lead Agency to submit to GOC SCC to review SCC application packet must be received at GOC within 45 days after Local Lead Agency receipt of LCC minutes (revised LCC minutes will have box for LLA's receipt stamp) After 9/1/07, there will be a grace period for cases reviewed prior to the implementation of these policies
<ul style="list-style-type: none"> with funding sources 	<ul style="list-style-type: none"> Not required 	<ul style="list-style-type: none"> This will be documented in the LCC/SCC referral application
<ul style="list-style-type: none"> with LMB agreement or disagreement with the LCC decision 	<ul style="list-style-type: none"> Required to be included in the LCC minutes (cases without this statement will, however, still be reviewed by SCC) 	<ul style="list-style-type: none"> SCC will revise LCC minutes to include questions as to why the LCC did not determine that the youth was more appropriate for CSI, Wrap around, LCC Flex Funds, Rehab. option, DDA or other non-entitlement community services
<p>Clinical recommendations</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 Note: Not required for MSDE/LSS cases in which the placement is required by the IEP 	<ul style="list-style-type: none"> Lead Agency to submit to GOC SCC to review Clinical recommendations must be within 12 months prior to packet submission to GOC Timeline requirement (12 months) is waived for youth going to MA-funded RTCs or Intermediate Care Facilities-MR Level of Care (if MA is funding that youth's placement) 	<ul style="list-style-type: none"> LCC to review and document in LCC minutes Timeline for clinical recommendations is tied to LCC, not SCC, review Clinical recommendations must be within 6 months prior to the LCC review Timeline requirement (6 months) is waived for youth going to MA-funded RTCs (if MA is funding that youth's placement)

*Effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions

Required Documentation	Effective Immediately	Effective 9/1/07 or 10/1/07 (after training for LCC members/agency staff)*
<p>Optional: 10-day waiver –parent* and attorney</p> <p>* “parent” includes legal guardians</p>	<ul style="list-style-type: none"> • Letter of assurance from lead agency 	<ul style="list-style-type: none"> • Letter of assurance from lead agency • SCC will revise the 10-day waiver forms: <ul style="list-style-type: none"> • Requirement for Lead Agency <i>witness</i> will be changed to Lead Agency <i>verification</i> • Waiver will include checkboxes for LCC and SCC, so parents and attorneys can choose to check LCC, SCC, or both • Waiver will include statement that parent/attorney can rescind this waiver by submitting a written statement to the Lead Agency, to be effective the date the statement is signed by the parent/attorney (Lead Agency will be responsible for notifying the LCC and/or SCC immediately if the waiver is rescinded) • Waiver will include statement that the waiver is valid for one year from the date of the parent/attorney’s signature
<p>If LSS is funding/co-funding</p>		
<ul style="list-style-type: none"> • <i>Education Verification Form</i> 	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review 	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review
<ul style="list-style-type: none"> • <i>Current Educational Assessment</i> 	<ul style="list-style-type: none"> • Letter of assurance from lead agency 	<ul style="list-style-type: none"> • Letter of assurance from lead agency
<ul style="list-style-type: none"> • <i>Individual Placement application (if needed)</i> 	<ul style="list-style-type: none"> • Letter of assurance from lead agency 	<ul style="list-style-type: none"> • Letter of assurance from lead agency

*Effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions

Required Documentation	Effective Immediately	Effective 9/1/07 or 10/1/07 (after training for LCC members/agency staff)*
<p>Transfer cases:</p> <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 	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review • LCC minutes must be within 3 months prior to the SCC review 	<ul style="list-style-type: none"> • Lead Agency to submit to GOC • SCC to review • SCC application packet must be received at GOC within 45 days after Local Lead Agency receipt of LCC minutes (revised LCC minutes will have box for LLA's receipt stamp)

**Effective 9/1/07 for Baltimore City; 10/1/07 for all other jurisdictions*

Note: Each Lead Agency/State agency may require additional documentation for their purposes, but such documentation is not required by SCC and should not be submitted to GOC unless the State agency determines that those materials should be reviewed by the SCC.

8. **In-state rejections:** In-state rejections from all appropriate placements are required for all youth unless the court order specifies a hardware secure placement. (Youth may only be approved for out of state placement if they meet the criteria set forth in COMAR 14.31.01.)
9. **SCC Disagreement with Court Orders:** *Policy to be developed.*
10. **Cost Sheets:** Correct and current cost sheets are required to be submitted to GOC with the SCC Referral Packet (and Annual Renewals). Lead Agencies will send the approved cost-sheets to OOS facilities as part of the application process, in order to expedite the return of completed cost sheets.
11. **Clinical Recommendations:** Currently, clinical recommendations, including DSM IV-TR diagnosis and placement recommendations for the proposed OOS type of facility/level of care (or services needed), must be current within 12 months prior to the SCC review date. Clinical recommendations must be written by a psychologist or psychiatrist, or updated by a licensed master's level clinician.

- a. Effective 9/1/07 for Baltimore City and 10/1/07 for all other jurisdictions, the clinical recommendations must be within 6 months prior the LCC review.
- b. The timeline requirements are waived for youth being placed into MA-funded RTCs or Intermediate Care Facilities – MR Level of Care (if MA is funding the youth’s placement).

12. Expedited Cases:

- a. Youth must currently be in one of the following circumstances to be eligible for their SCC case to be expedited:
 - i. Youth is placed in a psychiatric hospitalization, and is either ready for discharge or is past the clinical discharge date, and is unable to return to the previous placement (this includes, but is no limited to, Lisa L. youth).
 - ii. Youth has been in a Department of Juvenile Services detention facility pending placement for 60 days or longer.
 - iii. Youth’s health or well-being is substantially at risk.
- b. In addition to the regular SCC meetings (see Item 14), the SCC will establish one regularly scheduled meeting time during the non-SCC meeting week to hear expedited cases. (Currently, Tuesday mornings at 8:30 is held for expedited cases.) This meeting may occur via conference call.
- c. Expedited case referral packets must be submitted to GOC at least 6 business days before the desired SCC review date. (SCC review dates are only the regularly scheduled SCC meeting dates.)
- d. Referral packets submitted to be expedited must be complete; incomplete packets will not be expedited.
- e. Parents and attorneys maintain their rights to 10-days written notification of an SCC review; therefore, cases without signed 10-day waivers from both the youth’s parents and attorneys may not be able to be expedited.
- f. The State Lead Agency must provide documentation of which criteria (above) the youth meets.
- g. The SCC will review expedited cases within 10 business days of receipt of a complete packet from the State Lead Agency. This may require SCC to meet weekly for one full day.

13. OOS Readmission After Runaway: If a youth has run away from an OOS facility, and the same OOS facility has then reaccepted the youth to the facility for a new admission:

- a. LCC and SCC approval are required if there has been an official discharge from the OOS facility.
- b. Documentation required by the SCC: All information normally required by the SCC must be current. If the previously submitted documentation is still current, this information may be used by the SCC; the SCC Manager

will verify with the State Lead Agency what information is current. (“Current” is defined as falling within the requirements set forth in Item 7 above, based on the new SCC review date.)

14. SCC Schedule: The SCC will hold regular meetings every other week. (Currently, the SCC meets every other Tuesday, 9:30 – 4:00, with the option to expand to 9:00 – 4:00 if needed.)
 - a. Cases are typically scheduled for 30 minute timeslots; this time period includes time for the Lead Agency’s case presentation, discussion, and vote by the SCC. (Annual Reviews will be scheduled for shorter timeslots.)
 - b. The last 30 minutes of each regular SCC meeting will be held for any follow-up issues that arise during the scheduled case reviews. Cases unable to be resolved during their scheduled time may be revisited at the end of the SCC meeting, to allow the Lead Agency/SCC members to address any issues of concern.
 - c. As noted above, in addition to the regular SCC meetings, the SCC will establish one regularly scheduled meeting time during the non-SCC meeting week to hear expedited cases. (Currently, Tuesday mornings at 8:30 is held for expedited cases.) This meeting may occur via conference call. Depending on the number of expedited cases, this alternate-week meeting may require the SCC to meet for a full day.

15. Case Presentation protocol: SCC case presentations will follow a formal case presentation and discussion protocol; different presentation protocols will be used for new referrals and Annual Reviews (see attachments).

16. OOS Placement without SCC approval: Although SCC approval is required by Article 49 D prior to the placement of any youth in an OOS facility, the SCC is aware that several youth have recently been placed OOS by Lead Agencies without SCC approval.
 - a. Effective immediately, no further OOS placements prior to SCC approval may occur.
 - b. For cases that did not receive prior SCC approval, the Lead Agencies were required to submit referral packets to the SCC for approval by 2/9/07. Once these referrals are received, the SCC will review those cases, and if approved, will only give approval effective the date of the SCC meeting.
 - c. Required documentation for submission of these cases to GOC:
 - i. All documentation normally required for new cases will be required;
 - ii. The most recent treatment plan/treatment plan review from the OOS facility;
 - iii. Original in-state rejections; and
 - iv. Current in-state rejections may be required (this will be determined on a case-by-case basis).
 - d. The SCC will provide technical assistance to Lead Agencies who place youth OOS without SCC approval.

17. State Lead Agency Reports of OOS Placements: All SCC member agencies will submit a list to the SCC quarterly of all youth placed OOS.
 - a. Reports must contain all youth in OOS facilities on the first day of the quarter and all youth admitted to OOS facilities during the quarter.
 - b. Reports must contain the youth's name, DOB, jurisdiction, OOS facility and state, admission date, and discharge date (if discharged).
 - c. Reports will be due on the 3rd Friday of October, January, April, and July for the previous quarter. GOC will send a reminder notice out to all SCC member agencies.

18. Annual Reviews by SCC:
 - a. The SCC will meet as a group to review all Annual Reviews (starting with FY 07 Annual Reviews).
 - b. Parents and attorneys will be invited to reviews for their children/clients.
 - c. State Lead Agencies are responsible for submitting complete and accurate Annual Review packets to GOC.

19. SCC Monitoring of LCCs: GOC monitoring staff will monitor LCC records, following the LMB monitoring schedule. The SCC reserves the right to conduct additional monitoring of the LCCs. GOC staff will monitor the following documentation:
 - a. LCC minutes;
 - b. SCYFIS data;
 - c. Letters of intivation/10-day waivers;
 - d. Annual reviews;
 - e. 6-month reviews for CSI cases;
 - f. LCC Policies and Procedures manuals;
 - g. CSI budgets, approvals, and expenditures;
 - h. LCC Flex Fund expenditures; and
 - i. Other documentation, as appropriate.

20. LCC Policies: LCC Policies are included in the State of Maryland Local Management Board Policies and Procedures Manual. The SCC reserves the right to develop additional policies, as appropriate.

21. SCC Monitoring of OOS Facilities: *Policy to be developed.*

22. Conflict of Interest: Any SCC member with personal knowledge of or a vested interest in the outcome of an SCC issue must disclose this conflict to the SCC Chair and/or recuse themselves.

SCC CASE PRESENTATION PROTOCOL (NEW/TRANSFER REFERRALS TO THE SCC)
(To be revised prior to 9/1/07)

Case Presentation by the Lead Agency:

1. Basic Information
 - a. Name
 - b. DOB and age
 - c. Race
 - d. Gender
 - e. Family Situation (i.e. who does the youth live with when not in placement, any other relevant information)
 - f. Grade in school
 - g. MA and/or private insurance status
 - h. CON status, if applicable
 - i. Lisa L. status

2. Treatment Needs
 - a. DSM IV-TR diagnosis
 - b. IQ
 - c. Is DDA application appropriate? (Or does the youth already receive DDA services?)
 - d. Behaviors that led to the need for a placement
 - e. Previous placements and community-based services (What has been attempted to prevent an OOS placement?)
 - f. Has the family been involved in services?
 - g. Other significant issues – fire setting, substance abuse, court involvement, etc.
 - h. Level of care/placement recommendations from clinicians, courts, LCC, etc.

3. Medical Needs
 - a. Are there any specific medical conditions/needs?

4. Educational Needs/Placement
 - a. General or special education status
 - b. Disability code
 - c. Date of current IEP
 - d. IEP determination (LRE)
 - e. Diploma, GED, or Certificate track
 - f. LSS funding/co-funding

5. Rejections
 - a. Court-order for placement
 - b. Rejections from all appropriate in-state facilities (What attempts were made to address these rejections?)
 - c. Rejections from other OOS facilities

6. OOS Facility
 - a. Facility/Location
 - b. How can this facility meet the youth's needs?
 - c. Can the facility meet the youth's special medical needs (if any)?
 - d. What is the projected length of stay?
 - e. Have the parents been given information about the facility and the visitation policy (including schedule, transportation, etc.)?
 - f. How will the family be involved in treatment?
 - g. What transportation/accommodations are available to the family?

7. Funding
 - a. Who is funding the residential component?
 - b. Who is funding the educational component?
 - c. What are the annual costs?

8. Transition Plan
 - a. What is the plan to return the youth to Maryland?
 - b. What type of placement is anticipated for after the OOS placement?
 - c. What services need to be in place for the return to Maryland?

9. Other issues

Case Discussion Protocol by SCC:

1. Discussion regarding level of care and treatment needs
2. Discussion regarding educational needs/ placement
3. Discussion regarding in-state rejections
4. Discussion regarding appropriateness of the proposed OOS facility
5. Discussion regarding the plan to return youth to Maryland
6. Discussion regarding funding
7. Parent/attorney opinion
8. Other questions
9. SCC vote

SCC CASE PRESENTATION PROTOCOL – ANNUAL REVIEWS

Format for youth still in OOS placement

1. Name
2. DOB and age
3. Grade in school
4. OOS facility and state
5. Lead Agency and funding
6. Special education/regular education status
7. Updated IEP
8. Date of admission
9. Date of LCC (most recent)
10. Diagnosis (each axis)
11. Summary of progress (clinical, etc)
12. Summary of family participation
13. Projected discharge date
14. Justification for continued OOS placement
15. Transition Plan (plan to return home)

Format for youth already returned to Maryland

1. Name
2. DOB and age
3. Grade in school
4. OOS facility and state
5. Lead Agency and funding
6. Date of admission
7. Diagnosis (each axis)
8. Discharge date
9. Current services

APPENDIX 2

STATE COORDINATING COUNCIL -MEMBERSHIP LIST

Linda Carter, M.Ed., Chair

State Coordinating Council and Local Coordinating Council Manager
Governor's Office for Children
301 W. Preston Street, 15th Floor
Baltimore, MD 21201
Phone: 410-767-6209
Fax: 410-333-5248
lcarter@goc.state.md.us

SCC Administrative Assistant: Connie Colbert, 410-767-6200, ccolberrt@goc.state.md.us

Marcia Andersen

Chief of Community Services Operations
Mental Hygiene Administration - Child and Adolescence
Services
Department of Health and Mental Hygiene
55 Wade Avenue
Spring Grove Hospital Center
Catonsville, MD 21228
Phone: 410-402-7335
Fax: 410-402-8486
mandersen@dhmh.state.md.us

Christopher McCully

Budget Analyst
Department of Budget and Management
45 Calvert Street
Annapolis, MD 21401
Phone: 410-260-7077
Fax: 410-974-5634
cmccully@dbm.state.md.us

Diane Bolger

Liaison to Mental Hygiene Administration
Developmental Disabilities Administration
Department of Health and Mental Hygiene
Mitchell Building
55 Wade Avenue
Catonsville, MD 21228
Phone: 410-402-8401
Fax: 410-402-8306
dbolger@dhmh.state.md.us

Lynell T. Otto

Director of Children's Policy
Department of Disabilities
217 East Redwood St. 13th Floor
Baltimore, MD 21202
Phone: 410-767-3649
Fax: 410-333-6674
lotto@mdod.state.md.us

Jeannette M. Kinion

Foster Care Manager
Department of Juvenile Services
1623 Forest Drive, Suite 101
Annapolis, Maryland 21403
Phone: 410-295-5787
Fax: 410-974-2025
KinionJ.PO_ANNAP.DJS@djs.state.md.us

Jodi King

Chief of Nonpublic Schools Section
Special Services Branch
Maryland State Department of Education
200 W. Baltimore Street, 9th Floor
Baltimore, MD 21201
Phone: 410-767-0264
Fax: 410-333-1571
jking@msde.state.md.us

Stephanie Pettaway

Department of Human Resources
311 W. Saratoga Street
Baltimore, MD 21201
Phone: 410-767-7506
Fax 410-333-0922
Spettawa@dhr.state.md.us

Stephanie Maskovyak

Parent Advocate
mdjumpstart@aol.com

APPENDIX 3

(Form to revised prior to 9/1/07)

LOCAL COORDINATING COUNCIL MEETING NOTES

_____ County Local Coordinating Council

Meeting Notes

Referral Date:		LCC Meeting Date:	
----------------	--	-------------------	--

Section 1. Personal Information

Name of Child:		New to LCC?	Yes:		No:	
SS#:	Date of Birth:	Gender:	Race:			
Legal Status:	Date Conferred:					
Parent/Guardian:	Address:					
Phone (home):	Phone (work):					
Parent Surrogate:	Address:					
Phone (home):	Phone (work):					
DSM IV Diagnosis:						
Federal Census Code:	Medical Assistance Number:					
Applied for Medical Assistance but not enrolled:	Enrolled	Date of application:				
Currently Receiving SSI:	Yes:	No:	Private Insurance Name:	Policy #:		

Section 2. Agency Information

Lead Agency:		Case Manager:		Phone:		
Agency Holding Custody:	Other Agencies Involved:					
Child's Attorney:	Address:					
Funding Agency:	Co-Funding Agency:					
Who will fund RTC?	MA funding	L.A. Funding	Co-Agency Funding			
Who will fund Education?	MA funding	L.A. Funding	Co-Agency Funding			

**Section 3.
Educational Information**

Public School Attendance Area:				Grade:		
Most Recent IEP Date:			IEP Status:			
Current Service(s):						
Is a DDA application appropriate?	Yes	No	Has an application been completed?	Yes	No	

**Section 4.
Substance Abuse**

Has child self reported drug/alcohol abuse?		
Parents report/concern:		
Professional report concerning substance abuse issues:		

LCC Notes – page 2	Child:		LCC Date:	
--------------------	--------	--	-----------	--

**Section 5.
Purpose for LCC Meeting**

Purpose of Meeting at LCC:		
Documents Reviewed (type and date):		
Background:		
1) History of Clinical Services		
2) Medications:		
3) Out of home placements (name, date, disposition):		
What services have been provided: (i.e. case management, respite, group home, etc.)		
5) Other background information:		

Section 6.

LCC Meeting Disposition

Discussion :	
Concerns/Service Needs:	
Recommendations/Follow -up (specific agency commitments):	

Section 7.

Exception Criteria for Out of State Placement (check all that apply, but at least one)

Out of state placement is closer in distance to the child's home than alternative in-state placement (or the child's permanent placement includes residence with a caregiver in proximity to the proposed out of State placement.)	
Equally appropriate individualized in-state program is not available for the child, for up to 100% of the average cost per placement for appropriate out-of-state programs.	
Child is currently in detention pursuant to a court order.	
Individuals with Disabilities Act (IDEA)	
Child in state custody awaiting inpatient discharge under COMAR 01.04.03	

LCC MEMBERS PRESENT

	, Department of Social Services		, Core Service Agency
	, Local School System		, Department of Juvenile Services
	, Developmental Disabilities Administration		, Division of Rehabilitation Services
	, Health Department		, Parent Advocate
	, Local Management Board		, Parent Representative
	.		

APPENDIX 4
SCC OUT OF STATE REFERRAL PACKET
(FORMS TO BE REVISED PRIOR TO 9/1/07)

STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – COVER SHEET/REFERRAL FORM

Youth		DOB	
Jurisdiction		Lead Agency	

Instructions: All three signatures below are required. The Local Lead Agency must complete the SCC OOS Referral Packet, and submit directly to the State Lead Agency (not to the Governor’s Office for Children). The State Lead Agency 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.

Lead Agency Approval:

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

Local Lead Agency Case Manager:

<i>Signature</i>	<i>Date</i>
<i>Print or type name</i>	<i>Print or type title</i>

Local Lead Agency Supervisor or LCC Representative:

<i>Signature</i>	<i>Date</i>
<i>Print or type name</i>	<i>Print or type title</i>

State Lead Agency Representative:

<i>Signature</i>	<i>Date</i>
<i>Print or type name</i>	<i>Print or type title</i>

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – REFERRAL PACKET CHECKLIST**

Youth		DOB	
Jurisdiction		Lead Agency	

Documentation	Submitted
Cover Sheet/Referral Form	<input type="checkbox"/>
SCC Application	<input type="checkbox"/>
Effort to Secure an In-State Placement Form	<input type="checkbox"/>
Service/Transition Plan	<input type="checkbox"/>
LCC minutes, within last 6 months <input type="checkbox"/> Identification of Lead Agency <input type="checkbox"/> Identification of funding agencies <input type="checkbox"/> Identification of Exception Criteria <input type="checkbox"/> Approval of OOS placement <input type="checkbox"/> LMB agreement or disagreement	<input type="checkbox"/>
Rejection letters/forms from in-state facilities	<input type="checkbox"/>
Letter of acceptance from OOS facility	<input type="checkbox"/>
MSDE-approved cost sheet from OOS facility <i>(For non-MSDE approved facilities only: copy of agency contract)</i>	<input type="checkbox"/>
Recent clinical recommendations, within last 6 months* <input type="checkbox"/> By a psychologist or psychiatrist <input type="checkbox"/> DSM IV-TR diagnosis <input type="checkbox"/> Recommendations for the proposed OOS type of facility/level of care	<input type="checkbox"/>
Current court orders	<input type="checkbox"/>
Current IEP (for any child with an IEP) – dated, signed, with minutes	<input type="checkbox"/>
OPTIONAL: 10-day waiver signed by parent	<input type="checkbox"/>
OPTIONAL: 10-day waiver signed by child’s attorney	<input type="checkbox"/>
If Local School System is funding or co-funding: <input type="checkbox"/> Education Verification Form <input type="checkbox"/> Most current Educational Assessment <input type="checkbox"/> Application for Individual Placement (if needed)	<input type="checkbox"/>
For DSS placements:** <input type="checkbox"/> Revised 2002 Case Plan <input type="checkbox"/> Referral Update for Purchase of Care <input type="checkbox"/> Interstate Compact	<input type="checkbox"/>

**Clinical recommendations may not be needed for a child to be placed by:*

- *Local School System, if the placement is required by the IEP; or*
- *Department of Juvenile Services, if the court order is for a hardware-secure placement.*

***Forms required by DHR, but not by GOC.*

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – APPLICATION FORM**

Instructions: Form must be completed in Word; handwritten applications will not be accepted; fill in all information; complete mailing address is required for all addresses.

Date of Application:	New <input type="checkbox"/>	Transfer <input type="checkbox"/>
-----------------------------	-------------------------------------	--

SECTION 1 - YOUTH INFORMATION

Name		DOB	
SSN		Gender	Race
Legal Status <i>(check all that apply)</i>	<input type="checkbox"/> Committed to DJS <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Committed to DSS <input type="checkbox"/> Not committed to any public agency <input type="checkbox"/> Committed to DHMH <input type="checkbox"/> Other		
Lisa L.?		If yes, date of MART review:	
Outcome of MART Review:			
Current Placement		Admission Date	
Address			
Contact Person		Phone	

SECTION 2 - OUT OF STATE FACILITY

Facility		Type	
Program		Secure Care	
Address			
Contact Person		Phone	
Projected Enrollment Date		Projected Duration	
Cost (per year)	Residential	Education	
	Amount		
	Funding Agencies		

If this is an OOS Transfer:

Reason for Transfer	
----------------------------	--

SECTION 3 - LOCAL LEAD AGENCY INFORMATION

Jurisdiction		Local Lead Agency	
<hr/>			
LLA Case Manager		Title	
Address			
Phone		Fax	Email
<hr/>			
Supervisor or LCC Representative		Title	
Address			
Phone		Fax	Email
<hr/>			
Placement Worker		Title	
Address			
Phone		Fax	Email

SECTION 4 - CO-FUNDING OR CO-COMMITTED AGENCIES

List all that apply.

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

SECTION 5 - PARENT INFORMATION

Has Termination of Parental Rights occurred?	<input type="checkbox"/> Yes – mother	<input type="checkbox"/> Yes – father	<input type="checkbox"/> No
Are parents deceased?	<input type="checkbox"/> Yes – mother	<input type="checkbox"/> Yes – father	<input type="checkbox"/> No

SECTION 6 – PARENT CONTACT INFORMATION

- 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; and
- If a guardian is listed, include a copy of the court order for guardianship in the Referral Packet.

Name		Relationship	
Address			
Phone		Alternative Phone	
Translator needed?		If yes, which language?	
Name		Relationship	
Address			
Phone		Alternative Phone	
Translator needed?		If yes, which language?	

SECTION 7 - ATTORNEY INFORMATION

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

Name		Office/Practice	
Address			
Phone		Fax	
Name		Office/Practice	
Address			
Phone		Fax	

SECTION 8 - INSURANCE INFORMATION

Private Insurance				
Maryland MA number		Does the OOS facility accept Maryland MA?		Is the CON current?

SECTION 9 – EDUCATION

Current Education Placement			
Does the child have an IEP?		If yes, date of last IEP:	

SECTION 10 - EXCEPTION CRITERIA

Check all that apply.

<input type="checkbox"/> The 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 11 - ADDITIONAL COMMENTS

--

SECTION 12 - APPLICATION FORM COMPLETED BY:

Name		Title	
-------------	--	--------------	--

Signature

Date

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 - EDUCATION VERIFICATION FORM**

Instructions: Form is required if the Local School System/MSDE is participating in the funding of the youth's placement.

Youth		DOB	
Jurisdiction		Lead Agency	

Date of written invitation to parents/guardian for Individualized Education Program (IEP) Team:			
Date of Review:		Date of IEP Approval:	
<u>IEP Team Members</u>		<u>Position</u>	
<i>Chairperson:</i>			

<input type="checkbox"/> I hereby certify that an approved residential program is required to appropriately meet this student's special education needs.	
<input type="checkbox"/> 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.	
Signature: _____ (Chairperson, IEP Team)	Date: _____
Signature: _____ (LSS Special Education Supervisor/Director or Designee)	Date: _____

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – 10-DAY WAIVER**

Youth		DOB	
Jurisdiction		Lead Agency	

The State Coordinating Council (SCC) and Local Coordinating Councils (LCCs) review applications from Lead Agencies for funding of residential placement of children with disabilities into residential facilities. The SCC or LCC may approve, modify or reject the application as submitted. In accordance with Maryland law (Article 49 D), parents and attorneys are entitled to written notification at least ten (10) days prior to any meeting of the State Coordinating Council and Local 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 State Coordinating Council or Local Coordinating Council after providing ten (10) days written notice to you.

I wish to be notified in advance of the date of the State Coordinating Council or Local Coordinating Council’s meeting to discuss my child/client, but I do not need ten (10) days notice prior to the meeting. I have had an opportunity to review and discuss this form with my child/client’s case manager.

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

Signature _____ **Date** _____

Lead Agency Witness

Print Name _____

Signature _____ *Date* _____

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – EFFORT TO SECURE AN IN-STATE PLACEMENT**

Youth		DOB	
Jurisdiction		Lead Agency	

Instructions: Form must be completed in Word; handwritten forms will not be accepted. In-state facilities must be documented; if other OOS facilities also rejected youth, include those as well. Fill in form completely, and use additional pages, if needed. Under Comments, include what additional services would be needed for the facility to accept this youth.

Reason for Rejection From In-State Placements		
1. No opening within 30 days	9. Medication non-compliant	15. <u>Issues beyond program's ability to manage:</u>
2. Too aggressive	10. Fire setter	16. Medical Issues
3. AWOL risk	11. No response from facility	17. Psychiatric Issues
4. Age inappropriate	12. No reason given	18. Education Issues
5. Gender inappropriate	13. Sex offender-Non-Adjudicated	19. Programmatic Issues
6. IQ – too High	14. Sex offender-Adjudicated	20. Other (specify in Comments)
7. IQ – too Low		
8. Parents unable/unwilling to participate		

Facility		Date Applied	Date Rejected	Reason for Rejection (Numbers)	Comments
Name					
Type					
City					
State					
Phone					
Name					
Type					
City					
State					
Phone					
Name					
Type					
City					
State					
Phone					
Name					
Type					
City					
State					
Phone					

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – SERVICE/TRANSITION PLAN**

Youth		DOB		Jurisdiction		Lead Agency	
--------------	--	------------	--	---------------------	--	--------------------	--

Instructions: Form must be completed in Word; handwritten forms will not be accepted. Indicate specific goals and service needs for each Life Domain; there may be multiple goals for each Life Domain. All medical needs must be listed.

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community ?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Family				
Education				
Vocation/ Employment				

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – SERVICE/TRANSITION PLAN**

Youth		DOB	
--------------	--	------------	--

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community ?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Legal				
Residential				
Safety/ Crisis				

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – SERVICE/TRANSITION PLAN**

Youth		DOB	
--------------	--	------------	--

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community ?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Social				
Psychological/ Emotional				
Medical				

APPENDIX 5

State Coordinating Council

Out of State Referral Packet Instruction Guide

Please follow all directions included in the SCC Out of State Referral Packet. The information below includes supplemental instructions.

General Instructions:

- All FY 07 SCC Out of State Referral Forms must be completed in Microsoft Word (except for the Cover Sheet and the 10-Day Waiver); handwritten applications will not be accepted. Workers can only type in the gray areas of the form.
- All required information must be provided on these forms.
- Complete mailing addresses are required for all addresses.
- If a non-Lisa L. youth is in need of an RTC placement, Local Lead Agency staff should consult their MART representative to determine if a Lisa L. bed may be available for a non-Lisa L. youth.

FY 07 Cover Sheet/Referral Form:

- Please make sure that the Local Lead Agency Case Manager and Local Lead Agency Supervisor or LCC Representative sign this form before submission to the State Lead Agency.
- The third signature, State Lead Agency Representative, is for the designated SCC Representative or designee – this line should not be signed at the local level.

FY 07 Application

Note: This part of the referral packet consists of 12 sections - each section must be accurately completed. Listed below are those sections with detailed explanations that will assist you.

- Section 1: Youth Information
 - Lisa L. Youth – If a youth is Lisa L., it is required that the Local Lead Agency Case Manager or Supervisor make a referral through the State Lead Agency MART Representative, and the outcome of the MART review must be documented.
- Section 2: Out Of State Facility
 - Type refers to the residence the youth will be living in. (i.e. Residential Treatment Center, Group Home, Residential School, etc).
 - Secure Care refers to the type of protection the facility provides (i.e. Hardware Secure, Staff Secure, etc.).
 - Cost refers to the *annual* cost of the out of state facility for the youth. Cost of an out of state facility should not reflect a per diem amount. Please refer to the cost sheet from the OOS facility for these rates.

- Section 6: Parent Contact Information
 - It is important that all parents and/or legal guardian information is accurately provided. Do not list parents who are deceased or who have TPR. **If a guardian is listed, it is essential that a court order for guardianship be included in the referral packet.**
- Section 12: Application Form Complete B
 - This section must be completed and signed by the Local Lead Agency worker.

FY 07 Effort to Secure In-State Placement

Note: Youth can not be placed out of state if there are appropriate and available in-state facilities which could serve the youth. Therefore, all appropriate in-state facilities must be applied to and documentation of rejections must be submitted. This form is carefully reviewed by the SCC, and lack of appropriate in-state applications is a cause for denial of OOS placement.

- Rejection letters must be submitted for each facility listed on this form, and the form must list all rejections.
- If youth was only rejected in-state for reason #1 (no opening within 30 days) it is the Lead Agency's responsibility to contact the facility at least every 30 days after that date to determine if there are new openings. The outcome of these contacts must be listed in the Comments section of the form.
- In addition to in-state rejections, *all OOS rejections must also be listed on this form.*

FY 07 10-Day Waiver

- This form is not required.
- Due to need for 10-day written notice of an SCC meeting, cases without signed 10-day waivers can not be expedited.
- 10-Day Waivers must be witnessed by a Lead Agency worker. This form is **not** complete if there is no Lead Agency witness.
- A separate form should be used for each parent/guardian and attorney.
- In the Print Name section, enter the parent/guardian or attorney's name, not the youth's name.

FY 07 Service/Transition Plan

- Clinical recommendations given by a psychologist or psychiatrist must be addressed adequately in Service/Transition Plan.
- If a youth is diagnosed with a substance abuse disorder and/or a psychological evaluation recommends substance abuse treatment then the Service/Transition plan should address this issue in the Psychological/Emotional section of the Life Domain.

- All sections must be completed.

FY 07 Education Verification Form

- If a Local School System is co-funding an out-state facility for a youth, this form must be completed.

APPENDIX 6

EXAMPLE OF THE SCC OUT OF STATE PACKET

STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET FY 07 – COVER SHEET/REFERRAL FORM

Youth	John Doe	DOB	8/8/90
Jurisdiction	Anne Arundel County	Lead Agency	DJS

Instructions: All three signatures below are required. The Local Lead Agency must complete the SCC OOS Referral Packet, and submit directly to the State Lead Agency (not to the Governor’s Office for Children). The State Lead Agency 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.

Lead Agency Approval:

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

Local Lead Agency Case Manager:

Signature of worker

_____ 2/20/07
Signature *Date*

_____ *DJS Case Manager II*
Print or type name *Print or type title*

Local Lead Agency Supervisor or LCC Representative:

S Signature of worker

_____ 2/20/07
Signature *Date*

_____ *DJS Supervisor*
Print or type name *Print or type title*

State Lead Agency Representative:

Signature of worker

_____ 2/20/07
Signature *Date*

_____ *Dept. of Juvenile Justice Representative*
Print or type name *Print or type title*

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – APPLICATION FORM**

Instructions: Form must be completed in Word; handwritten applications will not be accepted; fill in all information; complete mailing address is required for all addresses.

Date of Application: 2/20/07	New <input checked="" type="checkbox"/> Transfer <input type="checkbox"/>
-------------------------------------	---

SECTION 1 - YOUTH INFORMATION

Name	John Doe			DOB	8/8/90
SSN	987-654-3210	Gender	Male	Race	African-American
Legal Status <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Committed to DJS <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Committed to DSS <input type="checkbox"/> Not committed to any public agency <input type="checkbox"/> Committed to DHMH <input type="checkbox"/> Other				
Lisa L.?	No	If yes, date of MART review:			
Outcome of MART Review:					
Current Placement	Alfred Noyes Children’s Center		Admission Date	11-1-06	
Address	9925 Blackwell Road, Rockville MD 20850				
Contact Person	Joe Smith		Phone	(301) 978-6543	

SECTION 2 - OUT OF STATE FACILITY

Facility	Alternative Behavioral Services (The Pines)		Type	Residential Treatment Center	
Program	Mc Call Center- Crawford Campus		Secure Care	Staff Secure	
Address	240 Corporate Blvd. Norfolk, VA 23502				
Contact Person	William Wills		Phone	757-889-1234	
Projected Enrollment Date	2/28/07		Projected Duration	12 months	
Cost (per year)			Residential		Education
	Amount		98,900	24,345	
	Funding Agencies		DJS	DJS	

If this is an OOS Transfer:

Reason for Transfer	
----------------------------	--

SECTION 3 - LOCAL LEAD AGENCY INFORMATION

Jurisdiction	Anne Arundel County		Local Lead Agency	DJS	
LLA Case Manager	Ivan Smooth		Title	CMS II	
Address	5007 Ritchie Highway, Suite 036, Glen Burnie, MD 21063				
Phone	410-234-5678	Fax	410-987-2345	Email	Ismt2@djs.state.md.us
Supervisor or LCC Representative	Susan Beem		Title	Resource Coordinator	
Address	2345 Windham Drive, Annapolis MD 21403				
Phone	410-332-4334	Fax	410-200-4321	Email	Sbeem1@resource.md.us
Placement Worker	Jim Cross		Title	Manager of Administration and Aftercare	
Address	P.O. Box 345 Annapolis MD 21332				
Phone	323- 766-1121	Fax	323-766-0012	Email	CrosJim@placement.org

SECTION 4 - CO-FUNDING OR CO-COMMITTED AGENCIES

List all that apply.

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

SECTION 5 - PARENT INFORMATION

Has Termination of Parental Rights occurred?	<input type="checkbox"/> Yes – mother	<input type="checkbox"/> Yes – father	<input checked="" type="checkbox"/> No
Are parents deceased?	<input type="checkbox"/> Yes – mother	<input checked="" type="checkbox"/> Yes – father	<input type="checkbox"/> No

SECTION 6 – PARENT CONTACT INFORMATION

- 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; and
- If a guardian is listed, include a copy of the court order for guardianship in the Referral Packet.

Name	Janice Doe	Relationship	Mother
Address	1234 Walker Road. Glen Burnie MD 21066		
Phone	443-432- 7654	Alternative Phone	n/a
Translator needed?	No	If yes, which language?	
Name		Relationship	
Address			
Phone		Alternative Phone	
Translator needed?		If yes, which language?	

SECTION 7 - ATTORNEY INFORMATION

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

Name	Terrance Burke	Office/Practice	Public Defender Office
Address	17500 Broker Avenue, Annapolis, MD 21411		
Phone	410- 997-3030	Fax	410-997-2322
Name		Office/Practice	
Address			
Phone		Fax	

SECTION 8 - INSURANCE INFORMATION

Private Insurance	n/a				
Maryland MA number	001122340000	Does the OOS facility accept Maryland MA?	Yes	Is the CON current?	Yes

SECTION 9 – EDUCATION

Current Education Placement	Alfred Noyes Children’s Center			
Does the child have an IEP?	Yes	If yes, date of last IEP:	9/12/06	

SECTION 10 - EXCEPTION CRITERIA

Check all that apply.

<input type="checkbox"/> The 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 checked="" 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 11 - ADDITIONAL COMMENTS

--

SECTION 12 - APPLICATION FORM COMPLETED BY:

Name		Title	
-------------	--	--------------	--

Signature of worker

Signature

Date

Date

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – EFFORT TO SECURE AN IN-STATE PLACEMENT**

Youth	John Doe	DOB	8/8/90
Jurisdiction	Anne Arundel	Lead Agency	DJS

Instructions: Form must be completed in Word; handwritten forms will not be accepted. In-state facilities must be documented; if other OOS facilities also rejected youth, include those as well. Fill in form completely, and use additional pages, if needed. Under Comments, include what additional services would be needed for the facility to accept this youth.

<u>Reason for Rejection From In-State Placements</u>		
21. No opening within 30 days	29. Medication non-compliant	35. <u>Issues beyond program's ability to manage:</u>
22. Too aggressive	30. Fire setter	36. Medical Issues
23. AWOL risk	31. No response from facility	37. Psychiatric Issues
24. Age inappropriate	32. No reason given	38. Education Issues
25. Gender inappropriate	33. Sex offender-Non-Adjudicated	39. Programmatic Issues
26. IQ – too High	34. Sex offender-Adjudicated	40. Other (specify in Comments)
27. IQ – too Low		
28. Parents unable/unwilling to participate		

Facility		Date Applied	Date Rejected	Reason for Rejection (Numbers)	Comments
Name	Potomac Ridge Behavioral Health System Residential Treatment Center	12/3/06	12/3/06	2 and 3	
Type	RTC				
City	Anne Arundel				
State	Maryland				
Phone	410-729-0000				
Name	Adventist Behavioral Health @Crownsville	12/3/06	12/4/06	2 and 3	
Type	RTC				
City	Crownsville				
State	Maryland				
Phone	410-333-0001				
Name	Chesapeake Youth Center	12/2/06	12/4/06	1	Contacted facility on 1/2/07 and 2/2/07 - there are still no openings for this youth as of 2/2/07.
Type	RTC				
City	Cambridge				
State	Maryland				
Phone	410-200-0202				

Name	Potomac Ridge Behavioral Health System Residential Treatment Center	12/5/06	12/5/06	2 and 7	
Type	RTC				
City	Rockville				
State	Maryland				
Phone	301- 239-0608				
Name	Woodbourne	12/12/06	12/12/06	1	Contacted facility on 1/2/07 and 2/2/07 - there are still no openings for this youth as of 2/2/07. Admissions coordinator stated that they will not have an opening until April 1, 2007.
Type	RTC				
City	Baltimore				
State	Maryland				
Phone	410-456-1221				
Name	Summit Academy	12/12/07	12/13/07	2 and 3	
Type	Group Home				
City	Herman				
State	Pennsylvania				
Phone	724-776-3334				

**STATE COORDINATING COUNCIL OUT OF STATE REFERRAL PACKET
FY 07 – SERVICE/TRANSITION PLAN**

Youth	John Doe	DOB	8/8/90	Jurisdiction	Anne Arundel Co.	Lead Agency	DJS
--------------	----------	------------	--------	---------------------	------------------	--------------------	-----

Instructions: Form must be completed in Word; handwritten forms will not be accepted. Indicate specific goals and service needs for each Life Domain; there may be multiple goals for each Life Domain. All medical needs must be listed.

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Family	Improve family dynamics between John and his mother. This should include improving communication skills.	Placement will complete a family assessment. Thereafter they will coordinate family sessions with the mother and the youth to allow everyone to engage in open communication while youth is in placement	Yes	DJS will refer John for in-home wrap around services through the Institute for Family Services to include family counseling to work on his relationship with his mother.
Education	John will attend high school at the facility; he has an IEP. The facility/school will provide services included in his IEP.	Services included in IEP are required and will be provided by school/facility. Youth's educational progress will be monitored throughout his stay in placement.	Yes	Continued special education services; DJS will refer youth to the local school system for appropriate placement.
Vocation/ Employment	John may be appropriate for a vocational assessment and/or training program. Placement will afford John the opportunity to discuss and participate in career/vocational skills.	For the duration of the program, placement will provide with vocational/career skills as appropriate.	Yes	Wrap around program will assist John with vocational/employment opportunities. DJS will refer youth to the Youth Employment & Training Opportunities program.

Youth	John Doe	DOB	8/8/90
--------------	----------	------------	--------

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Legal	The goal would be for John to refrain from further legal involvement during and after placement.	John would benefit from anger management, conflict resolution and individual counseling. Placement will provide these services for the duration of the program,	Yes	DJS will provide intensive aftercare supervision to ensure he refrains from delinquent activity.
Residential	John is in need of a placement due to aggression, substance abuse history, and mental health needs. Goals are to reduce aggression, increase coping skills, and increase ability to manage MH symptoms.	For the duration of the program youth will need to participate in individual and group counseling. Youth will need to participate in drug education and counseling as well.	No	John will be referred for follow up out-patient drug counseling. He will be referred to NA/AA through the Anne Arundel Health Dept. Wrap around services will also include in-home services so that placement at home may be stabilized.
Safety/Crisis	Reduce incidents of AWOL - John has gone AWOL from his prior placements and has been aggressive with peers and staff. The new placement will need to address these issues and teach John new ways to handle crises other than with aggression and/or AWOL.	For the duration of the program, John will participate in individual and group counseling to address his aggressive and AWOL behaviors.	Yes	The entire team which will include the Wrap-around program, family and DJS will develop a crises plan to use if needed for the safety of the youth and the community.

Youth	John Doe	DOB	8/8/90
--------------	----------	------------	--------

Life Domain	Goals to be accomplished during OOS placement – list by responsible party	What services are needed to accomplish goals? What is the timeline for service delivery, and who is responsible for providing these services?	Are these services currently available in the youth's community?	What services/supports will be needed upon return from OOS to support progress in this area? Who is responsible for providing these services/supports?
Social	Placement will provide youth with a high degree of daily structure. He will participate in a structured academic program as well as counseling sessions, recreation, social activities, vocational trainings.	Placement will develop a preliminary treatment plan followed by an individual service plan, which is used to assess the youth's strengths and needs so that short and long-term goals can be established.	Yes	DJS will refer John for wrap around services through the Institute for Family Services to address family and peer relationships.
Psychological/ Emotional	John needs counseling to help him make better decisions, deal with his problems in a more positive and appropriate manner, reduce aggression and AWOL, address other mental health issues and substance abuse issues.	Counseling, both individual and group. These issues should be addressed during the duration of John's stay in the OOS placement.	Yes	DJS will refer John for wrap around services to include individual/group and family therapy.
Medical	Placement will provide youth with an initial health screening and a full health and physical examination.	Upon admission into placement, John will undergo the necessary health screening, followed by a full examination	Yes.	A regular medical appointment to make sure John is healthy. John's guardian will be responsible for taking him to the doctor.

APPENDIX 7

ACRONYMS

AYP	Annual Yearly Plan (for CSI cases)
CCRT	Children’s Cabinet Results Team
COMAR	Code of Maryland Regulations
CSI	Community Services Initiative
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
DJS	Department of Juvenile Services
DSS	Department of Social Services
GSP	Grand Spending Plan (for CSI cases)
GOC	Governor’s Office for Children
LCC	Local Coordinating Council
LLA	Local Lead Agency
LMB	Local Management Board
MART	Multi-Agency Review Team
OOS	Out of State (as in, out of state placement)
SCC	State Coordinating Council
SCYFIS	State Children, Youth, and Family Information System
SLA	State Lead Agency

APPENDIX 8

LCC REPORT DUE DATES

<i>Due Date</i>	<i>Program/Report</i>	<i>What to Submit</i>	<i>How to Submit</i>	<i>Where to Submit</i>
<p>3rd Friday of October, January, April and July for the proceeding Quarter</p>	<p>Local Coordinating Council (LCC)</p>	<p>The following reports:</p> <ul style="list-style-type: none"> • Status Report – Served [Caseload] – LS Served (OSS) – Details • Status Report – LS Served Cases (IS) – Details 	<p>Each report should be signed by the LCC Support Specialist.</p> <p>Submit via fax</p>	<p>Send Fax to the attention of Linda Carter, SCC/LCC Manager</p> <p>Fax number: 410-333-5248</p>
<p>3rd Friday of October, January, April and July for the proceeding Quarter</p>	<p>Community Services Initiative (CSI)</p>	<p>Pop Flow II – CSI (All) Children [Caseload] – CSI Served Cases</p> <p>(CSI IS + SCI OSS) with Details from SCYFIS</p>	<p>Submit via fax</p>	<p>Send fax to attention of Linda Carter SCC/LCC Manager</p> <p>Fax to: 410-333-5248</p>

APPENDIX 9

SCYFIS LCC Status Levels

When Viewing a Given Current Status, Can you start a New Status?

When Viewing This Status:	Can you start a New Status, and if YES, under what circumstances:					
	In-State PI	OOS PI	CSI: Div In-St	CSI: Div OOS	CSI: Return In-St	CSI: Return OOS
In-State PI	1. YES, but only if there is a start date for In-State Placement	2. YES, anytime	3. Yes—But only if there is no start date for In-State placement; this status created in LCC Status	4. NO, not logical	5. YES, but only if there is a start date for In-State Placement	6. NO, not logical
OOS PI	7. YES, anytime	8. YES, but only if there is a start date for OOS Placement	9. NO, not logical	10. Yes, but only if there is no start date for OOS placement; this status created in LCC Status	11. NO, not logical	12. YES, but only if there is a start date for OOS placement
CSI: Div In-State	13. YES, anytime If the CSI case has started, be sure to close it.	14. YES, anytime If the CSI case has started, be sure to close it.	15. NO, not logical	16. NO, not logical	17. NO, not logical	18. NO, not logical
CSI: Div OOS	19. YES, anytime If the CSI case has started, be sure to close it.	20. YES, anytime If the CSI case has started, be sure to close it.	21. NO, not logical	22. NO, not logical	23. NO, not logical	24. NO, not logical
CSI: Return In-State	25. YES, anytime If the CSI case has started, be sure to close it.	26. YES, anytime If the CSI case has started, be sure to close it.	27. NO, not logical	28. NO, not logical	29. NO, not logical	30. NO, not logical
CSI: Return OOS	31. YES, anytime If the CSI case has started, be sure to close it.	32. YES, anytime If the CSI case has started, be sure to close it.	33. NO, not logical	34. NO, not logical	35. NO, not logical	36. NO, not logical

APPENDIX 10

Guidelines for Status Changes

State Children, Youth, and Families Information System (SCYFIS) LCC/SCC Module

Example Case starts with In-State Placement:

Case: 14 Opened: 1/15/06 FID: 8873 Case Child: Johansen, Tom LLA: DJS Jurisdiction: Allegany County					
Currently viewing data for the following Status: In-State Residential Placement -- 1/15/2006					
CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006		
Add New Status: In-State Placement <input type="button" value="Add"/> Close LCC/SCC Process					
LCC STATUS					
LLA: Referral to LCC					
LLA Ref./Notif. Date: 1/1/2006					
Date Reviewed By LCC: 1/15/2006					
LCC Decision Date: 1/15/2006					
Decision: Approved By LCC					

IMPORTANT NOTICE: The Status tab in SCYFIS should be used ONLY with the following:

- In-State Placements:** Residential Treatment Centers (RTCs), Residential Schools, Intermediate Care Facilities-Mentally Retarded;
- Out-of-State Placements:** All placements at the group home or above level; and
- CSI Services:** Return and Diversion from In-State Placements; Return and Diversion from Out-of-State Placements.

Note that at this point, the Living Environment has been updated due to the Start Date added for this status:

It is CRITICAL that the "Type of Placement" be updated when SCYFIS inserts a new Living Environment Record, as it records only "11.0 In State" or "12.0 Out of State" which are not very meaningful. In the example here, the Villa placement should be recorded as "7.0 Residential Treatment."

At Risk Child Information:

LIVING ENVIRONMENT							
Type of Placement:	Start Date:	End Date:	Days from Entry Date:	Address/Phone:	Entry Date:	Entry By:	Last Update:
11.0 In State	2/1/2006			The Villa Maria Continuum			1/26/2007 4:35:37 PM Admin Cleverex
2.0 Two Biological Parents	1/1/1990	2/1/2006	6234		1/26/2007	David Ayer, MSW	1/26/2007 4:32:58 PM David Ayer, MSW

1. In-State to In-State = Yes

If the status of an LCC case child is In-State you can add *another* In-State status as long as the Admission Date Field has been updated under the LCC Status tab. In fact, as shown below, it is possible not only to add an In-State Placement, but also an OOS Placement (#2 below), or Return from In-State (#5 below).

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006		
Add New Status: In-State Placement <input type="button" value="Add"/> Close LCC/SCC Process					
LCC STATUS: In-State Placement OOS Placement Return from In-State					

2. In-State to Out of State = YES, Anytime

The option for selecting an out of state placement for this status will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab. See #1 (above).

3. In-State to CSI—Diversion In-State = YES

You must update this Status by clicking on the Status Tab then clicking on the LCC Status Link and under the LCC Status Screen locate the Decision Field, click on the dropdown and select the option that says Referred to CSI In-State Diversion.

A. In the example, the child’s In-State placement ended on March 1, 2006 (and note that the Living Environment record needs to be updated with the close date, see 2nd image from Page 1); and a new status for another in-state placement has been created as the child is being considered for the Woodbourne Center. The LCC started to consider the Woodbourne placement on March 5, 2006—but there is NO Start date.

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
3/5/2006	21	In-State Residential Placement Awaiting LCC decision			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	
Add New Status: OOS Placement <input type="button" value="Add"/>					
Closing Requirements					
<ul style="list-style-type: none"> Admission Date Actual Residential Facility Name 					

B. Under this circumstance, the LCC user can edit the status screen (found below the Case History page), and select “Referred to CSI In-State Diversion” in the Decision field, as shown below:

LCC STATUS	
LLA:	Referral to LCC
LLA Ref./Notif. Date:*	3/4/2005
Date Reviewed By LCC:*	3/5/2005
LCC Decision Date:*	3/5/2005
Decision:*	
LCC Minutes:	<div style="border: 1px solid black; padding: 2px;"> Approved By LCC Denied By LCC Referred to CSI (In-State Diversion) Technical Assistance </div>
Service Provider:	
Reason for Denial:	

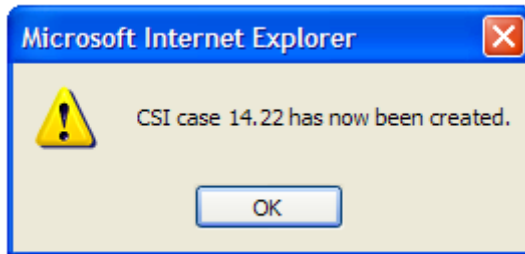
C. After updating and saving the LCC Status screen (which includes selecting the CSI vendor), the LCC/LMB user is prompted with this button (found below the LCC Status screen):

To continue with CSI, fill out the LCC Referral form >>

D. After completing that screen, then the LCC/LMB user will have one last screen to complete, which, per policy, as of March 1, 2007, will be newly entitled the LMB Approval screen:

To continue with CSI, the LMB Approval form must be filled out >>

E. After completing LMB Approval screen, the CSI case is created for assessment:



F. The Case History section now appears as follows:

Currently viewing data for the following Status: **In-State Residential Placement -- 3/5/2005****CASE HISTORY**

Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
3/5/2005	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2005	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	

4. In-State to CSI—Diversion Out-of-State = NO

This option is not logical.

5. In-State to CSI—Return In-State = YES

If the status of an LCC case child is In-State you can add a CSI—Return In-State Status as long as the Admission Date Field has been updated under the Status Tab. See #1 (above).

6. In-State to CSI—Return Out-of-State = NO

This option is not logical.

7. Out-of-State to In-State = YES, Anytime

The option for selecting an out-of-state placement for this status will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab.

In the example case, the CSI assessment resulted in the decision that CSI services cannot be provided at this time, and so an OOS placement is being sought, as of 4/1/06. As shown here, it is also possible to add an In-State status at this time (wherein there is no Admission date entered for the OOS placement); in fact, adding an In-State status is the **ONLY** option at this point. It should be noted that, if the OOS placement actually were to be started (meaning that an admission date is entered for that OOS status in the LCC Status screen), then we would be the same situation as #8 (below), wherein the Add Status choices would be to add an In-State Placement, an OOS Placement, or a [CSI] Return from OOS Placement.

CASE HISTORY

Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
4/1/2006	23	Out-of-State Residential Placement Awaiting LCC decision			The CSI assessment did not result in a viable plan for CSI services--child recommended for an OOS placement
3/5/2005	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2005	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	

Add New Status: **In-State Placement** Add
In-State Placement

8. Out-of-State to Out-of-State = YES

If the status of an LCC case child is Out-of-State you can add *another* Out-of-State as long as the Admission Date Field has been updated under the Status Tab.

In the example, an OOS placement has been recommended by the LCC and approved by the SCC. The case history is updated to indicate placement at the Pines on 4/28/06, and, as shown below, it is possible to add a *new* OOS placement status for this child, as well as a new In-State Placement, and to start a CSI case (see Return from OOS, #12, below).

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
4/15/2006	23	Out-of-State Residential Placement Approved By LCC: Child placed with The Pines Portsmouth	4/28/2006		The CSI assessment did not result in a viable plan for CSI services--child recommended for an OOS placement.
3/5/2006	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2006	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	

Add New Status:

LCC STATUS:

Please note that when the OOS placement status above is updated with the Start date, the Living Environment screen is updated, such that (1) the Group Home listing is given the end date equal to the start date of the OOS placement, and (2) the start date is listed for the OOS placement. Also note that it is critical to CHANGE the SCYFIS generated “Type of Placement” codes in order to reflect the accurate type.

LIVING ENVIRONMENT									
Type of Placement:	Start Date:	End Date:	Days from Entry Date:	Address/Phone:	Entry Date:	Entry By:	Last Update:	Last Update By:	
12.0 Out of State	4/28/2006			The Pines Portsmouth			1/29/2007 6:38:25 AM	Admin Cleverex	
6.0 Group Home	3/2/2006	4/28/2006	333	Aunt Hattie's group home in Baltimore	1/29/2007	David Ayer, MSW	1/29/2007 5:37:29 AM	David Ayer, MSW	
11.0 In State	2/1/2006	3/1/2006		The Villa Maria Continuum			1/29/2007 5:36:45 AM	David Ayer, MSW	
2.0 Two Biological Parents	1/1/1990	2/1/2006	6234		1/26/2007	David Ayer, MSW	1/26/2007 4:32:58 PM	David Ayer, MSW	

9. Out-of-State to CSI—Diversion In-State = NO

This option is not logical.

10. Out-of-State to CSI—Diversion Out-of-State = YES

You must update this Status by clicking on the Status Tab then clicking on the LCC Status Link and under the LCC Status Screen locate the Decision Field, click on the dropdown and select the option that says Referred to CSI Out-of-State Diversion.

A. In the example, the child was in an OOS placement through 6/3/06 and then was discharged to a group home in Maryland. Soon after, the LCC recommended that the child be placed into *another* OOS placement. Once the new OOS status was created, the LCC decided to refer the child to CSI-OOS Diversion, as shown here, in the LCC Status screen, which is below the Case History screen for this new OOS status:

LCC STATUS

All appropriate In-State Facilities have been reviewed and are unavailable?* Yes No

Exception Criteria:* IDEA

LLA Referral Date to LCC:* 6/15/2006

Date Reviewed By LCC:* 6/20/2006

LCC Decision Date:* 6/20/2006

Decision:* Referred to CSI (OOS Diversion)

LCC Minutes:

- Approved By LCC
- Denied By LCC
- Referred to CSI (OOS Diversion)
- Technical Assistance

Service Provider:

Reason for Denial:

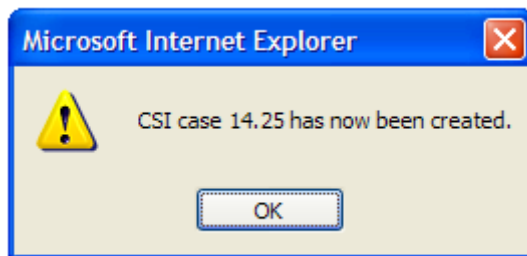
B. After updating and saving the LCC Status screen (which includes selecting the CSI vendor), the LCC/LMB user is prompted with this button (found below the LCC Status screen):

To continue with CSI, fill out the LCC Referral form >>

C. After completing that screen, then the LCC/LMB user will have one last screen to complete, which, per policy, as of March 1, 2007, will be newly entitled the LMB Approval screen:

To continue with CSI, the LMB Approval form must be filled out >>

D. After completing LMB Approval screen, the CSI case is created for assessment:



and the Case History section now appears as follows:

Currently viewing data for the following Status: In-State Residential Placement -- 3/5/2005 ▼**CASE HISTORY**

Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
3/5/2005	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2005	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	

11. Out-of-State to CSI—Return In-State = NO

This option is not logical.

12. Out-of-State to CSI—Return Out-of-State = YES

If the status of an LCC case child is Out-of-State you can add a CSI—Return from Out-of-State case *as long as* the Actual Admission Date Field has been updated under the LCC Status tab. See #8 (above) for how to start the CSI—Return from OOS status. If the choice “Return from OOS” is selected, then the next steps that follow in SCYFIS are identical to #3, steps C, D and E.

13. CSI—Diversion In-State to In-State = YES, Anytime

The option for selecting an In-State placement for this Status will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab. This is the same kind of scenario as outlined below (see #20 for a screen image) wherein it is possible to select an OOS placement while a CSI—Diversion from OOS placement case is open. NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the In-State placement.

14. CSI—Diversion In-State to Out-of-State = YES, Anytime

The option for selecting an OOS placement for this Status will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab. This is the same kind of scenario as outlined below (#20) wherein it is possible to select an OOS placement while a CSI—Diversion from OOS placement case is open. NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the Out-of-State placement.

15. CSI—Diversion In-State to CSI: Diversion In-State = NO**16. CSI—Diversion In-State to CSI—Diversion Out-of-State = NO****17. CSI—Diversion In-State to CSI—Return In-State = NO****18. CSI—Diversion In-State to CSI—Return Out-of State = NO**

These options are not logical.

19. CSI—Diversion Out-of-State to In-State = YES, Anytime

The option for selecting an In-State Placement for this Status will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab.

This is the same kind of scenario as outlined below (#20) wherein it is possible to select an OOS placement while a CSI—Diversion from OOS placement case is open. NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the In-State placement.

20. CSI—Diversion Out-of-State to Out-of-State = YES, Anytime

The option for selecting an OOS Placement for this Status (or an In-State Placement, see #19 above) will be available in the Add New Status Field dropdown of the Case History Section of the Status Tab. NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the Out-of-State placement.

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
6/20/2006	25	CSI (Diversion from OOS)			[GOC Approved for Assessment: CSI#: 14.25]
6/20/2006	24	Out-of-State Residential Placement Referred to CSI (OOS Diversion)			
4/15/2006	23	Out-of-State Residential Placement Approved By LCC: Child placed with The Pines Portsmouth	4/28/2006	6/3/2006	The CSI assessment did not result in a viable plan for CSI services--child recommended for an OOS placement
3/5/2006	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2006	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement Approved By LCC: Child placed with The Villa Maria Continuum	2/1/2006	3/1/2006	

Add New Status:

<< Back

Add case 14 to "My Cases" (short)

21. CSI—Diversion Out-of-State to CSI—Diversion In-State = No

22. CSI—Diversion Out-of-State to CSI—Diversion Out-of-State = No

23. CSI—Diversion Out-of-State to CSI—Return In-State = No

24. CSI—Diversion Out-of-State to CSI—Return Out-of-State = No

These options are not logical.

25. CSI—Return In-State to In-State = YES, Anytime

If the status of an LCC case child is CSI—Return from In-State, you can add an In-State status. NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the In-State placement.

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
8/1/2006	27	CSI (Return from In-State)			[GOC Approved for Assessment: CSI#: 14.27]
7/21/2006	26	In-State Residential Placement	7/28/2006		Approved By LCC: Child placed with Berkeley & Eleanor Mann Residential Treatment Center
6/20/2006	25	CSI (Diversion from OOS)			[GOC Approved for Assessment: CSI#: 14.25]
6/20/2006	24	Out-of-State Residential Placement Referred to CSI (OOS Diversion)			
4/15/2006	23	Out-of-State Residential Placement	4/28/2006	6/3/2006	The CSI assessment did not result in a viable plan for CSI services--child recommended for an OOS placement
3/5/2006	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2006	21	In-State Residential Placement Referred to CSI (In-State Diversion)			Child being considered for Woodbourne.
1/15/2006	17	In-State Residential Placement	2/1/2006	3/1/2006	Approved By LCC: Child placed with The Villa Maria Continuum

Add New Status: [Close LCC/SCC Process](#)

LCC REFERRAL:

26. CSI—Return In-State to Out-of-State = YES, anytime

If the status of an LCC case child is CSI—Return In-State, then it is possible to add an OOS status (this is practically the same scenario as CSI—Return In-State to In-State, #25, above). NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the Out-of-State placement.

27. CSI—Return In-State to CSI—Diversion In-State = NO

28. CSI—Return In-State to CSI—Diversion Out-of-State = NO

29. CSI—Return In-State to CSI—Return In-State = NO

30. CSI—Return In-State to CSI—Return Out-of-State = NO

These options are not logical

31. CSI—Return Out-of-State to In-State = YES, anytime

If the status of an LCC case is CSI—Return OOS status, then it is possible to add an In-State status (as shown below in the example case) or an Out-of-State status (see #32, below). NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the In-State placement.

CASE HISTORY					
Date:	Status ID:	Status:	Start Date:	Close Date:	Comments:
10/1/2006	63	CSI (Return from OOS)			[GOC Approved for Assessment: CSI#: 14.63]
9/12/2006	62	Out-of-State Residential Placement	9/22/2006		Approved By LCC: Child placed with Clarinda Youth Corporation
8/1/2006	27	CSI (Return from In-State)			[GOC Approved for Assessment: CSI#: 14.27]
7/21/2006	26	In-State Residential Placement	7/28/2006	9/22/2006	Approved By LCC: Child placed with Berkeley & Eleanor Mann Residential Treatment Center
6/20/2006	25	CSI (Diversion from OOS)			[GOC Approved for Assessment: CSI#: 14.25]
6/20/2006	24	Out-of-State Residential Placement			Referred to CSI (OOS Diversion)
4/15/2006	23	Out-of-State Residential Placement	4/28/2006	6/3/2006	The CSI assessment did not result in a viable plan for CSI services--child recommended for an OOS placement.
3/5/2006	22	CSI (Diversion from In-State)			[GOC Approved for Assessment: CSI#: 14.22]
3/5/2006	21	In-State Residential Placement			Child being considered for Woodbourne.
1/15/2006	17	Referred to CSI (In-State Diversion)			
		In-State Residential Placement	2/1/2006	3/1/2006	Approved By LCC: Child placed with The Villa Maria Continuum

Add New Status:

LCC REFERRAL:

32. CSI—Return Out-of-State to Out-of-State = YES

If the status of an LCC case is CSI—Return OOS status, then it is possible to add an Out-of-State status (as shown above in the example case) or an In-State status (see #31, above). NOTE—if the CSI case has started, it is necessary to make sure that the CSI case is closed prior to the Start Date (admission) into the Out-of-State placement.

33. CSI—Return Out-of-State to CSI—Diversion In-State = NO

34. CSI—Return Out-of-State to CSI—Diversion Out-of-State = NO

35. CSI—Return Out-of-State to CSI—Return In-State= NO

36. CSI—Return Out-of-State to CSI—Return Out-Of-State = NO

These options are not logical.

APPENDIX 11

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