



Guidance for Multi-System Youth Technical Assistance and Funding Application

General Instructions:

This Application must be used for the following types of requests:

Technical assistance for children and youth with needs from multiple systems. Technical assistance can be requested to facilitate coordination of clinically appropriate services, supports, and resources for children / youth and their families.

An application for technical assistance for a child or youth with multi-system needs can be made by a family or any local agency (County Family and Children First Council, Public Children's Services Agency, Board of Developmental Disabilities, Board of Mental Health and Addiction Services, and others.)

Multi-system youth custody relinquishment funding. Funding must only be requested to support children and youth who are at risk for custody relinquishment or have already been relinquished and need services and/or supports to transition to community and/or non-custody settings.

An application for multi-system youth custody relinquishment funding should only be made by County Family and Children First Councils (FCFCs). Local FCFCs are expected to submit complete applications that meet all of the requirements outlined in this guidance document. To be eligible to receive funding for a child/youth, a County FCFC must execute a grant agreement with the Ohio Department of Medicaid (ODM.) All applications will be vetted by a multi-system team composed of child/youth serving state agencies, and funding will be authorized (or not authorized) by ODM. Authorized funding will be subject to the terms of ODM's executed grant agreement with each County FCFC.

Application Components:

All application components must be completed by a single applicant / agency for each case. For example, if requesting funding, the full application should be completed by the County Family and Children First Council.

PART A of the application must be completed by ALL applicants requesting case-specific technical assistance and/or funding.

PART B of this application must only be completed by applicants requesting funding.

ATTACHMENT A must be completed for ALL new applications.

ATTACHMENT B must be completed to provide updates on authorized funding.

ATTACHMENT C must be completed for all continued funding requests.

PART A: This section must be completed by ALL applicants requesting technical assistance and/or funding.

I. Requesting Applicant Information

All fields are required. Signatures for the applicant are required on the bottom of page 5, where at a minimum, the application must be signed by the County FCFC Director/Coordinator and the parent/legal guardian.

II. Child/youth Information

Please complete all applicable fields to indicate the child's / youth's demographics, system involvement and other contributing factors, current and past utilization of services and supports, strengths, and other information that may be helpful in assessing the request. **If the applicant is a County FCFC, the child's / youth's FCF service coordination plan must be included.** Complete and detailed information in this section will assist with reviewing applications and reduce the need for follow-up.

III. Reason for Referral

Please check all that apply.

IV. Release of Information

All initial applications for technical assistance and funding must complete Attachment A, which is a release of information. Please check the box in this section of the application to indicate that a release is being included with the application submission. Applications that do not include a completed release of information will be returned to the applicant.

PART B: This section must be completed by applicants requesting funding. Applicants requesting funding must complete ALL of the following sections.

Part B does *not* need to be completed if funding is not being requested.

V. Eligibility Criteria

Funding will be authorized / not authorized on a case-by-case basis. Funding requests will be authorized only if **all five** of the following eligibility criteria have been met.

1. The child/youth has multi-system needs and is at risk for custody relinquishment or has already been relinquished;
2. The applicant has identified availability of local resources (including funding) and/or clinically indicated services to support the child/youth and family;
3. Multi-system local and/or regional agencies are working to coordinate care for the child/youth and family;
4. Financial resources have been reasonably exhausted (*at a minimum: Medicaid, private insurance, Post Adoption Special Services Subsidy (PASSS), and/or county funds*); and
5. The child/youth will be placed in the least restrictive setting, and the setting will be documented as clinically appropriate to meet the treatment needs of the child/youth and family.

VI. Funding Request

Please check the specific services(s) for which funding is being requested, check the box for the amount of time funding will be used (30, 60, 90 days), and indicate how much funding is being requesting for that time period.

Please note, funding requests can be made for up to 90 days of service / support. Should funding be authorized, county FCFCs will need to provide updates on the use of funds and case progress to ODM at least every 90 days using Attachment 2. If funding is authorized for residential treatment services and/or room and board, updates must be provided to ODM on a monthly basis (every 30 days). Continued funding beyond the authorized time period can be requested using Attachment 3. Continued funding requests must be made at least seven calendar days before current authorized funding expires; if continued funding requests are not received at least seven

calendar days before current authorized funding expires, a new application will need to be completed to request additional funding.

The following categories of services may be funded:

1. Care Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth

Requests for care coordination / wraparound may be made to prevent custody relinquishment or for a child/youth who is currently in an out-of-home placement and/or has already been relinquished.

To utilize the funding for FCFC Service Coordination/Wraparound, a unit rate must be established. See Appendix H on how to calculate a unit rate, or download Appendix H at:

[https://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20\(FCSS\)/FCSS%20Service%20Coordination%20Unit%20Rate%20Example%2011.12.09.pdf](https://www.fcf.ohio.gov/Portals/0/Home/Initiatives/System%20of%20Care%20(FCSS)/FCSS%20Service%20Coordination%20Unit%20Rate%20Example%2011.12.09.pdf)

Allowable Expenses may include:

FCFC Service Coordination – a collaborative, coordinated, cross-system team planning process implemented to address the needs of families with multiple and complex problems. The process is family-focused and strengths-based and is responsive to the culture, race and ethnicity of the family. It results in a unique set of community services and natural supports individualized for the child and family and based on the child and family’s perceptions of their strengths and needs to achieve a positive set of outcomes. The purpose of service coordination is to provide a venue for families to meet the need for services and supports across multiple systems which may not have been adequately addressed within traditional agency systems. The FCFC Service Coordination Process FCFC Service Coordination must meet all the statutory requirements found in ORC 121.37; must follow the OFCF Service Coordination Guidance; and must be locally described in each county Family and Children First Council’s Service Coordination Mechanism.

High-Fidelity Wraparound –a comprehensive team process to develop a uniquely designed helping plan based on the child/youth and family’s unmet needs and is inclusive of unique resources linked to child/youth and family strengths. It is applicable and most effective for those with complex needs and histories of extensive and costly service utilization. Ohio’s Wraparound model is based on the National Wraparound Initiative. For more information, refer to the [National Wraparound Initiative website](#).

2. In-home and/or community supports to prevent custody relinquishment

AND

3. In-home and/or community supports for a relinquished child/youth transitioning back into a community setting

Funding requests for must only be made for expenses not otherwise covered by another payer source. At a minimum, expenses that are or could be covered by Medicaid, private insurance, PASSS, and/or county programs must be exhausted before funding through this program may be authorized. All expenses should directly relate to services or supports for children at risk for custody relinquishment or those who have already been relinquished.

Allowable Expenses May Include, but are not Limited to:

- Clinical services not covered by another payer / insurer
- In-home parent/child coaching
- Parent support groups
- Parent education

- Parent advocacy
- Mentoring
- Respite care
- Transportation (e.g., Cab/taxi fares, gas vouchers)
- Medical services and equipment
- Safety and adaptive equipment
- Home modifications
- Structured interventions to improve family functioning
- Food, clothing, shelter, utilities, and/or household expenses

Non-Allowable Expenses Include:

- Services billable to other payer sources, including health insurance
- General program costs (i.e., non-individualized services)
- Classroom instruction or any required public education cost or responsibility (to include tutoring, school-based credit recovery, and/or summer school programming)

4. Residential treatment and/or room and board for treatment to prevent custody relinquishment

Residential treatment may include settings that consist of 24-hour supervision for children in settings such as group homes, detention facilities, or residential treatment facilities.

Monthly submission of Attachment B and additional follow-up communications will be required when residential treatment and/or room and board for treatment are authorized.

PART B: Reporting and Evaluation

Authorization of these funds is intended to promote results-based interventions while limiting administrative burden to the FCFCs and local community partners. Attachment A (release of information) is required at submission. Attachment B (funding update) is required up to 3 months from application at the end of the requested funding period. For all residential treatment and/or room and board for treatment requests, Attachment B and additional follow up information will be required on a monthly basis. Attachment C should be completed by applicants requesting authorization for continued funding.

All required applications and updates should be submitted via email to MSY@medicaid.ohio.gov.

PART B: Disclosures

All MSY authorized funding expenditures must reflect the actual costs of services delivered and must be spent between October 9, 2019 and June 30, 2020 for services delivered between those dates. Funds cannot be used for expenses incurred before the date of application. Agencies cannot apply for funding more than 30 days in advance of potential placement.

The applicant certifies that the information submitted with this application, including any attachments, is true and accurate to the best of their knowledge and belief. The parent/legal guardian commits to maintaining involvement in the child's plan of care and to allowing the child, if placed out of the home, to return to their home when deemed clinically appropriate. The Multi System Youth Custody Relinquishment Prevention program is a pilot program for State Fiscal Year 2020 and grant funding is limited. The applicant acknowledges that the receipt of funding is not guaranteed. Applications will be processed in the order in which they are received, and determinations are made using objective criteria. Applicant also acknowledges the information

above will be shared for purposes of determining grant eligibility consistent with the terms of the attached information release. Funding authorizations and non-authorizations are final and not subject to appeal.

ATTACHMENT A: This attachment must be completed by all applicants requesting technical assistance and/or funding.

All applicants for technical assistance and funding must complete this release of information. Please email this attachment with all new applications to MSY@medicaid.ohio.gov.

ATTACHMENT B: This attachment must be completed this at least every 90 days to provide updates on expenditures and case progress. This update must be completed on a *monthly basis* (every 30 days) when funding is being used for residential purposes.

Please email this completed attachment and associated invoices/payments for the time period to MSY@medicaid.ohio.gov

ATTACHMENT C: This attachment must be completed for continued funding requests.

This attachment must be sent to request continued funding. Continued funding requests must be made at least seven calendar days before current authorized funding expires; if continued funding requests are not received at least seven calendar days before current authorized funding expires, a new application will need to be completed to request additional funding. Please email this completed attachment to MSY@medicaid.ohio.gov