



Ohio Family &
Children First



Department of
Medicaid

New DeWine Administration Programs for Multi-System Youth

October 15, 2019

New Programs to Prevent Custody Relinquishment, Modernize Systems of Care for Multi-System Youth

- **State Level Program: \$8 million**
 - » Goal: prevent custody relinquishment, get kids who have been relinquished back home.
 - » FCFCs can apply for *technical assistance and funding* for care coordination, in-home and community supports, and residential treatment costs.
- **Funding for PCSAs: \$20 million**
 - » Goal: prevent the relinquishment of custody to a PCSA, support costs of care for kids in custody of the agency who are placed in residential treatment facilities who have been relinquished.
 - » Funding through formula, 15% (*currently in clearance for comment*) must be used to establish local resources and ensure multi-disciplinary coordination.
- **Family and Children First Action Plan & FCFC Modernization: \$3 million**
 - » Goal: evaluate existing local FCFC infrastructure, current practices across the state, and service needs for multi-system youth.
 - » Funding will be available for sustainability and technical assistance.

State Level Program

Key Documents

[All available on the Ohio Family and Children First Website](#)

- [Memo for MSY TA & Funding](#)
- [Guidance for MSY TA & Funding Application](#)
- [MSY TA & Funding Application](#)

State Technical Assistance for MSY

- State team can facilitate coordination of clinically appropriate services, supports, and resources for children / youth and their families.
- TA is available to prevent custody relinquishment and assist with other complex cases.
- Examples:
 - » Facilitation of outreach to and engagement of state and local partners
 - » Facilitation of managed care and other insurance involvement
 - » Requests for clinical review
 - » Assistance with coordination among interested parties

Families & all other local entities are encouraged to request state TA.

(County Family and Children First Council, Public Children's Services Agency, Board of Developmental Disabilities, Board of Mental Health and Addiction Services, and others)

State Technical Assistance – Out Of State Placements

- Local entities considering placing a child or youth in another state to gain access to residential treatment **are strongly encouraged to request state technical assistance.**
- Involving state technical assistance and resources is critical to:
 - » Ensure all in-state-options are pursued,
 - » Ensure available state resources are pursued to support children while out of state,
 - » Successfully transition children and youth out of the state, and
 - » Successfully transition children and youth back to Ohio following treatment.

State Funding for Custody Relinquishment

- Must be used to:
 - » Prevent custody relinquishment of children and youth solely for the purpose of obtaining needed treatment.
 - » Assist local entities with obtaining services that support children and youth who have been relinquished and are transitioning back to community and/or non-custody settings.
- County Family and Children First Councils (FCFCs) can apply for direct financial aid to cover costs associated with the child / youth's care.
 - » FCFC must complete grant agreement with Ohio Department of Medicaid to access funding.

Families & all other local entities should work through their County FCFC to request funding.

State Funding Categories

- **Care Coordination/Wraparound**
 - » *to prevent custody relinquishment, or*
 - » *for a relinquished child/youth*
- **In-home and/or community supports**
 - » *to prevent custody relinquishment, or*
 - » *for a relinquished child/youth transitioning back into a community setting*
- **Residential treatment and/or room and board for treatment**
 - » *to prevent custody relinquishment*

All applications will be vetted by a multi-system team composed of child/youth serving state agencies.

Authorized funding will be subject to the terms of ODM's executed grant agreement with each County FCFC.

Application Components

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

I. Requesting Applicant Information

Agency Name			Contact Person	
Street Address		County	Email	
City	State	Zip Code	Phone Number	Fax Number

II. Child/youth Information

Name		Social Security Number		
Date of Birth	Gender		Race/Ethnicity	
Street Address		City	State	Zip Code
Phone Number		Guardian		
Primary Insurer <i>(if Medicaid include Medicaid Number)</i>		Secondary Insurer <i>(if applicable)</i>		
Is Child Eligible for IV-E? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Placement		

- All fields are required.
- Should be completed by a single applicant / agency for each child.

Local / State System Involvement	Other Contributing Factors
<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Child Support
<input type="checkbox"/> Family and Children First	<input type="checkbox"/> Adjudication
<input type="checkbox"/> School	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Juvenile Court, Other Youth Services	<input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mental Illness Diagnosis
<input type="checkbox"/> Health	<input type="checkbox"/> Behavioral Concerns (Specify?)
<input type="checkbox"/> Mental Health / Addiction Services	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other (Specify)

- Please check all applicable fields.
- Provide any other information that may be helpful in assessing the request.

Services/Resources Utilized for Child/Youth and Family	Current	Past 24 Months	Please Describe Specific Services/Resources in Detail. Please Include Providers and Relevant Outcomes
Care Coordination and/or Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
In-home Services and Supports (ex. wraparound services, home visiting, transition services)	<input type="checkbox"/>	<input type="checkbox"/>	
Community-Based Behavioral Health Services (ex. out-patient services, group therapy)	<input type="checkbox"/>	<input type="checkbox"/>	
Residential Treatment/group home	<input type="checkbox"/>	<input type="checkbox"/>	
Inpatient Psychiatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Therapeutic Foster Home	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Home	<input type="checkbox"/>	<input type="checkbox"/>	
Respite (indicate residential, foster or both)	<input type="checkbox"/>	<input type="checkbox"/>	
Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	
Mentors	<input type="checkbox"/>	<input type="checkbox"/>	
Skill Building Services/Supports	<input type="checkbox"/>	<input type="checkbox"/>	
Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

- Please include specific services and resources for each line.
- Complete and detailed information in this section will assist with reviewing applications and reduce the need for follow-up.

Please describe the strengths of the child/youth and the family and any additional comments:



Any additional information that would be helpful *(Include any risk for out of home placement)*:



- If child is at risk for out of home placement and/or custody relinquishment, please describe the situation in these sections.
- Complete and detailed information in this section will assist with reviewing applications and reduce the need for follow-up.

Please attach additional supporting documentation, including any of the following:

<input type="checkbox"/> County FCF service coordination plan (REQUIRED if applicant is a County FCFC)		
<input type="checkbox"/> Level of Care Assessment		
<input type="checkbox"/> Psychosocial, Psychological and/or neuropsychological assessment		
<input type="checkbox"/> Treatment Plan		
<input type="checkbox"/> Individualized Education Plan (<i>IEP/504 Plan</i>)		
<input type="checkbox"/> Other supporting documentation		
Previous Adoption <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Level <input type="text"/>	School Placement <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> OHI <input type="checkbox"/> DH
List behavioral health diagnosis/diagnoses (<i>if any</i>) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

- 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*

<input type="checkbox"/> Assistance with facilitation of outreach to and engagement of state and local partners	<input type="checkbox"/> Assistance with coordination among interested parties
<input type="checkbox"/> Assistance with facilitation of managed care and other insurance involvement	<input type="checkbox"/> Child/youth at risk of custody relinquishment
<input type="checkbox"/> Request for clinical review	<input type="checkbox"/> Child/youth at risk of out of state placement
	<input type="checkbox"/> Custody already relinquished

IV. Release of Information

This application is being submitted with a release of information form.

- Please check all reasons for referral.
- 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: To be completed by applicants requesting funding. Applicants requesting funding must complete ALL of the following sections.

V. “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. Please note: only one of two the criteria for number one below must be 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, 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.

- Criteria 1 through 5 must be met for the application to be considered for a request for funding.

4. Financial resources have been reasonably exhausted (*at a minimum: Medicaid, private insurance, PASSS, and/or county funds*); and

- The multi-system team composed of child/youth serving state agencies will vet applications regarding the reasonable exhaustion of county resources.
- The state team will discuss this criteria on a case-by-case basis with FCFCs if needed.
- **It is expected that the applicant will explain:**
 - **How the county approaches providing financial resources for out of home placements for kids;**
 - **Whether county funds were pursued in this case; and**
 - **How local funds were applied for the child/youth in this case, OR**
 - **If county funds could not be used, why funds were not available.**

VI. Please detail the purpose of this funding request by providing the following information. In space provided, please provide detailed narrative information about how funds will be used and entities (i.e. provider agencies, others) that may receive this funding to deliver services.

Service	Estimated Time	Amount Requested
<input type="checkbox"/> 1. Care Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> 2. In-home and/or community supports to prevent custody relinquishment.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> 3. In-home and/or community supports for a relinquished child/youth transitioning into a community setting.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> 4. Residential treatment and/or room and board for treatment to prevent custody relinquishment.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>

- Funding requests can be made for up to 90 days of service / support.
- Complete and detailed information in this section will assist with reviewing applications and reduce the need for follow-up.

Care Coordination / Wraparound

- May be requested to prevent custody relinquishment or for a child/youth who is currently in an out-of-home placement
 - » and/or to support a child/youth 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](#)

In-home and/or community supports

- May be requested to prevent custody relinquishment or for a child/youth who has been relinquished and is 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 reasonably 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.**

In-home and/or community supports

Allowable Expenses

- 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

- 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)

Residential Treatment

- Funding must be used to prevent custody relinquishment (*not* for children and youth who have already been relinquished to the child protection system.)
- 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.
- Allowable expenses:
 - » Treatment services
 - » Room & board costs

By signing below, 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 and waives any right to beyond 30 days of initial authorization or can be rescinded at any time. Applications will be reviewed in the order in which they are received, and determinations will be 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 determinations are final and not subject to appeal.

FCFC Director/Coordinator *(Signature)*

Date

Parent/Legal Guardian *(Signature)*

Date

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: To be completed by ALL applicants requesting technical assistance and/or funding.

**Multi-System Youth Technical Assistance and Funding
RELEASE OF INFORMATION**

Child/youth Name	
Date of Birth	Social Security Number

I, _____, authorize the release of all information, including substance use disorder information if applicable, required for service coordination, funding reviews and program evaluation of the Multi-System Youth Program process to be exchanged between and among the following organizations, including all members of the Ohio Family and Children First Council Cabinet and/or his or her designee(s):

All member agencies of the Ohio Family and Children First (OFCF) Governor's Children's Cabinet per section 121.37 of the Ohio Revised Code, including The Ohio Department of Medicaid.

All of the following _____ county organizations

- Board of Developmental Disabilities (DD)
- Juvenile Court
- Department of Job and Family Services
- Public Children's Services Agency
- Alcohol Drug and Mental Health (ADAMH) Board
- Family and Children First Council

And all the following organizations (please name applicable organizations below):

Educational Service Center
Residential/In-Patient Facility
School District of Residence & Attendance

1. This authorization will remain effective until June 30th, 2022, unless an earlier date or condition/event is specified here _____ . This consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.
2. However, I understand that I *HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION, IN WRITING*, by sending/providing such written notification to ATTN: Multi-System Youth (MSY) Administrator; 50 West Town Street, Suite 400; Columbus, Ohio 43215.
3. I understand that I have the right to refuse to sign this authorization; however, should I refuse to sign the authorization, the child or youth listed above will not be eligible for financial assistance from the Multi- System Youth Program.
4. I have the right to inspect or copy the protected health information and protected educational information to be used or disclosed as permitted under law.

I have read or have had this document read to me and I understand its content.

Signature of Parent or Guardian

Date

Relationship to Child or Youth

Name of Child or Youth

Date

Signature of Child or Youth if information regarding SUD is involved

Date

Witness

Date

****A copy of this signed authorization shall have the same force and effect as the original.**

*****42 CFR part 2 prohibits unauthorized disclosure of these records.**

ATTACHMENT B:

To be completed 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.

All associated invoices/payments for this time period should be emailed to MSY@medicaid.ohio.gov with submission of this attachment.

Time period start		Time period end	
Service	Original Duration	Original Amount Received	
<input type="checkbox"/> 1. Care Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input type="text"/>	
Please provide all relevant outcomes to date: <input type="text"/>			
<input type="checkbox"/> 2. In-home and/or community supports to prevent custody relinquishment.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input type="text"/>	
Please provide all relevant outcomes to date: <input type="text"/>			
<input type="checkbox"/> 3. In-home and/or community supports for	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input type="text"/>	

ATTACHMENT C: To be completed for continued funding requests.

Please detail the purpose of this continued funding request by providing the following information. In space provided, please provide detailed narrative information about how funds will be used and entities (i.e. provider agencies, others) that may receive this funding to deliver services.

Service	Estimated Time	Amount Requested
<input type="checkbox"/> 1. Care Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>
Empty space for narrative information		
<input type="checkbox"/> 2. In-home and/or community supports to prevent custody relinquishment.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>
Empty space for narrative information		
<input type="checkbox"/> 3. In-home and/or community supports for a relinquished child/youth transitioning into a	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	\$ <input style="width: 100px;" type="text"/>

- 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.

Funding for Public Children Services Agencies

ODJFS - \$20 Million to County PCSAs

- Funding will be allocated in accordance with ORC 5101.14
- Funding is intended to:
 - » Prevent custody relinquishment to the public children services agency solely for the purpose of a child obtaining needed treatment;
 - » Support the care of children in the custody of a PCSA for congregate care; and
 - » Provide the services and supports necessary to ensure the child's successful transition from a congregate care facility following discharge.
- Of these funds, the PCSAs are to designate 15% (*this is currently in clearance for comment*) of the formula-based allocation to work locally in accordance with ORC 337.180 to:
 - » Establish local resources, and
 - » Support the provision of services to families and children.
- ODJFS will be adopting a rule to administer this funding
 - » Rule is expected to become effective on January 1, 2020, with funding transfers and allocations to follow the same timeline.

Ohio Family and Children First MSY Action Plan & FCFC Modernization

MSY Action Committee & FCF Modernization

- Ohio Family and Children First is working with a broad group of stakeholders to develop an action plan to reduce custody relinquishment and better serve Ohio's children with the most complex needs.
- The Multi-System Youth Action Plan Committee evaluating the existing Family and Children First infrastructure, current practices across the state, and service needs for MSY.
- Based on this evaluation and action plan, funds will be made available for both sustainability efforts and technical assistance.

MSY Action Committee Working Groups

- Improve Data Collection and sharing related to multisystem youth to inform state and local decision-making capabilities.
- Ensure youth and families have access to peer support and peer mentor programs with a consistent funding source.
- Establish a safety net of state level funding for multi-system youth.
- Ensure youth with moderate to severe needs have access to a High-Fidelity Wraparound service.
- Modernize Family and Children First Councils.
- Create a Children's Congregate Care Study Committee (will rely on Family First Prevention Services Act work.)
- Conduct an assessment of legal and financial conditions that contribute to custody relinquishment for the purposes of receiving child-specific services.

**Ongoing Stakeholder Feedback
Requested for Improvement**

Planning for SFY 2021

- In the coming months, ODM and ODJFS and Ohio Family and Children First will gather feedback on the programs outlined above through the Multi-System Youth Action Plan Committee.
- All stakeholders and interested parties are invited to send questions, comments, and suggestions to MSY@medicaid.ohio.gov.



Ohio Family & Children First

Please send questions, comments, and suggestions to:

MSY@medicaid.ohio.gov