ADDENDUM C
COMMUNITY BASED SERVICES

This Addendum C amends, modifies, and supplements that certain Agreement for Purchase of Services ("Agreement") between the Fairfax-Falls Church Community Policy and Management Team ("CPMT") or the Fairfax County Department of Family Services ("DFS"), as the case may be, hereinafter referred to as the "Buyer" and the provided identified on page three (3) of the Agreement for the Purchase of Services, hereinafter referred to as the "Provider." Where there exists any inconsistency between the Agreement and Addendum C the provisions of Addendum C control.

This Addendum C reflects those services which the Provider agrees to make available to the Buyer. The Provider will offer services as defined on Attachment A. Any services offered that are not defined on Attachment A will be defined on the Provider's individualized Rate Sheet.

Terms not otherwise defined herein or on the Rate Sheet shall have the same meanings ascribed to them in the Agreement.

SPECIFIC TERMS AND CONDITIONS

Provider agrees to the following provisions:

1. INITIAL ASSESSMENT:

A. The Provider will complete and submit a written initial assessment within thirty (30) days of initiation of clinical services.

B. The initial assessment shall include the following information:

1) Name, credentials, and contact information of the assessor
2) Current or Preliminary DSM diagnoses for youth
3) Youth strengths and needs
4) Youth functioning in major life domains (e.g., school, home, community, legal)
5) Current family structure and functioning - strengths and needs
6) Other current treatment/services including medication management
7) Summary of service and treatment history
8) Case conceptualization summary
9) Behaviors to be addressed - focus of intervention

2. SERVICE/TREATMENT PLAN:

A. The Provider will complete and submit an initial service/treatment plan based on the initial assessment describing the services to be provided to each youth and the youth's family in accordance with that youth's Individualized Family Service Plan (IFSP) within thirty (30) days of services being initiated.

B. The service/treatment plan shall be modified, as needed, in collaboration with the Buyer's case manager, the youth, the youth's family, the provider, and other members of the youth/family's team. Any significant changes proposed to the service/treatment plan will reflect the consensus

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of the youth, family and team.

C. The service/treatment plan shall include the following components:
   1) Short- and long-term goals that are youth, family and behavior specific with measurable objectives and performance timeframes
   2) Crisis Safety Plan to include provisions during the workday as well as after-hours and emergency telephone contact numbers
      a. The child and family team shall review/revise crisis plans as applicable and document if it was only reviewed and not revised following a serious incident
   3) Estimated # of contact hours and frequency of contacts per week
   4) Plan to transition youth to less restrictive and natural supports
   5) Plan signed by provider, Buyer's CM, youth, youth's family member

D. The Buyer's case manager serves as the point of contact for the team-based planning process and is responsible for decisions about services rendered in a manner consistent with the service authorization and team-based planning process.

3. MONTHLY PROGRESS REPORTING

A. The Provider will complete and submit a monthly report **by the 15th day of the month** after the end of the month services were delivered.

B. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.

C. The monthly report submitted on the Provider's letterhead shall include the following:
   1) Provider's legal name, email, and phone number
   2) Home-based worker's legal name, credentials, email and phone number
   3) Identifying client information to include name of youth and family
   4) Progress on goals
   5) Progress towards transition to less restrictive and natural supports
   6) Significant incidents affecting the youth
   7) Change in providers/agencies/services
   8) Change in medication
   9) Current functioning in major life domains (e.g., school, home, community, legal)
   10) Dates of service
   11) Duration/times of service
   12) Location of service
   13) Individuals present for service
   14) Itemized administrative/indirect vs. direct service hours as well as a summary/tally of the total number of each type of hour (indirect vs. direct) to allow for a quicker review.
   15) Hours of service remaining on current authorization
   16) Description of interventions used by the home-based counselor in addressing the identified needs
   17) Description of collaborative efforts in working with previous, current, and planned aftercare providers

D. The above reporting requirements do not apply to supervised visitation services. All visitation services require the Department of Family Services Visitation Report Form and are required to

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follow the Department of Family Services, Children, Youth and Families Visitation Policy. (Provided to visitation supervision providers upon request.)

4. DISCHARGE/TRANSITION REPORTING

A. The Provider will complete and submit a discharge/transition report within 10 business days of termination of services.

B. Discharge/transition reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.

C. The discharge/termination report submitted on Provider's letterhead shall include the following:

1) Provider's legal name, email, and phone number

2) Home-based worker's legal name, email, and phone number

3) Summary of progress towards goals to include successes, challenges, and any anticipated continued needs

4) DSM diagnoses and medications at time of discharge

5) Description of functioning in major life domains at end of service (e.g., school, home, community, legal)

6) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth and family's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes, natural supports and other resources as well as referencing appointments with after-care providers.

7) Provide information about the clinical needs of the youth and family.

5. REIMBURSEMENT FOR SERVICES:

A. The Provider will initiate services (e.g., first contact with youth/family) within five (5) business days of receipt of the Purchase Order/Service Request for services, unless a different start date has been negotiated with the Buyer's case manager.

B. Services must be provided within the number of units and timeframes authorized, as specified on the Purchase Order/Service Request. The Purchase Order/Service Request defaults to even distribution of units per month. However, units may be front or back loaded as clinically appropriate and must be approved in advanced by the Buyer.

1) An increase in the agreed upon hours of service must be approved in advance by the Buyer. Approval is conveyed through a revised Purchase of Service Order.

2) If there is an emergency in one week and the youth and family needs increased hours, the Provider may provide the needed hours without delay. The provider shall decrease the number of hours in a non-emergency week to maintain the total number of CSA Authorized hours.

C. No more than twenty (20) percent of the Provider's agreed upon billable hours shall include supervision, writing of reports, internal staffing, writing notes, Family Partnership Meeting (FPM) attendance, or telephone calls/emails with the Buyer. Twenty percent will be calculated looking at the time period covered by the service authorization. Billable hours for these specific "administrative/indirect services" shall be labeled as such on the invoice and on the monthly report. The remaining billable hours must be direct service contact with the youth and/or family present. Direct service contact with the youth and/or family can include telephone calls or

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emails. If notes/graphing is completed in the presence of the youth/family, this can be reported as a direct service.

D. The Provider shall not invoice the Buyer for training that employees of the Provider may receive or the time associated with such training. The Provider shall not invoice the Buyer for travel time.

E. Team based planning meeting attendance, to include Individual Education Plan (IEP) meetings, may be billed when the Buyer (i.e., Buyer's case manager) requests the attendance of the Provider's case manager/home-based worker. The hours must fall within the existing Purchase Order/Service Request or the case manager must obtain pre-authorization for reimbursement for the service. Information to be provided at such appearances may include, but is not limited to goals, recommended services, the services provided, and the progress resulting from the service interventions. Verbal reports/communication with the Buyer do not substitute for the required monthly progress reports.

F. For court appearances the following conditions apply:
   1) The Provider will receive payment based on the actual number of hours the home based worker is required by the Buyer's case manager to be present at the court hearings.
   2) The hours will include actual testimony and waiting time, but do not include mileage, travel time, or other traveling costs. Payment will be made in accordance with the established hourly rate set forth in the attached Rate Sheet. The Buyer will make every attempt to notify the Provider well in advance of the Provider's requirement to appear at the hearings. When possible, the Buyer will request a subpoena be issued.
   3) A written Children's Services Act (CSA) service authorization is needed for non-Department of Family Services, Children Youth and Family related cases to pre-authorize reimbursement or the hours must fall within the existing Purchase Order/Service Request.

G. For socialization/recreation activities the following will apply:
   1) Activities must be consistent with the service/treatment plan goals such as improving interpersonal interaction and relationship-building.
   2) The cost for these activities is incorporated into the hourly rate of the home-based counselor.

6. INVOICING:

A. The Provider will submit invoices in accordance with section 27 of the APOS and section 5 of this Addendum C within ten (10) business days of the end of the month. The Buyer reserves the right to reject any invoices with incomplete data elements. Time frames for payment begin when the invoice containing all required elements is received.

B. The provider must submit a separate invoice for each youth served that includes the following information:
   1) Provider's legal name, email, and phone number
   2) Purchase Order/Service Request number
   3) Buyer's case manager's name
   4) Provided service as defined on the rate sheet
   5) Contract unit price
   6) # of units
   7) Dates of service

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8) Duration/times of service
9) Itemized administrative/indirect vs. direct service hours

7. PAYMENT THROUGH PRIVATE INSURANCE AND MEDICAID:

A. The Provider agrees to accept the family's insurance (including TRICARE or its equivalent), or Virginia Medicaid or FAMIS for payment of services, provided that the Buyer obtains the permission and signature of the parent or legal guardian of the youth. CSA will not fund services covered by the above forms of insurance if that insurance is made available to pay for services.

B. When all or any portion of the services rendered by the Provider hereunder is covered by an insurance policy, TRICARE (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to TRICARE (or its equivalent), as the case may be. The Buyer shall pay the balance remaining due, if any, within forty-five (45) days after the Provider furnishes satisfactory evidence to the Buyer that the payment by the insurance company or TRICARE (or its equivalent) is the full amount. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services.

IN WITNESS THEREOF the parties have caused this Addendum to be executed by officials hereunto duly authorized.

Authorized Representative of Provider	CSA Program Director
Title	Date
Date	

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Attachment A

COMMUNITY-BASED SERVICES DEFINITIONS

1) **APPLIED BEHAVIOR ANALYSIS: Applied Behavior Analysis is an Evidence Based Treatment. Requirements can be found in Addendum F Evidence Based Treatments.**

2) **CRISIS INTERVENTION: OCS Standard Service Definition - Crisis Intervention services are mental health care services, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.**
   Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Intervention
   Medicaid Status: Medicaid reimbursable

3) **CRISIS STABILIZATION: OCS Standard Service Definition - Crisis Stabilization services are direct mental health care services to non-hospitalized individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.**
   Licensure Requirement: Department of Behavioral Health and Developmental Services (DBHDS) provider of Mental Health Services Crisis Stabilization
   Medicaid Status: Medicaid reimbursable

4) **INTENSIVE IN-HOME SERVICES: OCS Standard Service Definition - IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities, and coordination with other required services. Service also includes 24-hour emergency response.**
   Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home
   Medicaid Status: Medicaid reimbursable
   This service requires a clinical determination documenting that Medicaid criteria is met in order for CSA to purchase this service even if the youth doesn't have Medicaid.

5) **FAMILY SUPPORT SERVICES (FSS): OCS Standard Service Definition - A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure,**

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and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.

In Fairfax County, the following services fall under Family Support Services:

A. Intensive Family Preservation Services:
Family preservation interventions for children and adolescents who are at-risk of serious emotional disturbance, including individuals who also have a diagnosis of mental retardation (intellectual disability), with parent/caregiver needs which impact care for the child. Family preservation service is usually time-limited and is provided typically but not solely in the residence of an individual. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

Medicaid Status: Non-Medicaid reimbursable

B. Supervised Visit:
This service is typically utilized for families involved in the child welfare system to support reunification and/or familial contact while maintaining the safety of children and youth. Additional reporting requirements, outlined in the Department of Family Services' Children Youth and Families Services Visitation Policy will apply to these services in lieu of monthly reports. This policy will be provided to providers upon request.

1. **Supervised Visit Therapeutic** – This service offers coaching and modeling of parenting skills, such as effective communication, behavior management, activities to promote bonding/attachment, socialization and positive engagement with child/youth and psycho-education about topics related to child development and parenting skill development. Service is provided by individuals with specialized training in child development and/or behavioral health care for child and adolescents. Service is intended to improve the interactions between the caregiver/family member and the child/youth as well as maintain safety for the recipients. Court testimony, documentation of the visit and other service planning activities are often required.

   Licensure Requirement: DBHDS provider of Mental Health Services Intensive In-Home

   Medicaid Status: Non-Medicaid reimbursable

6) INDIVIDUAL SUPPORT SERVICES: OCS Standard Service Definition - Community support services and other structured services provided to strengthen individual skills and/or provide environmental supports necessary to attain and sustain independent community residential living for individuals with behavioral/mental health problems.

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Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

In Fairfax County, the following services fall under Individual Support Services:

A. **In-Home Services:**
These services are interventions for children and adolescents who have emotional or behavioral problems, including individuals who also have a diagnosis of mental retardation (intellectual disability). In-home services are usually time-limited and are provided typically but not solely in the residence of an individual with emotional or behavioral problems which have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted and are significantly disabling and are present in several community settings, such as at home, in school or with peers. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

Licensure Requirement:	DBHDS provider of Mental Health Services Supportive In-Home
Medicaid Status:	Non-Medicaid reimbursable

B. Behavior Therapy/Management (non-ABA): Behavior Therapy/ Management services include developing and implementing behavior management programs to target inappropriate or maladaptive behaviors such as aggression or self-injury.

Licensure Requirement:	DBHDS provider of Mental Health Services Supportive In-Home
Medicaid Status:	Non-Medicaid reimbursable

7) MENTAL HEALTH SKILL BUILDING SERVICES: OCS Standard Service Definition - A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

It is not intended as a mental health clinical service, a preventative service, social welfare, nor a crisis service. The service is designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. MHSS is intended to enable individuals with significant mental illness to

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achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

Licensure Requirement: DBHDS provider of Mental Health Support Services
Medicaid Status: Medicaid reimbursable

8) **MENTORING: OCS Standard Service Definition - Services in which children are appropriately matched with screened and trained adults for one-on-one relationships. Services include meetings and activities on a regular basis intended to meet, in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.**

Service provides advocacy, role modeling, individual living/life skills development, socialization/recreation, academic supervision, anger management skill development to remediate various skill deficits. Mentor may work with a counselor to implement service plans. Mentoring is forming a trusting relationship with a child or youth through positive engagement and serving as a role model for healthy emotional development and responsible actions. It may include providing socialization activities that will reduce feelings of isolation and increase social skills; introducing new interests, talents, activities and opportunities to a child or youth; providing encouragement and support for academic achievement and staying in school; and providing academic supervision for completing homework.

Licensure Requirement: State license not required (DBHDS license or accreditation preferred)
Medicaid Status: Non-Medicaid reimbursable

9) **RESPITE: OCS Standard Service Definition - Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well-being of the youth and the family/guardian.**

Respite care means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, custodian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. Service provides for the supervision and safety of the child/youth recipients in a variety of settings including residential, day support, in-home, or a sponsored home in place of the primary caretakers' supervision.

For children who are not in foster care: in-home and out of home respite services may be approved for up to $ 5,000 over a period of six months. Out of home respite may not exceed 15 days within the six months and may not exceed 14 consecutive days.

- **In Home Respite**

  Licensure Requirement: DBHDS Provider of Mental Health Services Supportive In-Home or In-Home Respite Service

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Medicaid Status: Waiver only; CSA-funded for non-waiver eligible youth

- Services are provided by the hour
- Provision of service must include the identified client and may include 1 or more siblings; should a respite occurrence require more than professional staff, the case manager must provide written approval in advance of the scheduled occurrence.
- Services are provided by professional staff, if more than one professional staff is warranted, approval must be provided by the Buyer.
- Primary caretaker or their designee must be present at each occurrence of exchange of supervision.
- May be provided for special needs recipients including the need for specialized intervention skills.
- Occurrences are planned in agreement with the Buyer, the primary caretaker, and the provider in writing to include, not limited to, the time, duration, location, type of activity, any transportation arrangements, and cost. Any expenses incurred for an activity are the responsibility of the primary caretaker.
- Provider is required to obtain emergency contact information and necessary medical information.

Out of Home Respite

License Requirement: DBHDS Provider of Out-Home with Respite

Medicaid Status: Waiver only; CSA-funded for non-waiver eligible youth

- Services may be by the day and may occur overnight;
- May occur in a licensed Treatment Foster Home, or a licensed residential crisis stabilization facility or other licensed respite facility.
- Service is for the identified child/youth only.
- Primary caretaker or their designee must be present at each occurrence of exchange of supervision.
- Provider is required to obtain emergency contact information and necessary medical information.
- May be provided for special needs recipients including the need for specialized intervention skills

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Attachment B

FAMILY PEER SUPPORT PARTNERS

DEFINITION OF SERVICES

Family Peer Support Partners (FPSP) will provide peer support services to families of children with mental/behavioral health needs, including information, resources, training and emotional support with the aim of helping them to successfully navigate services and to learn to play an active role in the delivery of needed services, partnering with both providers and natural supports supporting the family. Family Peer Support Partners will use lived experience of successfully advocating for their own child with mental/behavioral health needs. The provision of information, education and social support along with role modeling and coaching is expected to lead to the following outcomes: reduced parental stress; reduced feelings of isolation and helplessness; and a greater capacity to engage in an empowered way to partner with supports and services on behalf of their family.

For this agreement, "Family Peer Support Partner" refers to a parent or caregiver of a young person that has experienced intensive behavioral health challenges, requiring the parent to overcome challenges related to the care and advocacy of their child and having received appropriate training to leverage that experience and understand systems to serve as a support.

Families are defined as the caregivers and other household members, including but not limited to parents, stepparents, extended family and fictive kin, with an identified childbirth through age 21. All families shall have one or more child(ren) through age 21 with behavioral health challenges.

PRACTICE MODEL

Appropriately using lived experience to build a relationship with the family, the Family Peer Support Partner provides accurate and reliable information to families they can use to feel empowered and competent in decision making. The FPSP will also connect families to others who have a shared experience to reduce isolation and stigma.

a. Provide families with peer support and connect them to others who have a shared experience:
    1. Through strategic sharing the FPSP reveals broad outlines of their lived experience to establish a shared understanding of "what it's like," engender trust and promote engagement with the caregiver.
    2. Connect families to existing local family support groups as appropriate.
b. Connect families to resources:
    1. Provide, to the extent possible, the specific assistance requested by the family related to the support of the child with intensive behavioral health needs.
    2. Research topics relevant to the needs of the youth and family.
    3. Identify and connect families to community resources through

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phone calls, as well as email, text, face-to-face meetings and the US Postal Services.

4. Provide guidance to families in completing forms and applications of various kinds through support that is most effective for families, such as email, text, phone calls, and/or face-to- face meetings.
5. Address the needs of the family and connect families to a wide range of resources they may need, not just those that are identified at the initial contact.

c. Empower caregivers to become their own advocates on behalf of themselves and their child or children to improve their outcomes.

1. Help the family to identify their strengths and needs.
2. Empower families to speak up and articulate their concerns and needs.
3. Provide specific training as identified in the Meeting Action Plan (MAP).
4. Work with families to develop a clear, measurable goal and identify a plan of action.
5. Identify families' concerns and needs and, through education, role-modeling and coaching/mentoring, empower families to effectively articulate those needs.
6. Accompany families to meetings when requested to teach and empower them to handle future meetings on their own.

REPORTING

The Provider will complete and submit a monthly report **by the 15th day of the month** after the end of the month services were delivered. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged. In lieu of the reporting requirements identified above for other community-based services, the following shall be provided:

Family Data

a. Family name;
b. Family ID#;
c. ZIP code of home residence;
d. Race and ethnicity;
e. Youth age at service onset;
f. Youth behavioral health challenge (s);
g. Date of first contact;
h. Discharge date;
i. Discharge type;
j. Date assessment instruments completed;
k. Date closure assessment instruments completed;

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l. Contact hours by type and High-Fidelity Wraparound life domains addressed;
m. Primary language spoken at home;
n. Youth's disability status; and
o. # hospitalizations, emergency department visits and residential treatment placements (parent self-report):
    1. in the six months prior to beginning FPSP services; and
    2. in the past month.

ADDITIONAL REQUIREMENTS

Family Peer Support Partners are to successfully complete state provided FPSP training, and training in community resources by trainers selected and/or provided by the county.

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