

# CPMT MEETING MINUTES

Location:

Date:

Time:

Facilitator:

## Attendance

Names

In-Person:

N/A

Attending Virtually: Shari Lyons (SOC), Linda Erskine (Fiscal), Jamii PremDas (CSB), Coralie Conille (SOC), Faiza Jackson (APS), Terry Tinsley (Private Provider), Deborah Warren (CSB), Wendy Crawford (APS), Rick Strobach (Courts), Glenda Pittman (Fiscal), Earl Conklin (Courts), Lissa Friedman (Child Welfare), Tabitha Kelly (Child Welfare)

Non-Voting Members (Attending Virtually): Jennifer Hykin (UR)

Not in Attendance: Patrice Elmore

## Meeting Open

Motion for minutes approved at 9:09 am.

Quorum Established by Shari Lyons

Overview of Agenda provided by Shari Lyons

Shari Lyons reviewed Group Agreements for the team.

## Topic 1 – Policy Updates (Emergency services, birthparents and primary caregivers at FAPT, Trial Home Visits, Special Education Transfers)

Summary:

**Emergency Service Policy** – When a foster parent wants reimbursement for childcare, they need to be working. Questions have come up on what happens if foster parents are terminated from their place of employment. IVE and CSA do not allow general maintenance but are allowed to code it as “family

support services (FSS)". This already occurs for trial home visits. It can be coded as FSS temporarily for up to 6 months. There are no extensions. Shelter Care was previously coded as childcare, but it should actually be coded as a "temporary care facility". Language interpretation was included for children in foster care. Families deserve the service whether they are in foster care or not, it is important to be aligned with the service being available to all. Deborah asks if this requires a vote.

Earl asks if OCS defined as only children in foster care. Shari says anyone can be, as we define what they are. Earl says in reality, there are judges who have ordered a child into Aurora House and made a referral to social services; it was considered a same day placement. The group homes we are contracted with don't have the same day language in their contract. Sheltercare is always full and judges are using group homes as a short-term stay.

- Deborah motions for this to be approved, and Rick seconds. Group approves

**Birth parents and primary caregivers at FAPT** – CSA is changing the language from "biological family" to "birthparents and/or long-term primary caregivers" to align with our values. Primary caregivers are encouraged to come to FAPT so they can understand the services and also understand what is happening. Attendance to FAPT is not required, but it is strongly encouraged.

Lissa asks if the long-term placement caregivers also include foster parents. Shari says it includes who they were removed from/who they are going home to. Deborah asks how often do birth parents attend FAPT meetings on average Coralie responds with attendance is low unless the birth parents are receiving the services. Deborah inquires what can incentivize them to participate? Shari says framing the messaging as wanting to be aware to set the child up for success, so they don't re-enter services.

Wendy inquires if writing a statement going to change the behavior or will there need to be a new strategy and also asks if anyone knows the reasoning behind low attendance. Shari says there are a lot of moving parts; the case managers primarily focus on the required parties in order to keep the meeting moving forward.

Tabitha notes this should be an extension of family participation in treatment team meetings. Lissa inquires on who should be present: the primary parent, or whoever the child is returning to once services are completed. Shari confirms the focus is whoever the child is returning home to. Tabitha notes it should be both; if a family member has context and/or have a plan for providing placement, they both serve a purpose and can add value to the meeting. Shari notes the language can be changed to include potential caregivers. Tabitha re-iterates this needs to be brought to case managers and emphasize the importance of supporting families to overcome barriers to attend FAPT meetings. Lissa mentions the importance of encouraging this even if they have been to treatment team meetings (TTM); it may feel redundant, but it is necessary for them to be there. Tabitha suggests finding acceptable ways to get their voice in the meeting even if they can't be present in FAPT.

Terry shares his experience with FAPT and says it can be intimidating and recommends emphasizing how important they are in the process. Wendy suggests a training point for case managers is helping caregivers understand their role in the meeting. Earl notes it is largely foster care cases with low attendance rates, as they have a lot of intense services in place like home-based, TTMs, etc. Earl would like to support Lissa's statements. This can be a lot for people who are already on edge. There's a balancing act need to be careful of. Shari says this is why it is strongly encouraged instead of making it a requirement. Wendy agrees; the TTM have a flow and a relationship whereas FAPT is less intimate. Coralie does a great job and makes it as warm as possible. Glenda agrees with Wendy.

- Action: CPMT approves to make administrative adjustments on the language in the policy.

**Trial Home Visits** – When a child goes on a trial home visit (THV), whatever services they had in place previously are paused. There was a situation that came up on when it's appropriate to continue vs. having an approved service paused. When kids are in care, we have to pay for medical, dental, and vision even during THVs. Another piece is immigration attorneys; doesn't mean they have finished everything, but they are a step closer. Shari suggests continuing to cover medical, dental, and vision as previously approved, as well as immigration attorney services to continue even if they go on a THV. Rick

agrees with the suggestion.

Lissa brings up daycare, and Shari confirms daycare services continue, it just has to be coded differently. Lissa asks if there a reason why it needs to be explicit? Shari said a situation came up that wasn't in writing and therefore would like it to be put it into policy to ensure we are consistent as a program.

Rick inquires if there has to be an explicit FAPT meeting if the same service is being provided under a different code. Shari notes per OCS, the coding is different.

- Action – CPMT approves.

**Special Education Transfers** – There is a 30-day grace period to notify the County the child was moving. The state has changed it to say as soon as a residency change has been made, the new county is responsible for the IEP services. The 30-day grace period is no longer available for special education. The policy must be aligned with OCS. Wendy inquires if we could do a format change to reflect the change in the manual/policy, so it isn't overlooked.

- Action – CPMT approves.

## Topic 2 – Utilization Review Primer

Decision/Action Step: Will discuss at the next meeting as Patrice is absent today.

## Topic 3 – Out of Home Placements + FAPT Case Managers

Summary: Earl presents a case for a child with Medicaid approval. This child would have been at Hallmark 12/3/2024; family signed the parental agreement, engaged and provided documentation. Hallmark attempted 3 separate IAACTs. The first was on her date of placement, where they had her admitted and initiated the IAACT. It was unsuccessful and Hallmark attempted to reach the family 3 times. They tried 3 more times at the end of December, and the last attempt at the beginning of January when they were able to get Medicaid.

The challenge is the gap between admission and the child being approved for Medicaid. There is a 52-day gap where she was placed but Medicaid was not approved which resulted in a \$31,000+ invoice that has gone unpaid. This is considered a violation of the CSA parental agreement. Earl and Shari spoke with the judges about who can pay. Earl notes there is a history with the family not agreeing with the placement even though it was court ordered. OCS said the parental agreement was clear. The child is eligible for CSA and has CPMT funding. She is still at the facility and has Medicaid approval. Earl was advocating to see if he needs to find local funding prior to going to asking for the funding. What needs to be decided is to say our policy is clear, and there is room for interpretation. However, Hallmark did the process and attempted 3 times. They need to be paid.

Jamii asks was the father aware that someone from Hallmark was going to engage him. Earl confirms the father was advised, and it took bringing him to court and the judge saying they will charge him the bill. The family has no means to pay; there's a lot going on with this family. Niasha worked well with this family. It has been work to get the family to recognize their daughter's challenges and they are in a better space now, but it took some time. Earl doesn't want the family to be assessed this fee. They can't handle it emotionally. OCS allows us to make this payment; if we have room to recognize special circumstances and waive it.

Terry notes sometimes Medicaid will back pay. Shari mentions and attempt was made and denied. The appeal has not been approved. Wendy notes it is a difficult situation, support this but also is thinking about the training points we may use early in the process and informing the family on the communications they will receive. Earl has already advised the case managers in court, and they will

do more training. Tabitha asks if this sets a precedent and open the doors for us to pay in the future for others. Glenda agrees with Tabitha and does not support paying for this; other means of paying for this should be the avenue, not using CSA funds. Lissa re-iterates the only two choices are CSA funds or billing the family. This service was court ordered even though the family didn't agree. They used their power to resist for as long as they can. Glenda notes from a CSA perspective, the policy was not followed. Earl acknowledges it was not followed, but notes Medicaid did deny it and our policy allows us to pay when Medicaid denies. Shari notes this denial is different than the typical denials. Rick notes CSA money is available for this. The parents will still have to pay their parental portion. This is a young person who needs help. These are the exceptions we will have to deal with every once in a while.

Faiza asks what Shari meant when she said there are no local funds. Earl confirms it means we would need to make a request to appropriate the funds from the County. Terry inquires if a psychiatrist was involved with submitting the due to "medical necessity?" Shari is not sure as she does not have a copy of an appeal.

Jamii asks if something like this has this happened before? We always talk about exceptions; do we make an exception or follow the policy? Tabitha answers that it ends up as an unauthorized purchase that we have to fund. Shari confirms this has happened before but not as much money and believes local funding was used. It would be different for what we've done for families in the past when the amount was lower. Wendy notes everything that was in our control happened; the family's cooperation was the only thing out of our control. In this case, we can make an exception because it's not something staff did. There is a concern that we will have a reluctance to do things to meet a family's needs and feels confident this won't be setting a precedent.

Coralie respectfully disagrees with Wendy. The child was court ordered and the family did not agree. The family signed the agreement in order to access the funds. The CSA agreement is complex. If the family didn't sign the agreement, who would've paid for it? Earl answers that the judge would've court ordered the child to foster care. Sometimes it takes family's time to get onboard, and thinks it happened in this situation. There is a risk we have to assess, and Earl believes an exception should be made in this case.

Lissa believes we need some other way to manage this; it doesn't seem fair to court order a family to a service and force them to sign an agreement they don't agree with. Jamii agrees that things like this do happen, and the court order makes it more challenging; especially when they don't agree. Earl reiterates the family is in a different place now. They are onboard and are engaged in services; sometimes it takes family's time to see value in the service.

- Decision/Action Step: Deborah supports, Earl supports, Glenda does not, Terry supports, Tabitha does not support, Shari does not support.
- Shari will create a memo to send to include all the justifications. Hallmark will not be alerted yet in the unlikely event they secure funding from Medicaid.
- Shari will request what was included in the appeal and will loop CPMT back in.

**FAPT Case Managers** – FAPT case managers are the main point of contact for families; they make sure out of home placement is clinically appropriate, explain what out of home placements look like, and explore alternative funding options. They should be able to answer general questions on what CSA funding looks like (ex: what their co-pay will look like based on their income). Case managers can come to CSA for support. If there are concerns about the facility, the case managers can submit a vendor complaint form. They also are expected to link the child to appropriate community-based service providers when they are nearing discharge.

FAPT case managers are the main point of contact for the facility. They should be sending the funding approval documentation and coordinate their admission date. They should attend TTMs. They also serve as the liaison between the family and primary caregiver if there are family engagement concerns. They are responsible for monitoring serious incident reports. Utilization Review (UR) also closely follows these to potentially address how the facility handled the situation. Case managers also monitor the placement for health, safety, and well-being concerns during TTMs and incident reports.

CMs are the main point of contact for CSA. They complete FAPT documentation. They attend all FAPT reviews and encourage primary caregiver and facility are present. Want case managers to invite the UR to the monthly treatment meetings and other meetings as scheduled.

Community service board, Courts, and APS can manage out of home placements. Child Welfare is logistically not listed, but they are managing out of home placements.

Shari shares the OCS guidance and policy for the CPMT to read. Shari would like to talk about what is allowed vs what is practiced.

Wendy says the ask from the schools is consistent with the policy and guidance from the state is a case stays with the department it started with. There is a concern; for example, they have a case that feels like the school was the default agency. Wendy would like a path going forward that makes sense to families and matches our values on equitable practices.

Jamii notes she was involved in the conversation for months, and did not bring this to CPMT. There are a handful of families that are in the same case as this young person. Shari and Jamii spoke to OCS on what can be done and would like to have a conversation on how this can happen. OCS made some recommendations that are different than how the cases are coming in.

Lissa would like to have this conversation at another time and soon. Cases staying with departments has been discussed, but it's not realistic sometimes. We need solutions. Shari agrees with Tabitha that CPMT needs to hold a special session to discuss what is allowed vs. what can be done. Earl adds there are only a handful of these types of cases. Earl requests a lookback/scope of the cases for the special session in May.

- Decision/Action Step: Shari and Tabitha will send an update on when a special session can be held in May.

## Next Meeting

Notes Completed By: Ayana Wilson  
Printed and Signed

Signed by:  
*Ayana Wilson*  
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5/15/2025  
Date