Multi-System Youth Case Update Form

PART A of the form must be completed by ALL who have received funding from the Program.
PART B of this form must be completed by applicants requesting new or continued funding.

FCFCs should email updates to MSY@medicaid.ohio.gov

OhioRISE care coordinators should email updates to OHRMSYapplications@aetna.com

All updates must be encrypted when emailed.
FCFCs: If encrypted email is not an option, please fax the update to 614-728-1521.

Part A: Update form

Non-residential services expenditures: This update form must be completed at least every 90 days to provide updates on expenditures and case progress for non-residential services.

Residential services expenditures: This update form must be completed on a monthly basis (every 30 days) to provide updates on expenditures and case progress for residential services.

I. Updating Agency Information

Agency Name			Contact Person	
Street Address	County		Email	
City	State	Zip Code	Phone Number	Fax Number
Today's Date				

II. Child/Youth Information

Name		Social Security Number		
Date of Birth	Age in Years & Months	Gender	Race/Ethnicity	
Home Street Address	City		State	Zip Code
Phone Number	Guardian			

Describe changes in any of the following that occurred this reporting period. If you indicate yes for any item listed below, please provide detailed information about the changes and how they may impact the youth's discharge plan. ***Please describe in detail to prevent application processing delays.***

	Changes?	Description of changes
Child/youth's custody	☐ Yes ☐ No ☐ Not sure	-If custody change what are the next steps -Date of custody relinquishment if applicable
Child/youth's placement	☐ Yes ☐ No ☐ Not sure	-Is shifting of MSY funds necessary -Date of placement change
Child/youth's providers	☐ Yes ☐ No ☐ Not sure	
Care Coordination through FCFC or OhioRISE	☐ Yes ☐ No ☐ Not sure	Current tier of OhioRISE care coordination, if applicable
CANS Completed	☐ Yes ☐ No ☐ Not sure	Most recent CANS completion date ___/____/_____
Health Insurance Coverage	☐ Yes ☐ No ☐ Not sure	
School/Education	☐ Yes ☐ No ☐ Not sure	
Resources	☐ Yes ☐ No ☐ Not sure	
Family circumstances that may impact custody status	☐ Yes ☐ No ☐ Not sure	-Be descriptive with details and dates
Family circumstances that may impact discharge plan	☐ Yes ☐ No ☐ Not sure	-Be descriptive with details and dates
Treatment / care plan	☐ Yes ☐ No ☐ Not sure	-Be descriptive with details and dates
Transition / Discharge plan	☐ Yes ☐ No ☐ Not sure	-Attach copy of current discharge plan

III. Accounting & Insurance

Authorized funding amount for the reporting period	$	Amount used during the reporting period	$	Total authorized funds to date	$

Does the child have third party (private) insurance?	☐ Yes	☐ No
If yes. has third party (private) insurance been billed for the services provided?	☐ Yes	☐ No
If yes, please provide funding amounts paid by other insurance: _____		
If the child has third party (private) insurance that has not been billed, why is this the case?		

IV. Treatment Updates

*This section **must** be completed for all children/youth who received MSY funds to support treatment, residential and community based.*

Select <u>one</u> of the following options:

☐ I have a monthly treatment summary from the provider that addresses all the questions below, and it is attached.

☐ I have a treatment summary from the community/in home provider that addresses all the questions below, and it is attached.

☐ I do not have a monthly treatment summary from the provider, and I will provide treatment updates through answers to the questions below.

Provide a detailed description of treatment provided to date. Please include information regarding restraints, emergency response or law enforcement involvement, and/or safety concerns.

Provide update on the progress/concerns/changes in all of the domain areas.
-Describe successes since the last Plan of Care
-Describe any placement changes
-Describe any major losses since the last Plan of Care
-Describe any major changes to team composition and/or service providers
-Provide an update on legal status (new charges, hearings held, etc.)
-Permanency/Reunification Planning
-Describe the team's progress on working toward permanency for the youth
-Describe youth's goals

Did the child/youth actively participate in treatment and/or services during the reporting period? If so, to what extent? If not, how is their lack of participation being addressed?

-What does the youth want, what plans & aspirations do they have? How is the team helping to achieve these?
-If there has been a lack of participation what is being changed within the treatment plan to a individualize the youth's needs

Have any medications or significant interventions been changed during the reporting period? If so, how is the child/youth responding to the change(s)?

What progress has been made? If progress has not been made, please describe why this is the case.

-What is the projected discharge date?
-What has been accomplished, and what do you believe needs to be accomplished prior to discharge
-How will the treatment team ensure measurable goals and objectives are met by the projected discharge date?
-Are there any goals and objectives that can be completed in the community setting vs. in a congregate care facility?
-For community based care to be successful what types of services and supports are needed? What is needed from the guardian? What supports are needed for the guardian? Have these services and supports been established?
-What is a reasonable target date for each support/service/action item, and who from the treatment team is taking each of those items and ensuring they are followed through to completion? If there are set backs in the plan, how will these setbacks be immediately discussed by the treatment team, with a clear plan forward?
-If requesting additional funding, describe what will be different in this request versus what has already transpired in treatment. If applicable, why does this treatment need to be done in congregate care setting?

Describe the current discharge or sustainability plan, including custody, living arrangements, services needed/established, follow-up, ongoing care coordination planning and other needed supports. If the child/youth is receiving residential treatment and discharge planning has not started, please justify why discharge planning is not occurring and include the date it will start.

Discharge planning should start Day 1 of admission.
Transition / discharge plan can change throughout the treatment process.
-Submit a copy of the current transition / discharge plan even if in draft form

Describe the current level of family engagement.

-Describe how family is preparing for reunification.
-If family therapy is part of the treatment plan, is it taking place?
-If in residential, have home/overnight visits been taking place?
-Describe how the team has supported the family since placement.

Describe how education has been provided in the residential or community setting. Please include information regarding communication with the child/youth's school district on returning to school and/or providing educational services during treatment.

-Provide an update on educational goals/school placement
-Describe any school related issues. What interventions have worked?
-If in residential, is the home school involved with discharge planning?

To request new or continued funding, please continue to Part B below.

Part B: Additional MSY Funding Request

If new or continued funding is being requested, check items 1-4 below to indicate the type(s) of funding. Provide detailed information about how each type of requested funding will be used and the entities / providers that may use authorized funds to deliver services. **Please note: funding may not be authorized until providers of services have been identified and the child/youth has been accepted for service provision by the providers.**

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

Provider(s) of service(s):	Amount: $
☐ 30 days ☐ 60 days ☐ 90 days Start date: ____/____/____	End Date: ____/____/____
Detailed description of how funds will be used:	

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

Provider(s) of service(s):	Amount: $
☐ 30 days ☐ 60 days ☐ 90 days Start date: ____/____/____	End Date: ____/____/____
Detailed description of how funds will be used:	

☐ **3. In-home and/or community supports for a relinquished child/youth transitioning to a community setting.**

Provider(s) of service(s):	Amount: $ Total (per diem x days)
☐ 30 days ☐ 60 days ☐ 90 days Start date: ____/____/____	End Date: ____/____/____
Detailed description of how funds will be used:	

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

Residential treatment updates will be required every 30 days, regardless of authorized funding time period.

Provider(s) of service(s), including address:	Amount: $
☐ 30 days ☐ 60 days ☐ 90 days Start date: ____/____/____	End Date: ____/____/____
List the referral source for residential placement, attach level of care and referral documentation.	Detailed description of how funds will be used: -What does the per diem cover

Estimated daily itemized costs associated with the residential funding request. Check and describe all that apply.

☐ Room & board: $ _____

☐ Behavioral health treatment: $ _____

☐ Other supportive services (e.g., 1:1 care): $ _____ Description: _____

If financial support for residential treatment is authorized, describe how the applicant and family will begin to work on discharge planning upon admission; if the child/youth is already residing in a residential treatment setting at the time of application, describe how discharge planning will begin or continue upon notification of authorization of funding.

-What does the forth going treatment look like for this youth?
-What has been accomplished, and what do you believe needs to be accomplished prior to her discharge
-What is the projected discharge date? What will be different in this recent request of days than what has already transpired in treatment (i.e. why does this treatment need to be done in congregate care setting?).
-Are there any of those goals and objectives that can be completed in the community setting vs. in a congregate care facility?
-What is needed for this youth if community based care could be successful (i.e. what types of services and supports)? What is needed from the custodian? Caregiver (if different than custodian)? Clinical treatment professionals? For how long?
-What is a reasonable target date for each support/service/action item, and who from the treatment team is taking each of those items and ensuring they are followed through to completion? If there are set backs in the plan, how will these setbacks be immediately discussed by the treatment team, with a clear plan forward?
Is there a plan for reunification?

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. If funding is authorized to support residential treatment, the applicant commits to begin discharge planning upon admission; if the child/youth is already residing in residential treatment at the time of application, the applicant commits to begin this work upon notification of authorization of funding.

If funding is authorized, the applicant commits to provide timely updates regarding the use of funding for services and supports. If services and supports for the child/youth and family become disrupted, the applicant commits to provide an update within 72 hours.

By signing below, the parent/legal guardian commits to maintaining involvement in the child's plan of care for all placements and services, including learning skills and coping behaviors, as appropriate. If funding is authorized to support residential treatment, the parent/legal guardian commits to immediately begin working toward reintegrating the youth into the family setting, to begin or continue to fully participate in discharge planning, and to allow the child to return to their home when deemed clinically appropriate.

The Multi System Youth Custody Relinquishment Prevention program is only available when funding is authorized by the Ohio General Assembly. Funding is provided through grants and funding is limited. The applicant acknowledges that the receipt of funding is not guaranteed and waives any right to funding beyond 30 days of initial authorization; funding can be rescinded at any time. Applications will be reviewed by a team of individuals from multiple state agencies 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.

_____ _____

Care Coordinator *(Signature)* Date

_____ _____

Parent/Legal Guardian *(Signature)* Date

LEGIBLE SIGNATURES ARE REQUIRED ABOVE.