



Multi-System Youth Custody Relinquishment Prevention Program Overview for Updates and Applications for Additional / Shifting Funds

The State of Ohio's program to prevent custody relinquishment for youth with multi-system needs was created in SFY20 pursuant to Section 333.95 of AM Sub H.B. No. 166 with the goal of preventing transfer of custody to the child protection system solely for the purpose of obtaining funding to access treatment. The custody relinquishment prevention program is referred to as the Multi-System Youth (MSY) Program.

The MSY Program is sponsored by the Ohio Family and Children First (OFCF) Cabinet, including the Ohio Departments of Children and Youth, Developmental Disabilities, Education and Workforce, Mental Health and Addiction Services, Medicaid, and Youth Services.

State MSY Custody Relinquishment Prevention Program Principles, Applicability to Updates and Additional Funds

- **Children and youth served by the MSY program must either be at risk for custody relinquishment or have been recently relinquished for a short period of time (ex: 30 days) solely to access care.** Children and youth must remain in the custody of viable caregivers to receive additional MSY program funding.
- **Children and youth served by the MSY program must have multi-system needs and be using creative multi-system supports.**
 - ✓ Children and youth receiving MSY funding must be actively engaged in care coordination provided by a Family and Children First Council (FCFC) or by OhioRISE.
 - ✓ Local and/or regional systems are expected to actively support the child/youth and their caregiver(s) before, during, and after receipt of MSY program funding.
 - ✓ Care teams must continue creative care planning, even when children and youth are receiving out of home care.
- **Care funded by the MSY Program must be clinically appropriate and provided in the least restrictive setting possible to support the child or youth's needs.**
 - ✓ Children and youth receiving MSY program funds for out of home care must transition to home and community-based living arrangements as soon as clinically appropriate.
 - ✓ Applicants seeking additional funding for out-of-home must include an updated CANS assessment or other clinical documentation indicating the continued need for out-of-home treatment.
- **Each child or youth served by the MSY program must be supported by one or more legal guardians who are willing to actively participate in the young person's care planning and treatment.** Guardians of children and youth who receive MSY Program funding for out-of-home care must continue to be willing to have the young person return to the home as quickly as clinically appropriate.
- **The MSY Program is intended to address acute needs and prevent immediate custody relinquishment.** When the team working to support the child/youth anticipates the need for longer-term services and supports, they are expected to conduct sustainability planning to identify long-term funding sources for longer term care.
- **The MSY Program is intended to assist caregivers when local resources and other payment sources have been exhausted.** The State MSY Program is the funder of last resort and can only be accessed when local funds, health insurance, annual post-adoption assistance funds, and other sources of funding are used first. MSY Program funding cannot be used to supplant other funds.

Multi System Youth Program Update Form & Application for Additional / Shifting Funds

FCFCs should email updates without applications for funding to MSYUpdates@medicaid.ohio.gov

FCFCs should email applications WITH funding requests to MSY@medicaid.ohio.gov

CMEs should email updates and applications to OHRMSYapplications@aetna.com

All updates and applications must be encrypted when emailed.

Updates regarding child/youth and teaming while using State MSY Program (Program) funds must be provided using this form. The State MSY team may request updates at any time.

- **Disruption / immediate change of provider updates** for care funded by the MSY Program must be submitted within 14 days of the disruption or change.
 - ✓ The State MSY team may request additional updates following a disruption or a change in provider.
 - ✓ Please note: MSY funds cannot be spent on a new provider of care without authorization of a shifting funds request from the State MSY Team. Authorization of shifting funds is not guaranteed.
- **Routine updates** for all children/youth receiving Program funds must be submitted at least every 90 days and prior to or concurrent with submission of an application for additional funding.
 - ✓ Organizations that fail to submit complete and detailed updates may be required to submit additional information and/or provide updates more frequently than every 90 days.
 - ✓ Incomplete or untimely updates will result in automatic denial of requests for additional funding.
- **Final updates** should be submitted within 90 days following the end of the State MSY program funding period for each child/youth served by the MSY program.
 - ✓ Failure to submit timely final updates may result in paused reviews of the requesting organization's other MSY Program applications.

Applications for additional or shifting funds must be detailed and complete to be considered by the State MSY program. Authorization of additional or shifting funds is not guaranteed. Applications must include a new signature page and:

- Be completed and submitted prior to the date that additional or shifting funds are needed. The State MSY team strongly recommends applications be submitted at least two weeks prior to the requested start date for using additional funds and at least one week prior to the requested start date for using shifting funds.
- Be accompanied or preceded by complete and thorough updates (see information above). Failure to submit timely and complete updates will result in automatic denial of subsequent applications for additional or shifting funds.

SECTION 1: Requestor Information and Child/Youth Demographics

Requestor Information				
Organization Type: <input checked="" type="checkbox"/> Family and Children First Council <input type="checkbox"/> OhioRISE Care Management Entity				
Agency / Organization Name Ohio FCFC			Requestor Name Laura Sand	
County Ohio County	Phone Number 222.444.3333		Email LSand@ohio.co.org	
Child/Youth Demographics				
Name Sally Shell - prefers to go by Shell			Social Security Number 888-22-3333	
Date of Birth 10/12/2007	Age in Years & Months 16 yrs 8 months	Gender/Gender Preference Female/They or Them		Race/Ethnicity Bi-racial
Home Street Address 456 Lakeshore Lane		City Bay Port		State Ohio
Zip Code 45555				
Phone Number 222.666.7890	Legal Guardian Martha Wave/Mark Wave (step dad)		County Ohio County	
Primary Insurer (if Medicaid, include ID #) 234567890123 – Managed Care of Ohio			Secondary Insurer (if applicable) Secondary insurer	

SECTION 2: Submission Type, Funding History, State MSY Team Recommendation Updates

Type of Submission		
<input checked="" type="checkbox"/> Routine update	<input type="checkbox"/> Disruption / Immediate Provider Change Update	<input type="checkbox"/> Final update
Are you applying for additional or shifting MSY funds to support the child/youth's treatment?		<input checked="" type="checkbox"/> Yes, additional funds <input type="checkbox"/> Yes, shifting funds <input type="checkbox"/> No, not applying for funding
Funding for this child/youth previously authorized by the State of Ohio's MSY Program. Insert rows as needed		
Date(s) of Services	Amount(s)	Provider(s)
11/13/2023 to 3/17/2024	\$ 9,750.00 (\$15,000 PASS funds available to use)	Hopeful Shores Home
3/18/2024 to 6/16/2024	\$ 26,100.00	Hopeful Shores Home
State MSY Team Recommendations Updates		
Provide a running list of recommendations provided by the State MSY Team throughout the case (all recommendations provided by the State Team over time, not just the most recent) and an update from the child/youth's Team in response to each recommendation. Insert rows as need.		
Recommendation	Update	
Help mom understand youth's gender choices	Working on it, mom is resistant and thinks of them as "her little girl" Hope to find an appropriate parent mentor	
Siblings – therapy	Siblings have been in therapy, the younger one is having a hard time working through what happened, will continue to encourage her participation in therapy	
Mom engaging in her own therapy	Mom has been reluctant but are working on finding a therapist that will support mom and her concerns while supporting Shell coming home.	
Parental Engagement in therapy/treatment	Mom isn't willing to listen to youth on gender choices and that is creating a roadblock for therapy to proceed	
Adopted dad involvement in therapy	Dad when youth was originally adopted is out of the picture and doesn't want to engage or be involved. He hasn't returned any requests to participate	
Step father involvement	Stepfather has been very supportive and engaged	
Link youth to LGBTQ+ support groups	There are none that meet in person in the town where they live but there are on-line groups that they can join	
Link youth with therapy upon discharge that understand LGBTQ+ therapies and PSB	There aren't any local therapist that can be seen in person, are working on a virtual therapist and having an in town therapist as well, not sure how the billing will work	

SECTION 3: Disruption / Immediate Change of Provider Update Information

Provide the following information based on Team support and planning to address a disruption and/or change provider. Please also note:

- All disruption / change of provider updates must be accompanied by an updated care plan.
- Updates for children/youth receiving funding for out of home care must be accompanied by a discharge summary from the discharging out of home provider.
- Updates accompanied by an application to shift funds must include completion of Sections 6 and 7 and a new signature page.
- Updates accompanied by an application for additional funds must include completion of Sections 4, 6, and 7 and a new signature page.

Disruption / Immediate Change of Provider Updates – Not Applicable	
When did the disruption or change in provider occur? DD/MM/YY	
What led to the disruption or change?	Click or tap here to enter text.
Who is working to support the child/youth and caregiver(s) during the transition?	Click or tap here to enter text.

What services and/or supports were quickly put in place as a result of the disruption or change?	Click or tap here to enter text.
What additional supports do the child/youth and/or the OhioRISE CFT or FCFC Service Coordination Team need at this point of transition?	Click or tap here to enter text.
When is the next OhioRISE CFT or FCFC Service Coordination Team meeting?	Click or tap here to enter text.
Out of Home Treatment Updates	
Where is the child/youth living now?	Click or tap here to enter text.
Is child/youth is receiving treatment from a new out of home care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES	Date of admission: DD/MM/YY
Provider(s) of service(s) and address: Provider info	
Funder of new provider (note: shifting of MSY funds is not guaranteed): Click or tap here to enter text.	

SECTION 4: Routine Update Information

Provide updates regarding the child/youth, caregiver(s), and team since MSY funding was most recently authorized.

Teaming and Local System Involvement			
Has there been a change in custody and/or new interaction with the local Public Children’s Services Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	How does this impact care for the child/youth? How does this impact sustainability and/or discharge planning? Click or tap here to enter text.
Have there been changes in care coordination (new organization or care coordinator)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	Describe the change and work completed to transition the child/youth’s care and team. Click or tap here to enter text.
Who is actively working to support the child/youth and caregiver(s) through participation in the FCFC Service Coordination Team or OhioRISE Child and Family Team (CFT) [the Team]?	<input checked="" type="checkbox"/> School or education provider <input checked="" type="checkbox"/> County child protection <input type="checkbox"/> County Board of Mental Health / Addiction Services <input type="checkbox"/> County Board of Developmental Disabilities <input checked="" type="checkbox"/> Juvenile Justice <input type="checkbox"/> Local Health Department and/or Bureau of Medical Handicaps <input type="checkbox"/> Opportunities for Ohioans with Disabilities/Employment <input checked="" type="checkbox"/> Service and support providers (describe) local therapist they were seeing previously <input checked="" type="checkbox"/> Natural supports (describe) stepfather <input type="checkbox"/> Other Click or tap here to enter text.		
Is the Team experiencing challenges with engaging individuals or systems that should be part of the Team?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES	Describe the barriers and how the Team is working to alleviate them. Mom has been a challenge to engage and are working on finding a mentor for her to talk to about the youth’s preferences and how to help navigate that choice. Have reminded mom of the expectations of engagement for MSY funding and she says she understands and will try. School has been an intermittent member. The school counselor has become a permanent member of the team and has been very helpful in planning for Shell to return to school.
Child/Youth Treatment and Engagement Updates			
Describe the child’s/youth’s overall engagement in the services and supports funded by the MSY Program	<input type="checkbox"/> Declined to participate <input type="checkbox"/> Partially engaged <input checked="" type="checkbox"/> Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: was partially engaged previously but has engaged more fully now that stepfather is on board and supportive and has worked through some		

	of their gender identity issues which had been driving their anger. Once they figured out that connection, progress has been made.		
How has the child/youth recently responded to treatment?	<input checked="" type="checkbox"/> Condition improved <input type="checkbox"/> Condition declined <input type="checkbox"/> No change in condition		
Is the child/youth compliant with medication therapy? <input type="checkbox"/> Not applicable (not prescribed meds)	<input type="checkbox"/> Declined <input type="checkbox"/> Partial adherence <input checked="" type="checkbox"/> Full adherence If barriers to engagement or adherence exist, describe the barriers and steps being taken to alleviate them: where some challenges in Feb and March but has gotten much better and has turned a corner		
If the child's/youth's condition and/or behaviors have not improved or declined, what adjustments are being made, how are these adjustment supported by the Team? <input type="checkbox"/> Not applicable	Adjustments were made in March and April by helping the youth work through their sexual identity and referred to youth by preferred pronouns and name. In team meetings mom still uses Sally and this really upsets Shell. Stepfather is trying and that helps. Middle sibling is involved but youngest sibling is too scared to be part of family therapy. There is hope with continued therapy and a knowledge of the safety plan that she will eventually be OK with Shell coming home.		
Are the child's/youth's educational needs being met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Describe the barriers and how the Team is working to alleviate these barriers Shell is unsure if she wants to return to her local school or go to vocational school or online school. Shell is concerned youth at school will make fun of and bully them. School counselor has been a new addition to the team and has played a large part in planning for Shell to return since Shell is close to discharging.
Caregiver, Family, and Living Arrangement Updates <i>Please note, caregiver engagement in the child's/youth's care is a requirement of the MSY Program.</i>			
Have there been any changes in the caregiver(s) willingness to ensure the child/youth can remain in the home or return to the home following out of home treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES	Describe the changes and the impact this will have on the child/youth. Mom is still reluctant but is open to having a peer mentor and that will help. Planning is going forward to have Shell come home.
		IF NO	Document why you responded "no". Click or tap here to enter text.
Are there any barriers to the child/youth remaining in or returning to the caregiver(s)' home?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES	Describe the barriers and how the Team is working to alleviate these barriers. Mom is still reluctant, but team is taking steps to support her and help her accept Shell and realize that Shell is coming home
Describe the caregiver(s)' engagement in the child's/youth's care coordination.	<input type="checkbox"/> Declined to participate <input checked="" type="checkbox"/> Partially engaged <input type="checkbox"/> Fully engaged If barriers to engagement exist, describe the barriers and steps being taken to alleviate them: Mom isn't sure she wants Shell to come home but realizes she has a commitment to work through her challenges and support Shell. Sibling and step dad are supporting Shell. Step dad is working with mom to help with her challenges with Shell.		
Describe the caregiver(s)' engagement in family therapy and/or other services and supports necessary to assure family integration for the child/youth.	<input type="checkbox"/> Declined to participate <input checked="" type="checkbox"/> Partially engaged <input type="checkbox"/> Fully engaged Dates of family therapy service: every 2 weeks with as many family members as can attend, every week with stepdad and/or mom. Describe other services and supports being used to assure family integration for the child/youth: Are working on scheduling home visits. Onsite visits have mostly gone OK. As soon as mom starts commenting on Shell's appearance and name, things don't go well and Shell checks out. Are working with mom		

	<p>to be at least neutral on the subject until she gets more support and understanding.</p> <p>If the caregiver(s) are not fully engaged, describe their explanation for not being fully engaged and what the Team is doing to ensure they are fully engaged going forward: getting a therapist for mom who understands the challenges and a peer mentor for mom should help. It won't be able to be in-person but there are resources. And, at least mom is willing to try so that's a step in the right direction.</p>							
Describe any other relevant new caregiver and/or family dynamics that will impact the child/youth.	No other issues – just mom and youngest sibling							
For children/youth receiving out of home care, describe the following: <input type="checkbox"/> Not applicable (not receiving out of home care)	<p>The frequency of caregiver(s) visits with the child/youth, any barriers in assuring visits regularly occur. Calls are at least 2x per week. In person visits are 2x/month</p> <table border="1"> <tr> <td rowspan="2">Has the child/youth participated in community and/or home visits?</td> <td><input type="checkbox"/> Yes</td> <td>IF YES</td> <td rowspan="2">Describe the experience(s) of the child/youth and caregiver(s)/family. Click or tap here to enter text.</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td>IF NO</td> <td>Why Not? They are going to be scheduled in July and August. Mom needs to be more sensitive to how her words hurt Shell.</td> </tr> </table>	Has the child/youth participated in community and/or home visits?	<input type="checkbox"/> Yes	IF YES	Describe the experience(s) of the child/youth and caregiver(s)/family. Click or tap here to enter text.	<input checked="" type="checkbox"/> No	IF NO	Why Not? They are going to be scheduled in July and August. Mom needs to be more sensitive to how her words hurt Shell.
Has the child/youth participated in community and/or home visits?	<input type="checkbox"/> Yes		IF YES	Describe the experience(s) of the child/youth and caregiver(s)/family. Click or tap here to enter text.				
	<input checked="" type="checkbox"/> No	IF NO	Why Not? They are going to be scheduled in July and August. Mom needs to be more sensitive to how her words hurt Shell.					

Updated Assessments

List all recent assessments and/or clinical recommendations currently being used to inform care coordination and treatment planning. Include copies of the assessments with your supporting documentation.

Please note:

1. A CANS assessment update must be completed at least every 90 days while in receipt of MSY funding for out of home care. Requests for additional funding for out of home care must include a recommendation for continued out of home care in an updated CANS assessment or other updated clinical documentation.
2. An ASAM assessment is recommended for all children/youth with substance use disorders (SUDs). An ASAM assessment must be completed no more than 30 days prior to requesting additional funds for out of home SUD care.

Assessment Type	Date Completed	Recommended level of care
CANS	5/24/2024	none
Click or tap here to enter text.	MM/DD/YY	Click or tap here to enter text.

Clinical Recommendations

What levels and types of services and supports have recently been recommended by clinicians involved in the child's/youth's care?	Clinician at Hopeful Shores Home – LGBTQ+ therapy support, medication management, continue with anger management, human trafficking education/awareness, way to incorporate Shell's interest in food and being a chef
How are the clinical recommendations being incorporated into the child/youth's Care Plan, and if receiving out of home treatment, the discharge plan?	Connecting with on-line LGBTQ+ therapy, family pediatrician for medication management, continue with therapist had prior to going to residential, volunteering at food pantry to help with seeing others in the community who need support and a way to encourage interests in food, possible vocational training for career in food service – a job at the local ice cream store or local sandwich shop

Information about the recommending clinician(s):		
Name	Credential(s)	Relationship to child/youth
Megan Seas	LSW	Hopeful Shores Home therapist
Marcia Tides	MSW	Hopeful Shores contracted therapist for youth with sexual behaviors
Sustainability Planning and PASSS		
<p>The MSY Program is intended to address acute needs and prevent immediate custody relinquishment. The Program is not intended to provide long-term funding to support long-term needs. Instead, the MSY Program can help fill in gaps while longer-term funding and services are put into place by the child's/youth's care Team.</p>		
How long does the Team anticipate the child/youth will need the types of services and supports that have been funded by the MSY Program?	This should be the last funding request. Shell has made great strides and still needs to work through some anger with mom and feeling be abandoned by dad. Shell also needs to work through their PSB. They are close and should have their goals completed by September discharge date. PASSS funding will be applied for at the start of the new state fiscal year, July 1.	
If the Team anticipates the child/youth will need extended services and supports that are currently being funded by the MSY Program, what funding sources are being explored to support the child/youth's long-term needs?	<p>Other services needed once discharged can be covered by Medicaid or by county flex funds for some supports for the safety plan such as cameras and door locks. Explore applying for OhioRISE waiver to cover any other additional services needed, while maintaining FCFC for CC. PASSS funds can also be used for services after discharge.</p> <input type="checkbox"/> Not applicable, extended services and supports are not likely to be needed	
Is the child/youth adopted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES	<p>All families with an adopted child/youth must apply for PASSS or exhaust PASSS prior to requesting MSY Program funding. PASSS must be applied for at the start of each new state fiscal year (July 1).</p> <p>Date of last application for PASSS funding: 11/15/2023 Status of last application: <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Awarded <input type="checkbox"/> Denied Current PASSS award: Amount: \$will apply at the start of the new state fiscal year, can't until after July 1, 2024 Dates: MM/DD/YY to MM/DD/YY Covered services: Click or tap here to enter text.</p> <p>Does the family need to apply for or reapply for PASSS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

SECTION 5: Final Update Information

Provide information based on recent Team support and plans to continue supporting the child/youth and their caregiver(s). Final updates for out of home care must be accompanied by a discharge summary and updated care plan.

Child/Youth Treatment and Engagement Updates – Not Applicable	
How is the child/youth doing?	Click or tap here to enter text.
How are the caregiver(s) and, if applicable, other family members doing?	Click or tap here to enter text.
Describe the team of people that continue to support the child/youth and their caregiver(s) following the receipt of MSY funding.	Click or tap here to enter text.

Describe the services and supports in place to support the long-term needs of the child/youth and their caregivers(s).	Click or tap here to enter text.
What is the team doing to assure the child/youth and their caregiver(s) continue to get what they need following use of the MSY program?	Click or tap here to enter text.
Describe any other relevant dynamics and/or barriers the Team will work to address as they support the child/youth and their caregiver(s)	Click or tap here to enter text.

SECTION 6: Supporting Documentation

Check supporting documentation included with the update.

All disruption/provider change, routine, and final updates must include:

- An updated FCFC Service Coordination Plan or OhioRISE Child and Family Centered Care Plan (CFCP)
- Team meeting notes indicating local system partner engagement and support of the child/youth and caregiver(s)
- Progress notes from treatment provider(s)

Routine updates for out of home care must include:

- Updated assessments and/or clinical documentation that inform care coordination and treatment planning. If applying for additional funding for out of home care, the assessment or clinical documentation must indicate continued recommendations for out of home care.
 - Describe assessment or other clinical documentation: recommendation from Hopeful Shores Home therapist
 - Describe assessment or other clinical documentation: Click or tap here to enter text.
- Updated Discharge Plan – check at least one of the following:
 - An updated State Assistance Request Form Discharge Plan is included in Section 7, and/or
 - A separate detailed and thorough discharge/transition plan is attached

Disruption/Provider Change and final updates for out of home care must include:

- A discharge summary from the out of home care provider

Other

- New PASSS award letter or verification of PASSS application
- Other supporting documentation (describe): Click or tap here to enter text.

SECTION 7: Request for Additional or Shifting State Assistance

Indicate the type(s) of assistance you are requesting by selecting items 1-5 below.

Funding requests may not be authorized until provider(s) of services are identified and the child/youth is accepted for service provision by the provider(s).

<input type="checkbox"/> 1. Shifting Funds			
Amount you're requesting to shift: \$ Click or tap here to enter text.	New provider(s) of service(s): Provider	<input type="checkbox"/> Number of days of care # days	Start date: MM/DD/YY End Date: MM/DD/YY:
Detailed description of how funds will be used: Click or tap here to enter text.			
Have you confirmed with the past provider / payor that the funds are available to shift? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 2. Technical assistance			
Have you tried other TA? Please note, trying these avenues is not required to apply for TA			
<input type="checkbox"/> Leveraging your organization's clinical leadership		<input type="checkbox"/> Contacting the OhioRISE Plan's Clinical Escalation Team (for OhioRISE enrollees)	
<input type="checkbox"/> Making a referral for a System of Care ECHO https://socoohio.org/soc-echo/		<input type="checkbox"/> Other (describe)	
Describe current barriers that could be addressed with technical assistance: Click or tap here to enter text.			
<input type="checkbox"/> 3. Funding for care coordination/wraparound to prevent custody relinquishment or for a relinquished child/youth.			
Provider(s) of service(s): Provider	Amount: \$ Click or tap here to enter text.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other # days	Start date: MM/DD/YY End Date: MM/DD/YY:
Detailed description of how funds will be used: Click or tap here to enter text.			
<input type="checkbox"/> 4. Funding for in-home and/or community supports to prevent custody relinquishment or for a relinquished child/youth transitioning to a community setting.			
Provider(s) of service(s): Provider	Amount: \$ Click or tap here to enter text.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other # days	Start date MM/DD/YY End Date: MM/DD/YY
Detailed description of how funds will be used for each provider listed:			

Will the child/youth's primary or secondary insurance provide any amount of coverage for the supports: Yes No
 IF NO: please provide an explanation for the gap in coverage (i.e., allowable amount has been exhausted, preferred provider doesn't accept insurance, etc.) and include documentation verifying coverage is not available.
 PASSS funding, when able to apply will cover 51 days of the 90 day request. Are requesting funding to cover the 39 remaining days at \$290/day for a total of 90 days for a total of \$11,310.00 from MSY. If PASSS is denied, we will submit an application to MSY prior to the current grant funding being exhausted to request the additional needed funds.

5. Funding for out-of-home treatment to prevent custody relinquishment. *Cost and tentative discharge planning information must be provided below.*

Provider(s) of service(s) and address: Hopeful Shores Home 213 Shores Road	Amount: \$ 11,310.00	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input checked="" type="checkbox"/> 90 days <input type="checkbox"/> Other # days	Start date: 6/17/24 End Date: 9/17/2024
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Describe the treatment setting (e.g., QRTP, mental health or child protection group home, treatment home, I/DD waiver setting, etc.):
 Mental health treatment home

Is the child/youth already being served in this out-of-home treatment setting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF YES	What date did the youth start receiving out-of-home treatment from this provider? 10/12/2023 What funding sources have been used to support the out-of-home treatment to date? Court paid for the first 30 days due to charges against the youth. MSY has supported since then.
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Does the CANS or another clinical assessment recommend out of home care?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Please do not apply for MSY funding for out-of-home care
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Does the child/youth's care coordination team believe the child will gain therapeutic benefit from out of home treatment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Why not? Click or tap here to enter text.
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Does the child/youths OhioRISE Child and Family-Centered Care Plan or FCFC Plan of Care include a goal of out-of-home care?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NO	Why not? Click or tap here to enter text.
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Estimated daily itemized costs and payor coverage associated with the out-of-home funding request. Check and describe all that apply.

Type of service	Daily Amount	OhioRISE Coverage	Medicaid MCO Coverage	Private Insurance Coverage
<input checked="" type="checkbox"/> Room & board	\$ 265.00	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Treatment	\$ Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1:1 Supports	\$ Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Other supportive services (describe): Admin and Other	\$ 25.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Out-of-home Care Updated Discharge Plan

Goals	How will state funds be used to advance treatment goals for the child/youth prior to discharge? Youth is working through their behaviors and triggers. Youth is practicing affirming behaviors. Youth is learning self-calming techniques. Youth is learning appropriate sexual behaviors
Timing	Anticipated date of discharge from this out-of-home treatment setting: 9/18/2024 Factors that will be considered when determining discharge date: how successful home visits are, development of a safety plan that youngest sibling is comfortable with for Shell to come home. Mom's involvement with family team meetings and discharge planning.

Teaming	Who is actively participating in the care coordination team responsible for discharge planning, making decisions about and/or coordinating treatment?		
	Team member name	Contact information	Role in supporting the child/youth during the transition
	Laura Sand	LSand@ohio.co.org	Care Coordinator
	Martha Wave	222.66.7890	mother
	Mark Wave	222.888.2345	Step father
	Susan Shell	N/A	Sibling
	Laura Wave	N/A	Youngest sibling
	Megan Seas or Marcia Tides	Therapy@HSHOME	therapist
	Tonda Beach	TBeach@therapy.com	Previous Therapist
	Sandy Shores	SShores@BPVS.edu	Bay Port Village Schools
Johnathan Seagull	Jseagull@County.court.org	Parole Officer	
Living Arrangements	Where will the child/youth live in a family setting after discharging from out-of-home treatment funded by MSY?		Live with mom stepfather and 2 younger siblings
	If there isn't a plan for where the child/youth will live in a family setting after discharge, what steps have been taken to identify where they will live in a family setting after discharge?		N/A
	What steps have the caregivers taken while the child/youth has been in an out-of-home treatment to prepare for the child/youth's return?		Mom is working on getting her own therapy and peer mentor. Stepdad has been supportive and has been doing reading and research on how to best support Shell. Both have been supportive of the siblings attending their own therapy.
	What else must be done to have the child/youth live in a family setting upon discharge? Which parties are completing those tasks? When will each of the tasks be completed?		Youngest sibling must make strides in her therapy. Safety plan to be enhanced with family and therapist input to assure everyone in the family is feels safe. School options need to be figured out Sandy Shores says she will visit Shell virtually and talk about options. Care coordinator will work on the other services that need to be in place for Shell's return. Hopeful Shores Home therapists will schedule off site visits in July and home visits starting in August.
Treatment services needed to return to the community	Treatment Service	Provider	Funding Source
	Therapy	Tonda Beach	Medicaid
	LGBTQ+ therapy/support	Not sure – need to research groups (Laura Sand)	Medicaid or FCFC flex funds for equipment for online support
	Various Volunteer Activities	Various	No funding needed – Laura Sand will work on transportation logistics
	Marcia Tides	Hopeful Shores Home	For 6 months post discharge, this is part of the services the home offers

	If providers of the services indicated above are not available, what has the team done within to create access to similar services at an appropriate intensity?	N/A	
	What steps have been taken to coordinate aftercare with these providers? When will these steps be completed?	Starting in August, group will meet every 2 weeks and then check in by phone/email to be sure everything is set for Shell's discharge.	
	Would the child/youth benefit from any of the above treatment services starting prior to the child/youth being discharged from the treatment facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES	Please explain: Click or tap here to enter text.
Supports needed to return to the community	What supports will the child/youth need after discharge from out-of-home treatment? Are these supports in place? If not, when will they be in place?	Youth will need therapy and medication management. Youth will need volunteer and other after school activities to keep busy and not fall back into previous habits. Team will work to assure they are in place before discharge. More frequent meetings and emails will keep everyone on track.	
	What supports will the child/youth's caregivers need after discharge from out-of-home treatment? Are these supports in place? If not, when will they be in place?	Mom and youngest sibling will keep going to therapy. Mom will stay in contact with peer mentor. Laura Sand will check in to make sure the safety plan is working and everyone feels safe.	
	What funding sources will be used to pay for the supports identified above?	Medicaid will cover therapy costs. There are some limited local dollars that can be used for some expenses. Family will explore OhioRISE eligibility to access flex funds and other OhioRISE resources.	