

TA Questions of the Quarter



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Who is responsible for the educational services for a child with a disability who has been residentially placed for non-educational reasons outside of the CSA/FAPT process?

According to Virginia Department of Education (VDOE) guidance 014-11 entitled "Parental Placement of a Student with a Disability in a Residential Facility"

(http://www.doe.virginia.gov/special_ed/regulations/state/faq_implementing_regulations/2011/014-11_parent_placement_of_student_residential.shtml) and in accordance with Virginia Administrative Code 8VAC 20-81-30E.3, students with educational disabilities placed in residential treatment facilities for non-educational reasons maintain their entitlement to a Free and Appropriate Public Education (FAPE) through the school division of their parent's residence. In situations such as these, it is important to understand that although the school division maintains responsibility for FAPE, the scope of this responsibility does not necessarily mean the full array of educational services as offered by the residential treatment facility. It is the responsibility of the Individual Education Program (IEP) team to determine the accommodations and services necessary to ensure FAPE....not the treatment team, residential facility or any other body outside of the IEP team.

Once a school division learns that a child has been placed in a residential facility by a parent for non-educational reasons, they should promptly convene an IEP meeting to determine several things, the first of which being whether the student's needs have changed in such a way that they now require a residential placement for **educational** reasons. If the IEP team determines that a change in placement is appropriate for educational reasons, the IEP should be amended to reflect this change. This IEP becomes a **residential IEP**, and as a result of its development, the child becomes eligible for the Children's Services Act (CSA) and should be opened to CSA for funding for IEP directed services. Similarly, if the IEP team determines that the least restrictive environment for this student is a **private day school**, the child becomes eligible for the CSA and it is appropriate to utilize CSA funds for the educational services necessary to ensure the student's access to FAPE (as directed by their IEP).

If the IEP team determines that the placement indicated in the current IEP (public school) remains educationally appropriate, the IEP should be amended to state that the placement remains appropriate; however, it is **functionally unavailable** because the child is currently placed in a residential facility for non-educational reasons. The IEP team must then determine how FAPE, or special education and related services, will be delivered. The school division may elect to provide services in a variety of ways (through an itinerant teacher, contracting with the local school division where the facility is located, or purchasing the appropriate educational services from the facility); however, service provision, including how the services will be provided, must be clearly outlined in the IEP. If it is determined that FAPE will be provided through the purchase of educational services from the provider, it is the school division, not CSA, which bears the financial responsibility for these services.

What is ICC and how do I find out more information about it?

Intensive Care Coordination, or ICC, includes facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community-based setting. Intensive Care Coordination is characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

ICC may be provided either by CSB’s or private providers. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High Fidelity Wraparound (HFW) model.

High Fidelity Wraparound is a team-based, collaborative process for developing and implementing individualized care plans for children with behavioral health challenges, and their families. HFW has four goals: to meet the stated needs (not necessarily services) prioritized by the youth and family, to improve the youth/family’s ability and confidence to manage their own services and supports, to develop or strengthen the youth/family’s natural support system over time, and to integrate the work of all child serving systems and natural supports into one streamlined plan.

The Intensive Care Coordinator (ICC) facilitates the HFW process. It is the job of the ICC worker to move the HFW team (to include the youth, family, system partners, service providers, and natural supports of the youth and family) through the four phases of HFW (Engagement, Planning, Implementation, and Transition). The ICC worker must understand the youth and family’s prioritized needs (as well as the strengths, culture and people related to these needs), must ensure that the team understands these needs, and must balance these needs with system partner mandates. By breaking the larger prioritized needs into smaller goals, the action plans developed during HFW grow the family’s confidence and skillset. Each plan is developed and reviewed by the team and have a measurable strategy. The ICC worker maintains engagement with all members of the team and ensures that progress and success are continuously monitored and celebrated.

HFW is not a treatment intervention and does not aim to “solve the family’s problems.” HFW is not a clinical expert making decisions for the family. The role of the ICC worker and the HFW team is to develop the self-efficacy of the youth and family such that they are more confident problem-solvers and can more successfully identify, plan for, and meet their own needs. HFW is a process; positive outcomes result when the process is followed. This requires commitment by all involved (FAPT, CPMT, ICC Facilitator, Youth and Family, and HFW team).

All educational, training, and supervision requirements for ICC can be found in the 2013 SEC ICC Policy (<http://www.csa.virginia.gov/PDF/CSA%20Policy%20Manual%20-%202016%20revision.pdf>).

More information about Intensive Care Coordination and a list of all agencies with providers who have completed the required training can be found through the Virginia Wraparound Center of Excellence (COE) which can be accessed through the Office of Children’s Services web page (<http://www.csa.virginia.gov/COE/coe.cfm>).