



Meeting name	Commitment
Joint Clinical Review for Out of State Placements	App. B: Target Outcome 2.1
Out-of-state discharge planning meeting	App. B: Targ. Outc. 2.3
Determination of Medical Necessity for Congregate Care	App. B: Targ. Outc. 3.2

Best Interest Determination for Congregate Care	App. B: Targ. Outcome. 4.1
Shelter placement/ 48hr	App B Target Outcome 4.2
Determination of Medical Necessity for Restrictive Setting (Residential Treatment or QRTP)	App. B: Targ. Outc. 5.1 and 5.2

Placement change	App. B: Targ. Outcome 8.1 and 8.2
Case Review for CISC - In-home Foster Care	Appendix B: Target Outcome 4.2 App C: Target Outcome 2.2
Missing and Runaway Children	Appendix B: Target Outcome 4.2 App C: Target Outcome 2.2

KEVIN S SETTLEMENT IPP TEA

Description (from Commitment)	Triggering event
<p>HSD and CYFD will conduct joint clinical reviews of any out-of-state placement, where the placement is not part of the child's permanency plan, at least on a monthly basis.</p>	<p>Out-of-state placement, where the placement is not part of the child's permanency plan</p>
<p>Within the first 30 Days of an Out-of-State placement not consistent with the child's permanency plan, the out-of-state Individualized Planning Meeting (IPM) team will develop a discharge plan which includes identification of in-state resources that need to be developed for the child to return to NM (including those funded by Medicaid); IPM teams will meet every 30 days to support such children and identify steps necessary to promote discharge.</p>	<p>Out-of-State placement not consistent with the child's permanency plan</p>
<p>For any child placed in a congregate care setting due to a medical necessity determination that the child requires residential treatment, the finding of a medical necessity will be clinically reviewed every 30 days, or more frequently as needed. Meetings will be held every 30 Days for any child placed in a congregate care setting due to a medical necessity determination to support the child and identify steps necessary to promote discharge.</p>	<p>Placement to congregate care setting due to determination of medical necessity</p>

<p>Any placement in a congregate care setting that is not supported by a determination of medical necessity, including placement in specialized group homes, must be supported by a determination of the IPM team, including a mental health professional, that it is in the best interests of the child; the best interest determination will be reviewed by the IPM team, including a mental health professional, at least every 90 Days, or more frequently as needed.</p>	<p>Placement to a more restrictive setting due to determination of best interest</p>
<p>If extraordinary circumstances require placement of a child in a shelter, CYFD will conduct an Individualized Planning Team meeting within 48 hours to identify an appropriate placement to which to move the child and any medically necessary services needed by the child, and notify the child's legal representative of the result of the review.</p>	<p>Shelter Placement</p>
<p>The finding of medical necessity for a more restrictive setting (residential treatment or QRTP) will be reviewed every 30 Days or more frequently as needed and will take into consideration whether community-based mental health services and supports have been or could be provided.</p>	<p>Placement to a more restrictive setting due to determination of medical necessity</p>

<p>The educational consequences of a change in placement must be considered in all placement change determinations and must be discussed at Individualized Planning Meetings.</p>	<p>Placement change</p>
<p>Subject to the approval of the Co-Neutrals, CYFD and HSD will develop and implement a process (the Individualized Planning Meeting Plan) for convening an Individualized Planning Meeting team for making decisions and for delivering services and supports for each Child in State Custody. Individualized Planning Meetings for every Native child will address the need for traditional or culturally responsive services, supports or interventions including non-medicalized interventions, to meet individualized needs as indicated by assessments. CYFD will work with families and tribes or tribal communities to connect Native children to appropriate services in timely manner, as specified on pg. 10a of the agreement (Appendix C Target Outcomes 2 a-e).</p>	<p>Routine</p>
<p>Subject to the approval of the Co-Neutrals, CYFD and HSD will develop and implement a process (the Individualized Planning Meeting Plan) for convening an Individualized Planning Meeting team for making decisions and for delivering services and supports for each Child in State Custody. Individualized Planning Meetings for every Native child will address the need for traditional or culturally responsive services, supports or interventions including non-medicalized interventions, to meet individualized needs as indicated by assessments. CYFD will work with families and tribes or tribal communities to connect Native children to appropriate services in timely manner, as specified on pg. 10a of the agreement (Appendix C Target Outcomes 2 a-e).</p>	<p>youth leaving placement without permission and not residing in a licensed placement</p>

AM MEETINGS

Cadence	Required participants	Specific Content
At Least Every 30 Days	<ul style="list-style-type: none"> • Youth and Family • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child’s attorney 	Joint Clinical Review
Within 30 days of an Out of State Placement	<ul style="list-style-type: none"> • Youth and Family • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child’s attorney 	Identify steps to promote Discharge
Every 30 days	<ul style="list-style-type: none"> • Youth and Family • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child’s attorney • Medical Professional 	Review Determination of Medical Necessity and Identify steps to promote Discharge

<p>At Least Every 90 days</p>	<ul style="list-style-type: none"> •Youth and Family •PS Case Worker •PS Supervisor •Community Behavioral Health Clinician (CBHC) •MCO Care Coordinator •Tribal Representative and Office of Tribal affairs •Guardian ad litem and child’s attorney 	<p>Best interest determination review Consideration of community-based mental health services</p>
<p>Within 48 Hours</p>	<ul style="list-style-type: none"> •Youth and Family •PS Case Worker •PS Supervisor •Community Behavioral Health Clinician (CBHC) •MCO Care Coordinator •Tribal Representative and Office of Tribal affairs •Guardian ad litem and child’s attorney 	<p>Identify an appropriate placement to which to move the child and any medically necessary services needed by the child</p>
<p>At Least Every 30 days</p>	<ul style="list-style-type: none"> •Youth and Family •PS Case Worker •PS Supervisor •Community Behavioral Health Clinician (CBHC) •MCO Care Coordinator •Tribal Representative and Office of Tribal affairs •Guardian ad litem and child’s attorney •Medical Professional 	<p>Medical necessity determination review Consideration of community-based mental health services</p>

<p>As part of placement change determination</p>	<ul style="list-style-type: none"> • Youth and Family • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child's attorney 	<p>Any change in placement that impacts the child's education must be accompanied by a written plan to ensure continuity in the child's education, including transportation and educational supports to minimize the impact of the transition.</p>
<p>Every 90 days</p>	<p>Youth and Family</p> <ul style="list-style-type: none"> • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child's attorney 	<p>Case review to ensure safety, stability, and coordination of appropriate services</p>
<p>30 days</p>	<p>Youth and Family</p> <ul style="list-style-type: none"> • PS Case Worker • PS Supervisor • Community Behavioral Health Clinician (CBHC) • MCO Care Coordinator • Tribal Representative and Office of Tribal affairs • Guardian ad litem and child's attorney 	<p>Case review to ensure safety, stability, and coordination of appropriate services.</p>

<ul style="list-style-type: none"> • Court to which the child's case is assigned • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>FSA requires IPP. DVP Tracks meeting cadence and determination of best interest. Qualitative review tracks meeting completeness</p>
<ul style="list-style-type: none"> • Court to which the child's case is assigned • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>FSA requires IPP. DVP Tracks meeting cadence and required legal notifications. Qualitative review tracks meeting completeness and finding of extraordinary circumstance.</p>
<ul style="list-style-type: none"> • Court to which the child's case is assigned • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>FSA requires IPP. DVP Tracks meeting cadence. Qualitative review tracks meeting completeness.</p>

<p>Court to which the child's case is assigned</p> <ul style="list-style-type: none"> • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>FSA requires IPP. DVP Tracks rates of placement moves. Qualitative review tracks meeting completeness.</p>
<ul style="list-style-type: none"> • Court to which the child's case is assigned • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>FSA requires IPP for all CISC every 90 days (ATO4). DVP tracking meeting cadence. Qualitative review of meeting completeness.</p>
<ul style="list-style-type: none"> • Court to which the child's case is assigned • Parents • Providers • MCO Care Coordinators • Resource Parents • Child's legal representative (GAL or YA) • Tribal representative, if applicable 	<p>DVP tracking of meetings every 30 days</p>