

**LOCAL COORDINATING COUNCIL AND STATE COORDINATING COUNCIL  
REFERRAL FORM**

<b>Youth</b>		<b>DOB</b>	
<b>Jurisdiction</b>		<b>Lead Agency</b>	

<b>For Referral to LCC</b>	
<p><i>The Local Lead Agency (LLA) must complete the LCC/SCC Referral Packet. The LLA then submits the Referral Packet and all required documentation to the LCC Support Specialist at the Local Management Board.</i></p> <p><b>Local Lead Agency Representative:</b></p> <p><i>This packet is complete and accurate, and the requested placement/ services are appropriate for this youth's needs.</i></p>	
Signature	Date
Print or type name	Print or type title

<b>For Referral to SCC</b>	
<p><i>The Local Lead Agency (LLA) must complete the LCC/SCC Referral Packet, updating any information if needed. The LLA then submits the Referral Packet and all required documentation directly to the State Lead Agency (<u>not</u> to the Governor's Office for Children). The State Lead Agency (SLA) will review the Referral Packet, and submit it to the Governor's Office for Children. Copy of packet submitted to GOC must be one-sided only.</i></p> <p><b>State Lead Agency Representative:</b></p> <p><i>This packet is accurate, there are no appropriate in-state placements, and an out of state placement is necessary to meet this youth's needs.</i></p>	
Signature	Date
Print or type name	Print or type title

<b>FOR LCC, SLA, AND GOC USE ONLY</b>		
<b><i>Date of LCC Receipt</i></b>	<b><i>Date of SLA Receipt</i></b>	<b><i>Date of GOC Receipt</i></b>

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**REFERRAL PACKET CHECKLIST - LCC**

<b>Documentation required for referral to LCC</b>	
<input type="checkbox"/>	<b>LCC and SCC Referral Form</b>
<input type="checkbox"/>	<b>Legal guardianship court order (or letter of assurance from lead agency)</b>
<input type="checkbox"/>	<b>Current court order or letter of assurance from lead agency</b>
<input type="checkbox"/>	<b>Current IEP</b>
<input type="checkbox"/>	<b>For OOS placement: Rejection letters/forms from in-state facilities</b>
<input type="checkbox"/>	<b>For OOS placement: Letter of acceptance from OOS facility</b>
<input type="checkbox"/>	<p><b>Clinical recommendations,*</b> including:</p> <ul style="list-style-type: none"> <li>• DSM- IV TR diagnosis</li> <li>• Recommendation for the proposed OOS type of facility/level of care or recommendations for services needed</li> <li>• by a psychologist or psychiatrist, or update from a licensed masters' level clinician</li> </ul> <p><u>Timeline requirements:</u></p> <ul style="list-style-type: none"> <li>▪ Clinical recommendations must be within 6 months of LCC review <b>OR</b></li> <li>▪ Clinical recommendations must be within 1 year of LCC review AND accompanied by a written progress report from the case manager</li> </ul> <p><i>*Notes:</i></p> <ul style="list-style-type: none"> <li>• <i>Not required for MSDE/LSS cases in which the placement is required by the IEP</i></li> <li>• <i>Timeline requirement is waived for youth going to an MA-funded RTC (if MA is funding that youth's placement)</i></li> </ul>
<input type="checkbox"/>	<b>OPTIONAL: 10-day waivers</b> from parents/guardians and attorneys <b>OR</b> letter of assurance from Lead Agency that waivers are on file, signed by appropriate persons, and are current

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**REFERRAL PACKET CHECKLIST - SCC**

<b>Documentation required for referral to SCC</b>
<p><b><u>New referrals:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>LCC and SCC Referral Form</b> <i>Timeline requirements:</i><ul style="list-style-type: none"><li>▪ SCC application packet must be received at GOC within 30 days after Local Lead Agency receipt of LCC minutes</li></ul></li> <li><input type="checkbox"/> <b>MSDE-approved cost-sheet</b> (or for non-MSDE-approved placements, agency contract)</li> <li><input type="checkbox"/> <b>LCC minutes, including:</b><ul style="list-style-type: none"><li>▪ All required elements</li><li>▪ Approval of the requested OOS facility</li></ul></li> <li><input type="checkbox"/> <b>OPTIONAL – 10-day waivers</b> from parents/guardians and attorneys <b>OR</b> letter of assurance from Lead Agency that waivers are on file, signed by appropriate person, and are current</li> <li><input type="checkbox"/> <b>Funding verification form</b>, if other agencies are co-funding</li> <li><input type="checkbox"/> <b>If LSS is co-funding</b><ul style="list-style-type: none"><li>• Current Educational Assessment or letter of assurance from lead agency</li><li>• Individual Placement application (if needed) or letter of assurance from lead agency</li></ul></li></ul>
<p><b><u>Transfer cases:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Letter from previous facility requesting transfer or discharge</li> <li><input type="checkbox"/> Most recent progress report/treatment plan review or discharge summary (whichever is applicable)</li> <li><input type="checkbox"/> Letter of acceptance from new OOS facility</li> <li><input type="checkbox"/> MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from new OOS facility</li> <li><input type="checkbox"/> LCC minutes (same timeline as new referrals)</li></ul>
<p><b><u>Readmission to the same OOS facility within 3 months after discharge due to AWOL:</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Discharge summary</li> <li><input type="checkbox"/> New acceptance letter</li> <li><input type="checkbox"/> New MSDE-approved cost-sheet (or for non-MSDE-approved placements, agency contract) from OOS facility, if different than previous cost sheet</li></ul>

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**LCC AND SCC 10-DAY WAIVER**

<b>Youth</b>		<b>DOB</b>	
<b>Jurisdiction</b>		<b>Lead Agency</b>	

The Local Coordinating Councils (LCCs) and State Coordinating Council (SCC) review applications from Lead Agencies for funding of the residential placement of children with disabilities into residential facilities. The LCC or SCC may approve, modify, or reject the application as submitted. In accordance with Maryland law (Article 49 D; after 10/1/07: Human Services Article, Section 8-409), parents and attorneys are entitled to written notification at least ten (10) days prior to any meeting of the Local Coordinating Council and State Coordinating Council in which their child/client's placement is discussed.

If you waive your right to a full ten (10) days notice (by signing below), the review of your child/client's case may be expedited. **You must provide a working phone number for your case to be expedited, so that you may be notified of the meeting.** In any event, you will be notified in writing of any decisions of the SCC and LCC concerning your child's placement.

**This form is optional.** If you do not sign this form, your child/client's case will be reviewed by the Local Coordinating Council or State Coordinating Council after providing ten (10) days written notice to you.

**I wish to be notified in advance of the date of the Local Coordinating Council or State Coordinating Council meeting to discuss my child/client. I have had an opportunity to review and discuss this form with my child/client's case manager. I do not need ten (10) days written notice for the (please check the appropriate box below):**

- LCC and SCC meetings
  LCC meeting only
  SCC meeting only

<b>Print name</b> (parent/ guardian/ attorney)		
<b>I am the child's</b>	<input type="checkbox"/> parent	<input type="checkbox"/> legal guardian <input type="checkbox"/> attorney
<b>Phone numbers</b>	Home	
	Work	
	Other	

This waiver will expire 1 year from the date of the parent/guardian/attorney's signature. This waiver may be rescinded prior to this expiration date by submitting a written letter to the Lead Agency of the intent to withdraw this waiver. The date of Lead Agency's receipt of this letter will be the effective date of the termination of this waiver; the Lead Agency is responsible for notifying the LCC and SCC in writing of any waivers withdrawn for LCC or SCC cases.

\_\_\_\_\_  
*Parent/Guardian/Attorney Signature* *Date*

**Lead Agency Verification:**

\_\_\_\_\_  
*Lead Agency Worker - Print Name*

\_\_\_\_\_  
*Lead Agency Worker - Signature* *Date*

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*Instructions: Referral Form must be completed in Microsoft Word; handwritten forms will not be accepted.*

<i>Date of Referral:</i>
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**SECTION 1 - YOUTH INFORMATION**

<i>Name</i>						<i>DOB</i>	
<i>SSN</i>		<i>Gender</i>		<i>Age</i>		<i>Race</i>	
<i>Current Placement</i>					<i>If other, specify</i>		
<i>If not living with parents/legal guardians:</i>							
<i>Name of Facility</i>						<i>Admission Date</i>	
<i>Street Address</i>					<i>State</i>		<i>Zip</i>
<i>Contact Person</i>					<i>Phone</i>		

**SECTION 2 - REFERRAL INFORMATION**

<i>Jurisdiction</i>				<i>Local Lead Agency</i>				
<i>LLA Case Manager</i>				<i>Title</i>				
<i>Street Address</i>					<i>State</i>		<i>Zip</i>	
<i>Phone</i>			<i>Fax</i>			<i>Email</i>		
<i>Type of Review</i>			<i>Referral for</i>					
<i>Request to be expedited?</i>		<i>If yes, reason</i>						
<i>For SCC Referrals only:</i>								
<i>OOS Facility</i>					<i>Type</i>			
<i>Program</i>					<i>Secure Care</i>			
<i>Street Address</i>					<i>State</i>		<i>Zip</i>	
<i>Contact</i>					<i>Phone</i>			
<i>Projected Enrollment Date</i>				<i>Projected Duration</i>				
<i>Cost (per year)</i>			<i>Residential</i>		<i>Education</i>			
	<i>Amount</i>							
	<i>Funding Agencies</i>							
<i>If this is an OOS Transfer, Reason for Transfer</i>								

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**SECTION 3- PARENT/GUARDIAN INFORMATION**

<i>Has Termination of Parental Rights occurred?</i>				<input type="checkbox"/> <i>Yes – mother</i>		<input type="checkbox"/> <i>Yes – father</i>		<input type="checkbox"/> <i>No</i>	
<i>Are parents deceased?</i>				<input type="checkbox"/> <i>Yes – mother</i>		<input type="checkbox"/> <i>Yes – father</i>		<input type="checkbox"/> <i>No</i>	
<ul style="list-style-type: none"> <li><i>Do <u>not</u> include agency information in this section, even if child is committed to an agency.</i></li> <li><i>Below, do <u>not</u> list parents who are deceased or who have had TPR.</i></li> <li><i>List only parents/guardians who have legal custody.</i></li> </ul>									
<i>Name</i>			<i>Relationship</i>						
<i>Street Address</i>			<i>State</i>		<i>Zip</i>				
<i>Phone</i>			<i>Alternative Phone</i>						
<i>Interpreter needed?</i>			<i>If yes, which language?</i>						
<i>Name</i>			<i>Relationship</i>						
<i>Street Address</i>			<i>State</i>		<i>Zip</i>				
<i>Phone</i>			<i>Alternative Phone</i>						
<i>Interpreter needed?</i>			<i>If yes, which language?</i>						
<i>Name</i>			<i>Relationship</i>						
<i>Street Address</i>			<i>State</i>		<i>Zip</i>				
<i>Phone</i>			<i>Alternative Phone</i>						
<i>Interpreter needed?</i>			<i>If yes, which language?</i>						

**SECTION 4 - ATTORNEY INFORMATION**

*Must be listed for any child with an attorney; if child has multiple attorneys, list all.*

<i>Name</i>			<i>Office/Practice</i>						
<i>Street Address</i>			<i>State</i>		<i>Zip</i>				
<i>Phone</i>			<i>Fax</i>						
<i>Name</i>			<i>Office/Practice</i>						
<i>Street Address</i>			<i>State</i>		<i>Zip</i>				
<i>Phone</i>			<i>Fax</i>						

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**SECTION 5 – OTHERS TO BE INVITED**

<i>For IDEA placements, list parent surrogate, if appropriate:</i>						
<i>Name</i>						
<i>Street Address</i>				<i>State</i>		<i>Zip</i>
<i>Phone</i>			<i>Alternative Phone</i>			
<i>Interpreter needed?</i>			<i>If yes, which language?</i>			
<i>List any other party not otherwise listed that should be invited to the LCC or SCC; only list those parties for whom the lead agency has written consent from the parent/guardian to invite:</i>						
<i>Name</i>			<i>Title/ Relationship</i>			
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>			<i>Alternative Phone</i>			
<i>Interpreter needed?</i>			<i>If yes, which language?</i>			
<i>Name</i>			<i>Title/ Relationship</i>			
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>			<i>Alternative Phone</i>			
<i>Interpreter needed?</i>			<i>If yes, which language?</i>			

**SECTION 6 - LEGAL STATUS**

<i>Legal Status</i> <i>(check all that apply)</i>	<input type="checkbox"/> Committed to DJS <input type="checkbox"/> Committed to DSS <input type="checkbox"/> Committed to DHMH <input type="checkbox"/> Voluntary Placement Agreement <input type="checkbox"/> Not committed to any public agency <input type="checkbox"/> Other
<i>Lisa L.?</i>	<i>If yes, date of MART review</i>
<i>Outcome of MART Review</i>	

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**SECTION 7 – LEAD AGENCY INFORMATION**

<i>Supervisor</i>		<i>Title</i>				
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>		
<i>LLA LCC Representative</i>				<i>Title</i>		
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>		

**SECTION 8 - CO-FUNDING OR CO-COMMITTED AGENCIES**

*List all that apply.*

<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>		<input type="checkbox"/> <i>Court-ordered commitment</i>		
<i>Case Manager</i>				<i>Title</i>		
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>		
<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>		<input type="checkbox"/> <i>Court-ordered commitment</i>		
<i>Case Manager</i>				<i>Title</i>		
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>		
<i>Agency</i>		<input type="checkbox"/> <i>Co-funding</i>		<input type="checkbox"/> <i>Court-ordered commitment</i>		
<i>Case Manager</i>				<i>Title</i>		
<i>Street Address</i>				<i>State</i>	<i>Zip</i>	
<i>Phone</i>		<i>Fax</i>		<i>Email</i>		

**LOCAL COORDINATING COUNCIL AND STATE COORDINATING COUNCIL  
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**SECTION 9 - EDUCATIONAL INFORMATION**

<i>Current School</i>				<i>Grade</i>			
<i>Street Address</i>				<i>State</i>			
<i>Phone</i>				<i>Fax</i>			
<i>If not currently attending school:</i>							
<i>Last school</i>				<i>Withdrawal date and Grade</i>			
<i>Street Address</i>				<i>State</i>			
<i>Phone</i>				<i>Fax</i>			
<i>Special Education?</i>		<i>If yes, last IEP date</i>		<i>504 Plan?</i>		<i>If yes, date of 504 Plan</i>	
<i>If youth is in Special Education:</i>							
<i>Educational Environment Codes (check one):</i>							
<input type="checkbox"/> Code A - Outside General Ed. class less than 21 %		<input type="checkbox"/> Code B - Outside General Ed. class between 21%-60%		<input type="checkbox"/> Code C - Outside General Ed. class over 60%		<input type="checkbox"/> Code D - Homebound Placement	
<input type="checkbox"/> Code E - Hospital Placement		<input type="checkbox"/> Code F - Public Separate Day School		<input type="checkbox"/> Code G - Private Separate Day School		<input type="checkbox"/> Code H - Public Residential Facility	
		<input type="checkbox"/> Code I - Private Residential Facility					
<i>Federal Census Codes (check one or all that apply):</i>							
<input type="checkbox"/> 01 – Mental Retardation		<input type="checkbox"/> 02 – Hearing Impairment		<input type="checkbox"/> 03 – Deaf		<input type="checkbox"/> 04 – Speech or Language Impairment	
<input type="checkbox"/> 05 – Visual Impairment		<input type="checkbox"/> 06 – Emotional Disturbance		<input type="checkbox"/> 07 – Orthopedic Impairment		<input type="checkbox"/> 08 – Other Health Impairment	
		<input type="checkbox"/> 09- Specific Learning Disabilities		<input type="checkbox"/> 10 – Multiple Disabilities		<input type="checkbox"/> 12 – Deaf-Blindness	
						<input type="checkbox"/> 13 – Traumatic Brain Injury	
						<input type="checkbox"/> 14 - Autism	
						<input type="checkbox"/> 15 – Developmental Delay	

**SECTION 10 – DDA INFORMATION**

<i>If not receiving services, has an application been submitted?</i>				<i>If yes, date of application</i>			
<i>If youth is receiving DDA services:</i>							
<i>Case Manager</i>				<i>Title</i>			
<i>Street Address</i>				<i>State</i>			
<i>Phone</i>				<i>Fax</i>		<i>Email</i>	
<i>Eligibility Level</i>		<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> Individual Support Services			
<i>If approved for DDA services, priority level (check one):</i>							
<input type="checkbox"/> Crisis Resolution		<input type="checkbox"/> Crisis Prevention		<input type="checkbox"/> Current Request		<input type="checkbox"/> Future Need	
						<input type="checkbox"/> Transitioning Youth	

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**SECTION 11 – CLINICAL AND MEDICAL INFORMATION**

<i>Medical Assistance #</i>		<i>Medical Assistance was applied for on</i>	
<i>Other Insurance Name</i>		<i>Policy Number, if available</i>	
<i>Currently Receiving SSI?</i>			
<i>Current Medications (psychotropic and somatic)</i>			
<i>Current Diagnosis</i>			
<i>Axis I</i>			
<i>Axis II</i>			
<i>Axis III</i>			
<i>Axis IV</i>			
<i>Axis V</i>			
<i>Diagnosis by</i>			<i>Date</i>
<i>Other known medical conditions</i>			
<i>Other behavioral issues</i>			
<i>Other known substance abuse issues</i>			

**SECTION 12 - BACKGROUND AND OTHER INFORMATION**

<i>Documents submitted and to be reviewed by the LCC (type and date), such as a Social History, Recent Evaluation/Update, IEP, Educational Verification Form if applicable; Acceptance/Rejections Letters/Response Forms, Letter of Assurance, if applicable, etc.:</i>	
<i>Document</i>	<i>Date</i>

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**SECTION 12 - BACKGROUND AND OTHER INFORMATION (continued)**

<i>Other recent/relevant evaluations (e.g. substance abuse evaluations, educational assessments, etc.):</i>			
<i>Evaluation</i>		<i>Date</i>	
<i>Other recent/relevant community-based services (e.g. out-patient therapy, in-home services, etc.)</i>			
<i>Type of Service</i>	<i>Provider</i>	<i>Dates</i>	
		<i>To</i>	<i>From</i>
<i>Recent/relevant out-of-home placements (e.g. RTC, group home, detention, etc.)</i>			
<i>Type of Placement</i>	<i>Facility</i>	<i>Dates</i>	
		<i>To</i>	<i>From</i>
<i>Recent/relevant hospitalizations:</i>			
<i>Hospital</i>	<i>Dates</i>		
	<i>To</i>	<i>From</i>	
<i>Other relevant background information:</i>			

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**SECTION 13 – STRENGTHS AND NEEDS OF CHILD AND FAMILY**

	<i>Child</i>	<i>Family</i>
<i>Strengths</i>		
<i>Needs</i>		

**SECTION 14 – FOR OUT OF STATE PLACEMENTS: EXCEPTION CRITERIA**

*Check all that apply.*

<input type="checkbox"/> The out of state (OOS) placement is closer to the child’s home than any alternative in-State placement, or the child’s permanent placement includes residence with a caregiver in proximity to the proposed OOS placement
<input type="checkbox"/> The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate OOS programs
<input type="checkbox"/> The child is currently in detention, shelter care, or committed to the Department of Juvenile Services pending placement under a court order
<input type="checkbox"/> Compliance with the federal Individuals with Disabilities Education Act (IDEA) requires OOS placement
<input type="checkbox"/> The child is hospitalized in an acute care psychiatric hospital under the following circumstances: <ul style="list-style-type: none"> <li>• The child is committed to DJS, local DSS, or a division of DHMH;</li> <li>• The child’s treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement within 30 calendar days; and</li> <li>• The only available, appropriate placement is OOS</li> </ul>

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**SECTION 15- EFFORT TO SECURE A PLACEMENT**

***Fill in form completely, and use additional pages, if needed. List all in-state and OOS facilities applied to. Under Comments, include what additional services would be needed for the facility to accept this youth. For any rejection based on no projected openings (#1), include follow-up information (i.e. recent contacts to ascertain current waiting-list status).***

**Reason for Rejection From Placements**

- |  |  |                                 |
|--|--|---------------------------------|
| 1. No projected opening within ___ days* | 8. Parents unable/unwilling to participate | 14. Sex offender-Adjudicated    |
| 2. Too aggressive                        | 9. Medication non-compliant                | 15. Medical Issues              |
| 3. AWOL risk                             | 10. Fire setter                            | 16. Psychiatric Issues          |
| 4. Age inappropriate                     | 11. No response from facility              | 17. Education Issues            |
| 5. Gender inappropriate                  | 12. No reason given                        | 18. Programmatic Issues         |
| 6. IQ – too High                         | 13. Sex offender-Non-Adjudicated           | 19. Other (specify in Comments) |
| 7. IQ – too Low                          |  |                                 |

*\*Specify in Comments below how many days until an opening is anticipated*

Facility/Program		Date Applied	Date Rejected	Reason for Rejection (Numbers)	Comments	Follow-up Information
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					
Name	-----					
City	-----					
State	-----					

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**VERIFICATION OF CO-FUNDING**

*Instructions: Form is required if funding for in-state or out of state placement will be provided by another agency besides the lead agency. If multiple co-lead agencies are funding, use a separate form for each agency. This form can be signed at the LCC.*

<b>Youth</b>		<b>DOB</b>	
<b>Jurisdiction</b>		<b>Lead Agency</b>	

<b>Date of Approval</b>	
<b>Name of Approved Facility(ies)</b>	

***For Local School System co-funding:***

- I hereby certify that an approved residential program is required to appropriately meet this student's special education needs.
- I hereby certify that it is appropriate for the local school system to participate in co-funding an approved residential program with \_\_\_\_\_ for reasons that exceed the student's special education needs.

*Funding is approved for the following components:*

- Residential component                       Educational component

***Chairperson, IEP Team:***

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***LSS Special Education Supervisor/Director or Designee:***

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***For CSA, DDA, DJS, or DSS co-funding:***

*I hereby certify that approval is given for co-funding for the following components of this placement:*

- Residential component                       Educational component

***Print Name:*** \_\_\_\_\_ ***Agency:*** \_\_\_\_\_

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

## LOCAL COORDINATING COUNCIL MINUTES

*Instructions: LCC Minutes must be completed in Microsoft Word; handwritten minutes will not be accepted.*

Section 1 – Youth Information					
<i>Youth</i>		<i>DOB</i>		<i>Age</i>	
<i>Jurisdiction</i>		<i>Lead Agency</i>			
<i>Co-Lead Agencies</i>	<input type="checkbox"/> <i>CSA</i> <input type="checkbox"/> <i>DDA</i> <input type="checkbox"/> <i>DJS</i> <input type="checkbox"/> <i>DSS</i> <input type="checkbox"/> <i>LSS</i>				

Section 2 - LCC Review					
<i>Referral Date</i>		<i>Review Date</i>		<i>Expedited Case?</i>	
<i>If not heard within 30 days of referral date, reason for delay:</i>					
<i>Type of Review</i>			<i>Referral for</i>		

Section 3 - Documents reviewed by the LCC	
<i>(Check all that were reviewed by the LCC.)</i>	
<input type="checkbox"/>	<i>LCC/SCC Referral Form</i>
<input type="checkbox"/>	<i>Legal guardianship court order, if applicable (or letter of assurance)</i>
<input type="checkbox"/>	<i>Current court order, if applicable (or letter of assurance)</i>
<input type="checkbox"/>	<i>Current IEP, if applicable</i>
<input type="checkbox"/>	<i>Current clinical recommendations</i>
<input type="checkbox"/>	<i>Written progress report from case manager, if applicable</i>
<b><i>For OOS placement:</i></b>	
<input type="checkbox"/>	<i>Rejection letters/forms from in-state facilities</i>
<input type="checkbox"/>	<i>Letter of acceptance from OOS facility(ies)</i>
<b><i>Others/Comments</i></b>	

<b><i>Date LCC Minutes Sent to Local Lead Agency (by LMB)</i></b>	<b><i>Date LCC Minutes Received at Local Lead Agency</i></b>

## LOCAL COORDINATING COUNCIL MINUTES

<b>Section 4 - Strengths and Needs</b>	
<b>Strengths</b>	
<i>Child Strengths</i>	
<i>Family Strengths</i>	
<b>Available Resources</b>	
<i>Agency/provider resources</i>	
<i>Natural supports</i>	
<b>Needs</b>	
<i>Family/Social Relationships</i>	
<i>Education</i>	
<i>Vocation/Employment</i>	
<i>Legal</i>	
<i>Residential</i>	
<i>Psychological (emotional, behavioral, substance abuse)</i>	
<i>Medical</i>	
<i>Other</i>	

<b>Section 5 - Service Needs and Recommendations</b>	
<i>Type of service/placement needed</i>	
<i>Summary of clinical recommendations</i>	<i>Clinician</i>
	<i>Date</i>
	<i>Summary</i>
<i>Lead Agency recommendations</i>	
<i>Co-Lead Agency recommendations</i>	
<i>Parent/guardian recommendations</i>	
<i>Attorney recommendations</i>	
<i>Youth recommendations/preference</i>	
<i>Court recommendations: (if applicable)</i>	

<b>Section 6 – Justification for Placement/ Service Options <u>Not</u> Recommended/Approved by the LCC</b>	
<i>For all in-state and OOS placement recommendations – why were community-based services, CSI, wrap, etc. not recommended instead?</i>	
<i>For all OOS placements, why were in-state placements not recommended instead?</i>	
<i>If any other less restrictive placements were considered but not recommended/ approved, why not?</i>	

## LOCAL COORDINATING COUNCIL MINUTES

<b>Section 7 – Placement or Services Recommended/Approved by LCC</b>	
<b><i>Placement or Services Approved or Recommended by LCC</i></b>	<input type="checkbox"/> <i>In-state residential placement</i> <input type="checkbox"/> <i>Out of state placement</i> <input type="checkbox"/> <i>CSI</i> <input type="checkbox"/> <i>Technical Assistance provided</i> <input type="checkbox"/> <i>Other -</i>
<i>For OOS Placement Approval – specific OOS placement(s) approved</i>	
<i>If an in-state or OOS placement is recommended, when is a bed available?</i>	
<i>If an in-state or OOS placement is recommended, are there any breaks in placements (holidays, vacations, etc.)?</i>	
<i>If so, where will youth go?</i>	
<i>If a service is recommended, when can services begin?</i>	
<i>Is this the least restrictive, most appropriate environment to meet community safety and the youth's:</i> <ul style="list-style-type: none"> <li>• <i>Emotional needs;</i></li> <li>• <i>Behavioral needs;</i></li> <li>• <i>Social needs;</i></li> <li>• <i>Medical needs;</i></li> <li>• <i>Cognitive needs;</i></li> <li>• <i>Educational needs; and</i></li> <li>• <i>Family needs?</i></li> </ul>	
<i>Expected duration of placement/services</i>	

## LOCAL COORDINATING COUNCIL MINUTES

<b>Section 8 – Interagency Case Plan Recommended/Approved by LCC</b>	
<i>If this is an Annual Review, discuss/document progress in these areas. "Family" includes legal guardians.</i>	
<b>Family involvement</b>	
<i>For in-state or OOS placement: Will the family be involved in the placement (visits, therapy, etc.)? If so, how?</i>	
<i>If there is no family involvement: Why not?</i>	
<i>Is there a way to engage the family?</i>	
<i>Are there any extended family relationships that are important to the youth?</i>	
<b>Services</b>	
<i>Who will coordinate services?</i>	
<i>What specific services will be provided?</i>	<input type="checkbox"/> Counseling/therapy <input type="checkbox"/> Psychiatric services (including medication monitoring) <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Substance abuse education <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> Fire-setter treatment <input type="checkbox"/> Sex offender treatment <input type="checkbox"/> Medical care/services <input type="checkbox"/> Other (specify)
<i>What educational/vocational services will be provided?</i>	
<b>Youth Goals</b>	
<i>What are the goals to be accomplished during the placement/services? What are the expected outcomes?</i>	
<i>How will progress be measured during services?</i>	
<i>What does the family hope will be accomplished by these services?</i>	
<b>Family Goals/Services</b>	
<i>What does the family need to do during placement/services for the child to be successful upon discharge?</i>	
<i>What services do the family need to accomplish this?</i>	
<i>Who will provide these services?</i>	

## LOCAL COORDINATING COUNCIL MINUTES

<b>Section 8 – Interagency Case Plan Recommended/Approved by LCC (continued)</b>	
<b>Maintenance of Relationships</b>	
<i>Does the youth have any long-term relationships with adults that need to be maintained?</i>	
<i>If so, how will this be accomplished?</i>	
<i>Does the youth have any long-term relationships with peers, siblings, or children that need to be maintained?</i>	
<i>If so, how will this be accomplished?</i>	
<i>If the youth has no long-term relationships, how can these be developed?</i>	

<b>Section 9 - Transition Plan</b>	
<i>Includes discharge from in-state/OOS placements <u>and</u> community-based services.</i>	
<i>What is the expected discharge date?</i>	
<i>Where will youth live after discharge?</i>	
<i>What agencies will continue to be involved after discharge?</i>	
<i>What services will be needed after this placement/service?</i>	
<i>Who will coordinate services after discharge?</i>	
<i>Who will provide services after discharge?</i>	
<i>When should youth/family/agency begin applying for additional services (e.g. DDA, adult MA, etc.)?</i>	
<i>Educational plan – will discharge date coincide with end of school year?</i>	
<i>Does the family agree with the proposed transition plan? If not, what are their preferences or recommendations?</i>	

<b>Section 10 - Additional Referrals Recommended by LCC</b>		
<i>Type of Referral</i>	<i>Agency/Provider</i>	<i>Contact Information</i>

## LOCAL COORDINATING COUNCIL MINUTES

<b>Section 11 - For Out of State Placement</b>	
<i>What attempts were made to keep the youth in-state?</i>	
<i>What additional services/supports would be required to provide appropriate services at a(n):</i>	
<ul style="list-style-type: none"> <li>• <i>In-state facility</i></li> </ul>	
<ul style="list-style-type: none"> <li>• <i>Community-based program</i></li> </ul>	
<ul style="list-style-type: none"> <li>• <i>Youth's home</i></li> </ul>	

<b>Section 12 - For Out of State Placements - Exception Criteria</b>
<b><i>The LCC approves out of state placement under the following COMAR 14.31.01.11 criteria:</i></b> <i>(Check all that apply)</i>
<input type="checkbox"/> The OOS placement is closer to the child's home than any alternative in-State placement, or the child's permanent placement includes residence with a caregiver in proximity to the proposed OOS placement
<input type="checkbox"/> The individualized needs of the child cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate OOS programs
<input type="checkbox"/> The child is currently in detention, shelter care, or committed to the Department of Juvenile Services pending placement under a court order
<input type="checkbox"/> Compliance with the federal Individuals with Disabilities Education Act (IDEA) requires OOS placement
<input type="checkbox"/> The child is hospitalized in an acute care psychiatric hospital under the following circumstances: <ul style="list-style-type: none"> <li>• The child is committed to DJS, local DSS, or a division of DHMH;</li> <li>• The child's treatment team has determined that the child is ready for discharge or must be discharged to a recommended placement within 30 calendar days; and</li> <li>• The only available, appropriate placement is OOS</li> </ul>

<b>Section 13 – Additional Information/Discussion</b>

<b>LCC Support Specialist Signature</b>
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;"><i>Signature</i></div> <div style="border-top: 1px solid black; width: 45%; text-align: center;"><i>Date</i></div> </div>