



*Webinar Series:
Medicaid services &
plans to address
vulnerable children's
health care needs*

Medicaid 201: Medicaid and the Family First Prevention Services Act

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casey family programs

May 21, 2019

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safe children | strong families | supportive communities

Before we begin

- Lines have been muted to reduce disruptions
- Webinar will be recorded & posted at:
<https://www.casey.org/medicaid-webinar-series/>
- Pose questions throughout the session:
 - On the Zoom Platform: Select “Questions and Answers” dialogue button, type in your question, and hit send.
 - If attending by phone, email KMresources@casey.org.
- We will do our best to answer questions - either immediately, or in the Q&A portion at the end. If we don't cover your question, we will provide answers in a follow-up document sent to all registrants.
- Polling: Simply select your answer from the list in the pop-up window on your screen, and select “submit.”

Today's Panel

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Introduction

1. Connections between Medicaid and child welfare systems in order to achieve vision and outcomes
2. How federal as well as state agencies have sought to partner

New Context & Need

1. Using a range of tools and partners to achieve vision
2. Family First Prevention Services Act (FFPSA)
 1. Evidence-based Practices (EBPs)
 2. Qualified Residential Treatment Program (QRTP)
3. Experience in New Jersey and feedback from jurisdictions

Agenda



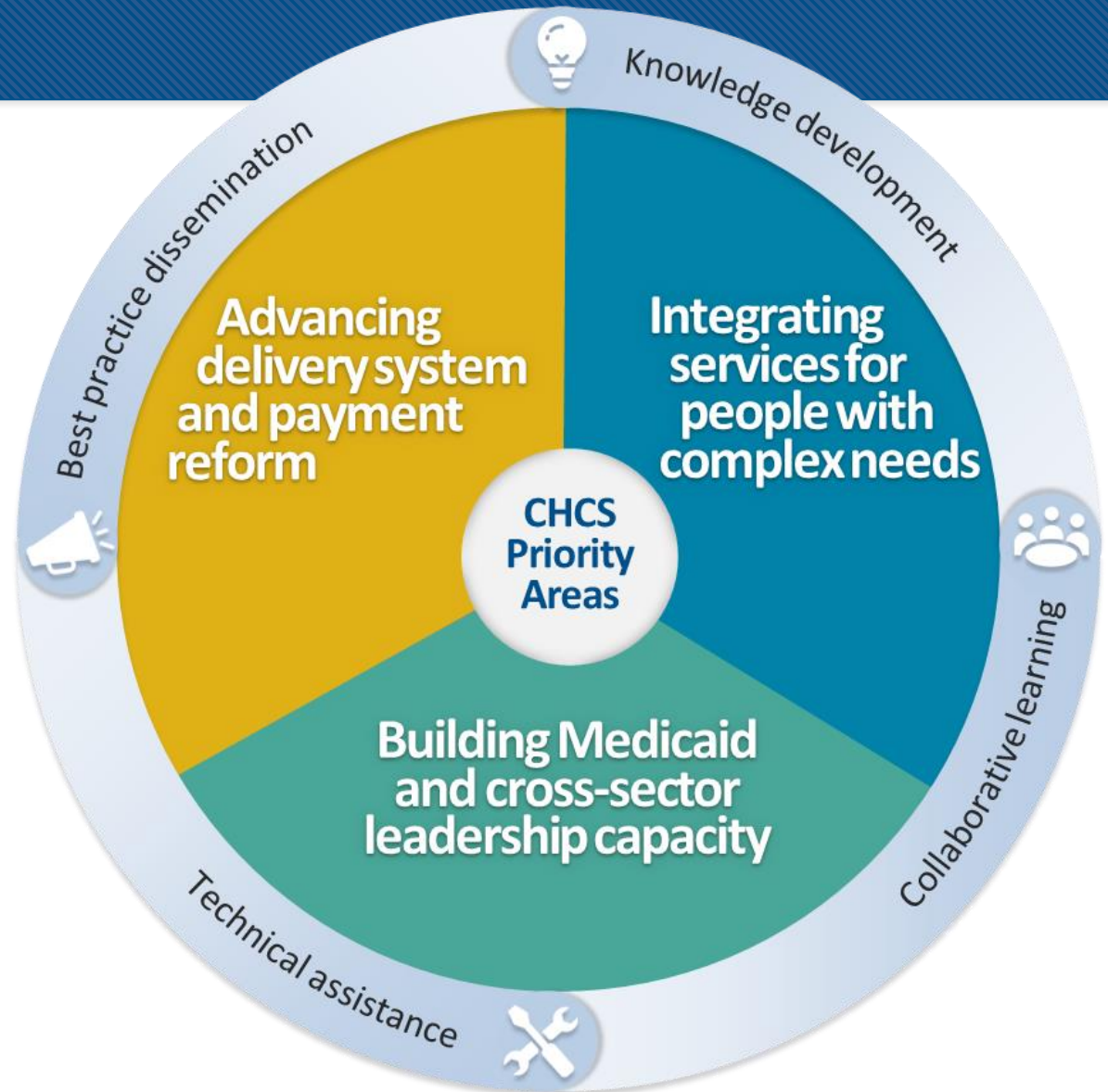
- Welcome and Introductions
- Coordination with Medicaid
 - » Q&A
- Prevention and Family Services Programs
- Residential Treatment
 - » Q&A
- Early State Efforts and Opportunities for Innovation and Partnership
 - » Q&A

Brief Disclaimer

- This webinar session has not been developed in conjunction with the Department of Health and Human Services.
- State agencies are responsible for monitoring and complying with federal law and guidance.
- Presenters will not be able to answer all questions: there will be remaining, unanswered questions that jurisdictions will likely need to address directly with the Children's Bureau and the Centers for Medicare and Medicaid Services.

About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



Poll

- To what extent is your Medicaid agency involved in your state's Family First implementation planning process?
 - » Not at all involved
 - » Somewhat involved
 - » Fairly involved
 - » Completely involved
 - » I don't know

Goal of Presentation

- Intended to provide:
 - » A framework for approaching the Medicaid agency in your state
 - » An understanding of key Medicaid services to consider when thinking about your state's child welfare and Medicaid services array through the lens of Family First
 - » An understanding of where and how to look for gaps in services in your state

Coordination with Medicaid

Vision for Cross-Sector Collaboration

Strong Relationships

- Leadership level
- Staff level

Shared Oversight

- Integrated Data Systems
- Coordinated Contracts

Aligned Quality Measures

- Shared Outcome Measures
- Related Process Measures

Federally Funded Service Arrays



Considerations When Partnering with Medicaid

- Engage in cross-departmental coordination. This is key to ensuring there is not duplication of efforts and a resulting bifurcated service array.
- Work to understand and appreciate each other's roles.
- Develop a shared language – for example, prevention means different things to different sectors.
- Align service definitions and apply standards broadly whenever possible, regardless of payer.

Questions for Jurisdictions to Consider

- What are the Medicaid agency's priorities in your state? How do they align with Family First if at all?
- How can Family First implementation align with other behavioral health services in your state? For children? For adults?
- What other trauma-informed care initiatives are happening in your jurisdiction?
- What other system partners should we ensure are integrated into Family First implementation planning?
- How are you engaging the voices of consumers into your planning process?

Talking to Medicaid: Common Priorities

- Behavioral health integration
- Improving health and reducing cost
- Value-based purchasing
- Quality Measurement
 - » Medicaid and CHIP Score Card
 - Promoting communication & care coordination
 - Reducing harm in care delivery
 - Promoting prevention & treatment of chronic diseases
 - Strengthening engagement in care
 - Making care affordable
 - Working with communities to promote healthy living

Health Care Coordination and Oversight Plan (HCCOP)

- The Fostering Connections to Success and Increasing Adoptions Act requires HCCOPs to be developed in coordination with the state Medicaid agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.
- Family First added a requirement that states and tribes include in procedures and protocols to:
 - » *ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses*

Poll

- To what extent do your state Medicaid and child welfare agencies coordinate to develop your HCCOP?
 - » Not well coordinated
 - » Somewhat coordinated
 - » Fairly well coordinated
 - » Completely coordinated
 - » I'm not familiar with the HCCOP

Question & Answer



Prevention and Family Services Programs

Payer of Last Resort

- The state child welfare agency is not “a legally liable third party for purposes of satisfying a financial commitment for the cost of providing such services or programs with respect to any individual for whom such cost would have been paid for from another public or private source but for the enactment of this subsection.”
 - » *Exception: IV-E funds can be used to prevent a delay in receipt of early intervention services.*
 - » *ACF Guidance: “If a parent with Medicaid coverage is receiving mental health services that would be covered by Medicaid, and that are also allowable under the title IV-E prevention program, Medicaid must pay for the service before the title IV-E portion (if any) is paid.”*

Prevention and Family Services Programs

- Services “directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care”
- Two types of services:
 - » “Mental health and substance abuse prevention and treatment services”
 - » “In-home parent skill-based programs”
- Services/programs detailed in a prevention plan must:
 - » Adopt a trauma-informed approach
 - » Be “promising, supported, or well-supported practices”

Questions to Consider

- **Medicaid Services.** Is this a covered service offered through your state's Medicaid program?
- **Medicaid Eligibility.** Are those receiving services Medicaid beneficiaries? If not, are they Medicaid-eligible?
- **Other Programs.** Are other state funding sources or grants involved in supporting “prevention services” for specific target populations?
 - Parental substance use
 - Children's behavioral health
 - Issues relating to poverty
 - Domestic violence

Medicaid Services: Authority

State Plan

Flexibility within
existing federal
regulations

Waivers

Flexibility beyond
existing federal
regulations

- State level legislative and budget authority is a separate issue.

Examples: Use of Medicaid Authorities

■ State Plan

- » Massachusetts: Uses Targeted Case Management to implement Wraparound for children with behavioral health needs.
- » New Jersey: Uses the Rehabilitative Services Option to support community based services for children with serious behavioral health needs.

■ Waivers

- » Michigan: Uses the 1915(c) waiver for home- and community-based services for youth with serious emotional disturbances.
- » Wisconsin: Uses the 1915(c) waiver to increase stipends to foster parents who care for children with increased physical, emotional and/or behavioral health needs.

Medicaid Can Cover...

- Wraparound
- Therapeutic Foster Care
- Home Visiting Services
- Family and Youth Peer Support
- Mobile Response and Stabilization Services
- Respite
- Substance Use Services
- Co-occurring/Developmental
- Screening and Assessment
- Other Home and Community Based Services

Title IV-E Maintenance for Children Placed with Parents for Substance Abuse Treatment

- States may claim Title IV-E foster care maintenance payments (FCMPs) for ***a child placed with a parent in a licensed residential family-based treatment facility for substance abuse for up to 12 months...*** [and] may also claim administrative costs...which includes such things as case management. A licensed residential family-based treatment facility for substance abuse is not a child care institution (CCI) as defined in section 472(c) of the Act. While the facility must be licensed, there is no requirement that it meet the title IV-E licensing and background check requirements for a CCI.

Special Medicaid Considerations: Adult Residential Treatment

- Institutions for Mental Disease (IMD) exclusion
 - » IMD: “hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services”
- Often a barrier for adult (under 65) residential treatment, with some limited flexibility through:
 - **Waivers.** New guidance outlines SMI opportunities (SMD-18011).
 - **The IMD CARE Act.** State plan amendment option for time-limited SUD services (not more than 30 days, within a 12-month period).
 - **Managed Care.** Capitation rate payments for enrollees with a short-term stay in an IMD (no more than 15 days).

Eligibility: States Must Cover Some Populations

Mandatory

- Pregnant women (60 days post-partum) and children up to 6 years at 138% FPL
- Children 6-19 years, $\leq 138\%$ FPL
- § 1931 – families deemed to be receiving AFDC because their current income, resources, and circumstances would have met the State's AFDC standards in effect on July 16, 1996
- Transitional Medical Assistance – certain families whose income exceeds the State's eligibility limit due to an increase in earned income
- Individuals receiving SSI and related programs
- Newborn children of Medicaid-eligible women
- Qualified Medicare beneficiaries & specified low-income beneficiaries

Eligibility: States May Cover Other Populations

Optional

- Pregnant women and infants with income > 138% FPL
- Children >138% FPL
- Non-disabled, childless adults 19-64
- Optional targeted low-income children (CHIP expansion of Medicaid)
- “Medically needy:” those with incomes above the eligibility limit until their qualifying medical expenses are taken into account
- Continuous and presumptive eligibility (hospitals are authorized to perform presumptive eligibility for Medicaid)
- Individuals receiving home and community based services
- Women with breast or cervical cancer

Other Pathways to Medicaid Coverage

- MAGI (modified adjusted gross income) is a simplified method for calculating income eligibility
- All states use MAGI, regardless of whether they expanded

Examples of Non-MAGI Groups

- Individuals receiving SSI
- Aged, blind, and disabled individuals
- Deemed newborns
- Children with Title IV-E Adoption Assistance, foster care, or guardianship care
- Former foster care children
- Qualified Medicare beneficiaries

Medicaid Services: Managed Care

Additional things to consider if your state has managed care:

- Coordination with Managed Care Organizations (MCOs) as part of your Family First planning process.
 - » Data sharing
- Consistency across health plans with prior authorization/utilization review requirements to ensure access to needed services.
- Adequacy of provider networks to meet unique needs of children and families who are child welfare involved.

Question & Answer



Residential Treatment

Qualified Residential Treatment Programs (QRTPs)

■ QRTP Requirements

- » Utilize a Trauma-informed treatment model.
- » Acquire assessment by a “qualified individual” within 30 days of the start of each placement.
- » Provide discharge planning and aftercare support for at least 6 months post discharge.
- » Engage family members.
- » Be Licensed and accredited (e.g., CARF, JCAHO, COA).
- » Ensure access to nursing and other licensed clinical staff 24/7.
- » Obtain 60 day court approval.

Residential Services Considerations

- ***Services.*** Is this a covered service offered through your state's Medicaid program?
- ***Funding.*** Are IV-E maintenance payments used to support the level of care?

Services and Settings: Medicaid Funded Children's Residential Treatment

- Inpatient Psychiatric Services for Individuals under Age 21 (“Psych Under 21”) Benefit
 - » Inpatient services provided in a psychiatric inpatient hospital, a psychiatric unit within a general hospital, or a psychiatric residential treatment facility (PRTF), which is a non-hospital facility providing inpatient psychiatric services.
 - » PRTFs provide comprehensive mental health treatment to children and youth who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility.

Medicaid Funded Children's Residential Treatment (continued)

- The Rehabilitative Services Option “the Rehab Option”
 - » This benefit category is used to fund a variety of physical and behavioral health services, but most often is used to support services to individuals with mental illness.
 - » States have utilized this benefit category to support services provided in children's residential treatment programs.
 - » States can use the Rehab Option to pay for the therapeutic components of residential treatment programs, but must finance room and board and non-treatment supports with Title IV-E funds for eligible children or with state or local general revenue for those who are not Title IV-E eligible.

Children's Residential Treatment

■ Institutions for Mental Disease (IMD) exclusion

- » IMD: “. . . institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services”
- » Exception: Psych-Under 21 benefit (i.e., services provided in select settings, including PRTFs and inpatient psychiatric hospitals)

■ 21st Century Cures Act

- » Allows early and periodic screening, diagnostic, and treatment (EPSDT) services to be provided to children in IMDs.
- » Directs Centers for Medicare and Medicaid Services to provide guidance.
 - » Guidance notes that FFP is not available under 1115 demonstration opportunity for “services provided in treatment settings for individuals 21 years of age or younger if those settings do not meet CMS requirements to qualify” for the Psych-Under 21 Benefit.

Residential Settings: More Questions

- How does your state fund residential programs?
 - » Do they use Title IV-E dollars?
- Can you work with your state's Medicaid agency to make adjustments to the residential services continuum that will enhance service quality overall?
- What outcome measures are being evaluated across Medicaid and child welfare related to residential services? Can you align them?
- Does Family First implementation provide an opportunity to use value-based purchasing arrangements utilizing aligned quality measures?
- What existing Medicaid services are available to support specific provisions of Family First implementation, such as the provision of aftercare services and required assessments?

Question & Answer



Early State Efforts and Opportunities for Innovation and Partnership

Family First Cross-System Opportunities

- Family First presents opportunities for child welfare, Medicaid, and behavioral health to:
 - » Expand mental health and SUD services for children and adults;
 - » Expand supports to families/caregivers;
 - » Expand training for family-driven, youth-guided practices;
 - » Obtain better data on mental health and SUD services; and
 - » Improve the quality of residential care.
- Family First can help to address **common cross-agency concerns** such as: high out-of-home placement rates; high placement disruption rates; insufficient access to effective home- and community-based behavioral health services; challenges to intervening early; and poor performance on quality measures.

Family First Issues and Strategies

- **Issue: Parallel children's behavioral health delivery systems** – in child welfare, in Medicaid, in child behavioral health system.
- **Strategy:** A coordinated planning and implementation process to ensure maximization and efficient use of federal, state and local resources and to avoid confusion for families and providers.

- **Issue: Different quality criteria and outcome expectations** across different types of residential treatment facilities – PRTFs, QRTPs, RTCs funded solely with general revenue.
- **Strategy:** Common practice standards, quality and outcome expectations across residential facility types – based on Building Bridges.

- **Issue: Provider capacity** to implement home and community-based services and to meet QRTP requirements.
- **Strategy:** Coordinated training approach across agencies; partnership approach with providers.

Family First Issues and Strategies (continued)

- **Issue: Potential to cost-shift to Medicaid and to other systems.**
 - » *Family First requirements do not apply to Psychiatric Residential Treatment Programs (PRTFs), which are 100% Medicaid-funded*
 - » *Do not apply to residential programs funded 100% with state or local general revenue, i.e., no Title IV-E*
- **Strategy:** Coordinated cross-system planning and financing approach.
- Family First requires states to certify that Family First changes will not increase number of youth entering juvenile justice.
- Title IV-E will be payer of last resort.

NOV 30th Program Instruction on Prevention Services

First Services Selected for Systematic Review

Prevention Services and Programs

Abt Associates, Cambridge, MA

contractor for Title IV-E Prevention Services Clearinghouse

<p><i>Mental Health:</i></p> <ul style="list-style-type: none">• Parent-Child Interaction Therapy• Trauma Focused-Cognitive Behavioral Therapy• Multi-systemic Therapy• Functional Family Therapy	<p><i>Substance Abuse:</i></p> <ul style="list-style-type: none">• Motivational Interviewing• Multi-systemic Therapy• Families Facing the Future• Methadone Maintenance Therapy
<p><i>In-Home Parent Skill-Based:</i></p> <ul style="list-style-type: none">• Nurse-Family Partnership• Healthy Families America• Parents as Teachers	<p><i>Kinship Navigator Programs</i></p> <ul style="list-style-type: none">• Children’s Home Society of New Jersey Kinship Navigator Model• Children’s Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)

Priority Given to State-Recommended Practices/Programs

Issue: Inclusion of evidence-informed and promising practices that do not meet manualized EBP standards, *e.g., family and youth peer support, respite, mobile response and stabilization services, Wraparound.*

- These services – and most on the November 30th list – can be covered under Medicaid.
- If not yet covered under Medicaid, could use Family First to develop provider capacity, if service is approved on Prevention Plan.
- If covered by Medicaid – can Family First training dollars be used to expand capacity if services are included in prevention plan for non-Medicaid children/families?

Adopt a Strategic Approach to Family First

Move from a mentality of “funding programs and providing grants” to one of “collaborative financing to support a strategic agenda”

How do you want to use your dollars to promote a unified agenda and achieve outcomes for shared populations of focus?

Family First Population Examples

Eligible populations to receive services:

- Children/youth who are “candidates for foster care” – at home but at risk – and their parents/caregivers.
- Children/youth with adoptive parents or relative guardians where placement disruption is at risk.
- Youth in foster care who are pregnant or already parents.

Families who
are homeless
or at risk

Adults with
Substance Use
and/or
Mental Health
Challenges

Children with behavioral
health challenges

Children with physical or
intellectual disabilities

Families
experiencing
domestic violence

LGBTQ Youth

Example: Addressing Needs of LGBTQ Youth Population

Crosswalk: National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care

Innovations with clinical and peer support components:

- **Youth Acceptance Collaborative** (Allegheny): in home program with clinical intervention and peer support
- **Youth Acceptance Project** (Cuyahoga): clinical intervention and peer support
- **Journey Ahead** (MI): group psychoed and adjunctive therapies
- **Family Support Model/Family Acceptance Project** (MI): in home program with clinical intervention and peer support
- **AFFIRM** (Prince George's County): manualized CBT approach
 - » Medicaid and MCOs
 - » Title IV-B
 - » Title IV-E for training
 - » Title IV-E Waiver?
 - » Family First Prevention Services
 - » Adoption Opportunities Grant
 - » TANF
 - » SSBG
 - » State and county funds

Example of Maximizing Child Welfare and Medicaid Resources: Milwaukee County, WI

- Child welfare contributed \$500,000 to expand mobile response and stabilization services to prevent placement disruptions in child welfare – approx. 40% of total cost.
 - » Dedicated teams
 - » In-home crisis stabilizers
- Is a Medicaid-billable service – Medicaid covers approx. 60% of cost.

Example of Redirection and “Virtual” Pooled Funds: Cuyahoga County (Cleveland)

System of Care Oversight Committee

County Administrative Services Organization



- FCFC \$\$
 - Fast/ABC \$\$
 - Residential Treatment Center \$\$\$\$
 - Therapeutic Foster Care \$\$\$
 - “Unruly”/shelter care \$
 - Tapestry \$\$
 - SUD \$
- State Early Intervention and Family Preservation*
System of Care Grants

Neighborhood Collaboratives & Lead Medicaid Provider Agencies
Care Coordination Partnerships

Child and Family Team Plan of Care



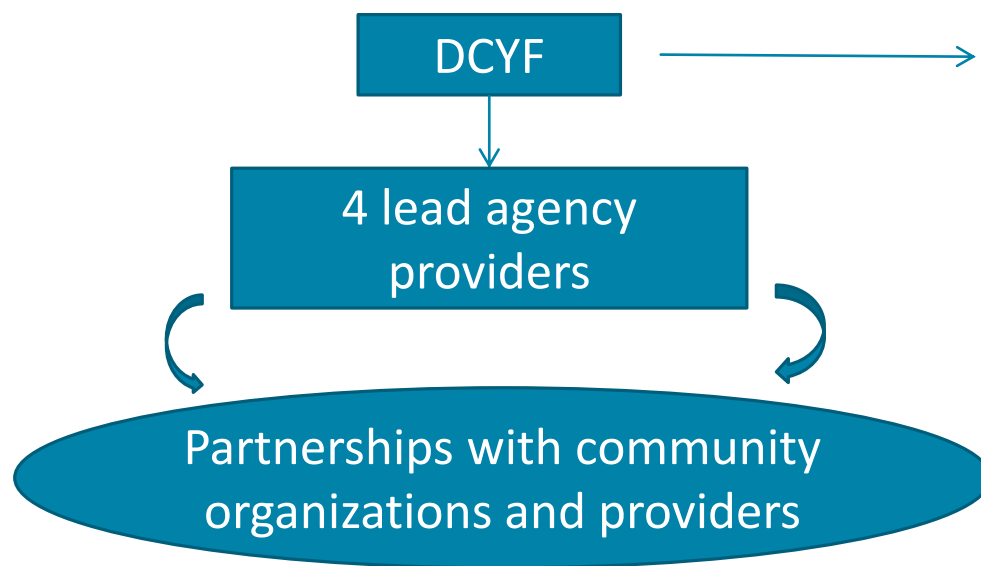
Community Providers and Natural Helping Networks

Example of Pooled Funding & Intentionally Coordinating: Rhode Island

Family Community Care Partnerships

Populations Focus:

- Children at risk for abuse and neglect.
- Children with moderate to serious behavioral health challenges – early identification.
- Youth transitioning out of state juvenile justice facility and their families/caregivers.



Medicaid - Reimbursement for Wraparound care coordination (Medicaid Waiver authority)

CBCAP - Primary Prevention Campaign

IV-B - Family preservation and support services/activities

CBCAP - Not directly contracted to FCCPs; however, contracted with Coalition Against Domestic Violence to provide Safe Families Collaboration resource/support for families involved with FCCPs impacted by domestic violence

State Coverage of Child Welfare Population in Medicaid Managed Care

Most states include the child welfare population in Medicaid managed care –

Don't forget Medicaid managed care organizations

Examples:

- Magellan Health Services funded kinship navigators to help prevent placement disruption due to a child's behavioral health challenges.
- Value Options funded training for providers in the Incredible Years – early identification.

Example of Customizing Medicaid Managed Care for Children in/at risk for Child Welfare: Louisiana RFP

- Medicaid Request for Proposal for statewide management organization included specific system of care language:
 - » Services must be strength-based, family-driven, community based and culturally competent.
 - » Increase availability of EBPs and best practices with documentation of fidelity (FFT, MST, Homebuilders).
 - » Focus on development of family and community based services for children/youth in out-of-home placements.
 - » Increased access to community based services and optimize use of natural supports.
 - » Care planning and care management provided through the Wraparound child and family team process.
 - » Development of comprehensive network consistent with fee for service network through child welfare, juvenile justice, education, developmental disabilities and behavioral health.
 - » Tracking of outcomes specific to child welfare.

Examples of Cross-Agency Collaborative Family First Planning Processes

Virginia

- Uses Three Branch Initiative structure involving all key agencies, legislative and judicial branches

North Dakota

- Child Welfare, Medicaid, Behavioral Health and Juvenile Court
- Looking to enhance quality requirements for PRTFs, along with QRTP

Colorado

- Broad stakeholder input into a Family First Roadmap
- Roadmap recommends “ongoing cross-system collaboration, intersection and alignment that builds on...the work that is occurring across CO agencies”
E.g., common assessment across systems

Examples of Pending State Legislation Pertaining to Family First

Illinois

- Cites need to coordinate with respect to N.B. Medicaid consent decree and Family First.
- Creates working group of all key agency leaders to “foster interagency collaboration” with goals to:
 - » Create one children's mental health system that is consistent with system of care principles and that spans across State agencies, rather than separate siloed systems with different requirements, rates, and administrative processes and standards; and
 - » Prevent out of home placements where possible.

Nebraska

- Requires the department to seek coverage under the Medicaid program for all eligible services or placement under the Family First Act, without delay.

Links to Information

- [Family First Prevention Services Act \(P.L. 115-123\)](#)
- [The Prevention Services Clearinghouse Handbook of Standards & Procedures](#)
- [Information Memorandum on Family First \(IM-18-02\)](#)
- [Program Instruction – Implementation of Title IV-E Plan Requirement](#)
- [Child Welfare Community Letter – October 1, 2018](#)
- [Program Instruction – State Title IV-E Prevention & Family Services & Programs](#)
- [Program Instruction – State Requirements for Electing Title IV-E Prevention & Family Services & Programs](#)
- [ACYF-CB-PI-18-09 Attachment C - Clearinghouse Initial Criteria](#)
- [Program Instruction – Tribal Title IV-E Agency Requirements for Electing Title IV-E Prevention & Family Services and Programs](#)
- [State Child Welfare Director Letter – January 2, 2019](#)
- [AAP - State Legislative Activity on Family First](#)
- [NCSL - Family First Updates & New Legislation](#)
- [FamilyFirstAct.org](#)

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