

City of Charlottesville and Albemarle County

Local Policies and Procedures  
for Administration of the  
Children's Services Act

Updated July 2023

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Charlottesville-Albemarle  
POLICIES AND PROCEDURES  
for Administration of the  
CHILDREN'S SERVICES ACT

## **Children's Services Act (CSA)**

The Children's Services Act (formerly known as the Comprehensive Services Act) is a 1992 Virginia Law that provided for the pooling of eight specific funding streams which purchased services for high risk youth. These funds are returned to the localities with a required state/ local match and are managed by local interagency teams. The purpose of the act is to provide high quality, child centered, family focused, cost-effective services to high risk youth and their families.

### **Intent and Purpose of CSA**

The Act has the following intent:

"It is the intention of this law to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth". [COV § 2.2-5200](#)

The purpose of this law is to:

1. "Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;"
2. "Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;"
3. "Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;"
4. "Increase interagency collaboration and family involvement in service delivery and management;"
5. "Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families;" and
6. "Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes " [COV § 2.2-5200](#)

## **Local Community Practice Model**

The CSA System uses highly collaborative, responsive, and cost effective policies, procedures, and structures to flexibly and creatively support children and their families.

Vision: Children live safely and productively with their families and in their schools and communities.

## Core Values:

CONNECTED. Young people thrive with caring adults and families.

ENGAGED. Families and young people are engaged in decisions about their care.

PRODUCTIVE. Services are meaningful and responsive to children's needs.

LOCAL. Children are best served in their home communities.

## Our service community...

### Overall Beliefs

1. believes that, when possible, children are best served when families are provided the supports necessary to raise them safely, that services should prevent family disruption, and that keeping children and families together is the best possible use of resources.
2. believes that every child has a right to connections with biological family and other caring adults, that life-long family connections are critical for children, and that family connections, which consider the child's wishes, should be promoted and preserved.
3. believes that congregate placements should focus on children's needs, be family-focused, temporary, and prepare them for return to family and community life.

### Collaboration

1. is committed to working collaboratively (sharing our purpose, role, concerns, decisions, and responsibility), to holding each other accountable for quality service planning and delivery, to working as an interdisciplinary team with diverse areas of expertise and skills, and to communicating with genuineness, empathy, and respect.
2. is committed to continually developing a community practice model, including using joint, interagency trainings to promote knowledge and the shared practice model across the community.
3. is committed to aligning infrastructure and available resources to support the community practice model.
4. is committed to collecting and sharing data and information for the benefit of children, families, and the service community.

### Approach

1. is committed to preserving children's safety as a first priority, maintaining timely and thorough safety responses, and separating children from dangerous caregivers.
2. is committed to parents never having to relinquish custody unnecessarily to receive services for their children.
3. is committed to kinship care as a priority over foster care.
4. is committed to achieving permanent, safe, nurturing families for children.
5. is committed to hearing, valuing, and considering the voices of children and families in the decision making process and to support meaningful family and youth participation and engagement in service planning and delivery, as well as in policy and service development;
6. recognizes families as experts about their own families.
7. is committed to treating children and families with dignity and respect, as well as to preserving and protecting each individual's right to self determination.
8. is committed to being strengths-based, and to serving each unique family with innovation, flexibility, creativity, and responsiveness (e.g., timely, effective, and efficient services).
9. is committed to being culturally proficient and linguistically accessible to all families, and to valuing family perspectives, goals, and plans.

### Continuous Improvement

1. is committed to continuous development of the local service array, such that comprehensive and least restrictive services are available in our community.
2. is committed to using data to inform management, practice, and policy decisions.

# **Management Structure**

## **Community Policy and Management Team (CPMT)**

Effective July 1, 2010, the Albemarle County Board of Supervisors and the Charlottesville City Council established separate Community Policy and Management Teams in each respective locality pursuant to the Virginia Code, Section §§ [2.2-5204](#) thru [2.2-5206](#). The Albemarle County CPMT and the City of Charlottesville CPMT meet jointly to conduct business related to the Children's Services Act but take action specific to each jurisdiction. Unless otherwise noted, the CPMT refers to the Charlottesville CPMT and the Albemarle CPMT.

### **Purpose and Philosophy**

CPMT Statement of Purpose: The purpose of the Community Policy and Management Team (CPMT) is to manage the cooperative effort in the community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources - Code of Virginia, Section [§ 2.2-5206](#).

Philosophy: The CPMT is committed to providing quality services for troubled and at risk youth and families in the City of Charlottesville and Albemarle County. Cooperative and comprehensive planning, interagency collaboration, and ongoing evaluation of programs are essential to the cost-effective and efficient provision of services. The well-being of our future citizens is of concern not only to parents, service providers, and local governments, but to the whole community. The process of identifying needs and developing and delivering services for those children and youth who have or are at risk of developing behavioral or emotional problems is improved by the broad involvement of community groups and interested citizens. Families should be fully involved in the assessment, planning, delivery, and evaluation of services to their children, and should assume the maximum possible responsibility and authority in the process of being served.

### **Duties and Responsibilities of the CPMT**

The CPMT has the authority to determine local policies and procedures regarding use of CSA funds within the statutory framework of the Act. Members of the CPMT are expected to be local agency leaders with authority to commit their agency's expertise, resources and funding for the purposes of providing services to the community's youth and families.

Specific requirements, duties and authority of the CPMT are outlined in [§ 2.2-5206](#), the Appropriation Act and established policy and fall into three general categories. These are:

- planning and policy development;
- fiscal and programmatic management; and
- data collection and reporting.

### **Planning and Policy Development**

- Developing interagency policies and procedures to govern the provision of services
- Developing interagency fiscal policies governing access to the state pool of funds, including immediate access for emergency services
- Establishing policies to assess parental co-pays and a sliding fee scale
- Coordinating long-range, community-wide planning for children's services
  - Adoption of a community philosophy with respect to the provision of human services for children and families
  - Identification of the current service continuum and assessment of current strengths and needs
  - Adoption of a strategic plan based on the identified philosophy and analysis of the current system
- Establishing policies governing referrals and reviews of children and families by the FAPT
- Establishing procedures for obtaining bids for development of new services
- Establishing policies for providing intensive care coordination
- Establishing policies and procedures for appeals by youth and families of FAPT decisions
- Developing policies and procedures regarding the management of records to protect confidential data

## Fiscal and Programmatic Management

- Establishing quality assurance and accountability procedures for program utilization and funds management
- Managing funds allocated from the state pool
- Reviewing recommendations for, authorizing, and monitoring of the expenditure of funds by each FAPT/MDT
- Submitting grant proposals
- Reviewing and analyzing management reports to evaluate outcomes and provider performance
- Administering funds pursuant to the Virginia Juvenile Community Crime Control Act (VJCCCA, §16.1-309.3) if these funds are not managed by a Commission established under §16.1-315.
- Contracting with another CPMT to purchase coordination services (for example, funding for CSA coordinator staff position)
- Ensuring that services and funding seek to preserve families and are provided in the appropriate, least restrictive environment
- Having a utilization management process, including a uniform assessment
- Ensuring the use of Medicaid funded services whenever they are “available and appropriate.”

## Data Collection and Reporting

- Reporting to the OCS on programmatic and fiscal operations and recommendations for system improvement, including but not limited to: Collecting and providing uniform data to the OCS (this requirement is met by submission of the Local Expenditure and Data Reimbursement System files according to the established schedule).
- Submitting to the Department of Behavioral Health and Developmental Services information on children and youth for whom an admission to an acute care psychiatric or residential treatment facility could not be obtained. Instructions for such reporting can be found on the *DBHDS website* (select the “Forms” tab)
- Providing information on utilization of residential treatment facilities and length of stay in such facilities (this requirement is met by submission of the child specific data set and pool fund expenditure data)
- Providing client-specific information from the mandatory uniform assessment (this requirement is met by the entering of child-specific CANS assessment information into the *CANVaS website* and database)
- Annually reporting to the OCS on the gaps in services necessary to keep children in the community, as well as barriers to the development of these services

## Membership and Officers

The local governing body shall appoint the community policy and management team, which shall include at a minimum i) one elected official from the governing body or its designee; ii) the local agency heads or their designees from the Department of Social Services, the Public School Division, Region Ten Community Services Board, the Sixteenth Judicial Circuit Juvenile Court Service Unit, the Thomas Jefferson Health District, and Community Attention (City of Charlottesville only); iii) a representative of a private organization or association of providers for children’s or family services located within the locality; iv) a parent representative; v) a representative from Program Subcommittee; and vi) the locality’s CSA Coordinator. The local governing body may appoint other members including, but not limited to, a local government official, a local law-enforcement official, and representatives of other public agencies.

A Chairman will be elected from each CPMT annually. The Chairman will serve a one year renewable term from July 1 to June 30.

Representatives of public agencies serve for the duration of their employment or until replaced by a different representative. The private service provider representative and the parent representative serve a three year term, commencing from the date of appointment, or until replaced by a different representative. The parent representative may be appointed to one additional three year term.

## Procedures for Conducting Business

The CPMT will meet monthly. The Charlottesville CPMT and the Albemarle CPMT are scheduled to meet jointly on the third Wednesday of each month at the Albemarle County Office Building located at 401 McIntire Road,

Charlottesville at 3:30 p.m. Meetings will be held unless the present Chair determines there is no need for a meeting. If a meeting is cancelled, the Chair will send out a notice of cancellation prior to the scheduled meeting. Meetings will be open to the public except when specific information is discussed which is confidential by law in accordance with FOIA and other regulations.

The Chair of the joint meetings of the Charlottesville CPMT and Albemarle CPMT will rotate between the current Charlottesville CPMT chair and the current Albemarle CPMT chair. (July through December and January through June.)

In the event of the Chair's absence, the Chair of the other locality will chair the meeting.

The note taking responsibilities for the joint CPMT meetings and the Program Sub-Committee meetings will be shared between the localities.

Any member of either CPMT not able to attend a meeting should send a designee or notify the Chair prior to the meeting so that quorums may be determined. A quorum for each CPMT must be established at each meeting and is defined as a majority of the voting members currently appointed and serving on the CPMT or their designee.

Except as otherwise provided by its policies and procedures, business of the CPMT will be conducted according to Robert's Rules of Order Newly Revised.

Appointed members of the CPMT or their designees may vote on matters before the CPMT. Decisions will be made by majority vote of members present. The CSA Coordinator for each locality is not given a vote.

## **Program Subcommittee**

### Purpose

The CPMTs established a Program Subcommittee, which serves as the lead committee to monitor the implementation of CSA services and identify service needs and resource gaps. The subcommittee will provide regular ongoing information and updates to the CPMT and to other stakeholders as necessary. The subcommittee will make recommendations to the CPMT regarding those decisions/actions that have potentially broad or significant impact for the system, for the local governments or for CPMT agency members. The subcommittee will lend expertise and seek consultation with others as needed.

### Charge

The CPMT has charged Program Subcommittee with the following:

1. Develop a system to obtain feedback from stakeholders about service and resource gaps on an ongoing basis
2. Provide analysis on the gaps identified, prioritize the gaps and develop a plan to address the gaps
3. Ensure that the FAPT process is in keeping with the expectations of the OCS Family Engagement Policy
4. Oversee the implementation of the Family Engagement and Community Practice models as outlined in the OCS and CPMT policy including development and deployment of related training
5. Obtain regular feedback regarding the work of partner agencies to ensure family-driven and strengths based practices are in place
6. Charge ad-hoc work groups as necessary to further the work of the committee

### Membership and Officers

Members of the Program Subcommittee include representatives of each jurisdiction's Department of Social Services and Public Schools, the Region Ten Community Services Board, and the Sixteenth District Juvenile Court Services Unit, and the CPMT Private Provider Representative or their designee. Membership also includes the Charlottesville City FAPT Chair, Albemarle County FAPT Chair, Community Attention Representative, Parent Representative, and

CSA Coordinators from both Charlottesville and Albemarle. Committee members will designate a back up to ensure full representation of partner agencies at each meeting. The Program Subcommittee will select a Chair from its membership to serve a one year renewable term from July 1 to June 30.

## **Family Assessment and Planning Team (FAPT)**

The CPMT has established a Family Assessment and Planning Team to serve each respective locality. Teams meet on a weekly basis to staff cases.

### Purpose

The family assessment and planning teams, in accordance with the Code of Virginia, § 2.2-2648, shall ensure the Child Specific Team\* assesses the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet those needs.

\*The Charlottesville and Albemarle CSA programs are predicated on the use of Child Specific Teams that meet to discuss service planning and progress for a youth and/or family. These teams consist of the youth, family members, natural supports, agency case manager, community agency members, service providers, guardian ad litem, etc. The composition of the child specific team may vary from youth to youth.

Every such family and assessment planning team, in accordance with policies developed by the community policy and management team, shall:

1. Review referrals of youths and families to the team;
2. Provide for family participation in all aspects of assessment, planning and implementation of services;
3. Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the family assessment and planning team in its deliberations;
4. Ensure the Child Specific Team\* develops an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services;
5. Identify children who are at risk of entering, or are placed in, residential care through the Children's Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the community policy and management team developed pursuant to subdivision 17 of § 2.2-5206, the family assessment and planning team or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;
6. Authorize on behalf of the community policy and management team expenditures from the local allocation of the state pool of funds; and
7. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies.



## Charge

The CPMT has additionally charged the FAPT as follows:

The Family Assessment and Planning Team will review service plans for eligible youth and families and review cases funded by the Children's Services Act to ensure the Child Specific Team determines progress, prepares transition plans, and adjusts services as needed. Specifically:

1. Facilitate and ensure compliance with state and local mandates and policies;
2. Approve funding requests on behalf of the CPMT;
3. In collaboration with Utilization Review staff and CSA Coordinator, monitor and periodically review other cases based on identified need;
4. Identify systems issues for CSA Coordinator;
5. Identify service and resource gaps to report to Program Subcommittee;
6. Receive information on CSA fiscal and program status to inform service decisions and funding recommendations;
7. Review case referral documents for content and appropriateness of services as presented by the FAPT presenters.

## Duties

In collaboration with the family, the FAPT shall ensure the Child Specific Team\*:

1. identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument (CANS),
2. identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths,
3. implement a plan for returning the youth to his home, relative's home, family like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and
4. provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;" [COV § 2.2-5208 \(5\)](#)

## Membership and Officers

Members of the FAPT include a representative of the following partner agencies: Department of Social Services, Public Schools, Region Ten Community Services Board, and Sixteenth District Juvenile Court Services Unit. Membership also includes a Community Attention Representative, Private Provider Representative, Parent Representative, and CSA Coordinator from the respective locality. Partner agencies will designate a back up to ensure full representation at each meeting. The FAPT will elect a Chair from its membership to serve a one year renewable term from July 1 to June 30. Based on the funding authority role vested in the FAPT by the CPMT, partner agency representatives on FAPT should be supervisory or senior level staff.

Representatives of public agencies serve for the duration of their employment or until replaced by a different representative. The private service provider representative serves a non-renewable two year term based on a fiscal year schedule (i.e. term years begin 7/1 and end 6/30). The term may be extended by up to one year if the private service provider representative(s) and CPMT are in agreement to the extension. Two alternating private provider representatives may serve during the same term. These alternating representatives may or may not represent the same agency. A private provider representative is eligible to serve a subsequent term on FAPT provided there is a minimum two year break in their representation (term limit applies to agency and not individual). Private provider representatives on FAPT will be disqualified from voting on any funding decision involving the services of their agency. Private service provider representatives on FAPT should be supervisory or senior level staff. Parent representatives serve a one year renewable term and are appointed to the FAPT by the Program Subcommittee. Whenever possible, the parent representative will be a parent or legal guardian whose child has previously received CSA funded services and supports through the FAPT process. However, a parent or legal guardian whose child is currently active with CSA would not be eligible to serve as a parent representative during that time.

## Procedures for Conducting Business

The FAPT will meet weekly. The CPMT has permitted FAPT to conduct virtual meetings. Efforts must be taken by all members to ensure confidentiality. Virtual meetings will require a password for entry and the CSA Coordinator or designee will serve as host who will be responsible for participant admission into the meeting. If meeting virtually, signatures will be obtained electronically for FAPT members. If unable to obtain electronic signatures, verbal consent will be documented in the IFSP signature page. In the event a partner agency FAPT representative is unable to be present, the FAPT members will decide on a case by case basis if the staffing of a particular case can proceed or needs to be rescheduled.

## **Records Management**

The CPMT maintains policies and procedures for management of the Individual Family Service Plans and other documentation consistent with minimum state and federal requirements. The original CSA documents are maintained in the agency file. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia (LVA) is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency.

Duplicate CSA documents are maintained in the CSA record. These records will follow the 3 year retention schedule in accordance with the LVA Records Retention and Disposition Schedule GS-15 identified as "Comprehensive Services Records, Series Number 000174 on page 5 of 7". This information can be found at the following website:

<http://www.lva.virginia.gov/agencies/records/retention.asp>

The CPMT adheres to requirements of the Family Education Rights and Privacy Act and the Code of Virginia regarding education records. Education records are broadly defined as all records maintained by the education agency.

## **Use of CSA Pool Funds**

"There is established a state pool of funds to be allocated to Community Policy and Management Teams in accordance with the appropriation act and appropriate state regulations. These funds, as made available by the General Assembly, shall be expended for public or private nonresidential or residential services for troubled youths and families." [COV § 2.2-5211 A.](#)

## **Eligible Populations**

"In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the community policy and management team to have access to these funds." [COV § 2.2-5212 A.](#)

1. "The child or youth has emotional or behavior problems that:"
  - a. "Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;"
  - b. "Are significantly disabling and are present in several community settings such as at home, in school or with peers; and"
  - c. "Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies."

2. "The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies."
3. "The child or youth requires placement for purposes of special education in approved private school educational programs."

"Wrap Around Services for Students with Disabilities" (*Adopted January 10, 2011*) SEC Policy 4.1.3

The special education mandate cited in COV§ 2.2-5211(B)(1) may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

4. " The child or youth requires foster care services as defined in [COV§ 63.2-905](#)

"For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services." [COV § 2.2-5212 B.](#)

### **Targeted and Mandated Service Populations**

1. "Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;"
2. "Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;"
3. Children who have been entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900;](#)"
4. Children who are abused or neglected as defined in [§ 63.2-100](#), for whom foster care services (e.g. full range of casework, treatment and community services, including but not limited to independent living services) are being provided to prevent foster care placements
5. Children meeting the eligibility criteria for foster care prevention services as assessed by the respective DSS agency.
6. Children in need of services as defined in [§ 16.1-228](#) who have been identified as needing services to prevent or eliminate the need for foster care placements

\*\*Unless the Court has made a CHINS Services finding, the FAPT must complete the required CHINS eligibility checklist to determine all CSA eligibility criteria have been met prior to authorization of funding. This form can be found at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under Forms & Additional Information. The parent/guardian of the youth must be present (either in person or via telephone) during the FAPT staffing.

7. Children in need of services as defined in [§16.1-228](#) who have been placed through an agreement between the parents or legal guardians and the local department of social services or the public agency designated by the CPMT where legal custody remains with the parents or guardians.

8. "Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](#), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of [§ 16.1-284.1](#)"
9. "Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance [§ 66-14](#) ." [COV § 2.2-5211 B](#).

## Services to Youth over 18

### Independent Living Services

Youth in foster care placement as of their 18th birthday are eligible for one of two types of foster care services; Independent Living Services or Fostering Futures. The introduction of the Fostering Futures program created two populations, or cohorts, of youth ages 18-21. Foster youth who attained age 18 prior to July 1, 2016 are eligible for continued Independent Living Services. Foster youth who attain age 18 after July 1, 2016 are eligible for Fostering Futures.

There are no changes for those foster youth 18-21 receiving IL services prior to July 1, 2016. These independent living services, including the stipend (\$644/month), supervised living arrangements, and a variety of other services to assist the youth in attaining self-sufficiency will continue to be provided to the youth as determined by the local department of social services, the youth and the FAPT/CPMT. There are two special provisions for these youth who were in foster care to "return" in order to receive independent living services. Those provisions are:

- youth that are in foster care at the time of their 18th birthday and leave care may "opt-back-in" within 60 days to receive independent living services; and
- the second exception pertains to children who were in foster care, but then committed to the Department of Juvenile Justice. Youth that turn 18 while under commitment to DJJ, are eligible for independent living services when they are released as if they had never left foster care. As described in [§63.2-905.1](#), these youth must enter into an agreement with the local department of social services.

The range of allowable (and non-allowable) independent living services is specifically defined by VDSS. For more information about these services please refer to the *Virginia Department of Social Services Foster Care Manual*

Youth in foster care placement who turn 18 years of age on or after July 1, 2016 may remain in foster care placement and continue to receive foster care services if appropriate (e.g., treatment foster care case management) under Fostering Futures. The youth must sign a voluntary entrustment agreement which is approved by the court and must meet at least one of five criteria regarding attaining self-sufficiency. As this is considered a new foster care episode, the youth's eligibility for IV-E must be re-determined based on the youth's income.

If the youth remains in a foster home placement, the foster parent continues to receive maintenance payments (basic and enhanced, if determined appropriate by the VEMAT) and the youth is considered to be "in" foster care. However, the youth may also select another living arrangement and receive the basic maintenance payment directly. Youth served under Fostering Futures may not be placed or reside in group homes or residential treatment facilities.

Youth who are committed to DJJ who attain age 18 on or after July 1, 2016 are eligible for Fostering Futures.

All youth receiving Independent Living services and youth eligible for Fostering Futures are eligible and "mandated" for CSA.

For more details, including specific exceptions (e.g., youth who turn 18 prior to July 1, but will graduate before his or her 19th birthday) regarding the implementation of Fostering Futures and the continuing provision of Independent Living services, please see the *Virginia Department of Social Services Foster Care Policy Manual*.

### Foster Care – DSS Non-custodial Agreement:

A non-custodial foster care agreement may extend beyond a child's 18th birthday with the consent of all parties in keeping with the child's needs and with the family and youth's cooperation to continuing services and placement.

### Special Education:

Consistent with a student's eligibility for special education services under IDEA, CSA is responsible for funding private school special education services specified in the IEP for a student who has not reached his/her 22<sup>nd</sup> birthday on or before September 30 of the school year. A child with a disability whose 22<sup>nd</sup> birthday is after September 30 remains eligible for the remainder of the school year.

Commonwealth of Virginia special education regulation requires the provision of special education services for children with disabilities ages two to 21 inclusive (this means that a child with a disability whose 22<sup>nd</sup> birthday is after September 30 remains eligible for educational services for the remainder of the school year).

### Child in Need of Services (CHINS) – CSA Parental Agreement:

Services provided to a "child in need of services" provided either in the community or to a child placed through a CSA parental agreement in a treatment program may not extend past the youth's 18th birthday. There is no statutory provision to continue these services.

### Foster Care Prevention (Abuse/Neglect or CHINS):

Services may not extend past the youth's 18<sup>th</sup> birthday.

### Non-Mandated:

Although the Department of Juvenile Justice may retain legal jurisdiction over certain youth through the age of 21, it is important to note that unless other CSA criteria (i.e., special education or foster care services) are met that allow for the youth to be served beyond their 18th birthday, eligibility for state pool funding ends on the youth's 18th birthday. CSA practitioners should be aware of the requirements of §16.1-293 that children in the custody of the local department of social services immediately prior to their commitment to DJJ and who have not yet turned 18 years of age shall have the local DSS resume custody upon the child's release from DJJ.

## **Parental Contribution to Cost of Services**

A guiding principle of the Charlottesville and Albemarle CPMT is that parents will be actively involved in the planning and delivery of services for their children. This involvement includes participating financially where appropriate.

The Code of Virginia, [§ 2.2-5206](#), authorizes the CPMT to "assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay."

In accordance, the CPMT adopted (1/19/2011; updated 3/21/2018) the following policy as to a required parental contribution associated with services using the Children's Services Act (CSA) funding:

1. Parents of children receiving educational services contained on an Individualized Education Plan (IEP) are exempt from parental contribution requirements for those IEP services according to the Individuals with Disabilities Education Act (IDEA), 20 USC 1400 et seq.
2. Parents of children in Department of Social Services (DSS) custody, or in non-custodial foster care, are to be referred for assessment and collection to the state's Division of Child Support Enforcement (DCSE) pursuant to Department of Social Services procedures and Code of Virginia [§ 20-108.2](#).

3. **Effective 1/19/22, this provision has been temporarily suspended by CPMT for past and future cases.** Parents of children placed in out-of-home care through a parental placement agreement will be referred for assessment and collection to the state's Division of Child Support Enforcement pursuant to Code of Virginia [§ 20-108.2](#) as a DCSE eligible "non-assisted" case. This includes children placed in out-of-home care through a parental placement agreement as a CSA mandated Child in Need of Services (CHINS); and court involved children placed in out-of-home care by the Court Services Unit (CSU) through non-mandated CSA funding under the targeted population definition. (Exception: Short term parental placements for assessment and diagnostic purposes with a duration of less than 90 days will not be referred to DCSE.)
4. Parents of children receiving *exclusively community-based* services are exempt from parental contribution requirements.

("Parent" is defined as biological, adoptive parent or legal parent.)

It is the responsibility of the case manager to inform parents of the financial contribution requirement, if applicable. DSS is responsible for completing the referral application to DCSE for children in custodial foster care and non-custodial foster care pursuant to state Foster Care policy. The CSA Coordinator is responsible for completing the referral application to DCSE for children placed in out-of-home care through a parental placement agreement.

The following procedures relate to the referral process to DCSE for children placed in out-of-home care through a parental placement agreement.

1. The CSA Coordinator will complete the DCSE referral application(s) at the time the parental placement agreement is signed by the parent(s). A separate DCSE application is required for each parent.
2. A DCSE application will be completed on all parents regardless of their income status; however, DCSE will not pursue support from parents receiving SSI, TANF, or parents who are incarcerated. DCSE will establish paternity as needed on these cases, but will not pursue support unless there is an applicable change in their status (e.g. parent no longer eligible for TANF).
3. The original application for each parent will be forwarded to the regional DCSE office and a copy retained in the CSA record.
4. For those cases in which a support order is not already established, DCSE will refer the parents to the respective jurisdiction's Juvenile & Domestic Relations Court in order for the Judge to determine the amount of the support obligation. The support enforcement begins as determined by the Judge and can be ordered back to the date the DCSE petition was filed. The parent has the opportunity to appeal the Judge's decision to Circuit Court within 10 days of the court hearing. For those cases in which a support order is already established, DCSE will redirect the support to CSA and will refer the case to Court for the Judge to change the payee designation. The judge has the ability to change the support amount at that time.
5. All child support funds collected by DCSE will be sent to the respective local DSS agency serving in the capacity as CSA fiscal agent, and all funds received will be processed as a refund to CSA to help offset the child's placement costs to the locality.
6. When the child is discharged from the CSA funded parental agreement placement, the CSA Coordinator will notify DCSE in writing of the discharge date and request termination of the parental support obligation as of that date.

## Parental Placement Agreements

CSA Parental Agreements are made between an agency designated by the FAPT/CPMT, **other than the local department of social services**, and a parent or guardian who retains legal custody. The child is placed outside of the home for behavioral health treatment with a local public agency providing case management services. A formal agreement is needed with the parent to make such a placement, as well as prior FAPT/CPMT approval. The purpose of the agreement is to provide mental health treatment for a child with emotional/behavioral disorders when all other avenues or resources have been exhausted.

### All of the following conditions/requirements must apply:

- A formal agreement outlining expectations must be signed;

- Only out-of-home **treatment** placements are appropriate (residential, group home or TFC);
- The child is under the age of 18;
- The agreement is voluntary;
- Either party may terminate the agreement with notice as stated in the agreement;
- **It is not** used in cases where abuse or neglect has occurred or is an issue;
- all CSA requirements such as screening for Medicaid eligibility, full participation in the required IACCT process once Medicaid eligibility is established, FAPT review, administration of the CANS and utilization management/utilization review must be met;
- The parent retains legal custody;
- The parent is required to be involved in planning and treatment; and
- The plan is to return the child home as soon as appropriate.

### Appeal Process

If the parent(s) and/or guardian entering into a parental placement agreement disagree with the decision of the Agency to terminate a parental placement agreement, the parent has a right to appeal this decision by submitting a written request to CPMT through the following process:

1. The written request must be submitted to the Agency and/or the CSA Coordinator within 10 days of the Agency's written notice of the planned termination of the agreement;
2. A FAPT will be scheduled within 14 days to review the requested appeal;
3. If the parent(s) disagree with the decision of the FAPT, the parent(s) have the right to request a further review by the CPMT at the conclusion of the FAPT meeting;
4. The CPMT will hold its review within 45 days of the FAPT decision. The CPMT may uphold or alter the FAPT decision, and will provide a response in writing within 10 days of its review. The parental agreement will not be terminated prior to the final decision by the CPMT.

### **Case Transfers Across Jurisdictions**

In the event that the child/family's legal residence changes, the following policy should govern payment for services:

The former Community Policy and Management Team jurisdiction is responsible for (a) providing written notification to the new Community Policy and Management Team jurisdiction of the fact that the child/family's residence has changed and (b) forwarding child's/family's Individual Family Service Plan and other Family Assessment and Planning Team documents to the new Community Policy and Management Team jurisdiction; and (c) informing service providers of changes in the child/family's residence.

The former Community Policy and Management Team jurisdiction pays for services until 30 calendar days after the new Community Policy and Management Team receives written notification of the child/family's residence in the new Community Policy and Management Team locality.

When the residence of the child/family transfers to a new Community Policy and Management Team jurisdiction, the receiving Community Policy and Management Team jurisdiction must review the current Individual Family Service Plan and adopt or revise and implement within 30 calendar days.

### **Independent Assessment, Care, and Coordination Team (IACCT) Process**

(approved 6/21/17) The Independent Assessment, Care, and Coordination Team (IACCT) will determine if a Medicaid-eligible child meets medical necessity criteria and issue the Certificate of Need required for Medicaid funding of residential Level C and Level B group home placements.

**PLEASE NOTE: Locally established policies and procedures regarding FAPT requirements remain in effect.**

## Children in the Custody of a Local Department of Social Services (LDSS)

### *Non-Emergency Placements*

If Medicaid is already established, the case manager is responsible for making a referral to the IACCT and participating in the IACCT process. If the FAPT and the IACCT both result in a recommendation and approval of the placement, the IACCT will issue the Certificate of Need (CON) and the services will be funded through Medicaid and CSA (as applicable). If the IACCT recommends a placement and issues a CON but FAPT does not approve the placement, no CSA funds may be used.

If Medicaid eligibility has not been established or is suspended, the case manager is responsible for making a referral to the IACCT and participating in the IACCT process once Medicaid eligibility is established. The FAPT may authorize the placement pending Medicaid eligibility determination or reinstatement. Eligibility is retroactive to the date of LDSS custody or reinstatement.

If FAPT approves the placement but the IACCT does not (for either initial placement or reauthorization), the case manager should request a FAPT staffing for the next available FAPT date. The case manager should work with the IACCT and Magellan to determine and arrange for appropriate services to meet the child's needs and an alternative to residential placement should be implemented as soon as practicable. CSA is responsible to cover the full cost of placement while an alternative placement is being explored.

If a child in foster care is ordered by the court to be placed in a residential treatment facility (Level B or Level C), the CSA shall cover the full cost of the placement in accordance with the court order, even if the IACCT does not authorize the placement.

### *Emergency Placements*

For emergency placement, the Certificate of Need shall be completed by the placement provider within 14 days of admission and submitted to Magellan. The case manager should work with the placement provider and is responsible for completing a referral to the IACCT within 5 business days of admission.

After FAPT review and approval (within 14 days), the placement is no longer considered an emergency and the above guidelines regarding Non-Emergency placement apply.

If the child is placed in a Non-Medicaid facility, CSA is responsible for the full cost of placement and IACCT is not required. Documentation regarding the use of a Non-Medicaid facility is required for CSA purposes.

### Students with Education Disabilities Placed Pursuant to an IEP

If Medicaid is already established, the parents/legal guardian should be asked to make a self-referral to the local IACCT. The IEP placement is not dependent on the parents/legal guardian completing the IACCT process, as the student is entitled to a Free and Appropriate Public Education (FAPE).

If the parents/legal guardian makes a self-referral and the IACCT process results in an approval of the placement, CSA is responsible for the educational costs and Medicaid covers the treatment services. If at any time authorization is discontinued, CSA becomes fully responsible for the cost of placement.

If the parents/legal guardian declines to refer to IACCT or the IACCT results in a denial of the placement, CSA shall be fully responsible for the cost of the educational placement.

If the child is placed in a Non-Medicaid facility, CSA is responsible for the full cost of placement and IACCT is not required. Documentation regarding the use of a Non-Medicaid facility is required for CSA purposes.



## Child in Need of Services/CSA Parental Agreement and Non-Mandated Children

The parents/legal guardian should make a self-referral to the local IACCT and will be expected to fully cooperate with the required IACCT process once Medicaid eligibility is established (per the signed CSA Parental Agreement).

If the parents/legal guardian makes a self-referral and the IACCT process results in an approval of the placement, CSA is responsible for the educational costs (and Room and Board if Level B) and Medicaid covers the treatment services (including Room and Board if Level C).

If the parent/legal guardian declines to participate in the IACCT process, the case manager should request a FAPT staffing for the next available FAPT date to discuss alternatives including possible termination of placement/services, as outlined in the CSA Parental Agreement.

If FAPT approves the placement but the IACCT does not (for either initial placement or reauthorization), the case manager should request a FAPT staffing for the next available FAPT date. The case manager should work with the IACCT and Magellan to determine and arrange for appropriate services to meet the child's needs and an alternative to residential placement should be implemented as soon as practicable. CSA is responsible to cover the full allowable cost of placement while an alternative plan is being explored.

If a child is determined to be a CHINS via a court finding and the court order is for residential treatment, the CSA shall cover the full cost of the placement in accordance with the court order, even if the IACCT does not authorize the placement.

If the child is placed in a Non-Medicaid facility, CSA is responsible for the full cost of placement and IACCT is not required. Documentation regarding the use of a Non-Medicaid facility is required for CSA purposes.

### Medicaid-Eligible Children Referred Directly to IACCT

If a parent/legal guardian makes a referral to the IACCT, the local CSA office will be notified with the parent/legal guardian's consent. CSA eligibility and service planning will proceed according to local policies.

### Additional Considerations

Under circumstances in which the parent/legal guardian wishes to receive residential treatment in a facility not under contract with the locality, CSA is not obligated to fund the non-Medicaid covered components of the program. Parents opting to place their children in facilities not under contract with the local CSA program may be responsible for the non-Medicaid covered components of the placement.

A Child and Adolescent Needs and Strengths (CANS) assessment is required for any child accessing residential treatment through Medicaid or CSA. The CANS should be completed as follows:

- If the child is already known to the CSA system, the CANS should be completed by the CSA case manager.
- If the child is NOT already known to the CSA system, the CANS should be completed by IACCT clinician.

Please refer to Appendix: Additional Policy and Procedure Information for more information regarding the IACCT referral process.

## **Use of State Pool Funds for Community-Based Behavioral Health Services**

(Adopted by CPMT 10/16/13) This policy applies to the use of Pool Funds for community-based behavioral health services regulated by the Department of Medical Assistance Services. This policy and these guidelines apply exclusively to the following services: Intensive In-Home, Mental Health Skillbuilding, and Therapeutic Day Treatment. (refer to [http://www.csa.virginia.gov/html/13\\_08\\_Memo.pdf](http://www.csa.virginia.gov/html/13_08_Memo.pdf))

## Medicaid-eligible children and youth

“State Pool funds shall not be used to purchase community-based behavioral health services for a Medicaid-eligible client.” The policy recognizes two circumstances under which the use of Medicaid funds may not be possible or appropriate:

- A. Medicaid services are unavailable.
  - 1. The policy defines “unavailable” to mean:
    - a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or
    - b) there is a waiting list that prevents the delivery of services within a reasonable time frame.
  - 2. The policy allows the community policy and management team (CPMT) to request an exception to the policy through the Office of Children’s Services when a Medicaid-enrolled provider is not available.
- B. Medicaid funded services are inappropriate for meeting the needs of the child.

The term “inappropriate for meeting the needs of a child” means: a community-based behavioral health Medicaid funded service (i.e., Intensive In-Home, Mental Health Skillbuilding, Therapeutic Day Treatment) is not appropriate to meet the presenting needs,; or the needs are related to family dysfunction, child or public safety, or special education. The policy does not prohibit the locality from providing services that are appropriate to meet the presenting needs of the child. Such services would be services other than Intensive In-Home, Mental Health Skillbuilding, or Therapeutic Day Treatment.

## Children and youth not eligible for Medicaid

The FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided:

*Intensive In-Home:* IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. *Home is defined as the family residence and includes a child living with natural parents, relatives, or a legal guardian, or the family residence of the child’s permanent or temporary foster care or pre-adoption placement. Children receiving Treatment Foster Care Case Management are not eligible for IIH services.* These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response.

*Mental Health Skillbuilding Services:* Mental Health Skillbuilding (MHSS) is a training service for individuals with significant mental illness. The service is designed to train individuals in functional skills and appropriate behavior related to the individual’s health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. MHSS is intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

*Therapeutic Day Treatment:* Covered services for Children/Adolescents under age 21 are a combination of therapeutic interventions combined with evaluation, medication education and management, opportunities to learn and use daily skills to enhance social and interpersonal skills (e.g. problem solving, anger management, community responsibility, increased impulse control, and appropriate peer relations) and individual, group, and family psychotherapy offered in programs of two or more hours per day with children and adolescents.

More detailed information regarding service criteria can be found here: [http://www.dmas.virginia.gov/Content\\_pgs/obh-home.aspx](http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx)

## **Local approval process for children and youth not eligible for Medicaid:**

The licensed mental health professional (LMHP) on the FAPT must determine there is sufficient evidence and documentation to approve the specified community behavioral health service(s). The LMHP FAPT member must complete the Community Based Behavioral Health Services Appropriateness Determination form and identify their licensure when signing the form which will then be appended to the IFSP. The approval must also be explicitly stated in the FAPT notes on the IFSP signature page. The approving LMHP cannot be a supervisor of or the provider of the service(s) for which approval is given.

## **Fiscal Procedures/Fiscal Authorization**

### **Fiscal Agent and Legal Counsel**

The Charlottesville Department of Social Services serves as the fiscal agent for the Charlottesville CPMT, and the Albemarle County Department of Social Services serves as the fiscal agent for the Albemarle CPMT. The Charlottesville City Attorney's Office serves as general legal counsel to the Charlottesville CPMT, and the Albemarle County Attorney's Office serves as legal counsel to the Albemarle CPMT.

### **Pool Allocation Plan**

The CPMT will establish an annual plan for allocating the CPMT's State funding Pool dollars as determined by allocation amounts from the Office of Children's Services. Pool Allocation Plans will be approved by the CPMT, separately for the City of Charlottesville and Albemarle County. Each locality will estimate the cost of mandated services and the availability of pool funds in conjunction with the local governments' annual budget process, for the purpose of requesting sufficient local matching funds. The plans will document amounts to reserve for legally mandated services in foster care and special education, and for services to non-mandated target population cases, if applicable. Any remaining funds in the allocation will be designated for other eligible services.

### **Management of Interagency Budget**

Interagency funding sources for services to children under the CSA, including (but not necessarily limited to) State Pool funds, will be administered by the fiscal agent for each CPMT. Expenditures of funds will be planned, authorized, and monitored by the CPMTs to ensure appropriate and effective use of resources. Expenditures and cost projections will be reviewed at least quarterly. Funds allocation plans will be adjusted as indicated (by reallocating funds within budgets or by requesting supplemental allocations if funds for mandated services are insufficient). Mid-year changes to budgets will be approved by the CPMT in the same manner as the original plans.

### **Funding Authorization**

No expenditures of State Pool funds will be made without advance authorization by the CPMT, the FAPT as designated by the CPMT and/or an individual CPMT member/designee empowered to act on behalf of the entire CPMT under these policies.

The FAPT is authorized to approve all child specific CSA funding on behalf of the CPMT.

In compliance with COV § 2.2- 5209, all CSA funding requests must be referred to the Family Assessment and Planning Team (FAPT) except for foster care maintenance only and routine foster care expenditures as specified in local policy. The requirements set forth for the initial FAPT review and subsequent FAPT review frequency must be met for a child and family to be eligible to receive CSA funding. (Note: The FAPT is authorized to approve cases virtually or email when necessary (e.g. due to inclement weather, holidays, need for expedited approval, etc.).

***Special provision for Foster Care routine expenses (Non-maintenance):*** FAPT is authorized to grant ongoing approval through the foster child's initial IFSP for certain *routine* foster care expenses as specified below. Authorization will be

contingent on a determination by DSS documenting that no other funding source is available or appropriate to meet the identified need.

These routine foster care expenses include:

- Transportation for a foster child related to the child’s foster care plan and/or IFSP not already included under maintenance
- Emergency/unanticipated one-time transportation for a foster child’s parent/relative/caregiver related to requirements under the foster care service plan
- Medical/dental and related expenses not covered by Medicaid (excluding behavioral health services)
- Respite care for the foster child as stipulated in VDSS policy (only if state respite care funds are not available)
- Family Partnership meeting facilitation as stipulated in local CSA policy
- Translation/interpretation services (only if DSS resources are not available)
- Payment for expert witness court testimony (only if the GAL subpoenas the witness and there is a copy of the subpoena request form attached to the bill)
- IL Stipend

Following the initial FAPT review, subsequent reviews for a particular case may be scheduled more frequently than required at the discretion of the FAPT. A FAPT review can also be requested by an agency case manager at any time before or after a scheduled review, depending on the individual case needs. It is also expected that child specific teams will help support ongoing service planning needs prior to and in between the scheduled FAPT reviews.

Following authorization, payment processing for case-specific services will be managed by the respective fiscal agent for each locality. Purchase order authorization dates cannot exceed the FAPT authorization period (as reflected on a FAPT approved IFSP or IFSP Addendum). Note: Purchase orders cannot be issued for CSA funding to guarantee any of the costs to be covered by Medicaid/EPSTDT (Exception: SPED residential and private day placements).

Each locality will report its own expenditures directly to the state for reimbursement.

**Please refer to the Appendix: “Additional Policy and Procedure Information” for more detailed information regarding FAPT review requirements and fiscal authorization procedures.**

### **Alternative Funding Sources**

#### Other Offsetting Funds

It is the responsibility of the case managing agency to identify and apply for other sources of funding to pay for services. Medicaid and IV-E funds are used whenever available and therapeutically appropriate. Payments from other funding sources, such as Social Security, SSI, and Veteran's Benefits, will be established for the benefit of the child and all payments received will be treated as refunds for services and credited to the CSA State Pool. Any child who is in the custody of the Department of Social Services and whose payments exceed the cost of services will have a special account established in his name and administered as provided by Social Services policy.

#### Grant Funding Proposals

The CPMT may consider and develop proposals for grants to develop and enhance needed services for children and families.

#### Contractual Agreements

The CPMT has been authorized by the Charlottesville City Council and Albemarle County Board of Supervisors to enter into contracts to accomplish the purposes of the Children’s Services Act, with the approval of the City Manager and County Executive. The CPMT will follow Procurement Act requirements in contracting for services, and will encourage the development of public-private partnerships.

### **Established Rates for Services**

Case Conferencing (Community Based Service Providers) (Updated and approved by CPMT 3/20/19; 3/16/22)

**Description: Case Conferencing** differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers and, if possible and appropriate, the client and family members/close supports. Case conferences can be used to identify or clarify issues regarding a client or collateral's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans. Case conferences may be face-to-face or by phone/videoconference, held at routine intervals or during significant change. Case conferences are documented in the client's record. Participation in child specific treatment team meetings, family partnership meetings, and/or service planning meetings are examples of case conferencing.

Payment for Case Conferencing: Case conferencing time will be paid at the provider's hourly service rate unless the service rate exceeds \$75/hour. Maximum hourly rate for case conferencing is \$75/hour. Billable hours are limited to actual time spent in case conferencing. Allowable billing for case conferencing cannot include travel time, report writing, and/or time spent in routine case coordination. Case conferencing must be reflected as a discreet service on the provider's rate sheet.

#### Community-Based Behavioral Health Services (approved by CPMT 10/17/18)

Effective October 17, 2018, Charlottesville and Albemarle will pay up to the Medicaid allowable rate for Community-Based Behavioral Health Services (i.e. Intensive In-Home Services, Mental Health Skill-Building Services, Therapeutic Day Treatment) for children or youth not Medicaid eligible who meet the criteria established by DMAS regulations for these specific community-based behavioral health services. The FAPT shall maintain documentation that the child or youth meets the criteria. This rate must be reflected on the provider's rate sheet.

#### FPM Facilitation Services (approved by CPMT 7/16/14 – Albemarle only)

The maximum allowable rate for FPM facilitation is \$250 per FPM meeting. Authorization of CSA funding is on a child specific basis. For CSA mandated FC Prevention cases for which the FPM is initiated to prevent removal, the use of CSA funding for this purpose can be authorized through the Emergency Services request process. (If the FPM occurs during the first 5 days following removal, the FPM facilitation cost can be incorporated into the initial IFSP as part of the Emergency Placement authorization process.)

## **Intensive Care Coordination**

The Charlottesville/Albemarle CPMT endorses the provision of Intensive Care Coordination (ICC) to support the goal of serving our youth in their homes and communities. The purpose of ICC is to maintain the youth in, or transition the youth to, a family-based or community based setting, with the use of residential placement only when clinically necessary, and then for as short a time as needed. In our locality, the ICC utilizes the High Fidelity Wraparound Model, an evidence informed practice to achieve those goals. The HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. The facilitator (ICC) assists the youth and family in developing their "team" which works together to identify the family's vision, goals, and needs and then develops specific measurable plans to accomplish those outcomes, making certain to honor the family culture. The HFW model follows a series of four stages (engagement, planning, implementation and transition) with associated activities and hallmarks.

The target population for ICC are youth in out of home and community placements and those at high-risk of out of home placement. Youth placed in psychiatric residential treatment can begin receiving ICC to support transition planning beginning three months prior to discharge. Requests for purchase of Intensive Care Coordination are made through the FAPT funding approval process.

## **Utilization Management**

“The Community and Policy Management Team shall... Review and analyze data in management reports provided by the Office of Children’s Services for At-Risk Youth and Families in accordance with subdivision D 18 of [§ 2.2-2648](#) to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children’s Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;” [COV § 2.2-5206 \(13\)](#)

"...the Family Assessment and Planning Team or approved alternative multidisciplinary team, in collaboration with the family, shall .... (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;” [COV § 2.2-5208 \(5\)](#)

Utilization Management (UM) is a set of techniques used by or on behalf of purchasers of health and human services to manage the provision of services through systematic data driven process.

Utilization Review (UR) is a major component of the State Executive Council approved utilization management process. Utilization review is a formal assessment of the necessity, efficiency, and appropriateness of the services and treatment plan for individual youth through CSA.

Special Note: Due to federal mandates associated with the special education process, UR procedures are to be completed by the IEP team and must be based upon the goals in the IEP. IDEA requires at least annual review of the IEP.

### **Local UM/UR Structure**

Utilization management occurs at a variety of levels within the local CSA system. Data about costs, types of services utilized, number of youth served, as well as identified outcome measures, etc., are reviewed on a regular basis by the CPMT. Components of child specific utilization review are conducted by case managers, agency supervisors, CPMT members and/or their designees, and FAPT members. Additionally, the CPMT has contracted with Region Ten Community Services Board for the purchase of child specific UR services where a specific need for a UR clinician’s intervention and oversight has been identified.

#### Child Specific UR Components:

- Comprehensive Individual Family Service Plan (IFSP) documentation and oversight (refer to Appendix for more information)
- FAPT review structure and requirements for frequency of reviews
- Ongoing Child Specific Team reviews
- Child and Adolescent Needs and Strengths (CANS) Assessments (refer to Appendix for more information)
- Funding Approval Request (FAR) oversight process and documentation (refer to Appendix for more information)
- Vendor reporting requirements and oversight
- Child specific UR referrals based on identified need (refer to Appendix for more information)

#### System UR Components:

- CPMT review of monthly financial and data reports
- Quarterly Fiscal presentation to CPMT to review financial data and trends
- CPMT review of locally developed CSA outcome measures at least bi-annually
- Annual vendor contracts and oversight process
- Program Subcommittee activities to assess and address local service gaps
- CSA system functioning survey

## **Child Specific Utilization Review**

The CPMT has contracted with Region Ten Community Services Board for the purchase of child specific utilization review (UR) services to augment our other local child specific and system utilization management procedures. Child specific utilization review activities may include further consultation with agency case manager; review of agency case files to include clinical evaluations, vendor reports and other case documentation; review of CSA case record; direct contact with vendors and/or vendor site reviews. The UR clinician will evaluate consistency between the community service plan and the vendor treatment plan in meeting the identified needs and desired outcomes, as well as addressing the transition or step down plan in relationship to child and family progress in achieving the identified goals.

Please refer to Appendix: Additional Policy and Procedure Information for more information regarding child specific UR.

## **Child and Adolescent Needs and Strengths (CANS)**

The Child and Adolescent Needs and Strengths (CANS) assessment tool has been selected to serve as the mandatory uniform assessment instrument for children, youth and families served by the Children's Services Act (CSA) in Virginia. Adopted for use in Virginia are the CANS Comprehensive Versions for children ages birth to four (0-4) and ages five to seventeen (5-17) and the Reassessment Versions for both age groups. The CANS Comprehensive and Reassessment tools for both age groups are mandatory for use by CSA. This tool is used to identify the strengths and needs of the youth and family and helps drive service planning.

Please refer to Appendix: Additional Policy and Procedure Information for more information regarding CANS.

## **Individual Family Service Plan (IFSP)**

The IFSP is a written service plan, developed to meet the needs of the child and family. It is created using a child specific team approach and is presented to FAPT for approval. The IFSP includes information about the strengths and challenges of the child/youth and family, professionals involved and services that have been provided, as well as services being recommended with the appropriate goals and objectives. The IFSP is reviewed on an ongoing basis, to determine effectiveness and appropriateness of services.

Please refer to Appendix: Additional Policy and Procedure Information for more information regarding the IFSP.

## **Provider Requirements**

### **CSA Provider Agreement (Terms and Conditions)**

(Revised 1/18/17) The CPMT will establish annual contractual terms and conditions applicable to all providers of services to be purchased with funds authorized by the CPMT. All purchases with State Pool funds will be subject to the Provider Agreement except that the following purchases with State Pool funds are not required to be subject to the Provider Agreement but may be at the purchaser's sole discretion: basic and enhanced maintenance payments to foster family homes approved by a Department of Social Services; child care services through state licensed or regulated providers; FPM facilitation services\*; certified interpreter services\*; payment of medical/dental expenses for foster children not covered by Medicaid; alcohol/drug testing; alcohol/drug electronic monitoring services; goods, material supports, and usual and common necessities of life (including but not limited to rent, utilities, food, household goods, vehicle repairs, gas vouchers/public transportation/taxi services, insect/pest control, etc.); case conferencing for Medicaid, private pay, and private insurance pay approved providers\*\*. The terms and conditions will be approved in form and content by legal counsel and will include at a minimum, requirements for provider reporting on services rendered, and timely service authorization and billing.

(3/16/22) In the event of a child that is in need of an emergency placement, and an approved CSA provider agreement with revisions is a condition of placement, the CPMT Chairperson, after consultation with the CSA Coordinator and legal counsel for CPMT, may unilaterally approve such an agreement. This authorization is granted in the event the CPMT meeting schedule is not conducive to securing a timely review and approval of the revisions of the CSA provider

agreement and waiting for the next CPMT meeting is not in the child's best interest. Any CSA provider agreement, authorized in this manner, must be presented to the CPMT at the next available scheduled meeting for review.

\* (FPM facilitators must meet state training requirements.)

\*\* (Medicaid, private pay, and private insurance pay approved outpatient therapists are exempt from the provider agreement for case conferencing only. They are required to sign the Case Conferencing Waiver Form.)

CSA Provider Agreement (Short Form-Recreational/Socialization): A special use Provider Agreement applicable to recreational/socialization activities only. These activities must be non-clinical in nature and provided either on a one-time only or time limited basis that is specified in the agreement. The terms set forth in this special use CSA Provider Agreement (Short Form) cannot be modified by the provider.

(1/17/18) CSA Provider Agreement (Short Form-ACPS transportation) (Albemarle only): A special use Provider Agreement applicable to Albemarle County Public Schools transportation only. This agreement will be used to ensure that eligible children needing transportation to school or to their school of origin in cases of foster care will promptly receive transportation in a cost-effective manner and in accordance with 42 U.S. C. § 675(4)(A). If there are additional costs incurred in providing transportation to maintain children in foster care in their school of origin, the school division will provide transportation to the school of origin if the Albemarle County Department of Social Services agrees to reimburse the Albemarle County Public Schools for the cost of such transportation if the student does not have transportation as a related service indicated in the student's Individualized Education Program (IEP), or a plan compliant with Section 504 29 U. S. C. 794 (504 plan). If the student does have transportation as a related service in an IEP or 504 Plan, the school division maintains responsibility for related costs and CSA funds shall not be used.

CSA Case Conferencing Waiver Form: (10/19/2011) The waiver form is required for Medicaid, private pay, and private insurance pay approved outpatient therapists, who are not otherwise a party to a current Albemarle/Charlottesville CSA Agreement and who wish to be receive compensation for "Case Conferencing" as defined under the "Established Rates for Services" section of this local manual.

The CSA Provider Agreements can be found at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under Forms & Additional Information.

## **Licensure Requirements**

Providers of CSA funded services represent and warrant that they (1) duly holds all necessary licenses required by local, State, Federal laws and regulations, and (2) will furnish satisfactory proof of such licensure to the CPMT Fiscal Agent at the time of execution of the Provider Agreement. Providers covenant that they will maintain required licensed status with the appropriate governmental authorities and will immediately notify the CPMT in the event such licensing has lapsed, is suspended, withdrawn or revoked. The Provider agrees that such lapse, suspension, revocation or withdrawal shall constitute grounds for the immediate termination of the Provider Agreement. Misrepresentation of possession of such license shall constitute a breach of the terms of the Provider Agreement and shall terminate the agreement without written notice and without financial obligation on the part of the CPMT to pay the Provider's invoices.

## **Mentor Requirements**

Providers of CSA funded "mentoring" services (as defined by the *OCS Standardized Service Name*) represent and warrant that the mentors (1) have received some form of First Aid training, (2) have received some form of Mental Health First Aid training, (3) have completed Mandated Reporter training, and (4) meet Professional Expectations as provided by an agency's Code of Ethics and/or the "Standards of Conduct" provided by Albemarle County CPMT. Any misrepresentation of these requirements shall constitute a breach of the terms of the Provider Agreement and shall terminate the agreement without written notice and without financial obligation on the part of the Albemarle County CPMT to pay the Provider's invoices.



## **Family Engagement**

The involvement of parents/legal guardians and family members is considered to be an important part of the planning and service implementation process. The CPMT has adopted (4/20/2011) policies which will provide for family participation in all aspects of assessment, planning, and implementation of services provided to children. All CSA partner agencies will be responsible for implementing the following family engagement policies and procedures when serving children receiving CSA funded services.

The Charlottesville and Albemarle CSA programs are predicated on the use of child specific teams that meet to discuss service planning and progress for a youth and/or family and make service recommendations to FAPT. These teams consist of the youth, family members, natural supports, agency case manager, community agency members, service providers, guardian ad litem, etc. The composition of the child specific team may vary from youth to youth.

For the purpose of this Family Engagement Policy, a team meeting is defined as any meeting in which a representative of one or more child-serving agencies meets with parents, legal guardians, the youth, and/or other family members to discuss decisions regarding the welfare and provision of services for a youth receiving CSA funded services. Under this definition, a FAPT meeting, child specific team meeting, or Family Partnership meeting, would be considered as a team meeting.

## **Values and Guiding Principles**

The CPMT has adopted a Community Practice Model drawn from Systems of Care Values and Principles and the Virginia Children's Services Transformation: CORE Practice Model. This Charlottesville/Albemarle Family Engagement Policy is based on the following core values and guiding principles as reflected in this practice model.

**CONNECTED.** *Young people thrive with caring adults and families.*

**ENGAGED.** *Families and young people are engaged in decisions about their care.*

**PRODUCTIVE.** *Services are meaningful and responsive to children's needs.*

**LOCAL.** *Children are best served in their home communities.*

## **Identification of Family Supports**

The agency case manager will make efforts to include the youth receiving services and any identified family or household members in team meetings, including FAPT meetings. In addition, family members and the youth should be given an opportunity to provide names and contact information of those individuals they would like to be included in such meetings. These individuals include but are not limited to: extended family, non-relative supports, current or previous caregivers, community partners, service providers, and attorneys/guardian ad litem.

The agency case manager may complete the "Team Meeting Participant Invitation List" with the parent/guardian and youth, if appropriate, to identify those individuals that should be invited to attend.

## **Development of the IFSP**

It is the expectation that agency case managers will involve the family and youth in the development of the IFSP. The fully written IFSP should be reviewed with the parent/guardian and youth, if appropriate, prior to the FAPT staffing.

## **Family Participation in Team Meetings**

### **Attendance**

Team meetings will be scheduled at a day and time that is convenient for the family whenever possible.

Parents/guardians are encouraged to attend team meetings, including FAPT meetings. The agency case manager will

notify the parent/guardian in a timely manner when a team meeting is to be scheduled. Efforts will be made to address any barriers to family participation in team meetings. The agency case manager will work with the parent/guardian to identify any supports needed in order to participate and assist with necessary arrangements (i.e. child care, transportation).

If a parent/guardian is unable to attend the FAPT meeting, the agency case manager should provide the parent with the "IFSP Participation and Consent Form" to complete prior to the meeting documenting the parent/guardian's participation in development of the IFSP and agreement with the implementation of services outlined in the IFSP. The "IFSP Participation and Consent Form" is a tool used to document the inclusion of the parent/guardian in the development of the IFSP and allows the parent to provide valuable input which will be reported during the team meeting. Also, if a parent is unable to attend the team meeting in person, efforts should be made to provide for parent/guardian participation via teleconference whenever possible.

To increase family participation, allow more flexible scheduling options, and eliminate transportation barriers for families, FAPT is permitted to conduct meetings virtually. Family members will be provided with a link and password to join the virtual meeting. A call-in option will be available for participants who are unable or do not have the capacity to participate via a web-based platform. Participation and consent of family members who participate in the virtual meeting will be documented in the IFSP signature page.

### Meeting Expectations

In order to prepare families and encourage family involvement, the agency case manager will ensure that families are informed of what to expect prior to their participation in a FAPT meeting.

Agency case managers will inform parents that their written consent is required prior to provision of any services and notify parents of their right to appeal any decision made during the meeting. Agency case managers will provide families with a copy of the "Family Assessment and Planning Team (FAPT) Meetings" brochure, which describes parents' rights and responsibilities and our local appeal process. The "Children's Services Act (CSA)" brochure is another tool that can be utilized to inform parents/guardians about the Children's Services Act.

### Rights and Responsibilities

All parents/guardians of children served by CSA have the right to:

1. understand the local CSA process and to receive information for receiving and reviewing referrals for services
2. be notified before their child is assessed or offered services
3. understand the information they receive in their native language, when possible
4. agree in writing before beginning any services included in the IFSP, except when ordered by the Court, upheld by the appeal process, or authorized by law
5. review and receive information regarding their child's record and to confidentiality, unless otherwise authorized by law ordered by the Court
6. assistance from local human service professionals to receive the services their child requires
7. review, disagree with, and appeal any part of their child's assessment or service plan (IFSP)
8. participate in any meeting in which their child and family situation is discussed

### Appeal Process

During a FAPT meeting, parents/guardians have the right to voice their disagreement with any part of the IFSP or any decision made. Parents have the opportunity to indicate their disagreement on the IFSP Signature Sheet. If the parents/guardians of children served by CSA disagree with any decision made during a FAPT meeting, the parents/guardians should first meet with the agency case manager to discuss the complaint and address any concerns as soon as possible. If the parents/guardians and agency case manager are able to come to a resolution, the case manager may request from the FAPT a revision to the IFSP. If the complaint is still unresolved, the parents/guardians have the right to appeal the decision by submitting a written request to CPMT for further review. This is done through the following process:

1. The parent/guardian will request, in writing, a further review by the CPMT within ten (10) days of meeting with the agency case manager. The “Family Assessment and Planning Team (FAPT) Appeal Form” will be completed for this purpose;
2. The CPMT will hold its review within forty five (45) days of the meeting with the agency case manager. The CPMT may uphold or alter the FAPT decision, and will provide a response in writing within ten (10) days of its review.

Any service that is already in place will continue until the appeal decision is finalized by the CPMT.

Any service that is not already in place will not begin until the appeal decision is finalized by the CPMT and the CPMT is in agreement that the service should be initiated.

### Confidentiality

Meetings in which children and families are discussed will be confidential and not open to the public, unless the child and family who are the subjects of the meeting request in writing that the meeting be open.

Prior to scheduling a FAPT meeting, the agency case manager will inform the family that a referral is being made and ask the parent to sign a “Consent for the Release of Confidential Information” form if an updated form is not already in the CSA file. This form must be signed by the parent/guardian, or youth if 18 or older, prior to the FAPT meeting.

### Native Language

Agency case managers must provide information and communication in the parents/guardians' native language or mode of communication. Agency case managers must provide interpreting services if needed and inform the CSA Coordinator that an interpreter will be used.

## **APPENDIX: Additional Policy and Procedure Information**

### **FAPT Review Requirements**

In compliance with [COV § 2.2- 5209](#), all applicable CSA funding requests must be referred to the Family Assessment and Planning Team (FAPT).

Cases must be reviewed by FAPT **prior** to initiation of CSA funded placement or services with the following exceptions:

- If an **emergency placement or emergency service** is needed, the request may be authorized by the agency CPMT Member/Designee following the emergency funding approval process as outlined below.
- Requests for CSA funding for **foster care maintenance only** as defined in [VDSS Child and Family Services Manual, Chapter E. Foster Care, Section 17.1](#) may be authorized by the agency CPMT Member/Designee following the process outlined below.
- Requests for certain **routine foster care expenses** following initial ongoing authorization by the FAPT.
- Requests for CSA funding of **Special Education residential or private day placement including Public School Special Education Transitional Services** must be presented to FAPT for CSA funding authorization immediately following any IEP meeting in which CSA funding is impacted.

#### **Emergency Placement or Emergency Service Request (Mandated FC and FCP only):**

Per [COV § 2.2- 5209](#) and [COV § 2.2- 5206\(2\)](#), requests for funding of emergency placement and/or services require authorization by the agency CPMT Member/Designee. A FAPT review will be scheduled within 14 days of the emergency request.

Procedure for emergency requests:

1. Case Manager completes “Emergency Placement Funding Approval Request Form” or “Emergency Services Funding Approval Request Form” and obtains both supervisor and agency CPMT Member/Designee signature then forwards the form to the CSA Coordinator.
2. CSA Coordinator schedules the case for FAPT within 14 days of the request:
  - If request is for emergency placement, the case will be scheduled for review.
  - If request is for emergency services, the “Emergency Services Funding Approval Request Form” will be submitted to FAPT.

#### **Foster Care Maintenance Only Request (DSS only):**

Per [COV § 2.2- 5209](#) requests for CSA funding for foster care maintenance only as defined in *VDSS Child and Family Services Manual* require authorization by the agency Supervisor and CPMT Member/Designee.

Procedure for request of maintenance costs:

1. Case Manager completes “Foster Care Maintenance Funding Authorization Form” and obtains both supervisor and agency CPMT Member/Designee signature.
2. Copy of the completed form with signatures is forwarded to the CSA Coordinator.
3. Case manager follows internal agency procedures to initiate payment.

### **Routine Foster Care Expenses - Non-maintenance (DSS only):**

For certain routine foster care expenses as specified in local CSA policy, FAPT will approve the ongoing authorization in the child's initial IFSP. The individual expenditures as they occur are contingent on a determination by DSS documenting that no other funding source is available or appropriate, and requires authorization by the agency Supervisor and CPMT Member/Designee.

Procedure for Foster Care maintenance and FAPT approved routine foster care expenses:

1. Case manager completes "Foster Care Maintenance and Routine Foster Care Expenses Funding Authorization Form" and obtains both supervisor and agency CPMT Member/Designee signature.
2. Copy of the completed form with signatures is forwarded to the CSA Coordinator.
3. Case manager follows internal agency procedures to initiate payment.

### **All cases will be reviewed by FAPT at least every six months.**

Exceptions /special provisions:

- Cases involving SPED residential or private day placements including Public School Special Education Transitional Services will be presented to FAPT for funding authorization immediately following an IEP meeting in which CSA funding is impacted. These cases will be reviewed at least annually to coincide with the annual IEP review.
- A follow up FAPT review will be scheduled within 90 days after the initial FAPT review of those DSS foster care prevention cases in which a Family Partnership Meeting (FPM) has already occurred or a Family First in-home services plan has already been developed.
- Foster Care Cases, such as Fostering Futures or IV-E maintenance only and not currently accessing CSA funding, will be scheduled for a FAPT review annually.
- Maintenance only Federal KinGAP and State funded kinship subsidy with no additional services, will be scheduled for a FAPT review annually. The kinship subsidy agreement should accompany the initial IFSP. The annual affidavit should accompany subsequent IFSPs at the annual FAPT review.

### **Requests for additions/changes to a FAPT-approved IFSP:**

Any changes/additions to a FAPT approved IFSP prior to the next scheduled FAPT review must be referred to the FAPT for review and approval. The request and approval must be documented in writing utilizing the required "IFSP Addendum Form". The signature or verbal consent of a parent or legal guardian and/or the youth (if 18 or older) is required. A copy of the completed form must be forwarded to the CSA Coordinator.

FAPT may approve the use of the IFSP Addendum process if a specific service is approved by FAPT but the cost of that service is not available during the meeting or the case manager needs to further investigate the availability of the service.

Note: The IFSP Addendum Form cannot be used for any change in placement.

### **Non-Funding related FAPT Reviews:**

#### **CHINS (Services or Supervision) in which FAPT review is ordered by the Court:**

The FAPT will review CHINS (Services or Supervision) cases in which a FAPT review is ordered by the Court. The FAPT review will be scheduled to allow sufficient time for the filing of the IFSP and FAPT recommendations with the clerk's office prior to the scheduled court hearing.

Note: Albemarle County CHINS-Supervision Truancy cases, not involving CSA funding, will be referred to the school-based Albemarle Truancy MDT for review.

A CHINS Supervision finding does not qualify a child for CSA funding. The child would need to be eligible under a CSA mandated category; or the Court Services Unit would have to determine whether CSA non-mandated or other court related

funds could be accessed depending on the specific needs of the child and the availability of sufficient funding. A CHINS Services finding by the court is sufficient to establish the necessary eligibility criteria to qualify a child for CSA funding.

**CSA partner agencies seeking assistance for service planning only:**

Cases may be scheduled for a FAPT review by any of the CSA partner agencies (i.e. Schools; CSU; DSS; or CSB) for assistance with service planning for challenging cases needing interagency input.

**Protocol for Family First (IV-E) In Home Services cases:**

CANS, FAPT referral and CSA release: CANS must be completed within 30 days of initiation of the DSS In-Home Services case. Important note: When entering the CANS into CANVaS, the case should be marked as both IV-E and CSA (even if CSA funding is not being requested initially). A FAPT referral will be submitted to schedule a FAPT (Paper) review within 30 days of initiation of In-Home Services case. A CSA release form must be submitted with the FAPT referral.

If a FPM has been held, a copy of the FPM documentation (including participant signature page confirming agreement with the plan) and a copy of the In-Home Service Plan must be submitted with the abbreviated IFSP. If a FPM has not been held, or if the services differ on the FPM and the In-Home Services Plan, a signed copy of the In-Home Services Plan must be submitted with the abbreviated IFSP.

FAPT Review process: A follow-up FAPT review will be scheduled for 3 months. Important note: During this time, it will be considered an “active” CSA case such that CSA funding can be requested via the Addendum process as needed. If CSA funding is initiated via an Addendum during this initial 3 months, a full FAPT review will be scheduled. If only IV-E funding is utilized, it can be a Paper Review. A follow-up review will then be set for 6 months, if no CSA funding is utilized, it will continue as a Paper Review. If CSA funding is subsequently utilized, the next review will become a full scheduled FAPT review. This will review protocol will continue for the duration of the case.

**FAPT Forms:**

The following describes when to use a particular FAPT form. All forms can be found at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under Forms & Additional Information.

**Individualized Family Service Plan (IFSP)** – standard form completed for most initial and subsequent FAPT reviews (Please refer to chart on next page for exceptions)

**Specialized FAPT Forms:**

- **IFSP Addendum** – completed to request a change or addition to a FAPT approved IFSP
- **SPED Funding Authorization & UR Form** – completed for all initial and subsequent SPED residential and private day educational placements including public school special education transitional services
- **Foster Care Maintenance and Routine Foster Care Expenses Authorization Form (DSS Only)** – completed for foster care maintenance expenditures and certain routine FC expenses per local policy
- **Emergency Services Funding Approval Request Form (Mandated FC and FCP only)** – completed to request funding for emergency services (*restricted to addressing basic safety needs/immediate crisis situation only*)
- **Emergency Placement Funding Approval Request Form (DSS only)** – completed to request funding for emergency foster care placement
- **IFSP Participation and Consent Form** – completed to obtain consent and input from parent/guardian/youth over 18 to the proposed IFSP if they are unable to attend the FAPT, or to obtain their consent and input for approval of an IFSP Addendum. (*Note: Not applicable for SPED residential and private day educational placements.*)

**FAPT Review Requirements for CSA Funding:**

The following outlines FAPT review requirements according to the placement type and/or nature of services being requested. Cases are presented to FAPT in one of three ways: Full Review, Paper Review, or Funding Only.

**Full Review:** Case is presented by the case manager in-person and discussed in the FAPT meeting.

**Paper Review:** Case is presented by the respective agency’s FAPT Representative and discussed in the FAPT meeting or approved via email.

**Funding Only:** FAPT approval of funding authorization for those cases in which a FAPT is not required (SPED residential placement and SPED private day placement).

<b><u>Placement/Service Type</u></b>	<b><u>Initial Review and Form Used</u></b>	<b><u>Subsequent Review</u></b>
Congregate Care Placement (residential or group home)	Full Review (IFSP)	Full Review (IFSP)
Treatment Foster Care (TFC) Placement	Paper Review (IFSP)	Full Review (IFSP)
CAFF Placement without additional services	Paper Review (IFSP)	Paper Review (IFSP)
CAFF Placement plus additional services	Paper Review (IFSP)	Full Review (IFSP)
Independent Living Arrangement -Fostering Futures (CSA or IV-E) w/ CSA funded services in addition to Maintenance	Paper Review (IFSP)	Full Review (IFSP)
Independent Living Arrangement - Fostering Futures (IV-E) Maintenance only	Paper Review (IFSP)	Paper Review (IFSP) (review scheduled annually)
Independent Living Arrangement - Fostering Futures (CSA) Maintenance only	N/A (Foster Care Maintenance Funding Authorization Form)	N/A (Foster Care Maintenance Funding Authorization Form)
Maintenance only family foster care placement (no additional services)	N/A (Foster Care Maintenance Funding Authorization Form)	N/A (Foster Care Maintenance Funding Authorization Form)
Maintenance only Federal KinGAP and State funded kinship subsidy (no additional services)	Paper Review (IFSP & Subsidy Agreement)	Paper Review (IFSP & Annual Affidavit) (review scheduled annually)
Family First (IV-E funding) in-home services only	Paper Review (Abbreviated IFSP, signed Family First in-home services plan, and FPM plan if held)	Paper Review (First review will be scheduled within 3 months, subsequent reviews will be scheduled within 6 months)
Community-based Services under FCP Abuse/Neglect	Paper Review if a FPM has already occurred (Abbreviated IFSP and FPM Service/Action Plan) <b>OR</b> Full Review if a FPM has not already occurred (IFSP)	Full Review (IFSP) *(First review will be scheduled within 3 months if Initial Review is done as a Paper Review)
Community-based Services under FCP CHINS (Court Determination)		
Community-based Services under FCP CHINS (FAPT Determination)	Full Review (IFSP)	Full Review (IFSP)
Community-based Services under CSU Non-mandated	Full Review (IFSP)	Full Review (IFSP)
CSA Parental Agreement Placements/ Non-custodial Placements	Full Review (IFSP)	Full Review (IFSP)
Community-based Services under SPED Wrap-Around	Full Review (IFSP)	Full Review (IFSP)
SPED Residential Placements	Funding Only (SPED Funding Authorization & UR Form)	Funding Only (SPED Funding Authorization & UR Form)
SPED Private Day Placements including Public School Special Education Transitional Services	Funding Only (SPED Funding Authorization & UR Form)	Funding Only (SPED Funding Authorization & UR Form)

## FAPT Staffing Procedures

Albemarle County FAPT meets at 1:30pm every Monday. Charlottesville City FAPT meets at 9am. Both meetings are conducted virtually via Zoom.

### Parent Referrals:

If not already involved with an agency, parents and persons who have primary physical custody of a child should contact the CSA Coordinator in the locality where they reside (i.e. Charlottesville or Albemarle) to inquire about the FAPT process. The CSA Coordinator will gather information and briefly assess the situation and then connect the parent/guardian with the most appropriate community CSA partner who will work with the parent/guardian in addressing the needs and assist the parent/guardian in referring the case to FAPT as needed.

### Case Manager Referrals:

To schedule a FAPT staffing, complete the “FAPT Staffing Request & Confirmation Form” and send the form via email to the appropriate FAPT scheduler in the respective DSS. This form is accessed by clicking on this website [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under Forms & Additional Information.

Case managers must submit their IFSP, password protected, by Noon the Tuesday (for Charlottesville cases) or Wednesday (for Albemarle cases) prior to the scheduled FAPT staffing. IFSPs should be reviewed by both the case manager’s supervisor and agency FAPT representative prior to submission. Additionally, parents need to have the opportunity to review the IFSP prior to the staffing.

Case managers must obtain consent from a parent/guardian or youth if over 18 years old, prior to a FAPT staffing in order for the case to be staffed. A current “CPMT Consent for the Release of Confidential Information” form must be completed and submitted to the CSA Coordinator or designee along with the IFSP. This form is accessed by clicking on this website [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under Forms & Additional Information. The “CPMT Consent for the Release of Confidential Information” form is required annually.

Every effort should be made to include youth and family in the assessment and planning team process. Family members must be able to include persons who have an important and/or helpful role and relationship to them. Case managers should ensure that adequate notice is given of the date and time of staffing and that supports are offered to facilitate attendance. The brochure titled “Family Assessment and Planning Team (FAPT) Meetings: A Guide for Parents/Guardians” will be provided to parents/guardians in advance of the scheduled FAPT meeting. If a parent/guardian is unable to attend the FAPT meeting, the agency case manager should provide the parent with the “IFSP Participation and Consent Form” to complete prior to the meeting.

### **FAPT Cancellation/Emergency Staffing Policy:**

If the FAPT meeting is canceled for any reason, the CSA Coordinator will send via email any emergency requests for review and approval by the FAPT. Signatures of FAPT members will be obtained electronically.



## **Development and Approval of the Individual Family Service Plan (IFSP)**

The presenter completes the Individual Family Service Plan (IFSP). The IFSP document is available at [www.charlottesville.org/CSA](http://www.charlottesville.org/CSA) under “Forms & Additional Information”.

The IFSP will include goals and objectives to be achieved as they relate to identified service outcomes, time frames, and specific plans for termination of services. Services will be planned based on a comprehensive, strength-based assessment, and will be designed as the least restrictive and most cost effective possible.

During the FAPT staffing, participants ask questions and the presenter shares pertinent information. The team is asked to come to a consensus on recommendations included in the IFSP. Opportunity is given for dissenting opinions to be expressed by all present. In the case of a dissenting opinion, those dissenting should provide a brief written statement expressing their reason(s) for disagreeing with the recommendations. After completing the dissenting statement, it is signed, dated, and given to the CSA Coordinator for inclusion with the IFSP in the CSA record. If a parent/guardian disagrees with the recommendations, the parent/guardian can utilize the appeal process as outlined under the Family Engagement section of the Charlottesville/Albemarle CSA manual. A follow-up FAPT review date will be set.

The case manager will be responsible for assuring implementation of the plan and monitoring and reporting on progress. He/she will assure that referrals to community agencies and resources are carried out in accordance with the plan, and serve as liaison between all agencies and the family.

Participation and consent from the child’s parent/guardian or youth if over 18 years old, must be documented on the IFSP or “IFSP Participation and Consent Form” prior to implementation of funding. For CHINS Services cases and CSA parental agreements, the parent/legal guardian of the youth must participate in the FAPT staffing.

On all cases, a copy of the IFSP and signature page must be filed in the agency case record. For CHINSupervision cases, a copy of the IFSP and signature page must be filed with the court prior to the scheduled hearing.

# CANS Assessment Procedures

## CANS as the Mandatory Uniform Assessment Instrument

The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the uniform assessment instrument for children and youth receiving services funded through the state pool. All children receiving CSA state pool funded services shall have a CANS assessment completed in accordance with the parameters specified in this policy.

## Frequency of CANS Administration

Any child and family receiving CSA funded services shall be administered the CANS assessment. If the youth is receiving services through the Department of Social Services, the DSS version of the assessment tool should be completed.

### ***Initial CANS:***

Required to determine and/or support the child's eligibility for CSA consistent with the statutory requirement in COV §2.2-5212

- Must use the ***comprehensive version***
- Must be ***completed prior to the initiation of CSA funded services*** described on a service plan (e.g. Individual Family Service Plan, Individualized Education Program, or Foster Care Service Plan), with the exception (14 days) for emergency services and placements as provided for in §2.2-5209

### ***Annual CANS:***

- ***The CANS assessment is required annually.*** "Annually" is defined as within 60 calendar days of the anniversary date of the Initial CANS or subsequent Annual CANS, meaning the reassessment may fall 60 days prior to, on the date of, or 60 calendar days subsequent to the anniversary of the previous annual assessment date.
- ***Can use the comprehensive or reassessment version***
- ***Reassessments must be completed in between the annual CANS as required.*** Children receiving Medicaid funded residential placement or TFC case management should receive an assessment every 90 days for redetermination of Medicaid eligibility.

### ***Discharge CANS:***

- ***Must use the comprehensive version***
- Discharge CANS are required only when a child's CSA case is closed.
- The Discharge CANS may be done 90 days prior to, at the time of, or within 90 days following either the completion of all CSA-funded services, or final FAPT review.
- A Discharge CANS is not required in any of the following situations:
  - When a child and family receive CSA-funded services for less than 30 calendar days. An Initial CANS is required in such instances.
  - At the time of transfer of services from one locality to another. The receiving locality will complete CANS as required per their local schedule.
  - When one service ends, but the child and/or family continue to receive other CSA-funded services.

## Required Certification by all CANS Assessors

Any individual who administers the CANS shall be appropriately certified on the use of the assessment. "Appropriately certified" means the individual has:

1. Completed one or more of the Virginia CSA training courses offered on the Praed Foundation CANS training and certification site (DSS case managers should complete the DSS version);
2. Attained a score of 70 percent or higher on the certification exam;
3. Received a certificate granted by the Praed Foundation for the approved time frame of one year from date of certification; and

4. Administers the CANS only during the approved time frame of his or her certification.

CANS completed by individuals who are not appropriately certified are not valid and shall not be used for any purpose, including service planning.

Paper CANS score sheets may only be used if the individual administering the CANS is:

1. appropriately certified, and
2. the information from the score sheet is entered in CANVaS within 60 days by the assessor or an authorized data entry person.

Sharing of specific information such as ratings of items on a certification vignette to enable another individual to pass the certification exam is prohibited. Individuals who share or receive such information may lose access to CANVaS 2.0 at the discretion of the Office of Children's Services.

### ***Initial Certification:***

First, you must pass the CANS Certification Exam by doing the following:

1. Go to the CANS Training and Certification website at the following address: [www.canstraining.com](http://www.canstraining.com)
2. Watch the CANS training videos and take a practice exam (you can take as many practice exams as you need)
3. Take the certification exam to become certified to use the CANS. Keep taking the exam until you pass.
4. Print verification that you passed - click on "view agency certifications" on the left hand side of the page. Find your name and obtain your verification number. Click on "verify certification". Enter your certification number and click "submit". A statement will pop up with your name and dates of certification. Print this page.

Next, you must set up an account with CANVaS by doing the following:

1. Complete and sign the "Request to Create or Reactivate a New Case Manager Account" form. Your supervisor must also sign the form.
2. Print and attach a copy of your CANS certification.
3. Provide both the "Request to Create or Reactivate a New Case Manager Account" form and copy of your certification to the Designated Super User/ Report Administrator (CSA Coordinator) for the locality in which you require access to CANVaS.
4. The Designated Super User/ Report Administrator (CSA Coordinator) will create an account for you which will generate an e-mail being sent to you with a temporary password.
5. Upon your first log- in to the system, you will be asked to create a secret question and answer as well as a new password. Passwords must be updated every ninety days.
6. If you do not receive the e-mail, contact your Super User/ Report Administrator (CSA Coordinator). For other access issues, you may contact the CANVaS Help Desk at 1-877-727-8329 or by e-mail at [canvas@rcrtechnology.com](mailto:canvas@rcrtechnology.com) (Do not e-mail child specific information.) Or you may contact the Office of Children's Services at (804) 662-9815.

### ***Recertification:***

1. Visit the CANS training and certification website at: [www.canstraining.com](http://www.canstraining.com)
2. Log in by entering the user name and password established during your initial certification
3. Retake and pass the certification exam (after 3 failed attempts, you will be locked from the CANSTraining site)
4. Your CANS certification is updated automatically by the CANVaS Help Desk the following business day (forms do not need to be completed again).

Certification on the use of the Virginia Child and Adolescent Needs and Strengths (CANS) assessment must be renewed annually. You will usually receive a notification when your certification is about to expire. The primary way to renew CANS certification is through use of the CANS training and certification website at [www.canstraining.com](http://www.canstraining.com). If you do not remember your log-in information (user ID and password), click on "Contact Us" on the home page and complete the form to request assistance. This log-in information is different from your CANVaS website log-in user ID and password.

## **Independent Assessment and Care Coordination Team (IACCT) Referral Process**

### ***INQUIRIES***

Parents/guardians must initiate contact with Magellan to begin the inquiry process for residential treatment. This includes the completion of the inquiry form and an education session with the Magellan Care Manager (RCM). The Magellan RCM may inquire if the family has already had contact with Region Ten to review community based options during the education session. *We still welcome families and partner agencies to contact us directly to initiate conversations about ways we may be able to support our local youth in remaining in the community. We will guide guardians in completing any forms necessary for the IACCT process.*

### ***RESIDENTIAL REFERRALS***

The Magellan Referral Form **must** be completed by the guardian and submitted to Magellan to initiate the residential assessment process. Region Ten will receive the referral from Magellan to initiate and operate on the specified time line in completing the assessment and convening the recommendations meeting.

### ***PHYSICIAN INVOLVEMENT***

Region Ten will utilize the process as outlined by Magellan, in close collaboration with the Magellan Residential Care Manager. When absolutely necessary we will engage our psychiatric care providers in the process to assure the needs of our youth are met in the specified time line.

### ***SERVICE COORDINATION***

A Region Ten staff person with intensive care coordination experience will be designated for the IACCT assessment and service coordination process following the recommendation meeting. He/she can support the child specific team in determining and implementing residential or community based service plans as an outcome of the assessment process.

### ***RE-ASSESSMENT***

The Region Ten IACCT clinician will be conducting 90 day reviews for individuals placed in residential as a result of the IACCT assessment. This will include completion of the CANS and review of treatment reports of the facility, with an outcome report submitted to Magellan. We anticipate input and communication with our placing agencies similar to our current utilization review process in meeting this expectation of the IACCT initiative.

### ***EMERGENCY AND RETROACTIVE MEDICAID PLACEMENTS***

Region Ten will receive IACCT referrals from Magellan for youth from our locality placed in residential treatment on an emergency bases or who have become Medicaid eligible following admission. We will have the option to contract with an IACCT provider in a locality where the youth is currently residing, or make appropriate arrangements to gather clinical information and conduct the required interview, assessment and recommendations meeting process (in person, via telemedicine or telephonically).

### ***DESIGNATED IACCT STAFF***

Liz Shuman, LCSW, Case Manager Clinician  
cell: 962-2483

Crystal Lantz, LPC, Director Child and Adolescent Case Management  
Office: 970-1457 cell: 962-6148

Crystal Armstrong, LPC, Case Manager Clinician  
Office: 970-2199 cell: 989-3051

# Child Specific Utilization Review Criteria and Referral Process

## Referral Criteria

CPMT is authorized to approve UR services through Region Ten CSB for the purpose of reviewing and monitoring child specific service utilization.

FAPT is authorized to approve child specific UR services through the Region Ten CSB as appropriate based on specific case needs identified during the FAPT review process for:

- Children in residential treatment programs not monitored by a Magellan Residential Care Manager; or
- Children in community-based placements and/or are receiving community-based services where a specific need for a UR clinician's intervention and oversight has been identified.

## Referral Process

- For CPMT approved UR, the CSA Coordinator will forward the necessary referral information, including a list of case names and IFSPs, to the Region Ten CSB UR Clinician. The CSA Coordinator will complete the CPMT UR referral form signed by the CPMT chair.
- For FAPT approved UR, the CSA Coordinator will forward the referral to the Region Ten CSB UR Clinician with a copy of the child's completed IFSP.
- The UR clinician will evaluate consistency between the community service plan and the vendor treatment plan in meeting the identified needs and desired outcomes, as well as addressing the transition or step down plan in relationship to child and family progress in achieving the identified goals.
- Child specific utilization review activities may include further consultation with agency case manager; review of agency case files to include clinical evaluations, vendor reports and other case documentation; review of CSA case record; direct contact with vendors and/or vendor site reviews. Recommendations may include, but are not limited to: continuation of current treatment plan and services, changes in the time frame for objectives to be achieved, changes in service objectives, changes to aspects of treatment plan and/or environment, changes in the transition or step down plan, additional child specific team case conferencing, and/or further review by the FAPT sooner than the scheduled review date previously established.
- A report will be completed by the UR clinician and forwarded to the case managing agency. A copy of the report along with the UR billing will be forwarded by the Region Ten CSB to the CSA Coordinator for initiation of payment and inclusion of the report in the CSA case record. FAPT will have access to the UR report(s) as part of their ongoing case reviews.