



Stafford County
Children's Services Act for
At Risk Children, Youth and Families

LOCAL CSA POLICIES AND PROCEDURES MANUAL

Adopted September 2020

Introduction

This local policy and procedures manual is divided into two sections to differentiate between the procedures for case managers and supervisors engaged in direct service delivery from the administrative processes and legal mandates that support or regulate them.

A list of CSA related forms is provided as an appendix to this manual. CSA forms may be accessed through the county's website at <http://www.staffordcountynyva.gov> under Human Services department or by contacting the CSA program office at (540) 658-4622.

Part I

Part I provides information about CSA teams and best practices. Responsibilities of the various team members, to include case managers, and the procedures they should follow to assist families in service planning and delivery are described in this section. The CSA commitment to partnership with families, and the rights and responsibilities of families are also described in Part I.

Part II

Part II of this manual describes the CSA program administration in Stafford County. Information about the CSA fiscal process, contracting with private providers, utilization management, and oversight of the CSA program is described in this section.

AMENDMENTS TO THE POLICES AND PROCEDURES MANUAL

These policies and procedures may be amended at any regular meeting of the CPMT by a majority vote of those present and voting. Additionally prior to consideration for recommendation to CPMT for amending a CPMT policy, or to any section of the manual titled "procedures", "methodologies", or "responsibilities", the CSA program staff shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts. A summary of that evaluation shall be included and provided with the amendment to the CPMT.

These policies and procedures will be reviewed annually by the CSA program staff to incorporate any changes within state policy or code in order to remain in compliance. The CPMT is to review all local CSA policies and procedures every two years. The CPMT may decide to delay a review, but shall ensure that all local policies and procedures are reviewed at least every three years.

Stafford County CSA Program Organizational Chart

Board of Supervisors

Community Policy Management Team
Department of Juvenile Justice
Department of Social Services
Health Department
Parent Representative
Private Provider
Rappahannock Area Community Services Board
Stafford County Board of Supervisors
Stafford County Public Schools

Family Assessment and Planning Team
Department of Juvenile Justice
Department of Social Services
Parent Representative
Rappahannock Area Community Services Board
Stafford County Public Schools

Deputy County Administrator
(CSA Fiscal Agent)

Human Services Manager

Human Services Specialist

Table of Contents

Philosophy and Principles	7
PART 1 – CSA Teams and Best Practices	8
What Is The Children’s Services Act (CSA)	8
Who Is Eligible To Access Pooled Funds Under CSA?	8
Medicaid Coverage For Services Authorized By A FAPT	11
Confidentiality/Information Sharing And Statement Of Non-Discrimination	12
Team Based Planning (TBP).....	12
Family Assessment and Planning Team (FAPT)	14
Accessibility To The FAPT.....	15
Emergency FAPTs	16
Emergency Psychiatric Hospitalizations	17
FAPT Membership	17
Attendance and Participation.....	18
FAPT Meeting Schedule.....	18
FAPT Reviews:.....	20
Family Partnership (FPM)	23
Intensive Care Coordination (ICC)	24
CSA-System of Care (SOC) Training Requirements	24
PART II.....	25
Stafford County Community Policy and Management Team (CPMT)	26
CPMT Powers and Duties	26
CPMT Established Code Of Ethics.....	27
CSA and Child’s Change Of Legal Residence.....	28
CSA and Its Relationship To Select Federal Programs	28
Special Education and CSA.....	28
Foster Care and CSA.....	29
Management of Records and Data Security	29
Parental Financial Contribution Policy	30
State Required Data Reporting	30
Annual Cost Allocation Plan and Management of the Interagency Budget.....	31
Disbursement Procedures.....	32
Supplemental Allocation Procedures.....	32
Policy for Authorizing Expenditure of Pool Funds.....	33
Human Services Office Staff:	33
Budget Management.....	33
Financial Management.....	34
CSA Case Manager Responsibilities	34
Human Services Staff Responsibilities	34
Local CPMT Fiscal Agent.....	34
Restrictions on Use of Pool Funds	35
Case Management	35
Supplanting of Funds.....	35
Administrative Costs	35

Contracts Management..... 35

Risk Assessment..... 36

Utilization Management and Utilization Review 37

APPENDIX 39

 Stafford County CSA Program – Utilization Management Plan 40

 Stafford CSA Program – Virginia Child and Adolescent Needs and Strengths Assessment (CANS)..... 46

 Stafford County CSA Program – Parental Financial Contribution Policy 47

Philosophy and Principles

The Stafford CPMT is committed to providing quality services for troubled at risk youth and families in Stafford 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.

CPMT Principles	Systems of Care Principles
<i>Services are supportive to children and their families, providing them with the opportunity to succeed in the community to the fullest extent possible;</i>	<i>Our system will support families to fulfill their primary responsibility for the safety, the physical and emotional health, the financial and educational wellbeing of their children.</i>
<p><i>Needs of children and families will be met in the least restrictive way, with families fully participating in the decision making process;</i></p> <p><i>The family unit will remain intact whenever possible, and issues are to be addressed in the context of the family unit;</i></p> <p><i>Services will be community-based whenever possible, and children will be placed outside of the community only when absolutely necessary.</i></p>	<i>Children are best served with their own families. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.</i>
<i>All agencies providing services will work together, cooperatively, with each other and with the family, to gain maximum benefit from the available resources.</i>	<i>Our system embraces the concepts of shared resources, decision making and responsibility for outcomes. All stakeholders will work together collaboratively with each other and the family to gain maximum benefits from available resources.</i>
<i>Services are flexible and comprehensive to meet the individual needs of children and families;</i>	<i>Children and families will receive individualized services in accordance with expressed needs.</i>
<i>Services are easily accessible to residents of the community, regardless of where they live, their native language or culture, their level of income, or their level of functioning;</i>	<i>Our families will receive culturally and linguistically responsive services.</i>
<i>Services are integrated into the community, in the neighborhoods where the people who need them live;</i>	<i>Children with emotional, intellectual or behavioral challenges will receive integrated services and care coordination in a seamless manner.</i>
<i>Services are family focused to promote the well-being of the child and community;</i>	<i>Our system will be youth guided and family driven with the family identifying their own strengths and needs and determining the types and mix of services and desired outcomes within the resources available.</i>
<i>Services are responsive to people and adaptable to their changing needs;</i>	<i>County, community and private agencies will embrace, value, and celebrate the diverse cultures of their children, youth and families and will work to eliminate disparities in outcomes.</i>
<i>Services are provided through collaborative and cooperative partnerships between people living in their community and public and private organizations.</i>	<i>We will be accountable at the individual child and family, system, and community levels for desired outcomes, safety and cost effectiveness.</i>

Goals and Objectives

- Collaborate with community based agencies to expand available community resources to serve at-risk children and families. This approach is more cost effective and further supports the families in our community.
- Collaborate and partner with the school division to enhance public day school services to special education students.
- Create a more comprehensive system of linking human service agencies in order to have a more global approach to meeting the needs of identified families within our community. In its efforts to support the County's value of Teamwork, this office will facilitate and coordinate improved communication among agencies and facilitate the development of partnerships for maximization of limited resources.
- Maintain a strong financial policy, in cooperation with the Community Policy and Management Team for the assessment and collection of parental co-payments, which is effective and streamlined in its policies and procedures.
- Maintain an effective utilization management system in reviewing high cost placements and track outcomes of services rendered for effectiveness in treatment.
- Implement identified objectives within the plan for Human Services that will ensure the County is leveraging service opportunities and scarce resources in meeting the needs of families and children within the community and will continue to provide an opportunity for agency leaders to collaborate and work on improving relationships between agencies that will increase the comprehensive care provided to the families and children of Stafford County.

PART 1 – CSA Teams and Best Practices

Part 1 provides information about the CSA teams and best practices. Responsibilities of the various team members, to include case managers, and the procedures they should follow to assist families in service planning and delivery are described in this section. The CSA commitment to partnership with families, and the rights and responsibilities of families are also described in Part I.

What Is The Children's Services Act (CSA)

CSA is a Virginia law designed to help troubled and at-risk youth and their families. Passed in 1992 by the Virginia General Assembly, the Act is intended to improve efforts to meet the needs of families with children and youth who have, or are at risk of having, serious emotional or behavioral difficulties. State and local human service agencies, parents and private service providers work together to plan and provide services. In each community, local teams decide how this will be accomplished. In the Stafford County community, these teams are: Family Assessment and Planning Team (FAPT), and Community Policy and Management Team (CPMT).

Who Is Eligible To Access Pooled Funds Under CSA?

Eligibility for CSA Mandated Pool Funds

- 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](#)"
- Children committed to the Department of Juvenile Justice and placed in a private home or in a public or private facility in accordance [§ 66-14.](#)" [COV § 2.2-5211 B.](#)
- Youth aged 14 or over whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person, who are not CHINS adjudicated.
- Children or youth at risk for out-of-home placement, as indicated by problems that are significantly disabling and present in multiple community settings, e.g., home, school, with peers, and for whom, with sufficient support, placement may be avoided, who are not abused or neglected as defined in [§ 63.2-100](#) and do not meet the statutory CHINS definition ([§ 16.1-228](#))

Eligibility for CSA Mandated Pool Funds

The state pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection in the purchase of residential and nonresidential services for children. References to funding sources and current placement authority for the targeted populations of children are for the purpose of accounting for the funds in the pool. It is not intended that children be categorized by individual funding streams in order to access services. [COV § 2.2-5211 B.](#) The target population shall be the following:

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 for whom foster care services, as defined by [§ 63.2-905](#), are being provided to prevent foster care placements, and children placed through parental agreements, 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 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](#);
5. 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](#).

Special Education Services

In any instance that an individual 18 through 21 years of age, inclusive, who is eligible for funding from the state pool and is properly defined as a school-aged child with disabilities pursuant to [COV § 22.1-213](#) is placed by a local social service agency that has custody across jurisdictional lines in a group home in the Commonwealth and the individual's individualized education program (IEP), as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual's special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 (§ 22.1-213) of Chapter 13 of Title 22.1, and the Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, inclusive, or is no longer eligible for special education services. The financial and legal responsibility for such special education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual. [COV § 2.2-5211 D](#) Consistent with a student's eligibility for special education services under IDEA, if the special education student with mandated services enters the school year at 21 years of age, that child may remain under the mandated, special education category of CSA funding until completion of the IEP academic year. Eligibility would terminate upon the student's completion of that IEP academic year. *See "DOE Appendix B" for Age of Eligibility Requirements*

Wrap Around Services for Students with Disabilities

The special education mandate cited in §2.2-5211 B1 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.

Foster Care Prevention Services

Foster Care Prevention Services are provided to families when intervention is needed to prevent long term out-of-home and/or out out-of-community placement of a child. The child must be at risk of removal from their home and placement into foster care due to abuse or neglect or due to a behavior, conduct or condition that presents or results in a serious threat to the well-being and physical safety of the child, or the well-being or physical safety of another person if the child is under the age of 14 (Child in Need of Services definition in [COV § 16.1-228](#)). The SEC approved Interagency Guidelines on Foster Care Services "Children in Need of Services" funded through the CSA shall be followed in providing foster care prevention services for "children in need of services". The focus of services should be on maintaining and strengthening the family unit while ensuring the safety of the individual family members. These services are purchased with Mandated CSA Pool Funds.

The philosophy guiding foster care prevention services requires a community-based, family-focused, child-centered approach to service delivery. Its foundation is the belief that the family is, and should continue to be, the central structure around which a caring and self-sufficient society must be built. The family is the best environment for raising children and caring for vulnerable members. Accordingly, the family must be able to provide the necessary nurturance, protection, shelter, and education for its members.

For these services, a family means an adult(s) and children related by blood, marriage, adoption, or an expression of kinship, who function as a family unit.

Services provided to the child and family will generally be short-term and intensive in order to preserve and/or to strengthen the family, while ensuring the safety of the child and other persons, or to return the child home as soon as is appropriate.

State policy holds the CPMT jurisdiction where the child/youth legally reside responsible for payment for the services identified in the IFSP. If the legal residence should change to another jurisdiction, the state requires the former CPMT jurisdiction to notify the new CPMT jurisdiction in writing that the child/youth/family's legal residence has changed. A copy of the current IFSP/IEP for private day or residential school must be forwarded to the new CPMT jurisdiction.

Foster Care Services for "Children In Need Of Services" (CHINS)

The SEC-approved Interagency Guidelines on Foster Care Services for Specific "Children in Need of Services" funded through the Comprehensive Services Act (CSA) ("State Guidelines") shall be followed in providing foster care services mandated through CSA for "children in need of services" and their families in the first two situations listed above. The State Guidelines are available on the [CSA Website](#). Specifically, the State Guidelines apply when "children in need of services:"

- Remain in their homes and have been identified as needing services to prevent or eliminate the need for foster care placements; or
- Have been placed outside of their homes through an agreement between the parents or legal guardians and the LDSS or the public agency designated by the CPMT where legal custody remains with the parents or legal guardians.

This agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with the CPMT's policies and procedures. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP.

The public case management agency designated and the legal guardian shall develop an agreement that provides for:

- Family participation in all aspects of assessment, planning, and implementation of services;
- Services to be provided as delineated in the individual family services plan;
- Payments to cover the cost of care by the family, their private health insurance, public or private agency resources, and CSA state pool funds;
- A requirement that the legal guardian apply for Medicaid, and/or other public or private resources if it may assist in funding services;
- Provisions for utilization management of the care provided;
- Provisions for resolving disputes regarding placements; and
- Conditions and method for termination of the agreement;
- Name of the specific placement; and discharge plan and projected discharge date.

For children in need of services proposed for placement outside of their homes through an agreement between the parents or legal guardians and a public agency designated by CPMT where legal custody remains with the parents or legal guardians, the CSA Program staff or designee shall review the case for compliance with the State Guidelines before authorizing CSA funding.

CHINS Foster Care Services Procedures (parental agreements)

Steps in determining eligibility:

1. FAPT reviews the case, recommends a placement outside the home and determines that the child meets the eligible population for CSA services. For placement continuation beyond the projected discharge date FAPT approves a new discharge date on the IFSP.
2. The case management agency, which per the State Guidelines cannot be DSS, and the parent sign a Parental Agreement, based on the state model and modified to the requirements of the specific case. The sections in the state model may not be deleted or modified. For continuation beyond the projected discharge date a new Parental Agreement is developed and signed based on the new IFSP discharge date.
3. After verification of receipt of the signed Parental Agreement, Co-Pay Agreement, IFSP, current CANS and IAAC verification/notification and CPMT approval for time period prior to Magellan approval the CSA office staff shall authorize CSA funding for the placement.
4. The CPMT designee signs the Parental Agreement confirming that the request is in compliance with the State Guidelines. Parental Agreements are not valid without the signatures of the parent/legal guardian and the CPMT designee.
5. CSA funding for the placement shall not begin prior to CSA office staff authorization and completion of the Parental Agreement.

Medicaid Coverage For Services Authorized By A FAPT

Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Comprehensive Services Act for At-Risk Children and Youth. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child. (CSA Appropriations Act 5E)

The Department of Medical Assistance Services (DMAS) reimburses providers for certain components of residential psychiatric treatment (RTC), community-based residential treatment (CBRT) and treatment/therapeutic foster care (TFC) case management. Services must be provided by a Medicaid enrolled provider with whom the CPMT has an approved contract for services. DMAS uses a subcontractor as the utilization review provider to determine Medicaid approval for RTC, CBRT, and TFC placements. The subcontractor (Magellan) receives information about the youth from the enrolled provider.

At the time of review of any case for which CSA funds are sought, the FAPT should ascertain whether Medicaid coverage for services has been explored by the case manager prior to approving CSA funds. For Medicaid eligible youth state pool funds shall not be used to purchase community-based behavioral health services for a Medicaid eligible youth. For Children and Youth not eligible for Medicaid for whom community based behavioral health services will be purchased with Pool Funds, 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. This shall be completed by the Rappahannock Area Community Services Board (RACSB) conducting a VICAP; documentation of the VICAP shall be submitted to the FAPT and placed within the CSA record.

The FAPT is responsible for recommending the Residential Treatment Care (RTC), Community-based Residential Services (CBRT) or Treatment Foster Care (TFC) level of service. FAPT members sign the FAPT IFSP indicating their recommendation.

CPMT approval is required for use of non-Medicaid providers for residential and group home services, with the exception of providers identified on the IEP for private special education placements.

When an IEP has identified the educational placement to be a Medicaid enrolled residential provider, SCPS case managers shall ensure that the parents/guardians understand their child's potential eligibility for Medicaid, and request consent to work with the case manager and the CSA program office staff to explain Medicaid benefits, eligibility requirements, and the application process. If the parent/guardian declines to participate in this process the SCPS case manager shall have the parent/guardian complete a statement with signature indicating this decision for the case record. This statement once completed shall be provided to the CSA program staff within 15 business days of the placement.

A Medicaid-reimbursed admission to an acute care facility, a freestanding psychiatric facility, or a residential treatment facility can only occur if the independent team can certify that:

- Ambulatory care resources (all available modalities of treatment less restrictive than inpatient treatment) available in the community do not meet the treatment needs of the recipient;
- Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Procedures for Approval of Non-Medicaid RTC/GH Providers

1. Contact VA Medicaid providers with programs appropriate to meet the youth's needs; utilize current information about provider programming and consult with other staff familiar with residential providers so that all options are considered.
2. Document any admission denials, stating the reason the youth was not accepted.
3. If the case manager determines that no appropriate Medicaid providers are available, then apply to in-state non-Medicaid programs, out-of-state contracted providers, and other non-contracted providers in that order.
4. If the case manager selects a non-Medicaid provider, the case manager will need to submit a written request for approval to CPMT along with justification for the request. The request should include information about denials to Medicaid programs, reasons why the case manager is not selecting a Medicaid program for which the youth has been accepted, and a justification why the non-Medicaid provider is requested.

Non-Custodial Foster Care (out-of-home services)

The Department of Social Services as the CPMT designee can establish services through NCFC. These out-of-home services are funded with CSA mandated funds and are provided for a period **not to exceed 12 months** with the goal of returning the child

to his/her family. The out-of-home placement is made with the parent(s) retaining custody. These placements require a written agreement between the parent(s) and the CPMT (or its designee/DSS) to cover issues of child support, visitation, length of placement, notice needed to end placement, medical care, and services to be delivered. If temporary out-of-home placement is necessary to stabilize the family, the objective must be to return the child(ren) home, or to the community within 12 months through the delivery of intensive short-term services.

Out-of-home placements are managed the same as foster care placements. They are subject to the state and federal foster care review process and requirements of state and federal laws. They are managed as foster care placement cases even if the local social services agency does not have custody. The parents will be referred to the Division of Child Support Enforcement (DCSE), as is required of all foster care cases. In addition to a written placement agreement, these non-custodial out-of-home placements require that a Foster Care Service Plan be completed within sixty (60) days of placement, and the service plan must be in the agency case record.

Parental Financial Contribution

It is the desire of the CPMT that human services staff implementing the parental co-payments process embrace the spirit of the CSA philosophy of partnership with families. Included in the philosophy are understanding, cooperating, and encouragement of family involvement.

See **APPENDIX** for full Parental Financial Contribution Policy

Confidentiality/Information Sharing And Statement Of Non-Discrimination

All information about specific children and families obtained in discharge of CSA responsibilities shall be confidential and not open to the public, unless the youth and family request, in writing to the case manager, that it be made available. After obtaining the proper consent from all persons about whom information will be disclosed, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or youth as are necessary for a full and informed assessment by the team. Copies of written information contained in agency records may be shared with parent(s), legal guardians, or youth, according to specific agency policies.

Stafford County CSA and its contractors shall not be free of discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, political affiliation, disability, genetic information, veterans' status, or disabled veterans' status. Any contractors must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964 and its implementing regulations. Any contractor must further comply with Section 504 of the Rehabilitation Act of 1973, as amended and its implementing regulations; the Age Discrimination Act of 1973, as amended, and its implementing regulations, Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act.

Team Based Planning (TBP)

Family Assessment and Planning Team (FAPT):

The FAPT has the power and duty to "assess 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 these unique needs" and "provide for family participation in all aspects of assessment, planning and implementation of services." The Code specifies that at minimum FAPTs must include representatives from the Community Services Board, Juvenile and Domestic Relations District Court, Department of Social Services, and local school division, as well as a parent representative (COV Sections 2.2-5208 to 5212).

Parental Rights and CSA:

The CSA was designed to assist troubled youths and their families to gain access to the services from various human services agencies in order to meet their needs. State and local agencies, parents and private service providers work together to plan and provide services. All parents of children served by the CSA have the right to:

- Understand the local CSA process and to receive information on the timelines for receiving and reviewing referrals for services.
- Be notified before the child is assessed or offered services.
- Consent in writing before beginning any services that are part of the family service plan developed, except when ordered by the court, upheld by the appropriate appeals process, or authorized by law.
- Review and receive information regarding the child's CSA record and to confidentiality (unless otherwise authorized by law or ordered by the court).
- Receive assistance from local human services professionals through the assessment process to determine the services the child requires.
- Review, disagree with, and appeal any part of the child's assessment or service plan.

- Participate during the entire meeting at which a CSA Team discusses the child and family situation, with the exception of a closed session as prescribed by law.

Individual Family Service Plan (IFSP)

The Stafford County CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. To this end, it is required that the IFSP request CSA funding for services by developed through such a team-based planning process.

The IFSP is a written assessment of the youth and family's strengths and needs as based on the CANS and recommends a plan for the provision of services. The IFSP is legally binding to the extent the FAPT has offered specific services to the client in connection with the IFSP. The FAPT is obligated to authorize such services, to the extent feasible. If the client fails to cooperate in obtaining such services, the FAPT cannot compel such cooperation.

The IFSP will include the following:

- Short term targeted behavioral objectives or objectives for the child and family.
- Identified strengths based on the assessment given.
- A listing of strategies for reaching the specified goals and/or objectives which should include:
 - The type of service recommended to be provided;
 - The recommend projected duration of the services;
 - Designation of individual responsible for implementing the services or strategies; and
 - A time frame for review of the plan if needed.
- Designation of a case manager if appropriate.
- Referral information to community agencies and/or services outside of CSA pool funds when appropriate.

The IFSP and the Individual Education Plan:

The IEP is developed in accordance with the child's right to receive Free and Appropriate Public Education, as defined by federal statute and regulation. The services identified by the IEP must be provided for the child. Local policies governing access to CSA state pool funds by the eligible populations will ensure access to funds for students whose IEP's call for services that must be funded through the CSA state pool funds. FAPT, may, at its discretion, create an IFSP to provide for services outside of the IEP. While FAPT's recommendations may be incorporated into an IFSP, the IFSP must still adhere to state and federal requirements regarding IEP mandated services. It must be clearly communicated to the parent or guardian that agreement with and/or participation in the services outlined in the IFSP does not affect the provisions of services outlined in the IEP.

The IFSP and the Court:

In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to §§ [2.2-5209](#) and [2.2-5212](#), refer the matter to the CPMT for assessment by a local FAPT authorized by policies of the CPMT for assessment to determine the recommended level of treatment and services needed by the child and family. The FAPT making the assessment shall make a report of the case or forward a copy of the IFSP to the court within 30 days of the court's written referral to the CPMT. The court shall consider the recommendations of the FAPT and the CPMT. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the FAPT, the court shall request the CPMT to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section. (2.2-5211E)

The IFSP and the Foster Care Service Plan:

The Foster Care Service plan is developed in accordance with P.L. 96-272 and Code of Virginia 16.281-1. The Foster Care Service Plan provides safeguards to ensure that a permanency plan is developed for every child in foster care. Local policies governing access to CSA pool funds by the eligible populations will ensure access to funds for children in foster care whose Foster Care Service Plan calls for services which must be funded through the CSA pool fund. While the FAPT recommendations may be incorporated in the IFSP, state and federal requirements for service plans must be met. The IFSP supports the Foster Care Service Plan.

Behavioral Assessment (CANS)

State CSA policy requires the administration of a uniform behavioral assessment instrument for every child in receipt of CSA funding. The Child and Adolescent Needs and Strengths (CANS) instrument is to be rated for all children and youth. Raters must

be certified to administer the CANS and use the CANS appropriate for the youth's age group. Training is available online through the CANS website; CSA program staff will provide support to case managers requiring training.

Family Assessment and Planning Team (FAPT)

Operating Guidelines

The FAPT shall "assess 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 these unique needs." (Code of Virginia) § 2.2-5208. Every team shall:

- Review referrals of youths and families.
- Provide for family participation in all aspects of assessment, planning and implementation of services. (COV § 2.2-5208). This includes full participation by the family during the team meeting when their child's case is being presented.
- 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. See APPENDIX for Stafford DSS's policy on FAPT Participation;
- Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services;
- Identify children who are at risk of entering, or are placed in residential care through the Comprehensive Services Act program that can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, the FAPT, in collaboration with the family, shall
 - a. 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;
 - b. Identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
 - c. 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
 - d. of public or private community-based services to support the youth and family during transition to community-based care and
 - e. 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.

For IEP-required private special education placements, activities (6) through (9) are to be accomplished and documented by the IEP Team.

- Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan;
- Refer the youth and family to community agencies and resources in accordance with the individual family services plan. The FAPT brings to all its deliberations the considerations that all available public and community resources have been utilized. FAPT agency representatives shall have the authority to access services within the established operating procedures of their respective agencies. FAPT recommendations for services by specific agencies must be consistent with those agencies' mandates.
- Make recommendations for types of services and projected length of service on the IFSP.
- 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.

Decision-Making:

1. Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the CPMT, cases for which service plans are developed outside of the FAPT process shall not be eligible for state pool funds. There is no statutory or CSA policy requirement that IEPs be reviewed by a FAPT. The educational services in an IEP are not the same as treatment services referenced in Section 2.2-5209 of the Code of Virginia that requires a child and family be assessed by the FAPT to be eligible for CSA-funded treatment services (state CSA Manual Appendix B).

2. Except for foster care payments for services authorized on the "Notification of Payment to CPMT" form; which is reviewed by the DSS Director and DSS Foster Care supervisor and submitted on a monthly basis to CPMT for review and approval.
3. Nothing in this section shall prohibit the use of state pool funds for emergency placements; provided the youth are subsequently assessed by the FAPT within 14 days of admission and the emergency placement is approved at the time of placement. (COV 2.2-5209). For purposes of defining cases involving only the payment of foster care maintenance, the definition of foster care maintenance used by the Virginia Department of Social Services for Federal Title IV-E shall be used. (CSA Appropriations Act B11).
4. In the event a group home or residential facility has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed by CSA in the facility must be assessed to determine whether it is in the best interests of each child to be removed from the facility and placed in a fully licensed facility and additional placements are prohibited until full licensure status has been restored.
5. Prior to placing a child outside Stafford County, the FAPT must also explore all appropriate community services for the child, document that no appropriate placement is available in the locality, and report the rationale for residential placement to the CPMT; in the case of IEP-required private special education placements, these activities are accomplished and documented by the IEP Team.
6. The FAPT must determine that the family's financial resources have been reviewed and assessed, that the services are provided in the least restrictive setting, and that the services are appropriate and cost-effective, services are conducive to family preservation, and that all mitigating circumstances have been taken into consideration.
7. FAPT procedures and recommendations cannot supersede state or federal statutes. Federal and state requirements prohibit any entity from changing the services or placement specified on the IEP for private special education placements. The FAPT and the CPMT are likewise prohibited from changing the IEP, including services and placement specified.
8. Whenever possible, FAPT decisions will be made by consensus. If consensus cannot be reached, a vote will be taken and a simple majority will rule. Dissenting opinions may be noted on the FAPT IFSP.
9. All cases accessing CSA pool funds are subject to FAPT review as outlined in the Utilization Management Plan located in the **APPENDIX**.

Accessibility To The FAPT

Ease in accessing a FAPT is essential in providing effective and timely service delivery to youth and families.

FAPT Reviews to Initiate New Services

1. FAPT shall accept referrals from youth and/or families; those who have received services in the past from another CPMT or FAPT, and referrals from agencies, public and private, including those agencies not represented on the CPMT or FAPT as defined by the target population.
2. The Human Services office shall be the single point of access for referrals from any one source. The Human Services office staff will then determine the appropriateness of the referral in conjunction with the target population criteria within the COV Section [2.2-5211](#) and schedule a team meeting.
3. All FAPT paperwork must be completed and accurate, and received, by the Human Services office by 12:00 pm the day before the meeting or the FAPT will be re-scheduled.

FAPT Reviews of Current Services

1. The FAPT review date shall be set by FAPT prior to the end of the service funding period.
2. The FAPT referral update, updated CANS, and other required documents shall be submitted to the Human Services Office by 12:00 pm the day prior to the scheduled FAPT review; if not, the FAPT review shall be delayed until the next FAPT meeting after all required material is received.

Family Participation in FAPT Process

The FAPT review will be scheduled, when possible, as convenient for the family. The FAPT will provide the parent(s) or legal guardian(s) with a copy of the IFSP at the conclusion of the meeting. The parent(s)/ legal guardian(s) will be invited to attend the FAPT; their attendance is required. When family members who are not proficient in English or who are deaf or hard of hearing, are attending a FAPT meeting, the case manager will arrange for interpreter services for the meeting. In accordance with the Americans with Disabilities Act, accommodations will be provided to individuals to assure access to the FAPTs. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

Parent(s)/legal guardian(s) shall be invited and required to attend (in person or by telephone) FAPT reviews at which residential or group home placement is being considered, and at which target discharge dates are being established or

considered for revision. FAPT may decline to review the case in the absence of the parent/legal guardian. Family members in attendance at a FAPT meeting will have the opportunity to ask questions.

If a parent/family member wishes to bring an attorney to the FAPT meeting, the County Attorney must also be present at the meeting. The family must give the case manager sufficient notice of their intent to bring an attorney. The FAPT meeting is not investigative for adversarial purposes. An attorney may not use the meeting as a contested hearing or as a forum for cross-examination.

The family has the right to record the FAPT meeting by electronic recording or by transcript at their own expense. The family must give the case manager sufficient notice of their intent to record the meeting so that the case manager may determine if there is a need for the FAPT to make a recording of the proceedings and to arrange for appropriate equipment.

Stafford Department of Social Services (DSS) Policy on FAPT Participation

Services provided to foster children and their families through FAPT funding is child centered, family focused, and community based. The supports provided address the unique strengths and needs of all children and the families served.

Stafford DSS policy strives to respect individual difference in families and provide appropriate services in the least restrictive environment while protecting the welfare of our children. These services are provided as a part of a total system while protecting the welfare of our children. These services are provided as a part of a total system with cooperation, coordination and collaboration occurring among foster parents, biological parents, service providers and community stakeholders. Family engagement is critical throughout the child's involvement with the child welfare system. This agency partners with families to make well-informed decisions about their child's safety, permanent home, lifelong connections and well-being.

Stafford DSS policy involves engaging the child's birth parents, prior custodians, and family members, as well as other community members and adults who are significant to the child and family and consistent with the child's best interests. It is based on open communication, mutual respect, and honesty.

Stafford DSS policy reflects the state's three fundamental principles incorporated in the Virginia Children's Service System Family Practice Model: First, we support a family, child, and youth driven practice; second, we believe that all children and youth need and deserve a permanent family; third, we believe in partnering with others to support child and family success in a system that is family focused, child centered and community based.

Stafford DSS utilizes the Family Partnership meetings at the designated Critical Decision points as well as monthly Team Meetings to address issues regarding on-going service planning for the child and family including related services. All family members and resource parents are fully recognized as members of the Team and are encouraged to attend FAPT meetings regarding their designated child.

Appeals of FAPT Decisions

Any youth, parent, legal guardian/custodian, or representative of the agency holding legal custody of the youth, who is dissatisfied with the recommendations of the FAPT, may file a written request for appeal to the CPMT. A letter of appeal must be filed with the child's case manager within 14 days of the FAPT meeting. The case manager shall file the request with the Human Services Office for presentation to the CPMT. The CPMT has 60 days to finalize the appeal. The Human Services Office staff shall:

- Notify the CPMT Chairperson of the filing of the appeal.
- Notify the parent/guardian and case manager of the date of the CPMT meeting so that the interested parties may be present at the meeting. Notification shall be in writing.
- CPMT may, at its discretion, invite the parent/guardian, case manager, or other interested party to address the appeal.

After reviewing the letter of appeal, any attachments thereto, and the case record, and after considering any oral comments it may have heard, the CPMT shall have the authority to modify the services plan should the team feel that the parent's or legal guardian's appeal has sufficient merit. The determination shall be by majority vote. After rendering its decision, the CPMT or its designee shall notify the parent or legal guardian in writing of its decision, which shall be final.

Emergency FAPTs

Emergencies are defined as those crisis situations in which the lead case manager and his/her supervisor, in consultation with the family when possible, are in agreement that the child is in need of immediate placement or the child and family is in need of immediate services in order to prevent an out-of-home placement of the child. Per Virginia Code, prior to placing a child outside Stafford County, it is required that all appropriate community services for the child be explored.

Prior to authorizing an emergency service, the following questions should be considered by the CSA Program staff, case manager, and supervisor to determine that the situation should be handled as an emergency:

1. Is this a crisis situation? Is the child in need of an immediate placement or the family in need of immediate services in order to prevent an out-of-home placement of the child?
2. Youth Behavior and Safety:
 - a. Is the child a threat to him/herself and/or others?
 - b. What is the history in terms of previous self-destructive behavior?
 - c. What will happen if the child does not leave the home?
 - d. What are the consequences of moving the child from the home?
3. Level of Supervision Required
 - a. Does the child require 24 hour supervision?
4. Family and Community Resources:
 - a. Has the child been assessed by the local community mental health center?
 - b. Do(es) the parent(s) have the capacity to maintain the child?
 - c. Is there a less drastic alternative?
 - d. Are there relatives or other alternatives in the community to help avert the immediate crisis?
 - e. Are there any available resources that could maintain the child safely in the home?
 - f. Is a respite placement possible or better?

Procedure

When an emergency, as defined above occurs, the case manager must contact the Director of Human Services who will initiate the emergency funding request process.

1. The case manager is responsible for providing, via e-mail, all of the necessary information to make an informed placement decision.
2. Approval will be sought by a majority of FAPT members for services requested.
3. If purchase of services is approved by FAPT, funding approval will be sought by the chairman of the CPMT.
4. All emergency approved cases will be placed on the next available FAPT agenda.
5. The Director of Human Services shall have the authority to approve some services. An e-mail explaining the situation must be sent and then it will be forwarded to FAPT for informational purposes. The following types of emergency placements can be approved for up to 14 days (until the next scheduled FAPT meeting).
 - a. Community based services when the service is therapeutic in nature and specifically required to prevent the immediate possibility of an out of home placement.
 - b. Residential Treatment Facility placements (Level C) that are Medicaid funded that require an immediate removal from their current placement and their behaviors warrant that level of restrictive care.
 - c. New cases requiring a placement in a shelter until an appropriate placement can be determined.
6. A FAPT review must occur within 14 days following the onset of services in an emergency.
7. If the child/family does not have a case manager, the agency taking the emergency action assumes the role of lead agency and assigns a case manager until there is a FAPT review.
8. If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible.
9. If the Director of Human Services is not available during the emergency process, the Human Services Manager shall be contacted, and if not available the Human Services Specialist shall be contacted, and if not available the FAPT member from the lead agency taking the emergency action will forward the information to FAPT and the CPMT chairman to request approval.

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children must be evaluated, and prescreened if appropriate, by CSB Mental Health Services. The purpose of this process is to explore alternatives to hospitalization; determine whether voluntary or involuntary status is appropriate if hospitalization is necessary; assist in securing a bed and to facilitate the hospitalization; and make use of public resources, to include Medicaid. Evaluations and pre-screenings can be arranged through the local CSB Mental Health Resource Team member from the office located in the area where the youth resides. Psychiatric Hospitalizations are typically funded through private insurance or Medicaid and are generally not a CSA-funded service. If you have a questions regarding funding, please call the CSA program office at (540) 658-4619.

FAPT Membership

"Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent." (COV § 2.2-5207. Family assessment and planning team; membership; immunity from liability.)

Each FAPT shall include representatives of the following community agencies who shall have the authority to access services within their respective agencies: Community Services Board (CSB) pursuant to COV 37.2-501, Stafford County Juvenile Court Service Units (JDRC), Department of Health (HD) when appropriate, Department of Social Services (DSS), Stafford County Public Schools (SCPS), Stafford County Public Schools (SCPS), and a parent representative who is not an employee of any public or private program which serves children and families.

Persons serving on the FAPT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in Sec. 2.2-3101 of the State and Local Governmental Conflict of Interests Act, or a fiduciary interest.

The CPMT appoints members of the FAPTs and their substitutes upon recommendations from the designated agencies and completion of FAPT training by the CSA program staff. All newly appointed FAPT members will be provided an orientation of all policies and procedures and provided all essential documents by the Human Services Office Staff.

All those serving on a FAPT shall demonstrate the following characteristics:

- Commitment to the philosophy of the CSA;
- Respect for the beliefs and traditions of individuals coming from a wide variety of cultural, religious, and ethnic heritages;
- Experience in coordination and provision of services across agencies;
- Knowledge about services offered within their agencies and authority from their agencies to access those services;
- Willingness to participate in training and skill development programs as required;
- Flexibility in their work schedule in order to accommodate needs of families; and
- Willingness to maintain the ethics of confidentiality.

FAPT Onboarding Process (Schedule in Appendix)

Any time a new FAPT member is appointed an onboarding process shall occur to review the following:

Purpose of FAPT

Operating Guidelines

FAPT Schedule

FAPT Day

Cases

FAPT Absences

Inclement Weather Policy

Attendance and Participation

All mandated members and their substitutes should be in attendance at regularly scheduled or emergency FAPT meetings. If any agency members are not present, the option to proceed with the meeting is available at the discretion and concurrence of the case manager, family (if present), and FAPT Chairperson. When a FAPT is convened and the family requests to participate in the FAPT meeting and the scheduled parent representative is unavailable due to an emergency, if the parent(s) of the youth agree, the FAPT meeting may proceed without the FAPT parent representative.

FAPT Meeting Schedule

Stafford County currently operates with two FAPTs; at any time this can be revised, reviewed, or modified to meet the needs of the CSA program. Each FAPT will meet once a week on the designated FAPT day and at a designated time and place to review and conduct its business. The calendar as well as the locations of the meetings are scheduled a year in advance and provided to all referral sources by the CSA program staff. Both of these items are also available on the Stafford County website.

FAPT meetings are not open to the public. All information about specific children and families obtained by team members shall be confidential.

In the event of inclement weather, scheduled FAPT meetings are automatically canceled and rescheduled under the following circumstances:

- All morning FAPT meetings are canceled and rescheduled when Stafford County Public Schools have a late opening;
- All afternoon FAPT meetings are canceled and rescheduled when Stafford County Public Schools have an early closing;
- All FAPT meetings are canceled and rescheduled when Stafford County Public Schools are closed (including for holidays and spring break).

FAPT Member Responsibilities

- Attending scheduled orientation and training sessions.
- Requesting an alternate team member from their agencies at FAPT meetings, when unable to attend a regularly scheduled FAPT meeting.
- Consulting with and assisting the case manager from the agency represented in implementing the IFSP.
- Relinquishing their duties to alternate team members should a conflict of interest arise.
- Signing the Stafford County CSA FAPT Confidentiality Statement.
- Reviewing referrals to the team by assessing the strengths and needs of youth and families.
- Identifying and determining the complement of services required to meet these unique needs.
- Addressing, to the extent that information is available, if the recommendation is for residential placement, transitional planning and resources by type and projected length.
- Authorizing expenditures from the local allocation of the CSA state pool of funds as delegated by the CPMT and approving the type and projected length of service on the IFSP.
- Encouraging family participation in the aspects of assessment, planning and implementation of services.
- Allowing a parent with legal custody to decide whether their minor child will attend the FAPT meeting. A youth who has reached the age of majority (18 years of age) may choose whether his parents attend the meetings, provided that the IFSP does not contemplate participation by the parents.
- Reviewing and determining that less restrictive alternatives have been assessed and ruled out prior to approving the decision to make a residential placement to be funded by CSA pool funds or adoption subsidy funds for children and youth who receive adoption assistance (subsidy) payments who are referred for residential placement.
- Assisting in the development or revision of the IFSP for youth and families reviewed by the team so as to provide for appropriate and cost-effective services.
- Signing the CON if the FAPT authorizes RTC or Community-based Residential Treatment after the physician signs.
- Reviewing written case materials and either: approving, in writing, as initially requested, or requesting a modified or full FAPT reassessment.
- Recommending referrals for the youth and family to community agencies and resources in accordance with the IFSP and, if requested, assisting the case manager in accessing services.
- Designating the time frame and the specific type of FAPT reassessment for the recommended services.
- Notifying the lead case manager, if not present at the FAPT review, of the FAPT's decision by forwarding the FAPT Authorization through the FAPT member from the lead case manager's agency.

FAPT Chairperson

- Ensuring compliance with CSA regulations and local policies and procedures.
- Conducting team meetings in an efficient manner, consistent with the operational procedures, ensuring that all scheduled agenda items are addressed.
- Serving as the FAPT liaison to the CPMT as needed and attending other meetings when necessary.
- Ensuring that information is shared with FAPT members.
- Coordinating with the CSA program staff to postpone the FAPT meeting until the County Attorney can be present in situations where the family wishes to bring an attorney to the FAPT meeting.
- Outlining the meeting process to the participants.
- Informing the family, if present, of their right to appeal the recommendations of the FAPT and giving them written information about the process.
- Allowing for introduction of parent(s), and others present.
- Explaining the purpose of the attendance of the non-FAPT members (observers and consultants) to the family, if present.
- Ensuring that all persons present at the meeting sign a confidentiality statement and explaining the importance of keeping information disclosed in the FAPT meeting confidential. A guest invited by the parent(s) need not be required to sign a confidentiality statement if the parent(s) object. This shall be done prior to the meeting and any discussion of the case.
- Allotting sufficient time for presentation, review and discussion.
- Allowing an overview of the case presented by parent(s) and case manager, when present (to include actions already taken, history/needs/dynamics of family and youth, areas of concern that need to be resolved and recommendations for discussion.)
- Facilitating discussion of alternatives, formulation of recommendations and development of the IFSP. Identifying major issues and attempting to resolve areas of disagreement.
- Re-capping, at the close of the case discussion, the FAPT Authorization for clarification of goals and responsibilities.
- Referring issues that arise during the FAPT meeting that may require a legal opinion, to the CSA program staff.
- Facilitating the FAPT meeting and ensuring that the parent(s) or legal guardian(s), when present, have an opportunity to ask questions and to participate in the discussion.

- Ensuring that there is no deviation from the standard process of the FAPT meeting due to the presence of an attorney or any other invited participant. An attorney may not use the meeting as a contested hearing or as a forum for cross-examination.
- Reviewing and signing the FAPT Authorization approving funds for type and length of services, ensuring that all appropriate parties also sign the form.
- Taking a vote of the participants if consensus cannot be reached on a decision.
- Scheduling a case reassessment date in consultation with the Case Manager and parent(s) if present at the meeting if needed. Asking if there are other agencies or mandated review dates to be considered in the setting of the FAPT review date.

FAPT Parent Representative

Inform the FAPT leader if there is some question as to whether a conflict of interest exists so that the case manager can discuss the situation with the family to see if the family would prefer that another parent representative serve on the team to review the case. The parent representatives provide a unique perspective of a parent who has negotiated the system or is willing to assist others in the process, maintaining sensitivity to parents and family members during the FAPT meeting. Parent representatives are not County employees, but volunteers who are appointed by the CPMT after completed background checks and interviews and they must sign a confidentiality statement prior to serving with a FAPT. Parent representatives are selected because they demonstrate the ability to listen objectively, communicate clearly, respect the traditions of individuals from diverse cultural, religious, and ethnic backgrounds, and they must respect confidentiality. FAPT parent representatives in Stafford County must be residents of the Stafford community. Foster parents may not serve as parent representatives, as they are considered employees, or “providers”.

FAPT Reviews:

Lead Case Manager Responsibilities:

Family Participation

- Except where there are extenuating circumstances, meeting should not be conducted unless at least one parent/guardian is present. When business is conducted without parental participation, documentation of efforts to involve the parents should be included in the record of minutes. The parent/guardian must sign the IFSP at a later date (A process that shall be facilitated by the lead case manager). A parent or legal guardian must sign the IFSP.
- When present and appropriate, the youth involved will also sign. The IFSP cannot be implemented without the consenting signature of a custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate appeals process, or authorized by law, or where a youth over the age of fourteen (14) exercises his or her right to treatment without parental consent. The lack of a consenting signature of a parent on an IFSP will not interfere with procedures to provide immediate access to funds for emergency services and shelter care.
- Informing families about the FAPT cancellation policy if there is inclement weather.
- Arranging for interpreter services during the FAPT meeting so that written and oral communication is in a language that the family understands. CSA program funds will pay for these services.
- Arranging for accommodations to individuals, in accordance with the Americans with Disabilities Act, to ensure their access to the FAPTs. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

Consent to Exchange Information

- Ensuring prior to scheduling the FAPT that all persons about whom information will be disclosed have signed the interagency Consent to Exchange Information form.
- Ensuring that the FAPT is specifically noted as being able to share information.
- Ensuring that the expiration date of the Consent to Exchange Information Form is within one (1) years of the date of signature of the consenting person. Updating the Consent form is necessary to keep it current. No information (even with identifying data removed) may be forwarded to the FAPT if the parent(s) or legal guardian has not signed the Consent to Exchange Information form. In the event that the parent(s) or legal guardian do not wish to authorize the exchange of information between agencies (i.e., sign the Consent to Exchange Information Form), the case manager will document the attempts made to obtain this authorization.

Parental Co-Payment

- Reviewing financial and insurance resources with the family to determine their need for assistance with purchase of services to include asking if the family has been found eligible for Medicaid and encouraging the family to apply for Medicaid if the youth will be placed in RTC.

- Explaining the FAPT process for developing the service plan and recommendations of funding for services to the youth and family; the fee scale for parental co-payments and the family's responsibilities for providing the required income documentation.
- Completing the Parental Co-payment Referral and Agreement for services, having the parents or legal guardians sign, and obtaining documentation of family income for all cases (see case manager quick guide for step by step and exceptions – APPENDIX)
- Completing appeals budget worksheet form if the parents state they cannot pay the co-payment assessed due to financial hardship such as bankruptcy, debt for medical expenses not covered by insurance, etc. Obtaining the parents' or legal guardian's signature on the form, along with the necessary documents from the family that support the description of a financial hardship. Verification of income and the completed Parental Income Assessment worksheet should be included with the request for appeal of co-payment assessed.
- Submitting a request for appeal when a family has more than one child receiving CSA funded services and so that a co-payment is assessed for only one child and may be waived for other children in the same family. If services are discontinued for the child under whose name the co-payment is assessed, yet services continue for a sibling, then a co-payment shall be assessed for the sibling in receipt of services. The case manager should ask the parent/legal guardian to sign a new CSA Parental Income Assessment form with the sibling's name and submit it to CSA staff with the explanation for the change;
- Forwarding the signed Parental Income Assessment form and the appeal budget worksheet form with verification of income and financial hardship with the FAPT review packet to CSA Program staff.

Case Documentation/Preparation for FAPT Review

FAPT packets will be due to the Human Services Office by 12:00 the Tuesday before the scheduled FAPT meeting.

- **If all paperwork is not received the FAPT meeting will be RESCHEDULED.**
- You must provide **1 original packet for Human Services staff that includes:**
 - Completed **signed** referral form
 - Referral form should include a summary or “snapshot” of the case in its entirety. There is a section to do so on page 2. Please provide no less than 2 paragraphs providing an overview of the case.
 - The section on strengths/weaknesses should be reflective of what has been rated in the CANS- additionally the goals are based on the outcome of the completion of the CANS instrument.
 - A copy of the CANS
 - Signed income assessment worksheet with verification of income attached
 - If parents are going to appeal the assessed co-payment: an appeal letter and budget worksheet
 - A statement from the case worker if the assessment is not applicable
 - Consent to release information (unless one is in the record and has not expired)

AND 5 packets for the FAPT members of the listed documents below:

- Completed **signed** referral form
- Referral form should include a summary or “snapshot” of the case in its entirety. There is a section to do so on page 2. Please provide no less than 2 paragraphs providing an overview of the case.
- The section on strengths/weaknesses should be reflective of what has been rated in the CANS- additionally the goals are based on the outcome of the completion of the CANS instrument.
- A copy of the CANS
- Other **optional** documents to include in the human services staff and FAPT packet as relevant to the case are:
 - Current psychological- within 3 years
 - Report from the provider if services are currently in place
 - Court orders for relevant and recent court involvement
 - Social history from either court services or the schools
 - Current IEP- Cover page and PLOP only
 - Letter from any outpatient providers
 - Discharge summary from any inpatient hospitalizations

Process for MHTSTP cases

This process is for youth who are not eligible for CSA funding and require a planning, discussion, and suggestions review. Stafford has chosen to utilize the FAPT process to complete this review. Parents will not be required to attend the meeting.

Upon scheduling a case for a FAPT meeting the case worker will do the following:

- Complete the FAPT referral and review form pages 1 and 2 and sign
- Complete the consent to release of information and have the parent sign

- Complete the IFSP. The IFSP will need to be signed by the youth or if the youth is under 18 by the guardian
- Provide a copy of the plan from the facility for the record

Process for Special Education cases

- SCPS staff shall inform CSA program staff of placement
- Submit IEP with consent to release of information
- Submit IEP cover sheet with identifying information required for the CSA program data set

Presenting at the FAPT meeting:

Step 1: Meet with the family prior to the meeting to talk about the purpose of FAPT. Families should come into the meeting aware of what to expect. It is ideal that the family be an interactive participant in the meeting as they are the experts on their child. Complete the CANS assessment by contacting all relevant parties to include: teacher, current providers, parents, social worker, case workers, etc.

Step 2: Provide all necessary packets to the human services office by 12:00 the Tuesday prior to the scheduled Wednesday FAPT meeting. The FAPT members will be reviewing this information prior to meeting with the youth and family.

Step 3: The meeting will start with introductions of those who are present. The chairperson will give a brief statement about the FAPT and what the family should expect. Once introductions are complete the chairperson will turn it over to the presenter.

Step 4: The Team will want to hear from all parties present. The presenter should summarize the reason the child/family was brought before FAPT and any relevant information that the Team should know to help make their recommendation. The presenter does not need to read the referral or any reports that they have submitted. It is appropriate to summarize or give specific details that may need clarification. The presenter should also specify exactly what services they are asking for the family to receive.

Step 5: There will be time after all parties have spoken with the Team for all parties to ask questions and/or get clarification.

Step 6: The Team will come up with service recommendations for the family. The IFSP (Individual and Family Service Plan) will be explained by the chairperson, and the family, case worker, and team members will have the option to agree or disagree with the plan. All individuals present will sign that they were in attendance. A copy of the IFSP will be provided to the family, case worker, and provider (if in attendance.)

Step 7: If the family disagrees with the IFSP they can appeal the decision to the CPMT. The case worker will need to contact Human Services Office staff, in writing, of the family's intention to appeal the FAPT decision. The case will be put on the next CPMT agenda and the case worker and family will need to present their appeal to the CPMT.

After the FAPT Review:

- Advising the family of their right to appeal a FAPT decision and providing them with the Notice to Families of Right to Appeal.
- Notifying CSA program staff in writing within ten (10) days of the FAPT review of an intent to appeal the decision by the agency, the parents or legal guardians.
- Appearing at an appeal hearing if requested by the CPMT designee and presenting case information to the CPMT.

Followed by:

Step 1: Once services have been authorized by the FAPT the case manager should make a referral for the child/family to the Provider. Once a start date has been determined by the Provider the case manager must contact Human Services Office staff with the start date. This contact initiates a purchase of services order. Providers cannot start services without the POSO or notification from the Human Services office staff notifying the Provider that services have been authorized by the FAPT.

Step 2: Once services have begun it is the case manager's responsibility to keep in contact with both the family and the Provider. If services are not working or other challenges have come up it is important that the case is brought back to FAPT as soon as possible for evaluation and recommendations. Do not wait until the authorization period for services is completed to bring the case back to FAPT if services are not working.

Step 3: If the family needs a continuation of services the case manager should contact the Human Services Office staff for a review date prior to the end of the current service period. Services are not automatically reviewed unless the case manager or FAPT members have requested a review.

In cases of residential treatment: Residential cases are reviewed every three (3) months. The case manager should set up the initial review with the Human Services Office staff once placement has been made. After the initial review the review dates will be set at the FAPT meeting.

Change of Family Residence

- Advising the family of the option of receiving services from the new CPMT jurisdiction and notifying CSA program staff in writing within two working days when families move out of Stafford County by sending a signed Consent to Exchange Information with the new jurisdiction CSA program office, the family's new address and phone number. Payment for FAPT authorized services continues for thirty (30) days from the date the receiving locality receives the written notice of the transfer from the Stafford County CSA program office.
- Informing the service provider of the change in the family's residence.

CSA Program Staff responsibilities:

- Single point of contact for all referrals for FAPT.
- Serving as a point of contact for policy and procedural questions regarding FAPT referrals and reviews.
- Developing the schedule for all FAPTs and making every effort to schedule case reviews within two weeks of referral with priority being given to: emergencies, time frames related to court dates, and other special requests for expedited review.
- Ensuring that the FAPT is aware of any special circumstances regarding each review.
- Serving as a point of contact for case managers requesting information regarding program funding, policies/procedures, invoice verification, co-payments, and any other programmatic information.
- Disseminating each team's schedule to FAPT members.
- Disseminating case materials to be reviewed at the meeting, to include the CON when RTC is planned, to the FAPT teams.
- Facilitating the written documentation of authorizations made by the FAPT.
- Receiving the IFSP and supporting documents from the case manager when a FAPT review is requested.
- Verifying that the expiration date of the Consent to Exchange Information Form is within one year of the date of signature of the consenting person.
- Determining that the FAPT packet submitted for FAPT review is complete and that all necessary CSA forms are included and complete. A case will not be scheduled until the CSA program office has received the complete FAPT packet.
- Contacting the case manager to request documents, forms, or other information which are incomplete or missing from the FAPT packet.
- Maintaining the CSA central files, including filing and archiving closed cases.

Emergency Reviews:

Scheduling the FAPT review within fourteen (14) calendar days of initiation of services after receiving necessary documentation from the case manager using the following criteria:

- When is the first available FAPT meeting most accessible to the family?
- When can essential parties meet?
- When will sufficient case documentation be made available from the case manager?

Family Partnership (FPM)

Family partnership is a cornerstone of the CSA. In Stafford County, to meet the requirements of Code of Virginia Section 2.1-752:3, Comprehensive Services Act as amended 1995, and Section 16.1-286, and to enhance the partnership with parents, the CPMT approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. The parents of the child or youth at risk will participate in the process with others included as appropriate. The youth at risk is also included in the aspects of planning and review of services as the youth's age and appropriateness of inclusion permit. A structured, neutrally facilitated meeting that brings family members together, with the support of professionals and community resources, so the team can create a plan that ensures child safety and well-being and meets the family's needs. During the FPM, the team, with the family having significant input, seeks consensus in decision making regarding the identified child safety and well-being issues. The Family Partnership Meeting should be initiated for short term planning, high risk situations, prior to an out of home placement, a placement change for a child or prior to an initial court hearing in cases of imminent risk of out of home placement. Stafford County Department of Social Services shall conduct such meetings.

Intensive Care Coordination (ICC)

Purpose of Intensive Care Coordination

The purpose of Intensive Care Coordination (ICC) is to safely and effectively maintain, transition, or return the child home or to a relative's home, family like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and beyond the regular case management services provided within the normal scope of responsibilities for the public child serving systems.

Services and activities include:

- Identifying 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;
- Identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
- Implementing a plan for maintaining the youth in or 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;
- Implementing a plan for regular monitoring of the services for the child to determine whether the services continue to provide the most appropriate and effective services for the child and his family.

Definition of Intensive Care Coordination

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

Population to be Served by Intensive Care Coordination

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT) and referred to the Rappahannock Area Community Services Board for screening. Eligible youth shall include:

1. Youth placed in out-of-home care
2. Youth at risk of placement in out-of-home care

Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Emergency shelter (when placement is due to child's MH/behavioral problems)
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)

CSA-System of Care (SOC) Training Requirements

CSA Case Managers are required to complete a minimum of 12 hours of CSA-SOC training within the first year of employment with Stafford County and Stafford County public schools. Intro to SOC, Team-Based Planning, Accessing CSA and CANS training are mandatory sessions to be completed within 12 months. A case manager must complete the remaining SOC foundational sessions within 36 months of employment.

CSA-SOC Sessions (Required within 12 months of employment)

- Introduction to Systems of Care (3 hrs.)
- Team-Based Service Planning (3 hrs.)
- Accessing Services through the Comprehensive Services Act for At-Risk Youth and Families (CSA) (3 hrs.)
- Child and Adolescent Needs and Strengths (CANS) certification (3 hours)

Supervisors of CSA Case Managers, FAPT Members and CSA Program staff are required to complete CSA Case Managers required trainings and 3 hours of CSA Law and Policy, according to the same time schedule as case managers.

Note: Current supervisors and FAPT members as of April 1, 2014 are exempted from these training requirements, with these exceptions:

- Team-Based Service Planning
- CANS Certification
- CSA Law and Policy

CPMT and CSA Management Team Members are required to complete the following SOC training:

- Introduction to Systems of Care (3 hours)
- CSA Law and Policy (3 hours)

Note: Current CPMT and CSA Management Team members as of April 1, 2014 are exempt from these training requirements.

Based on this policy, each year the CSA Program staff is to review and/or develop and implement a CSA-SOC training plan to be presented to the CPMT as an information item.

PART II

Part II of this manual describes the administrative teams and administrative activities associated with implementing CSA legislation in Stafford County. Information about the CSA fiscal process, contracting with private providers, utilization management and oversight of the CSA is described in this section

Stafford County Community Policy and Management Team (CPMT)

The mission of the CPMT is to provide leadership in the development of new concepts and approaches in the provision of services to children, youth and families of Stafford County. The primary focus of the CPMT is to lead the way to effective and efficient services for the children at risk of or currently experiencing emotional/behavioral problems, especially those at risk of or in need of out of home placements, and their families.

Representation

The Stafford County Community Policy and Management Team (CPMT) are appointed by the local governing body of Stafford County. This Team has the responsibility for implementing the policies, procedures and requirements of the Comprehensive Services Act (CSA), including the expenditure of funds, as identified in the COV [§ 2.1-752](#). Its membership is comprised of:

- The Directors of the following Human Service Agencies:
 - Community Services Board
 - Department of Social Services
 - Juvenile Court Services Unit
 - Department of Health
- Representatives from:
 - Stafford County Board of Supervisors
 - Stafford County Public Schools
 - Department of Student Services
- One parent representative
- One private provider representative

The Chair of the CPMT is elected from the membership to serve a term coinciding with the fiscal year. The CPMT meets on a regular schedule, normally one time per month. There may be other meetings of the full Team or of sub-groups of the Team as needed.

CPMT Membership

- Persons who serve on the CPMT shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on CPMT who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act. (VA Code § 2.2-5207)
- Persons serving on the CPMT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest." (VA Code § 2.2-5207)
- Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAPT and whose case is being assessed by this team or reviewed by the CPMT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. (VA Code § 2.2-5210). CPMT members shall sign a statement affirming their commitment to respect the confidentiality of children, youth and families served by CSA.
- All newly appointed CPMT members will be provided an orientation of all policies and procedures and provided all essential documents by the Human Services Office Staff.

CPMT Powers and Duties

- Develop local interagency policies and procedures to govern the provision of services to children and families in its community. Revisions will be made on an as needed basis. Changes or revisions to policies and procedures will be communicated in writing to the CSA Management Team and FAPT members prior to the effective date of the change;
- Coordinate long-range, community-wide planning which ensures the development of resources and services needed by at-risk youth and families in its community. The CPMT considers long-range planning activities using data from local outcome and fiscal reports, OCS management reports, Team Based Planning Meetings (TBP), Family Assessment and Planning Teams (FAPTs), case managers and other available sources. Data are collected in order to coordinate development of community-wide goals, objectives, strategies, and resources for service enhancement and cost effective service delivery.
- Reviews data provided by the agencies and teams involved in service delivery, out of home placements, and efforts to prevent foster care. Such data includes financial expenditures and service utilization. The CPMT uses fiscal and

programmatic data reports to evaluate service delivery. The budget oversight process allows for evaluation of budgetary issues.

- Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care. Manage funds in the interagency budget allocated to the community from the state pool of funds.
- CPMT authorizes the Human Services Director to approve expenditures recommended by the FAPT and according to local and state CSA policies and procedures.
- Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services, 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.
- Appoint the members, alternates and substitutes to the FAPTs and ensure that those representatives of the public human service agencies and the public schools are invested with the ability to commit specific agency resources, when appropriate.
- Establish policies governing referrals to, and reviews of, children and families by the FAPTs and a process to review the teams' recommendations and requests for funding.
- Develop a process to hear FAPT appeals;
- Review, on a monthly basis, financial and program data in order to identify and address gaps and barriers to service to respond to needs of at-risk youth and families, and to develop or re-direct service delivery resources.
- Establish procedures for obtaining bids on the development of new services.
- Have authority to submit grant proposals which benefit its community to the state and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies.
- Serve as its community's liaison to the state Office of Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system.
- Collect and provide data and other information to the State Executive Council or its designee, on but not limited to, expenditures and number of youth served in specific CSA activities.
- Establish quality assurance and accountability procedures for program utilization and funds management.
- Maintain a Utilization Management Plan with the state Office of Comprehensive Services (OCS) that provides monitoring to facilitate program audits and maintain system accountability and quality assurance.
- The CPMT may delegate responsibility for the above functions.

CPMT Emergency Decision

In the event a youth has gone through the FAPT process and a recommendation made for residential treatment not covered under Medicaid, if a placement prior to the next scheduled CPMT meeting is needed the Executive Committee of CPMT comprised of the Chairman, Vice-Chairman, and Secretary shall be notified. The Director of Human Services shall submit to the Executive committee a summary provided by the case manager detailing the circumstances of the placement to include to the FAPT recommendation. At the next scheduled CPMT meeting the case will be summarized to the entire team for discussion and approval.

CPMT Established Code Of Ethics

The Community Policy and Management Team (CPMT) members commit themselves to ethical, professional, and lawful conduct including proper use of authority and appropriate decorum when acting as team members.

Accordingly:

- Demonstrate loyalty to the collective interests of the Stafford CPMT.
- Discharge duties honestly and in good faith.
- Avoid conflicts of interest in their fiduciary responsibility. Disclose conflicts of interest when they occur and recuse from voting.
- Respect the confidentiality of matters before the CPMT.
- Support the legitimacy and authority of the final determination of the CPMT on any matter, irrespective of the member's personal position on the issue.

It is the policy of the Stafford CPMT to adhere to the Code of Ethics, as herein described and conduct business and make decisions with the best interest of the community in mind.

All CPMT members, FAPT members, and county staff shall adhere to this policy. This policy is intended to supplement but not replace any Code of Ethics policy that applies to any individual in their professional capacity.

The CPMT will address any violations or appearances of unethical behavior in the following manner:

- If CSA program staff is in violation, the respective supervisor will resolve.
- If FAPT members are in violation, the respective CPMT member from the represented agency will resolve.

- If CPMT members are in violation, the Chairman and Vice-Chairman will review the violation to determine whether the full CPMT membership shall review and resolve the infraction OR whether the infraction will be reported to the represented member's Board or authority that is in place.

CSA and Child's Change Of Legal Residence

State policy holds the CPMT jurisdiction where the child/youth legally resides responsible for payment for the services identified in the IFSP. If the legal residence should change to another jurisdiction, the state requires the former CPMT jurisdiction to notify the new CPMT jurisdiction in writing that the child/youth/family's legal residence has changed. Advising the family of the option of receiving services from the new CPMT jurisdiction and notifying CSA program staff in writing within two working days when families move out of Stafford County by sending a signed Consent to Exchange information with the new jurisdiction CSA program office, the family's new address and phone number. A copy of the current IFSP/IEP for private day or residential school must be forwarded to the new CPMT jurisdiction. The former CPMT jurisdiction is responsible for payment of services authorized in the current IFSP/IEP for 30 days from the date the new CPMT jurisdiction receives the written notice of the transfer.

CSA and Its Relationship To Select Federal Programs

Special Education and CSA

The CSA special education target population defined in the (Code of Virginia) includes those "children placed for purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance." This includes all children whose IEP's include placements in private day school or private residential facilities.

Role of the FAPT/CSA with respect to the IEP

Federal and state requirements prohibit any entity from changing the services or placement specified on the IEP. The FAPT and the CPMT are likewise prohibited from changing the IEP, including services and placement specified. When an IEP for private day services or private residential services is reviewed by the FAPT, the role of the team includes the recommendation for funding, collection of uniform assessment and demographic data required for reporting, consideration of the child/family needs beyond the IEP, collecting information from IEP reviews and progress reporting for purposes of documenting utilization review, and assuring coordination of services for those children served by multiple agencies. The CPMT holds responsibility for establishing policies and procedures to ensure access to funds for eligible children, i.e., students with IEP's directing placement into private education programs.

With respect to the IEP, best practice suggests that students with IEP's may benefit from multidisciplinary planning to address needs of the child and/or family that extend beyond the IEP. An IFSP may be developed by the FAPT to address non education needs of the child and/or the child's family. Such needs would arise from the child's disability and require services that are not a part of the child's special education program. The services would be designed to increase the child's ability to be successful in the home, community, or school setting. Services might be provided to a student receiving special education services in the public school, a private day school, or in a residential program as needed to maintain the student in, or transition the student to, a less restrictive home, community, or school placement.

The provisions of the Special Education Appendix of the Virginia Comprehensive Services Act Policy Manual are incorporated into the Stafford County Policy and Procedure Manual as the policies governing local implementation of CSA with respect to special educations. http://www.csa.virginia.gov/html/csa_manual_dev/stage.cfm?page=appendix_b.cfm

Those provisions cover:

- Special Education and Utilization Review
- Parental Rights in Special Education
- Students with Disabilities in Private Placements
- Role of Private Special Education School
- Students with Disabilities Placed in Care in Another Locality
- Students with Disabilities in Foster Care
- Students with Disabilities not in Foster Care
- Residency
- Age of Eligibility for Students with Disabilities
- CSA Pool Responsibility
- Local School Division Responsibility
- Regional Special Education Programs
- Parental Co-Payments
- Medicaid-Funded Residential Placements for Students with Disabilities

- Agency Disputes Involving Children with Disabilities

State Testing Identifier (STI)

The State Testing Identifier (STI) will be collected for all IEP placed children. STI numbers will be collected for all CSA funded students placed through their IEPs who attend private day schools and those students placed in residential school settings who receive Medicaid or non-Medicaid funding. This information will be maintained within the module of the Thomas Brothers program. The system tracks the numbers and identifies what numbers are needed. The HSO staff will provide a list to the designated SCPS staff to complete the list to return. Once received the HSO staff will input the information within the Thomas Brothers program. The information is to be maintained jointly by the CPMT and SCPS.

During the 2015 General Assembly Session, the elimination of the requirement for disclosure of students' social security numbers was passed. Neither the Department of Education nor any local school board shall require any student enrolled in a public elementary school or secondary school or receiving home instruction or his parent, to provide the student's federal social security number. In lieu of these changes SCPS staff will provide/utilize the students SST number (dropping the first digit for the CANVAS website) when making referrals for private day placements only in accessing CSA funds. All students going through the FAPT process for other services shall provide the social security number.

Foster Care and CSA

Statutory Mandate To Provide Foster Care Services

State law mandates the provision of foster care services through the Comprehensive Services Act (CSA) state pool of funds (§[2.2-5211C](#) subdivision B3). Two types of children and their families are eligible to receive foster care services (§[63.2-905](#)):

- Children who are "abused or neglected" as defined in §[63.2-100](#); and
- "Children in need of services" as defined in §[16.1-228](#).

There are three separate and distinct situations when these children and their families are provided mandated foster care services (§[63.2-905](#)). The children:

1. Have been identified as needing services to prevent or eliminate the need for foster care placements; or
2. Have been placed through an agreement between the parents or legal guardians and the local department of social services (LDSS) or the public agency designated by the Community Policy and Management Team (CPMT) where legal custody remains with the parents or guardians; or
3. Have been committed or entrusted to a LDSS or licensed child placing agency by the court. (Interagency Guidelines on Foster Care Services for Specific "Children in Need of Services" Funded through the Comprehensive Services Act (CSA))

Management of Records and Data Security

- CSA client records shall be retained for three years after CSA case closure. These include, but are not limited to the documents listed on the Virginia Office of Comprehensive Services CSA Uniform Documentation Inventory Form.
- FAPT documents are also included in this requirement. CSA client records shall be destroyed with six months of the end of the above three-year period, according to the process set forth in Va. Code Ann. § 42.1-86.1, Disposition of public records.
- CSA purchase of service records shall be retained according to the GS-2 fiscal schedule for three years after the end of the fiscal year in which services were purchased or until audit, whichever is longer, and then destroyed within six months according to the process set forth in Va. Code Ann. § 42.1-86.1
- Each participating public agency shall retain documents that are required for its records according to the records retention schedule appropriate to its agency and programs.
- CSA contract records shall be retained for two years after contract expiration.

Thumb Drives, USB/Flash or Storage Drives

Thumb Drives also known as USB/Flash or Storage drives pose one of the highest data security risks. Due to their portable size, if lost or misplaced, information contained on such devices can be easily compromised if the device does not have adequate protective features. The majority of thumb drives do not come with password protection or data encryption features.

- Therefore copying any kind of information, whether confidential or not, onto a thumb drive compromises the security of Department data.
- To ensure the integrity of confidential information, data which is deemed confidential in nature, must be copied onto a Thumb drive that has been procured and supplied by the County and has password protection and data encryption features. In case of loss or theft, the information will remain encrypted and can only be accessed by anyone having the correct password.

Laptops

Laptops being portable devices are easy targets of theft and data loss. While laptops are password protected, if they are stolen or lost, can easily be configured or hacked to gain access to the stored information within.

To ensure the integrity of confidential department information:

- Do NOT copy confidential data to the hard disk drive (C :) or any other laptop drives. This includes data containing sensitive or personally identifying information regarding clients
- Confidential information may be accessed by retrieving the relevant files from the county network and should not be downloaded to the laptop drives.
- Do NOT write down any passwords on the laptop itself or store any password information in a laptop drive.
- When traveling or not in use, County laptops must be stored in a secure location in order to safeguard them against theft or unauthorized access
- Never leave the laptop unattended in public places like the car, parking lot, conventions, conferences and the airport.

Security of Records

Written records must be maintained in a secure room, locked file cabinet or other similarly secured container when not in use.

Faxing

As far as possible, avoid or limit fax transmittal of client-identifying and/or confidential information. If you must fax confidential client information, ensure that the fax operator sending the transmittal is aware of confidentiality policies and procedures, and indicate that the transmittal is confidential on the fax cover sheet. You may wish to use the following (or similar) message on the cover sheet: "THIS FAX TRANSMITTAL IS CONFIDENTIAL -- NOTIFY RECIPIENT OR DELIVER IMMEDIATELY -- DO NOT LEAVE THIS TRANSMITTAL UNATTENDED IN THE FAX AREA." Confirm receipt of the faxed material.

Secure E-Mail

While the County will make every reasonable effort to maintain the integrity and effective operation of its e-mail system, with reference to "Secure E-mail", the system should not be regarded as a secure medium for the communication of sensitive or confidential information.

Electronic mail messages are public information. No electronic mail is confidential. Since county email may be monitored and read by other agency staff, e-mail messages sent regarding clients of the agency should not include identifying client information including the client's name, Social Security number or address.

The email system belongs to the county and does not guarantee the privacy of an individual's use of the county's email resources or the confidentiality of messages that may be created, transmitted, received, or stored therein.

According to county security policy, communication sent by email may be considered public record and be subject to requests by the public (Freedom of Information Act requests).

Email messages sent regarding clients of the agency should not include identifying information, including the client's name, social security number or home address. It would be acceptable to send a message with initials (for example, Ms. D.); or some general information, (for example, 26-year-old mother with three children)

Parental Financial Contribution Policy

Full parental financial contribution policy located in the Appendix.

The CPMT has approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. State legislation calls for parental participation in both the treatment aspects of services and financial responsibility for payment for certain services. Information about the parental co-payment assessment process and the role of CSA case managers is located in Part I of this Manual on page 21.

State Required Data Reporting

In order to comply with Virginia Code, the child-specific data required by Virginia Comprehensive Services Act Policy Manual sections 4.6.1 and 4.6.2 (in italics below) must be provided to the Stafford County CSA Program for timely submission to the Virginia Office of Comprehensive Services, as a CPMT condition of access to the state pool of funds by the eligible populations.

4.6.1 CSA Data Set

The Office of Comprehensive Services for At-Risk Youth and Families shall “develop and implement uniform data collection standards and collect data, utilizing a secure electronic database for CSA-funded services, in accordance with subdivision D 16 of [§ 2.2-2648](#),” [COV§ 2.2-2649](#) B. 12.

“The Council shall ...oversee the development and implementation of uniform data collection standards and the collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which shall include, but not be limited to, the following client specific information:

- i. children served, including those placed out of state;
- ii. individual characteristics of youths and families being served;
- iii. types of services provided;
- iv. service utilization including length of stay;
- v. service expenditures;
- vi. provider identification number for specific facilities and programs identified by the state in which the child receives services;
- vii. a data field indicating the circumstances under which the child ends each service; and
- viii. a data field indicating the circumstances under which the child exits the Comprehensive Services Act program.

All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public,” [COV§2.2-2648](#) D. 16.

4.6.2 Mandatory Uniform Assessment Instrument:

“The Council shall ...Oversee the development and implementation of a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Comprehensive Services Act (CSA) youth,” [COV § 2.2-2648 D.11](#). “The State Executive Council shall require a uniform assessment instrument.” [2009 Appropriations Act, Item 283 § B.9](#)

- Authority A. Section 2.2-2648.D.11 of the Code of Virginia (COV) requires “a mandatory uniform assessment instrument and process to be used by all localities to identify levels of risk of Children’s Services Act youth.”
- Section 2.2-5210 of the COV specifies “utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children’s Services with client specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § 2.2-2648.”
- Section 2.2-5212 A of the COV states “in order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, ... shall be determined through the use of a uniform assessment instrument and process by the policies of the community policy and management team to have access to these funds.”
- The 2018 Appropriation Act (Chapter 2, Item 282 B 8) states “The State Executive Council shall require a uniform assessment instrument.”
- State Executive Council Policy 3.6 (adopted in December 2007 and updated in May 2008) establishes: “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. Use of the CANS shall be effective July 1, 2009.”

Annual Cost Allocation Plan and Management of the Interagency Budget

The cost allocation plan amount to be allocated to Stafford County is defined by the total Medicaid target and the total non-Medicaid pool allocation as specified in the Appropriations Act. Effective July 1, 2000, the state pool funds for the Medicaid target and non-Medicaid allocations are distributed to Stafford County based on the greater of Stafford’s percentage of actual 1997 CSA program expenditures to total 1997 program expenditures or the latest three-year average of program expenditures.

The base year for CSA expenditures is 1997 actual program year expenditures and therefore, the local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for the Comprehensive Services Act for At-Risk Youth and Families.” (2003 Appropriations Act, Item 935, Item 299, section D2). The funds used for local match must be “cash” (i.e., in-kind resources cannot be used). Matching funds may be from any source other than state or federal funds received under the CSA, unless otherwise prohibited. Local match for Medicaid eligible expenditures are based on the aggregate local match rate based on 1997 program year expenditures. This match rate will be applied to the gross service expenditure less the federal Medicaid participation amount.

Supplemental Requests for CSA State Pool Funds for the unanticipated costs of the mandated/targeted populations will be prepared for CPMT consideration by the CSA program staff and subsequently submitted to the State Fiscal agent after receiving CPMT/Fiscal Agent approval.

The CPMT has centralized the CSA Pool fund budget, financial management and reporting functions in the Human Services Office. These functions are to be administered by the HSO. Expenditures and encumbrances of CSA Pool funds for individual eligible children are to be maintained by HSO through combined utilization of Thomas Brothers and the Stafford County Financial Accounting Management Information System (HTE).

Disbursement Procedures

Each locality receiving funds for activities funded by the Comprehensive Services Act (CSA) shall have an approved utilization management process covering all CSA services. The locality must expend funds and then will be reimbursed for the state-share of the expense by the State Fiscal Agent. Subsequent reimbursements may be made after the locality has filed and the state has approved a supplemental allocation request.

The local CPMT fiscal agent may request reimbursement as often as monthly, but not less often than quarterly. Requests for reimbursement of local pool expenditures must be submitted no later than thirty days after the close of the quarter in which the expenditure was paid. A report should be submitted at the end of the quarter even if no expenditures were made during that quarter. The state fiscal agent will be monitoring local compliance with this requirement and will advise local administration of noncompliance.

Requests for reimbursement must be submitted electronically by the local fiscal agent on the most current Comprehensive Services Act Reimbursement Request forms, and payment of the state-share will be made by the State Fiscal Agent to the fiscal agent of the CPMT. In the case of a multi-jurisdictional CPMT, the fiscal agent must submit separate requests for each locality.

Costs for which reimbursement is being claimed must be reported as pertaining to the fiscal year in which the service was provided. The state fiscal agent will record expenditures against the locality's pool allocation for the appropriate fiscal year. Final claims for reimbursements for prior year payments will not be accepted after the first quarter (September 30) of the next fiscal year. Local governments may request a waiver of this policy in the event of extenuating circumstances beyond the control of the local government. This request must be made in writing to the Business Manager of the OCS explaining the extenuating circumstances. Payment of Pool Funds to the fiscal agent of the CPMT will be by the electronic fund transfer system. Questions can be addressed to the CSA Fiscal Agent at the Virginia Department of Education at (804) 371-6876.

Supplemental Allocation Procedures

The 2011 Appropriations Act, Chapter 890, Item 274, B.2.a allows funds to be set aside to pay for supplemental requests from localities that have exceeded their state allocation for mandated services.

Any local government requiring supplemental funding must submit their requests electronically utilizing the Request and Certification Form, which requires aggregate year-to-date census along with actual expenditure information for the program year as well as a determination of the additional mandated funding need. These are the only two documents required to request supplemental funds. Locality data previously submitted through the CSA Data Set will serve as the basic verification source of information analyzed and reviewed for a determination regarding a locality's need for supplemental funds. Localities are also encouraged to provide any additional information that further supports their funding needs in the "Comments" portion of the Request. A locality reporting projected spending that exceeds their previous fiscal year net expenditures by more than 10% will be required to include a statement in the "Comments" portion of the Request indicating the reason(s) for the increase. Comments listed should provide the State insight into the reasons for the increase in spending that would not otherwise be apparent from Data Set or Pool Fund Reporting for the locality. Reports will be evaluated and prioritized based on funding need.

Local governments will continue to have access to an EXCEL spreadsheet with their localities' most recent data set information. As before, this report may be obtained by going to "Local Government Reporting" on the CSA Website, www.csa.virginia.gov/reports/default.cfm, entering in their USER ID and PASSWORD and clicking "CSA Supplemental Allocation Request", and then "Excel Supplemental Worksheet". An updated spreadsheet is not required for submission to the State office; however, local governments are expected to maintain adequate records and supporting documentation regarding their supplemental funding request.

Requirements

A CPMT may request a supplemental allocation at any time before the close of the program year. In order to be approved for a supplemental allocation, the CPMT must demonstrate each of the following:

- a. A known cost has been, or will be, incurred for a specific child or children in the MANDATED TARGET population.
- b. Any amount of the allocation for the non-mandated population (NON-MANDATED TARGET + OTHER ELIGIBLE in the Allocation Plan) which, 1) exceeds the protection level established for that year and 2) is not yet expended or obligated, may be re-allocated for use with the MANDATED TARGET population. For this purpose, obligations are unpaid purchase orders, contracts, or any other agreements, which bind the CPMT to pay for goods or services to be delivered to specific children, at a specified cost, over a defined period of time.
- c. Localities requesting supplemental funds must also demonstrate that they are in compliance with all provisions of the Comprehensive Services Act including, but not limited to, instituting and operating effective cost control measures as recommended by the State Executive Council.
- d. Requests for supplemental allocations are filed electronically via the CSA web-site <http://www.csa.virginia.gov/>. The requests will be reviewed, and the local fiscal agent will be notified upon approval. From the local government reporting web page, localities may also access an Excel spreadsheet from their latest CSA Data Set submission as well as a local Transaction History Report to assist them in filing their supplemental allocation requests.
- e. It is no longer necessary to submit a hard copy of the Request for Supplemental Allocation form to the Office of Comprehensive Services; however, a hard copy containing all necessary signatures should be maintained by the local CPMT.
- f. A Word document containing instructions for filing a Request for Supplemental Allocation form is available on the local government reporting page and has also been included in the Supplemental State Allocation Toolkit of the state CSA Policy Manual. Localities are strongly encouraged to review the instructions prior to filing their supplemental allocation requests. A sample Supplemental Allocation Request form may also be accessed on the local government reporting page under the "CSA Supplemental Allocation Request" link.
- g. Documentation to support the supplement allocation request may be requested by OCS following receipt of the supplemental allocation request. Staff from the Office of Comprehensive Services may also conduct a site visit to review information and supporting documentation prior to the approval of a supplemental request.
- h. Localities whose mandated expenditures have increased more than 10% over the previous year's total mandated expenditures will be required to complete the "Comment" portion of the Supplemental Allocation Request form. (NOTE: Any locality submitting a Request for Supplemental Allocation may provide comments in this area that they feel will assist OCS in processing their request.) These comments should provide additional information related to locality trends that are affecting CSA costs. It is not necessary to restate the financial information already submitted in other portions of the report.

Policy for Authorizing Expenditure of Pool Funds

The Human Services staff under the supervision of the fiscal agent is authorized by CPMT to approve expenditures according to local and state CSA policies and procedures, following the recommendations provided by the FAPT and documented on the IFSP.

The Department of Social Services is authorized by the CPMT to approve the payment of foster care maintenance according to local and state CSA policies and procedures. Rehabilitative Services for foster care children to include: parent competency evaluation, home-study, bonding assessment, transportation, psychological assessment for a parent of a foster care youth, medication not covered by Medicaid (excludes children in residential treatment), medical expenses not covered by Medicaid (excludes children in residential treatment, respite services for foster care children, energy assistance, and substance abuse evaluation, camp and extra-curricular activities for children in foster care. These requests shall be documented on the Rehabilitative Services Request Form provided to FAPT (see appendix) and subsequently placed on the next CPMT agenda for approval of the expenditure/s.

TFC Expenditures for Consent Therapeutic Foster Care (TFC) and Group Home Placements which are partially funded by Medicaid and have been approved through the FAPT process will be placed on the TFC and Group Home Consent Agenda (see appendix) for CPMT for approval of the expenditure/s.

Human Services Office Staff:

Local staff managing the CSA program shall be provided internal/external training available from various resources to include the CSA Knowledge Site. Additionally, key job responsibilities for staff associated with managing and monitoring the CSA

program are noted within the local performance management documents that will include establishing goals and priorities to further the mission of the CSA program.

Budget Management

- Monitor and report CSA Pool fund expenditures to the CPMT (or its designee) on a monthly basis. Report additional data as requested by the CPMT and FAPTs on expenditures and encumbrances.
- Ensure the availability of CSA State Pool funds for monthly reimbursement.
- Prepare the CSA Pool Reimbursement Request report on a monthly basis for the local CPMT Fiscal Agent's review and final submission to the State.
- Report to the state CSA Fiscal Agent the expenditure refunds on the Pool Reimbursement Request form by the amount and type of service expenditure credited;
- Serve as the principal liaison to the local Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
- As needed, prepare the Supplemental Allocation request and coordinate the process for obtaining CPMT approval of Supplemental State Pool funds.
- Prepare the CPMT approved Administrative Funds Budget Plan for the state's share of the Administrative Funds allocation. The sheet is then reviewed and submitted to the State CSA Fiscal Agent by the local CPMT Fiscal Agent.
- Ensure that CSA Pool funds are not used for administrative expenses that may be incurred for support services to the CPMT and the FAPTs.

Financial Management

The Stafford County Finance Office reconciles all accounts associated with CSA on a monthly basis with information provided by the State OCS as well as Medicaid. Monthly reports are submitted to the staff of the HSO to include in the monthly report to the CPMT.

CSA Case Manager Responsibilities

- Verify invoices from providers for services authorized for accuracy.
- Report to the CSA Office within five working days the initiation or termination of the following services: residential treatment; group home placement; therapeutic foster care placement; home-based services; intensive care coordination; change of private day placement. This is completed by faxing the discharge/transition form to the HSO account. (see appendix)

Human Services Staff Responsibilities

- Maintain financial records related to CSA reimbursable expenditures.
- Process FAPT recommendations and encumber funds and verify that the encumbrance complies with CSA policy and procedures.
- Encumber funds and process invoices for authorized providers for services delivered to children and their families who are eligible to receive services funded from CSA Pool funds.
- Create a Purchase Order (PO) containing appropriate codes to allow for the service to be tracked to the correct funding category for reporting purposes and send it to the identified service provider.
- Receive invoices from the service providers for services to be verified by the case managers.
- Respond to provider questions about payment of invoices, verifying FAPT authorization of the service and current contract with the provider for the service.
- Throughout the fiscal year, terminate purchase orders upon the request of a case manager indicating that services are completed, so as to release unused encumbered funds.
- Terminate all previous year purchase orders (POs) by November 1st. Note: Previous years cannot be paid after September 30.
- Work with case managers, assigned workers, supervisors, involved with services.
- Ensure that the local CSA payment data interfaces with the County's financial system within the established accounting structure. Serve as the principal liaison to independent auditors.
- Ensure that CSA Pool funds are not used to supplant federal or state funds supporting existing programs.
- Reconcile fund balances in all categories on a monthly basis as reported to the CPMT.

Local CPMT Fiscal Agent

- The local representative (for Stafford County, it is the Human Services Director) is assigned by the CPMT to be locality's fiscal agent.
- Approve and file the monthly CSA Pool Reimbursement Request as well as any Supplemental Allocation requests and the Administrative Funds Budget Plan to the State Fiscal Agent.
- Attends CPMT meetings.

Restrictions on Use of Pool Funds

Case Management

Case management services related to administering the Comprehensive Services Act cannot be reimbursed with Pool Funds

For example, case management services that are provided by the Family Assessment and Planning Teams, as described in COV § 2.2-5208 of the Comprehensive Services Act, cannot be paid for with Pool Funds.

“Every Family Assessment and Planning Team, in accordance with policies developed by the Community Policy and Management Team, shall:”

- Review Referrals;
- Provide for family participation;
- Develop individual family service plans;
- Refer to community resources;
- Recommend expenditures from Pool Funds; and
- Designate a person to monitor and report progress on the Individual Family Services Plan.

Case management services that are beyond each agency’s scope of responsibility, provided as direct services for children and their families, and which add demonstrated value necessary to meet child-specific needs may be purchased with Pool Funds.

Supplanting of Funds

Pool Funds cannot be used to supplant federal or state funds supporting existing programs.

Administrative Costs

Pool Funds must not be used for administrative expenses that may be incurred for support services to the Community Policy and Management Team and the Family Assessment and Planning Team.

Contracts Management

All Stafford County agencies purchasing services from public and private providers serving at-risk youth and families under the CSA must enter into the Stafford County bi-annual Contract for Purchase of Services. Once the Contract and applicable Addendum/a is/are signed by the Vendor it is returned to the Human Services Office for execution by the Human Services Director. A copy of the signature pages are mailed back to the Vendor. Contracts will be in effect from July 1- June 30. Any amendments to the Contract that need to be made during the term of the Contract may be made by a separate signed written agreement.

The Contract and Addenda are not specific requests for services or a guarantee that services will be requested from the Vendor they are agreements which contain general terms and conditions including indemnification language of the County, insurance requirements, process for resolution of disputes and reporting requirements. If and when specific services are being requested from a Vendor a Purchase of Services Order (POSO) will be issued specifying the service(s) being purchased, time frame of service(s), number of units being purchased, and the rate(s). The POSO must be signed by both the Vendor and the CPMT designee. The CPMT has delegated authority for both the Assistant to the County Administrator for Human Services and the Coordinator for Human Services to sign the POSO. Once signed POSO’s cannot be changed unless there is a change to the requested service.

Items Human Services Staff May Consider In Deciding To Recommend a Contract with A Potential Provider

- Licensing/certification status of the provider (if applicable)
- Medicaid enrollment/application status of the provider (if applicable)
- Reference checks, to include previous employers, colleagues/associates, other jurisdictions, and licensing/certification bodies
- The ability, capacity and skill of the provider to provide the services required
- Ability of the provider to provide services promptly, or within the time specified, without delay or interference
- The character, integrity, reliability, reputation, judgment, experience and efficiency of the provider
- The quality of performance on previous contracts or services (where applicable)
- The previous and existing compliance by the provider with laws and ordinances relating to the contract or service
- Sufficiency of the financial resources of the provider to provide the service
- The quality, availability and adaptability of the services to the particular use required
- The ability of the provider to provide future services for the use of the subject of the contract
- Whether the provider is in arrears to the County on a debt or contract or is in default on a surety to the County or whether the provider's County taxes or assessments are delinquent
- Other information as may be secured by the CPMT or its agent having a bearing on services

Provider Requirements that must be met before Proceeding with Contracting

- a. The provider must be in the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates
- b. Provider must be entered in the SFD prior to actually providing CSA funded services.
- c. The provider must be properly licensed to provide the service(s) offered (if required), must have current insurance that meets the County's insurance requirements, and must provide acceptable documentation of both.

Certifying Provider Qualifications

Per COV [2.2-2648](#): enacted by the 2011 Virginia General Assembly revised the COV § 2.2-2648 to read:

Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Comprehensive Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2-5211;

Licensed/ Certified Providers: Those providers requiring state licensing need to adhere to established state licensing procedures and have a current state license. Providers need to maintain state established operating standards. For example, the Core Standards for Interdepartmental Licensure and Certification of Residential facilities for Children (CORE) continue to apply to Virginia providers and are enforced by the child serving agencies of Virginia including the Departments of Youth and Family, Education, Mental Health, and Intellectual Disabilities, and Social Services. For those Virginia facilities subject to CORE, a state interdepartmental licensure/certification team continues to conduct a review at the time of initial licensure application and upon its subsequent renewal. The providers must provide the following information in order for the Human Services staff to consider contracting on behalf of the CPMT:

- Each potential provider will complete and sign the Agreement for Purchase of Services, pertinent Addenda indicating the specific services provided, and Rate Sheets indicating the breakdown of service costs;
- Each potential provider, where appropriate, will provide a listing of all degrees, accreditation(s), and insurance coverage;
- Each licensed/ certified provider will provide a current license/certification.

Selection of Providers

All organizations providing services under CSA, including organizations providing outpatient therapy, must be listed in the State Service Fee Directory. This is not required of individual Outpatient Therapists in private practice who are not part of a larger organization. Should none of the CPMT contracted providers be available, the case manager may consider other providers not currently under agreement with the CPMT if the provider is listed in the state Service Fee Directory. These providers are to be given second priority, and must be willing to enter into an Agreement for Purchase of Services with the CPMT, prior to commencing services. Providers who are not in the State Service Fee Directory and/or who do not sign an Agreement for Purchase of Services with the CPMT will not be eligible for reimbursement for services using CSA pool funds.

Maintenance of Contracts

Contracts are maintained through the fiscal year in which they apply or until a current contract is executed. All supplemental documentation required upon execution of the contract will be maintained in the same method. Expired contracts are kept for a two year period beyond the end of the contract date.

Risk Assessment

The Stafford CPMT shall complete an annual risk assessment on the Stafford CSA program. The risk assessment shall be completed at the beginning of each fiscal year by the CPMT Chairperson, FAPT Chairpersons, and Human Services office staff utilizing the OCS Risk Assessment workbook. Results of the annual risk assessment shall be provided to the FAPT and the CPMT at a monthly meeting following the completion of the assessment. Appropriate steps will be taken if necessary to correct identified deficiencies.

The Stafford CPMT shall also mitigate program risk using the following mechanisms:

- Random quality assurance reviews of child records to ensure required content is present as well as appropriate case specific information.

- Stakeholders providing services to children/families through Stafford County CSA are required to provide assessments, treatment plans, and monthly progress reports. These reports are submitted to the CSA program for retention with the case record.
- The CPMT shall discuss areas of risk when reviewing requests for funding to ensure that needs are being addressed appropriately within the IFSP by the identified service providers. Federal, state, and local policies and procedures shall remain in the forefront of this discussion.

Improprieties

It is the policy of the Stafford County CPMT to be in compliance with all applicable sections of the Code of Virginia, Title 30, General Assembly, Chapter 14, Auditor of Public Accountants, Section 30-138 and the Deficit Reduction Act of 2005

Fraud is defined as the intentional deception perpetrated by an individual or individuals, or an organization or organizations, either internal or external to Stafford CSA, which would or could result in a tangible or intangible benefit to themselves, others, or could cause detriment to others or the program. Fraud includes a false representation of a matter of fact, whether by words or by conduct, by false or misleading statements, or by concealment of that which should have been disclosed, which deceives and is intended to deceive. Various examples may include, but would not be limited to: time sheets, records of individuals receiving services, and any other documentation that may be used in the course of employment.

Reporting

- All stakeholders have a duty to report concerns they have or information provided to them about the possible fraudulent or corrupt activity of anyone connected to Stafford County CSA whether they are an employee of an agency that is mandated to participate in the CSA process, a service provider, or a stakeholder or any other party with any association with the Stafford County CSA program. Any person who has a reasonable basis for believing fraudulent or corrupt acts have occurred has a responsibility to report the suspected act immediately.
- Reporting shall be done through the organizational hierarchy structure of the agency represented on the CPMT. If the suspected fraud is committed by an individual whose agency or provider that is not represented on the CPMT, it shall be reported to the Assistant to the County Administrator for Human Services who shall then report the issue to the CPMT.
- All information provided by staff as a result of a reasonable suspicion that fraud has, or is about to, occur will be treated as a confidential subject to prevailing external legislation. Where the person reporting suspicious activity has acted on the basis of a legitimate concern, no penalties will apply and their identity will be kept confidential to provide protection against discrimination or retaliation after the event.
- Any person who is found, after appropriate investigation, to have engaged in any discrimination or retaliations to another employee who has reported an incident of possible fraud will be subject to appropriate disciplinary action in accordance with the policies and procedures where he/she is employed.
 - Depending on the circumstances, the CPMT reserves the right to terminate an individual's participation as a case manager presenting to the FAPT, as a FAPT or CPMT representative, or as a provider of services for Stafford County CSA participants and reserves the right to file a complaint with the Virginia State Police.

Investigations

- All allegations shall be investigated promptly by individuals appointed by the CPMT to complete the investigation.
- Upon discovery of circumstances suggesting a reasonable possibility that a fraudulent transaction has occurred, the Chairperson of the CPMT and the Assistant to the County Administrator for human services shall report such information immediately to the Virginia State Police.

Utilization Management and Utilization Review

The State Executive Council shall "...oversee the development and implementation of mandatory uniform guidelines for utilization management; each locality receiving funds for activities under the Comprehensive Services Act shall have a locally determined utilization management plan following the guidelines or use of a process approved by the Council for utilization management, covering all CSA funded services;" [§2.2-5206](#)(13)

The Community Policy and Management Team Shall "...review and analyze data in management reports provided by the Office of Comprehensive 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 Comprehensive Services Act program. Every team shall also review local and statewide data provided in the management reports on their 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;" [§2.2-5206](#)(13)

The Human Services Office staff submits monthly reports to the CPMT to include but not limited to:

- Pool reimbursement reports
- Spreadsheets of Budget Breakdowns to include categorical projections for the year
- Medicaid report
- Reports of children placed in residential placements, group homes, and Treatment Foster Care that may include information on length of stay, funding streams accessed, expenditures, family participation, demographic information, etc.
- Any additional reports requested by the CPMT

The Family Assessment and Planning Team or approved 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. [§ 2.2-5208](#)(5)

- The FAPT shall conduct utilization review using the guidance outlined in the state approved utilization review model. (see Appendix A)
- The FAPT shall document such utilization review utilizing the locally approved document to include all criteria established in the state approved utilization review model.
- Documentation of utilization review shall be maintained in each case record.
- Utilization review frequency shall occur according to the state approved CANS and utilization review schedule.

Full plan located in the APPENDIX

APPENDIX

- Utilization Management Plan
- Parental Financial Contribution Policy
- Policy Governing Participation by CPMT members in meeting by electronic communication
- Guides to Support Case Managers
 - How to Prepare for a FAPT meeting
 - Parental Agreement Check Sheet
 - Case Manager Financial Quick guide
 - CSA Program Parent Guide
 - FAPT Brochure
- FORMS
 - Income Assessment (Community-Based and Residential)
 - Appeals Budget Worksheet
 - FAPT Referral
 - Consent to Release Information
 - Pre- Individual Family Services Plan
 - Individual Family Services Plan
 - FAPT Meeting Minutes Template
 - Individual Education Plan HSO Cover Sheet
 - Request for Rehabilitative Services
 - TFC and Group Home Consent Agenda Form
 - CPMT Authorizations for FAPT Recommended Services*
 - Discharge Notification
 - Policy Review Form/Policy Review Log *
 - CPMT/FAPT Confidentiality*
 - UR Review Documentation*

*Completed forms maintained within case record

*Maintained with completed policy review forms

*Maintained within the Policy and Procedures Binder

*Completed forms maintained with case record

Stafford County CSA Program – Utilization Management Plan

This is the Stafford County Human Services Office Utilization Management Process for children and families who's intensive or multiple needs make them appropriate for CSA services and funding.

In performing Utilization Management Services for Stafford County CPMT, services will be provided for children who are funded through the CSA process. These children hereafter are referred as "CSA children." Children receiving residential and nonresidential services will be included in this process, including those children who are in facilities reimbursed by Medicaid and those children in facilities licensed under the code of Virginia and subjected to the "Standards of Interdepartmental Regulation of Residential Facilities."

The primary Review Team for the Utilization Management (UM) will be the Stafford County Family Assessment and Planning Team (FAPT) with the Community Policy and Management Team (CPMT) providing fiscal and clinical oversight for the FAPT. The Stafford County CPMT has employed both an Assistant to the County Administrator Human Services and a Coordinator of Human Services to facilitate the functions of the FAPT. They attend all FAPT meetings, draft the Individual and Family Service Plan, take notes of the meeting, and maintain records of all cases staffed by the FAPT. The FAPT itself has educational, social work, community mental health, and other child specialists as required ensuring a full review. The UM is a comprehensive process which includes the following procedures:

Case Identification and Collection of Assessments and Information

Once the child /family have been identified by the case manager as needing services, the Human Services Office staff will discuss with the case manager whether the child is eligible and appropriate for CSA funding. Human services staff will review CSA eligibility criteria with the case manager in order to make sure that a referral is appropriate. If the child/family is found eligible for CSA funding the Human Services Office staff will, with the direction of the case manager, schedule the child/family for the next available FAPT appointment. The case manager will then work with the child/family to collect as much of the following information as possible: family information, presenting problems, CANS scores, strengths and family resources, relevant medical history, insurance, and significant educational information. The case manager will utilize the CANS to develop short and long-term goals that the requested service(s) will address based on any item reaching a level 2 or 3. The case manager will also provide target dates in which the service(s) will meet these goals. This information will be provided within the following documents:

- Consent to exchange information
- FAPT Referral
- Psychological Report (if available and/or completed within the last 6 months)
- Social History, assessments, or other relevant evaluations completed within the past 6 months
- CANS
- Copy of IEP, FC Plan, or CSU plan if currently applicable
- Co-payment assessments
- Mitigating circumstances

In cases that are being reviewed for service continuation or to have a higher level of service implemented the FAPT will need the following documentation:

- Updated referral to include progress on short and long term goals
- CANS if required according to frequency guidelines
- Most recent monthly progress report from the current provider(s)
- Updated or recent testing/evaluations not provided in initial FAPT meeting
- Mitigating circumstances

In cases that are being reviewed every three months for continuation of residential, group home, or therapeutic foster care placement or for cases that are stepping down to a least restrictive placement the following information is required:

- Initial Service Plan (ISP) from facility
- Quarterly reviews of ISP
- Foster Care Service Plans and Reviews (if applicable)
- Court Orders (if applicable)
- Face to Face contacts with child and family
- Family Therapy dates for Non-Custodial and Parental Agreement cases
- Any Assessments completed during the review period

- Verbal update from Stafford case manager and/or facility staff
- Mitigating circumstances

The Stafford County Human Services Office will also accept parent referrals and cases without a case manager. The Human Services Office staff will schedule a FAPT meeting and request the same documentation as stated above. (not including the CANS which will be done once a lead agency is designated by the FAPT) The FAPT members will designate, at the FAPT meeting or in a subsequent meeting, which agency will be responsible for case management. That person will contact the family to discuss the case plan set up by the FAPT and will assist in getting any services implemented.

Services will be implemented on a 3-6 month basis. If a continuation of services is being recommended by the case manager the case will need to be reviewed by the FAPT for continuation of funding. The Human Services Office staff will schedule the meeting at the direction of the case manager and will also review the case to determine that the child continues to meet eligibility for CSA funds.

The Human Services Office utilizes Thomas Brothers Program specifically to collect information that tracks demographics, services, and financial data on CSA funded cases.

Identify the Services Needed for the Child and Family

In Stafford County the FAPT is very committed to keeping children in the least restrictive, community based, family-type placements whenever possible. To this end, the FAPT has established a strong working relationship with the case managers from Social Services, Court Services Unit, Mental Health, and Special Education/IEP teams from the school division.

The FAPT members will receive the information packets prior to the FAPT meeting in order to review and be familiar with each case prior to the child/family coming in to the meeting. Time is designated at the beginning of each FAPT day for Team members to review the documents and determine if additional information is needed. The Team will also review the CANS during this time to determine whether the referral addresses all the needs of the child/family and to make sure the recommendations utilize the child/family strengths for services. Any discrepancies within the documents provided will be addressed during the FAPT meeting.

FAPT may identify any of the following services to prevent out of school or out of home placements: Wrap-around services are encouraged whenever possible to minimize out of school or out of home placements; Crisis intervention; In-Home Services; Health Services; Mental Health Services; Respite; Case Management; Independent Living Services; Mentoring; and any other service deemed necessary.

FAPT will conduct a modified review (see appendix for review form) of the placement decisions made by the Stafford County Public Schools Special Education Planning (IEP) Committee for each school recommending specific day school or residential placement for identified children.

FAPT will be responsible for considering all residential placements for foster care, non-custodial, parental agreement, or any other CSA funded out of home placement. The Certificate of Need will be completed by the case manager, endorsed by members of the Stafford FAPT, and signed by a non-treating physician if a Medicaid approved residential placement is to be supported for a CSA child. All efforts will be made to utilize Medicaid facilities and comply with Medicaid regulations.

FAPT will consider all recommendations of families, the child, outside providers, team members, case managers, and member agencies during its discussion in determining needed services for the child/family. The involvement of the parent(s) or guardian(s) in determining the appropriate service plan for the child/family is an integral part of the process. The FAPT will not agree to implement any services without a parent or guardian present, in person or by telephone, at the FAPT meeting.

FAPT will take into consideration legal requirements for mandated children (i.e. foster care, special education); wise use of resources; necessity of services to achieve desired outcomes; and if the services meet the least restrictive requirement. Documentation of the services recommended will be on the IFSP. CPMT will provide oversight for the FAPT in this function in those cases that are not reimbursable by Medicaid.

Identify Desired Outcomes

Short- Term Goals will be identified within each child's Individual and Family Service Plan (IFSP). The case manager, child (if appropriate), and family will use the CANS and supporting documentation to determine the goals. Short term goals will identify what behavior changes are anticipated over the next few weeks to the next few months. These behavior changes will be written in strength based terms and located on the IFSP. They will be written behaviorally specific, measurable with the time frames and with the parties responsible for implementation noted.

Long-term goals may be broader in nature but will be related to the behavior or mandate that relates to why the child/family is receiving CSA services i.e. foster care or special education, residential, etc.) Long-term goals may describe what behavior changes are anticipated over the next twelve months.

Case managers will work with the parents/foster parents/guardians prior to the FAPT meeting to help identify and prioritize the specific behaviors they are most concerned about. These behaviors will be noted in the FAPT referral and incorporated as a priority into the IFSP with measurable outcomes and timeframes. Input from the child will be sought, as much as possible, whenever age and other factors allow.

The results of the CANS assessment will assist the Team in determining what services could benefit the family based on strengths, weaknesses, and child/family needs. Case managers will track the child's progress toward the specific goals that were established within the IFSP when services were initiated and will update the CANS as needed to reflect any significant improvement or increased need.

The Human Services Office requires that within thirty days of commencement of residential services, service providers must submit to the family, case manager, and Human Service Office a written treatment plan and subsequent quarterly progress reports as indicated on the IFSP that include:

- Short and Long term goals
- Anticipated completion
- Prognosis
- Identification of Medical and psychiatric services provided
- Medications prescribed and administered
- Progress or lack of progress and reasons therefore
- Significant incidents affecting the client, positive and/or negative
- Family participation, to include what is expected and what they are doing

The case managers follow these reports closely, in addition to making face to face visits, telephone calls, speaking with facility case managers, and discussing the child's progress with the family on a regular basis. This information is provided to the FAPT for review every three months.

Consider Mitigating Circumstances

The Stafford County FAPT acknowledges that there are many individual, family, and systematic factors that may impact the effectiveness of the treatment processor impact the availability of resources. Systematic factors can include: safety issues, community resources, legal constraints, individual/family factors can include: cooperation, openness to treatment, family preferences, resources, effectiveness of treatment, and safety concerns for others in the community or home.

If mitigating circumstances impact the placement decisions and/or choice of service provider the Human Services Office will present any information to the CPMT before decision on the IFSP will be finalized. For example, if the intended provider is not licensed and our county is unable to contract for services or the provider is unwilling to provide services at any given time.

Negotiate Collaboratively with the Vendor

Case Managers can utilize the service fee directory in exploring available resources and determining placement options. Case Managers can contact vendors directly to gather information and/or contact the Human Services Office staff to seek resources and determine placement options.

The Human Services Office staff will generate and distribute a bi-annual Contract for Purchase of Services for the Stafford County CSA program. This Contract will outline implementation procedures and expectations for both the Vendor and the Buyer (Stafford County). Vendors that do not agree to the Contract will not be paid through the CSA program. Vendors will be required to provide proof of Licensure, insurance and tax identification numbers, rate sheets, and school calendars (if applicable) annually. The Human Services Office does allow for changes to the Contract during the 2-year term if needed via a signed written agreement.

Invoice payments for services paid through CSA accounts will be paid through the Human Services Office. The case manager will review all invoices and submit verification approving the invoice prior to the Human Services Office processing for payment. Vendor negotiations, contracting, etc., will be the responsibility of the Human Services Office. Vendors must receive a Purchase of Services Order (POSO) or written approval from Human Services Office staff before commencing services for any child/family.

A copy of the IFSP will be given to the Provider via the case manager prior to the start of services or by the Human Services Office staff at the FAPT meeting if a representative of the Vendor is present.

Vendors agree to address any issues of student absenteeism, documentation requirements, and payment schedules in all contracts with the Stafford Human Services Office staff. Vendors should provide written documentation of the services they provide to the Human Services Office. This documentation will be placed in a vendor file along with a fully executed copy of the Vendor Contract. Invoices may be held if there is insufficient documentation to support the service. A representative from the facility should be present at any FAPT meeting for children for whom they provide services in order to dialogue with the family and the FAPT regarding the ongoing progress and the rationale for continuing services. If a representative from the facility is unable to be present a written report of the child/family progress must be submitted for the meeting.

Finalize the Individual and Family Service Plan

FAPT will process all gathered information at the FAPT meeting, making decisions regarding components of the Individual and Family Service Plan (IFSP) to ensure the best services are available to meet the need of the children/family. The IFSP will be a dynamic document with periodic reviews as identified below and a written step-down transition plan. For children in foster care or non-custodial foster care, the CSA file shall include their initial foster care service plan, and any reviews thereafter. An IEP will be included in the CSA file for children receiving CSA funded Special Education Services in addition to the IFSP for CSA services.

Implement the Service Plan

Case progress will be assessed and discussed at scheduled FAPT meetings. The provider's treatment plan/goals will be reviewed and will correlate with the IFSP. Decisions about the components of the IFSP will be made in direct correlation with the child's progress or lack of progress. The FAPT members, case managers, and the family will work collaboratively to ensure the goals and services are appropriate and to meet the needs of the child.

The IFSP will include long-term goals; specific behavioral goals with the time frames; strategies; providers; costs; duration; responsible persons; mitigating circumstances; and parental participation and authorization. The plan may also include either a discharge plan or both. Discharge planning may also run consecutively or concurrently to the ongoing IFSP goals. FAPT may authorize a step-down plan (also known as a Discharge Plan or Transition Plan) that may be utilized if the services are working successfully and be reduced to a lesser level of services within a specific level of time.

A crisis plan would be a backup plan (also thought of as "Plan B") to be utilized in case of disruption of the initial plan. FAPT may plan for crisis in high-risk cases where volatile situations require quicker responses than the slower moving FAPT process can typically address. Providing a crisis wrap-around response may prevent an unwarranted removal of a child from home or school. Both Discharge plans and Crisis plans are documented in the IFSP and are authorized as part of the full IFSP. The case manager will take the lead in developing and monitoring the discharge plan and the crisis plan on the FAPT's behalf. The Case Manager will interact with the provider in keeping up with the child's progress towards discharge or a child's need for initiation of the crisis plan.

If the child is placed in a residential facility, the child's case manager will be required to make at least quarterly site visits. The case manager will document contact with the family and any other persons involved with the agencies requirements in the agencies records. The case manager will summarize those contacts for the next FAPT review for the child.

The involvement of the parents/family members is considered, by the Stafford County FAPT to be a significant part of the planning process. Case Managers meet individually with parents to gather relevant information and help make assessments of the child/ren's needs. The case managers shall also inform the parents when the case will be reviewed by the FAPT. Parents are strongly encouraged to attend the FAPT meetings.

Utilization Review

Supplemental foster care expenditures are payable by the Department of Social Services and reviewed on a monthly basis by the CPMT. Request for Rehabilitative Services (form in appendix) to include parent competency, home-study, bonding assessments, transportation, psychological assessment for a parent of a foster care youth, medication not covered Medicaid, Medical Expenses not covered by Medicaid, daycare for IVE children placed in an unlicensed facility, respite services for foster care children, energy assistance, and substance abuse evaluation are presented to the FAPT for a recommendation; these expenditures if recommended by the FAPT are provided to CPMT informally for authorization of payment and will sign in agreement or dissent. The Human Services Office will keep a monthly record of these payments and reviews.

CSA funded foster care residential cases, non-custodial cases, parental agreement cases, and therapeutic foster care cases are reviewed every three months by the FAPT. Private Day Special Education placements are reviewed every September, when students with an IEP require a change to private day school during the school year, or if there is a change in private day school

placement. The Stafford County CPMT reviews all residential cases that are not reimbursed by Medicaid except for those placed by the Public School system through the child's IEP.

CSA funded community-based cases are approved for 3 months (12 weeks) at a time. The case manager can contact Human Services Office staff to schedule a FAPT review prior to the end of the service period if a continuation of services is needed. FAPT members may request that the child/family return for review during the service period or at the end of the service period even if a continuation is not being requested. The FAPT requested review date will be determined during the meeting and documented on the IFSP. Members may also approve services for a longer period of time if they feel the services are needed.

Case reviews are conducted using an appropriate combination of site visits, face to face interviews, family interviews, review of records, quarterly or monthly vendor reports, and telephone interviews. The case manager facilitates the review process, including the presentation of documentation at the FAPT or CPMT meeting and documentation is provided to the Human Services Office for the CSA file. Case managers are expected to address any issues with the provider and make a determination based on those contacts if there is a need to change the service or if the service provider needs to be discontinued. Cases can be brought back to the FAPT or CPMT for review to aide in the communication with the service provider. Case managers may request a FAPT review at any time for any open CSA case by contacting the Human Services Office staff. The Human Services Office staff is also available to all case managers for assistance in communicating with the service provider.

The CANS will be re-administered at discharge, if there is a change in level of need, or as required by the UR Frequency attached to this document.

During the case reviews the FAPT will review progress reports from the child's placement. Based on the written reports and oral reports presented by the case manager and/or facility representative progress toward the original objectives of the IFSP will be evaluated. If outcomes are not being achieved, the case manager, vendor, and the FAPT will re-evaluate whether other services are needed or whether a change in service is necessary.

For residential placements the FAPT will recommend that transition services begin for the family before the child's anticipated return to the home. It is expected that the child's family will participate in on-site family counseling sessions to the greatest possible extent. Step-down programs, support services, wrap-around services, are only some of the transitioning services that will be put into place for the child's re-entering the community and home environment. The case managing agency, the FAPT, the child's family, school system staff, and service provider all work together to develop transition plans for each child. The vendor is required to send the caseworker a written discharge summary to be submitted to the Human Services Office at final review.

The Utilization Review Process is a flexible process that can change according to the needs of our Stafford Families.

Utilization Review of the System

Human Services Office staff will utilize the initial CANS and the discharge CANS to assess service effectiveness. The Human Services staff will use the Human Service Assessment and Tracking System, which was created to determine service outcomes based on CANS assessments, to determine service effectiveness, client demographics, funding distribution based on service type, and provider outcomes. Any item in the CANS that has reached the level of 2 or 3 in the initial or discharge CANS are identified and compared to see if the youth/family have stayed the same, improved, or gotten worse. Results will be provided annually in the Outcomes Report.

The child/family case manager and the Human Services Office staff will review service implementation and hours provided for services. Case managers will submit their agreement or disagreement via fax of said invoice from the Vendor thus verifying the services have been provided accordingly. If the case manager has disagreed with the invoice as submitted by the Vendor, the Human Services Office staff will not process payment until a revised invoice and verification agreeing with the invoice has been submitted.

Procedures for internal case review of youth accessing CSA funded services:

Human Services staff conducts utilization review on cases actively receiving funding through the CSA program. The following are the review guidelines:

- Community-based services: every 6 months and at discharge from services
- Residential Treatment: every 3 months and at discharge from services
- Special Education: yearly in September and IEP renewal/update
- Foster Care: regular maintenance once yearly, maintenance and other (including VEMAT) 6 months
- Review of case records will include:
 - Proper and applicable documentation is in the record:
 - FAPT referral/FAPT Update
 - Parental Consent
 - IFSP
 - Copy of VEMAT
 - Co-payment Assessment
 - IEP
 - Initial treatment plan from Provider
 - Foster Care Service Plan
 - Court Order
 - CANS™
 - Social History
 - Monthly/Quarterly progress reports from Provider
 - FAPT/CMPT authorization of services
 - FAPT /CPMT reviews have been scheduled
 - Discharge documentation
 - Purchase of Services Orders
 - Vendor Invoices
 - Case worker Verification Form
 - Documentation of contact with the case manager to verify delivery and quality of services
- Following a utilization review any missing documentation will be requested via email to the case worker and CC'd to the case manager's supervisor with a date to have such documentation received by the Human Services Office.

Utilization Review of the System:

- Human Services staff completes an outcomes report bi-annually. The CANS™ is utilized to determine the effectiveness of services provided to the children and families to include all cases utilizing funding from the following categories; Foster Care Prevention, Wrap-Around Services, and Residential Treatment.
- A Provider satisfaction survey is sent to both the parent/guardian and case manager following the end of the services; case managers are asked to participate in a FAPT satisfaction survey yearly to determine ease and effectiveness of the FAPT meeting and process. The results of both surveys are compiled and included in the Stafford County Bi-Annual Outcomes. (tool is under revision and will be implemented accordingly)
- Human Services staff also utilizes the state data set and CANS™ reports for outcome related data.
- Human Services Office staff provides a presentation and/or training to disseminate the results of the findings each year to case managers and FAPT members. A report of the findings is provided bi-annually.
- The Human Services staff is dedicated to making sure that the Providers used are providing the highest quality services to our community; provider survey results are shared with the Providers as well as case managers and FAPT members so that families can make an informed decision on the service provider that they choose.
- Human Services staff utilizes the results of these surveys when contracting with agencies. Providers with low scores will be put on a probationary period; if service delivery has not improved the contract will be voided.

Stafford CSA Program – Virginia Child and Adolescent Needs and Strengths Assessment (CANS)

Frequency of Administration

Every child receiving services through the Stafford CSA program requires an **initial** comprehensive assessment as well as a **discharge** assessment, with reassessments based on the needs of the child and family and the intensity of services provided as described below:

- If the child is receiving basic foster care maintenance or maintenance and day care assistance, a reassessment will need to be done yearly and upon discharge from foster care. If the child/family needs change during the year a re-assessment will need to be done to reflect the changes.
- If the child is receiving a specialized foster care rate (VEMAT) a re-assessment will need to be done every six (6) months, or more frequently based on the needs of the child/family.
- If the child is receiving non-clinical community-based services such as mentoring or job coaching in their home, relative home, regular foster home, or independent living arrangement, a reassessment is done every six (6) months or more based on the needs of the child/family.
- If the child is receiving, or may need, clinical services such as substance abuse treatment, sexual offender treatment, anger management, any type of in home service, and/or a combination of two or more services a reassessment is done every three (3) months or more frequently based on the needs of the child/family.
- If the child is receiving, or may need, intensive in-home services, therapeutic foster care, or residential care, a reassessment is done every three (3) months.
- If the child is receiving special education private day services a re-assessment is done yearly or more frequently if there is a change in service level or if they are in need of any community-based services. In cases when the child is also receiving community-based services the frequency of reassessment follows the community-based service. Once those services have ended the reassessment follows the special education private day frequency.
- **If the child makes, or may need, a significant service change (i.e. moving into or out of therapeutic foster care, special education private day placement, or residential care) then a re-assessment is done, ideally before the service change is made.**

Monitoring of the System:

- Copies of all user agreements for current case managers are kept in the CANS™ binder.
- Human Services Office staff completes a review of certifications every 90 days.
- Staff emails a request to the CANVaS help desk to remove any case workers no longer needing access to the Stafford CANS.
- Upon the 90- day review the current Locality Staff Certification list and the Locality Staff Certification Expiration List are placed in the CANS™ binder.
- Human Services Office staff review the open assessment report every 90 days; notifications are sent to any worker with open assessments.
- The list of open reports is placed in the CANS™ binder.

Stafford County CSA Program – Parental Financial Contribution Policy

Purpose

The Stafford County Community Policy and Management Team (CPMT) hereby set out the policy and procedures for parental financial contribution to the cost of services provided by Comprehensive Services Act (CSA) funding and authorized through the Family Assessment and Planning Team (FAPT). Those funds include state pool funds allocated by the Virginia General Assembly and monies appropriated by the Stafford Board of Supervisors for the provision of services associated with CSA.

Although it is the expectation that most parent(s)/legal guardian(s) will contribute the assessed amount, human services staff are committed to developing a collaborative financial plan that respects and recognizes the prior emotional and financial investments made by families on behalf of their children.

Parental contribution (i.e. co-payment) toward the cost of services demonstrates a willingness to bear responsibility for providing for the child's needs. The verifiable inability of the parent(s)/legal guardian(s) to provide the assessed co-payment will not prevent delivery of service to any child.

Exceptions to Policy

IEP- funded Services

Parent(s) and/or legal guardian(s) of children receiving educational services pursuant to an Individualized Education Plan (IEP) are exempt from parental contribution requirements for those IEP services.

Educational Services Mandated by FAPT

Parent(s) and/or legal guardian(s) of children receiving educational services that are mandated through the FAPT process and placed on the IFSP are exempt from parental contribution requirements.

Foster Care Services

Parent(s) or legal guardian(s) of children in the custody of the Department of Social Services (DSS) whose child/children are receiving FAPT funded services are exempt from this policy, but pursuant to DSS procedures, shall be referred to the Division of Child Support Enforcement for the assessment and collection of child support, in lieu of an additional parental co-payment*. Child support funds received by DSS will be processed as a recovery and, as such, submitted to the Human Services Office. *This exemption does not include biological parents whose child / children are in foster care and are requesting financial assistance for services through the FAPT process.

Legal Guardian(s)

Any Legal Guardian(s) not receiving child support or any other type of financial assistance to help aide in the financial care of the child whom services are being funded for are exempt from parent/guardian contribution requirements.

Parent(s)/Guardians(s) with more than one child receiving CSA funded services

Families who are receiving services for more than one child will only be assessed for one child. If one of the children is receiving residential treatment (not covered by Medicaid or educational placement through their (IEP) that child will be assessed a co-pay.

Poverty

Families who meet the poverty status as determined by the U.S. Federal Poverty Guidelines will not be assessed a parental co-payment.

Procedures for parental contributions

The following rules shall govern **all** recovery services through the CSA program:

- The case manager referring the family to the (FAPT) shall provide the family with a full explanation of the CSA process. This explanation will include an advisement that the parents(s)/legal guardian(s) will be expected to assume an active role in the planning and delivery of services for their child/children including financial contributions as determined by their assessed ability to pay
- The case manager will complete a Income Assessment Worksheet or Residential Treatment Income Assessment Worksheet with the parent(s)/ legal guardian(s) prior to coming to the FAPT meeting. The case manager will inform

the parent(s)/legal guardian(s) of the result of the assessment, including how the assessment was determined and how much the parent(s)/legal guardian(s) is expected to contribute. The case manager will explain that the assessment is a partial reimbursement to the CSA program for the cost of the services provided.

- The case manager will research if the child has been screened and/or enrolled in Medicaid, and whether private insurance is available for the child's needs. The case manager will note the relationship of custodian to child. The case manager will document the number of relationships of members of the family unit exclusive of the child being served and determine if the family meets poverty status.
- If parents are divorced and living in separate households the assessment is completed on parent/(s) who have legal custody of the youth.
- Total gross income will be used to determine annual income and includes, but is not limited to, wages (full-time, part-time, primary and secondary employment), pension and retirement benefits, workers' compensation benefits, unemployment benefits, spousal support or alimony, interest dividends, payments from annuities, trusts, life insurance policies, income from other forms of investment, or any income received on behalf of the child. Sufficient documents for verification would include W-2's, pay stubs, 1040's, and/or Employment and Benefit Verification Form through DSS. The monthly parental contribution assessed to a family shall be derived from the combined gross annual income of parent(s)/guardian(s). ***Each year the CSA Ability to Pay Scale will be adjusted according to the CPI**
- If the parent(s)/legal guardian(s) agree with the amount of the parental contribution determined by completing the Income Assessment Worksheet or Residential Treatment Income Assessment Worksheet they will indicate their agreement by signing the form. If the parent(s)/legal guardian(s) **disagree** with the amount determined they will sign the box indicating a request for appeal. The case manager will guide the parents through the appeals process.
- If the parent(s)/legal guardian(s) refuse to sign the agreement and also refuse to go through the appeals process the assessment shall remain.

The following rules shall govern **foster care/non-custodial placements**:

- Any Social Security check for a child who is in foster care or non-custodial foster care shall be given to the Stafford CPMT or its designee. When a child receiving services is in the custody of the Department of Social Services, payments made pursuant to this policy shall be made to the Department of Social Services. Stafford DSS should arrange for Social Security (SSI) and Veteran's Benefits, etc. to/for children who are in out-of-home placements to be re-directed to the CSA revenue.
- At the time a child goes into foster care or enters a Non-Custodial Foster care agreement with DSS the case manager shall file the appropriate petition for child support and the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). The DSS case worker will provide a copy of the child support order for the CSA file.
- Biological parents of children in foster care seeking FAPT funded services are assessed a co-payment based on the Assessment Income Worksheet.
- If the parent(s) agree with the amount of the parental contribution determined by completing the Income Assessment Worksheet they will sign the completed worksheet. If the parent(s) disagree they sign the box indicating a request for appeal. The case manager will guide them through the appeal process.

Procedures for residential treatment parental contribution:

- At the time a parent/guardian enters into a Parental Agreement with a designated lead agency the designated lead agency case manager shall assess the parental contribution based on the **Residential Treatment Income Assessment worksheet**. The CSA program staff will send an invoice for and collect the assessed contribution on behalf of the lead agency.
- If the parent(s)/legal guardian(s) agree with the amount of the parental contribution determined by completing the Residential Treatment Income Assessment Worksheet they will sign the completed worksheet. If the parent(s) disagree they sign the box indicating a request for appeal. The case manager will guide them through the appeal process.

Procedures for community-based services parental contribution:

- Determination of family income verified and documented through the case manager prior to FAPT using the Income Assessment Worksheet. Failure to complete and provide a co-pay assessment may result in the delay of the authorization of services by the CSA program staff.
- If the parent(s)/legal guardian(s) agree with the amount of the parental contribution determined by completing the **Income Assessment Worksheet** they will sign the completed worksheet. If the parent(s) disagree they sign the box indicating a request for appeal. The case manager will guide them through the appeal process.

Procedures for Re-determinations/Appeals

Residential services require a request of re-determination.

Community Based services require an appeal.

**The CSA program staff in reviewing the requests for re-determinations/appeals factors in several criteria to include medical/health related needs, housing issues, and elderly care before presenting a recommendation to the CPMT*

- If a child's parent(s)/ legal guardian(s) state that the assessed financial contribution would cause undue hardship, he/she will file a letter of appeal/request for re-determination with the child's case manager. The letter of appeal/request along with the **Appeal Budget Worksheet (Attachment D)** must be filed with the child's case manager within seven days (7) of the date of the FAPT meeting. The Stafford CPMT shall refuse to consider any appeal/request for re-determination not properly filed within such seven day (7) period. In the letter of appeal/request for re-determination, the parent(s)/legal guardian(s) shall specify all reasons why the assessed contribution would cause undue hardship, and he shall attach supporting documentation to the letter of appeal.
- The CPMT authorizes CSA program staff to offer families requesting a re-determination/appeal a reduction in the assessed fee and/or a payment plan option and/or waiving the fee. Staff shall notify the parent(s)/legal guardian(s) in writing of the decision along with an Agreement for Terms of Payment (if applicable) which outlines the payment agreement to the family. Should the family not agree to the reduction or to the payment plan agreement the re-determination/appeal will go before the CPMT for review. Should the family not return the signed Agreement for Terms of Payment nor contact the HSO office to discuss further options the assessed co-payment will be due monthly.
- Should the re-determination/ appeal need to go to the CPMT the following procedure will occur: The FAPT record on the child's case, and the parent(s)/ legal guardian(s) letter of appeal/request for re-determination, appeal budget worksheet and the supporting documentation and attached thereto, shall promptly be given to the Assistant to the County Administrator for Human Services, who shall put the appeal/request for re-determination on the agenda of the next available Stafford CPMT meeting. A parent(s)/legal guardian(s) filing such an appeal/request for re-determination shall be allowed to address the Stafford CPMT only if the Stafford CPMT specifically authorized the parent(s)/legal guardian(s) to address it. The Stafford CPMT may, at its discretion, invite the case manager or other interested persons to address it. After reviewing the letter of appeal/request for re-determination, budget appeal worksheet, any attachments thereto, and the case record, and after considering any oral comments it may have heard, the Stafford CPMT shall affirm or modify the assessed contribution of the case manager. After rendering its decision, the Stafford CPMT shall notify the parent(s)/legal guardian(s) in writing of its decision, which shall be final.

Collection Procedures for Payments

The collection of the parental contributions is the responsibility of the Stafford County CSA program staff. The case manager will discuss the financial contribution policy with the family prior to the FAPT meetings and provide information on collection procedures.

- The CSA program staff will send out a monthly invoice to the parent(s)/legal guardian(s).
- All parental contributions will be paid directly to the CSA program and are due 30 days from the date of invoice.
- All payments will be processed as recoveries to CSA pool funds and will be applied as such.
- Payments shall be made in the form of a check, money order, or cash and paid to the Stafford County Human Services Office.

Failure to Pay assessed parental contribution

If parent(s)/legal guardian(s) choose not to submit the assessed parental contribution the CSA program staff will initiate the following procedures as established by the Stafford CPMT:

Community-based Services:

- 60 Days Past Due:
A letter will be sent to the parent(s)/legal guardian(s). This letter will offer an opportunity for the payment to be made in full or for a payment schedule to be arranged.
- 90 Days Past Due:
A letter will be sent to the parent(s)/legal guardian(s) indicating that unless a payment is received or payment arrangements are made with the Stafford County Human Services Office staff by the next invoice due date.
- 120 Days Past Due:
A final notice letter will be sent to the parent(s)/legal guardian(s) indicating that services may be interrupted within 10 days of the date of the letter if the HSO office has not received payment or made payment arrangements with, at a minimum, one month paid.

Residential services:

- 60 Days Past Due:
A letter will be sent to the parent(s)/legal guardian(s). This letter will offer an opportunity for the payment to be made in full or for a payment schedule to be arranged.
- 90 Days Past Due:
A letter will be sent to the parent(s)/legal guardian(s) indicating that unless a payment is received or payment arrangements are made with the Stafford County Human Services Office staff by the next invoice due date. CSA funded services may be interrupted.
- 120 Days Past Due:
A final notice letter will be sent to the parent(s)/legal guardian(s) indicating that services may be interrupted within 10 days of the date of the letter if the HSO office has not received payment or made payment arrangements with, at a minimum, one month paid.

Past Due Accounts:

In order to rectify past due accounts and begin the process as described above, the following activity will take place:

- Families who have delinquent accounts will not be able to or receive additional services until a payment plan has been initiated. A minimum of one payment must be made prior to services continuing or the arrears have been paid in full to begin a new service. Families will be made aware of this policy as part of the co-payment assessment process.
- For families receiving non-mandated services funding approval will not continue until arrears have been paid in full.

Payment Schedules:

- Parent(s)/legal guardian(s) are provided the opportunity to arrange a payment schedule in order to address the past due status.
- If accepted, the Stafford CSA program staff will send a letter to the parent(s)/legal guardian(s) confirming the payment schedule and outlining the process if the schedule is not met.
- If rejected, the Stafford CSA program staff will send a letter to the parent(s)/legal guardian(s) offering a revised and acceptable payment schedule. The letter will outline further steps that will be taken if the schedule is not met.

FAPT Member Onboarding

Review of Purpose of FAPT

The FAPT has the power and duty to “assess 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 these unique needs” and “provide for family participation in all aspects of assessment, planning and implementation of services.” The Code specifies that at minimum FAPTs must include representatives from the Community Services Board, Juvenile and Domestic Relations District Court, Department of Social Services, and local school division, as well as a parent representative (Virginia Code Sections 2.2-5208 to 5212).

Review of Operating Guidelines

The FAPT shall "assess 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 these unique needs." (Code of Virginia) § 2.2-5208. Every team shall:

- Review referrals of youths and families.
- Provide for family participation in all aspects of assessment, planning and implementation of services. (Code of Virginia § 2.2-5208). This includes full participation by the family during the team meeting when their child’s case is being presented.
- 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. See APPENDIX for Stafford DSS’s policy on FAPT Participation;
- Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services;
- Identify children who are at risk of entering, or are placed in residential care through the Comprehensive Services Act program that can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, the FAPT, in collaboration with the family, shall
 - 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;
 - Identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
 - 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 family during transition to community-based care and
 - 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.

For IEP-required private special education placements, activities (6) through (9) are to be accomplished and documented by the IEP Team.

- Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan;
- Refer the youth and family to community agencies and resources in accordance with the individual family services plan. The FAPT brings to all its deliberations the considerations that all available public and community resources have been utilized. FAPT agency representatives shall have the authority to access services within the established operating procedures of their respective agencies. FAPT recommendations for services by specific agencies must be consistent with those agencies’ mandates.

- Make recommendations for types of services and projected length of service on the IFSP.
- 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.

FAPT Schedule

FAPT schedule is emailed to team, Tuesday before FAPT

FAPT Day

Typically, 8:30 a.m. – 3:45 p.m.

Arrive 30 min. early- Allows for crucial time to:

- Review meeting packets
- Ask questions
- Collaborate with team

When reviewing packets make sure

- CANS goals match:
 - Goals on referral and IFSP
 - Goals on IEP(if applicable)
 - Service(s) being requested
- CANS 2's and 3's are listed as goals on IFSP and Referral
- Ensure requested services match needs of youth and family i.e.: CANS say residential is inappropriate but referral is requesting residential

Cases

- Presented by Case Mangers, Probation Officers and Social Workers
- Begins at 9:00
- Each case last 25-45 minutes
 - 25 minutes for residential review
 - 45 for initial cases and CBS review
- Chairman will open each case with a welcoming statement
 - Statement should be warm and welcoming for new and returning families
- Chairman's responsibility:
 - Sets the tone for the meeting
 - Mitigate potential negative interactions
 - Facilitate getting IFSP signed
 - Facilitates getting funding paperwork completed
- When hearing cases it's important to be mindful:
 - Facial expressions
 - Tone of voice when speaking to families, case managers, and provider representatives
 - It's okay to **not** approve a service; to recommend non-CSA funded CBS services
- Once a case has been presented:
 - Team will vote on recommended service
 - Need at least 4 FAPT members for a quorum
 - Meeting facilitator will reiterate what has been approved by team
 - IFSP will be created, signed, given to family, case manager, provider if present and copy placed in youth' file.
- Common Recommended Services
 - Community Based Services
 - IIH, Mentoring, Applied Behavior Analysis, Sex Offender Treatment

- When recommending CBS services make sure goals have been provided by case manger
- Allow for assessment to determine the appropriate amount of service hours the family can commit to.
- Residential/ Group Home
 - IAACT approval if Medicaid

Lunch

- Team breaks for lunch around 11:30
 - County pays for lunch
 - Team splits tip

FAPT Absences

- If you are unable to attend a scheduled FAPT
 - Make HSO office aware that your approved agency alternate will attend in your place via email to the HSO email or phone call Kisha Williams at 540.658.5149.
 - If approved alternate is unavailable, make HSO aware ASAP so office can make necessary adjustments.

Inclement Weather Policy

- In the event of inclement weather, scheduled FAPT meetings are automatically canceled and rescheduled under the following circumstances:
 - If Stafford County Public Schools has a late opening and other agencies remain open FAPT will begin at 10:00am (if delay is longer it would be after the delay period ended).
 - If Stafford county Public Schools are closed and all other agencies are open we will hold FAPT. If the schools have a code 2 we will meet in the same location; if closed with code 1 we will find an alternate location to meet if meeting is scheduled to be held at the Stafford County Special Education Building.
 - If at least two agencies are closed FAPT will be canceled and rescheduled for the following FAPT date.
 - An email will be sent notifying FAPT members what has been decided in regards to inclement weather.