CHESTERFIELD COUNTY and The CITY of COLONIAL HEIGHTS
CHILDREN'S SERVICES ACT

POLICIES AND PROCEDURES
June 2020

Introduction

I. Children's Services Act Intent and Purpose

II. Local Level Management Structure

A. Community Policy and Management Team (CPMT)
- A.1. Philosophy
- A.2 Appointment
- A.3 Membership
  - A.3.1 Agency Representatives
  - A.3.2 Parent Representatives
  - A.3.3 Private Providers Representatives
  - A.3.4 Optional Members
- A.4 Liability
- A.5 Conflict of Interest
- A.6 Establishment of a Chair
- A.7 Confidentiality

B. CPMT Duties and Responsibilities
- B.1 Interagency Service Provision and Policies
- B.2 Fiscal administration and management

C. Family Assessment and Planning Team (FAPT)
- C.1 Philosophy
- C.2 Appointment
- C.3 Teams
- C.4 Membership
  - C.4.1 Agency Representatives
  - C.4.2 Parent Representatives
  - C.4.3 Private Providers
  - C.4.4 Optional Members
- C.5 Liability
- C.6 Conflict of Interest

D. FAPT Duties and Responsibilities
- D.1 Fiscal responsibility
- D.2. Specific responsibility

E. Children's Services Act (CSA) Administration
- E.1 CSA Administrator
- E.2 Fiscal Analyst
- E.3 School Services Manager

E.4 CSA Specialist
E.5 Administrative Assistant

III. Local Level Management Procedure

A. Community Policy and Management Team (CPMT)
A.1 Meetings
A.2 Agenda and administrative support

B. Family Assessment and Planning Teams (FAPT)
B.1 Referral Process and Eligibility
B.2 Review and Approval of Services Process
B.2.1 FAPT meetings
B.2.2 Emergency Requests
B.2.3 Individual and Family Service Plan (IFSP)
B.2.4 Medicaid
B.3 Preparing for FAPT
B.3.1 Parent/Legal Guardian
B.3.2 Local Agency Case Manager
a. CSA Required Documentation
b. Implementing the Individual Family Service Plan (IFSP)
c. Responsibilities of CPMT Agencies

B.4 Quality Assurance and Utilization Management

C. Established Policies
C.1 Dispute Resolution Process
C.2 Confidentiality
C.3 Legal Services
C.4 Management of Records
C.5 Parental Contribution Policy
C.6 Family Engagement
C.7 Parent Rights
C.8 Non-Discrimination
C.9 Intensive Care Coordination
C.10 Emergency Operations Policy

IV. Funding- Scope of Pool Funds

A. Local Government Financial Responsibilities

B. Children and Families Eligible for Pool Funds
B.1 Eligible Population
B.1.1 Age Requirement
B.1.2 Residency Requirement
B.2 Targeted Population
B.3 Mandated
B.3.1 Special Education and Special Education Wraparound
B.3.2 Foster care prevention
B.4 Protected Funds

B.5 Court Orders

C. Restriction of Pool Funds
C.1 Medicaid services
C.2 Licensure
C.3 Cross Jurisdiction placement
C.4 Service Contracts
C.4.1 Contract procedures
C.4.2 Quality improvement
C.4.3 Service Fee Directory

D. Local Fiscal and reporting Procedures
D.1 CSA Data Set
D.2 Mandatory Uniform Assessment/Child- Adolescent Needs and Strengths
D.3 State Trust Fund

APPENDIX:

A: Virginia Children's Services Practice Model

B: Chesterfield /Colonial Heights System of Care Mission, Vision, and Guiding Principles

C: Family Engagement Policy and Practice

D: Code of Ethics for Private Provider FAPT Representatives

E: Parent Contribution and Debt Collection/Parent Agreement/CSA Household Income and Expense Form

F: Eligibility Determination Checklist -Specific Foster Care Services for Children in Need of Services

G: Quality Guidelines for Services

H: FAPT Facts for Families

I: CSA Parental Agreement (for placement)

J: Quality Assurance and Utilization Management Plan

K: Intensive Care Coordination Policy

L: Special Education Wraparound Funds

M: Certification of Medicaid Eligibility for CSA Pool Funds

N: FAPT Parent Representatives

O: State Executive Council (SEC) Approval of an Alternate Multi-Disciplinary Team (MDT)

P: Local Kin Gap Policy

CHESTERFIELD COUNTY and The CITY of COLONIAL HEIGHTS CHILDREN'S SERVICES

POLICIES AND PROCEDURES
Revised March 2020

Introduction

These Policies and Procedures follow guidelines of Community Policy and Management Team (CPMT) and its localities to preform local administrative duties under Virginia's Children's Services Act. The Virginia Office of Children's Services Act's Manual and User Guide is available for detailed program information on state structure.

Chesterfield and Colonial Heights has adopted the Mission, Vision and Values as stated below:

Mission: To promote a children's system of community-based care that strengthens families through facilitating collaborative efforts.

Vision: To be champions for a system of care that drives community practices which promote healthy, productive families within our communities.

Guiding Principles:

1. We will protect the rights of all children and families and promote their right to advocate for themselves.
2. We will practice shared responsibility through integrated services among child-serving agencies.
3. We will practice true partnerships with families to provide individualized services for each child and family.
4. We will promote the delivery of services and supports within the least restrictive environment.
5. We will ensure that services are integrated at the system level.
6. We will incorporate prevention, early identification, and intervention supports in an effort to improve long-term outcomes.
7. We will practice continuous quality improvement with program and fiscal accountability.

Parentheses refer to the Code of Virginia relating to Children's Services Act

I. Children's Services Act Intent and Purpose

Sources for the Pool Funds originally included eight agency funding streams that were used to purchase residential and nonresidential services for individual children. These funding streams previously provided state support for foster care, private special education placements, and certain placements by the juvenile justice and mental health system**s.** All federal and state regulations pertaining to each of the individual agency funding streams included in the pool must be followed. The table below illustrates the former funding streams and the agencies where they originated:

Department of Social Services State and Local Foster Care Foster Care Purchased Services	**Department of Juvenile Justice** 286 Special Placements 239 Special Placements
Department of Education Private Tuition Interagency Assistance	**Other** Interagency Consortium Department of Behavioral Health and Developmental and Services Purchased Beds for Adolescents

Allocation of funds in the state pool to local communities is determined on a formula basis and is specified in the Appropriation Act. Passage of the Children's Services Act by the 1992 General Assembly dramatically altered the administrative and funding systems providing services to at-risk and troubled youth and their families.

The Act has the following intent:

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

The purpose of this law is to:

1) "Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;"

2) "Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;"

3) "Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;"

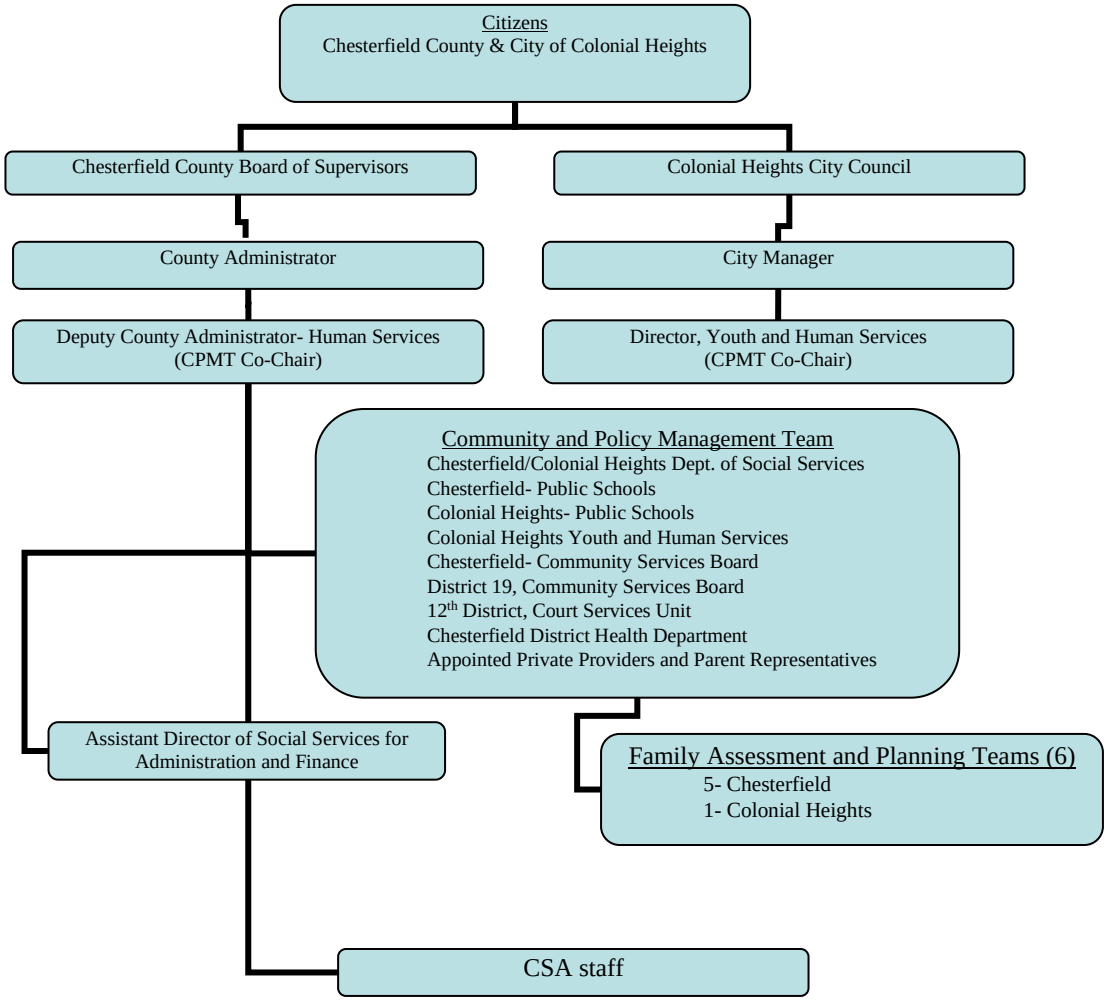
4) "Increase interagency collaboration and family involvement in service delivery and management;"

5) "Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families;" and

6) "Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes (Code of Virginia) § 2.2-5200.

II. Local Level Management Structure

The Children's Services Act requires that each local government, or combination of governments, establish a Community Policy and Management Team to coordinate agency efforts manage available funds from the State Pool Fund and ensure that eligible youths receive access to services. Additionally, the Act requires the formation of local Family Assessment and Planning Teams for the purposes of reviewing and assessing children and families referred for services and developing individualized family service plans and providing recommendations for funding. Below is the local structure for Chesterfield and Colonial Heights Community Policy and Management Team and related agencies.



A. Community Policy and Management Team (CPMT)

A.1. Philosophy

The Chesterfield County/Colonial Heights Community Policy and Management Team supports families to provide the best environment for raising children. The Community Policy and Management Team shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community-based services. Our purpose is to preserve families through coordinated access to appropriate services while protecting the welfare of children and maintaining the safety of the public. Our locality has adopted policies and practices to ensure we meet this philosophy through the following:

- Children Services Practice Model (Appendix A)
- System of Care Mission, Vision, and Guiding Principles (Appendix B)
- Family Engagement Policy (Appendix C)

A.2 Appointment

The Chesterfield Board of Supervisors and Colonial Heights City Council, as a multi-jurisdictional district, appoint representatives for Community Policy and Management Team (CPMT) (Code of Virginia § 2.2-5204 and § 2.2-5205), which has the responsibility for implementing the requirements of the Children's Services Act, including the expenditure of funds appropriated by the localities and allocated by the State.

Chesterfield and Colonial Heights is a multi- governing body and shall be referred to as the Community Policy and Management Team (CPMT). These participating jurisdictions shall jointly decide on the size of the team and the type of representatives from each locality, ensuring that the minimal requirements of the Children's Services Act are met.

1. Representatives from Chesterfield County include the following:
    a. Appointed Official designee: County Deputy Administrator for Human Services
    b. Director, 12th District Juvenile Court Services Unit
    c. Assistant Directors, Department of Social Services:
        - Asst. Director for Services
        - Asst. Director for Administration and Finance
    d. Manager, Children and Adolescent Services Team; Community Services Board
    e. Designee, Chesterfield Health District
    f. Director, Special Education; Public Schools
    g. Parent
    h. Private Provider

2. Representatives from City of Colonial Heights include the following:
    a. Appointed Official designee; Director, Youth and Human Services
    b. Director, Special Education; Public schools
    c. Supervisor, District 19, Community Services Board
    d. Parent
    e. Private Provider

A.3 Membership

The minimum **mandatory membership** (Code of Virginia) § 2.2-5205 of each team includes:

- The local agency heads or their designees from the:
    - Community Services Board

    - Department of Social Services
    - Health Department
    - Juvenile Court Services Unit
    - School division
- A **parent representative**
- A **private provider representative,** if a private organization or an association of providers is located within the locality.
- At least one **elected official or appointed official** or his designee from the governing body of a locality which is the member of the CPMT.

A.3.1 Agency Representatives

The persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

A.3.2 Parent Representatives

"The team shall include a parent representative. Parent Representatives who are employed by a public or private program which receives funds pursuant to this chapter or agencies represented on a community policy and management team may serve as parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives."

A Parent Representative on a Family Assessment and Planning Team or the Community Policy and Management Team should:

- Live within the governing jurisdictions.
- Be a parent of a child with special needs and has preferably received services and/or supports through CSA or other City/County youth serving departments, but not currently receiving CSA funded services for their child.
- Have leadership skills and advocate for children.
- Have a good understanding of children services.
- Be available for assigned team meetings.
- Provide a written letter of interest to the CPMT.

A.3.3 Private Providers Representatives

The team shall include a representative of a private organization or association of providers of children and family services if such organizations or associations are located within a locality or central region. The potential provider shall notify the CSA Administrator, in writing, their interest in serving on the CPMT and apply to the jurisdiction's governing body for appointment and submit Conflict/Statement of Economic Interest per COV § 2.2-3115. The provider must also provide a resume and participate in an interview with the CSA Administrator and any other local representative as appropriate. The CSA Administrator will provide recommendations to the CPMT for support of the prospective CPMT member. The CPMT will vote for the support of the member appointment and the CSA Administrator will prepare an Agenda item for the prospective governing body for appointment. The representative will commit to a two year- renewable term and will abide by the Code of Ethics, a copy will be provided to them prior to their appointment. (Appendix D)

A.3.4 Optional Members

Governing bodies have the option of appointing additional members to the Community Policy and Management Team including, but not limited to, representatives from other public agencies, law enforcement officials, and local government officials. The Chesterfield/Colonial Heights CPMT does not have additional members.

A.4 Liability

"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. Any person serving on such team 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." COV § 2.2-5205

A.5 Conflict of Interest

"Any person who serves on a Community Policy and Management Team who does not represent a public agency shall file a statement of economic interests as set out in (Code of Virginia) § 2.2-3117 of the State and Local Government Conflict of Interests Act. Forms required are provided by the Secretary of the Commonwealth to the clerks of the governing bodies and are filed prior to assuming office and annually thereafter. Refer to Code sections for further detail."

A.6 Establishment of a Chair

Each Community Policy and Management Team shall establish a Chair, whose signature on CSA documents shall serve as the official signature, or their designee, for the Community Policy and Management Team. The Chesterfield/Colonial Heights CPMT established the Chair to be the Chesterfield County Deputy Administrator of Human Services and the Co-chair is the City of Colonial Heights Director of Youth and Human Services.

The CPMT Chair designated certain daily tasks to be authorized and signed by the CSA Administrator. These tasks include signing service provider agreements, authorizing short term emergency funding, rate certifications for group home and residential care placements, and forms validating FAPT approved funding for services.

A.7 Confidentiality

"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 Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Policy and Management Team 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." COV § 2.2-5210 . Therefore, a portion of CPMT meetings will be held confidentially in closed session. Team members sign confidentiality forms upon appointment. These forms are filed in the CSA office.

B. CPMT Duties and Responsibilities

B.1 Interagency Service Provision and Policies

The Community Policy and Management Team (CPMT) shall manage the cooperative effort in each community's agencies to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. As per the Code of Virginia COV § 2.2-5206 this team shall:

1. "Develop interagency policies and procedures to govern the provision of services to children and families in its community."

   The Chesterfield/Colonial Heights CPMT has established this document as the accepted policies and procedures, which can be amended and adjusted only through the action of approval of the CPMT. The CPMT will regularly review and update local policy and procedures as needed. A formal review will occur every two years, or as appropriate changes are needed.

2. "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. Accessibility to state pool funds is based on the eligibility of population which is determined by the mandate of services."

   Per the Code of Virginia § 2.2-5200, CSA's intent and purpose allows localities to respond to the needs of youth and families through the flexibility of accessing funds. Local CPMT has the authority to determine funding for CSA eligible populations through locally established policies and procedures. This document provides details to local policies and procedures for accessing CSA funding. The CPMT supports Family and Assessment and Planning Teams the authority to approve immediate use of CSA pool funds for cases determined to meet CSA eligibility criteria. FAPT determines eligibility through CSA criteria and approves services as documented through the child and family's Individualized Family Services Plan (IFSP). However, CPMT has the authority to override FAPT decision by appeal /dispute process or administrative oversight. CPMT follows Chesterfield County's fiscal policies and procedures for standards in fiscal oversight and separation of duties. CSA staff is authorized to act on behalf of the CPMT, as non-voting FAPT members, to grant immediate access to services upon FAPT approval and abide by Chesterfield's accounting policies and procedures and state CSA policies and regulations.

3. "Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay." The CPMT regularly monitors and reviews parental co-pay policies and reflected in CPMT agendas and minutes. It adopted local policy pursuant to COV § 2.2-5206 and established policy to "assess the ability of parents or legal guardian to contribute financially to the cost of services to be provided; and to provide appropriate parental or legal guardian contribution."

4. "Coordinate long-range, community-wide planning which ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under (Code of Virginia) COV § 16.1-309.3;

The CPMT is an active leader in the planning and provision of human services for at-risk youth and their families. The CPMT provides leadership and support in the development of system of care efforts through out the community. The current system includes services provided either within community resources or purchased if necessary.

5. "Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary process approved by the State Executive Council and a process to review the teams' recommendations and requests for funding;" *(Refer to Section III. B.1 Referral Process)*

6. "Establish quality assurance and accountability procedures for program utilization and funds management;" *(Refer to Section III. B.4: Quality Assurance and Utilization Management)*

7. "Establish procedures for obtaining bids on the development of new services;"
   The CPMT will be creative and flexible to meet the needs for CSA eligible populations. However, if Requests for Qualifications or other public requests for new services are determined in the best interest of the program, the CPMT may follow Chesterfield County Purchasing Department's policies and procedures.

8. "Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;" The management of state pool funds is the ultimate responsibility of the CPMT. "

   The CPMT shall review the CSA funding monthly to analyze and monitor the programs' budget. The local CSA Administrator is responsible for the development and monitoring of day-to-day implementation of the budget. The CSA Administrator and staff are responsible for providing accurate monthly financial reports to the CPMT and follows County Accounting procedures.

9. "Authorize and monitor the expenditure of funds by each family assessment and planning team (FAPT);" or a collaborative, multidisciplinary process approved by the State Executive Council;"

   The CPMT authorizes FAPT to approve the allocation of funds for services as determined through the Individual and Family Service Plan/IFSP.

10. "Have authority to submit grant proposals which benefit its community to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies;"

    When applicable and upon discretion of the locality, the CPMT will be the final authority to determine grant proposals applications related to CSA and follow the County /City policies for grant applications and funding.

11. "Serve as its community's liaison to the Office of Children's Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;"

12. "Collect and provide uniform data to the State Executive Council on, but not limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in

core licensed residential facilities, and proportion of youth placed in treatment settings suggested by a uniform assessment instrument for CSA-funded services; and"

13. "Have the power to administer funds pursuant to (Code of Virginia) COV § 16.1-309.3."

14. "Have the authority, upon approval of the participating Governing bodies, to enter a contract with another community policy and management team to purchase coordination services provided that the funds described as the state pool of funds under (Code of Virginia) COV § 2.2-5211 are not used and

15. "Submit to the Department of Behavioral Health and Developmental Services information on children under the age of fourteen and adolescents aged fourteen through seventeen for who an acute care psychiatric or residential treatment facility licensed pursuant to Chapter 8 (Code of Virginia) COV § 37.1-179 exclusive of group homes, was sought but unable to be obtained by reporting entities, Such information shall be gathered from the family assessment and planning teams of the participating community agencies authorized by the (Code of Virginia) §2.2-5207 Information to be submitted shall include:
    a) The child or adolescent's date of birth;
    b) Date admission was attempted; and
    c) Reason the patient could not be admitted into the hospital or facility"

B.2 Fiscal administration and management

The CPMT is responsible for the overall financial administration, authorization, and management of the Children's Services Act. The CPMT authorizes services that the FAPT approved within the previous 30 days and ongoing funding. Final authorization for services is the responsibility of the CPMT; therefore, the CPMT may either accept or overturn FAPT funding approvals. During monthly reviews, CPMT members are provided reports by CSA staff summarizing provider and expenditure detail to current contracted services; and monthly program budget reports for review and approval.

If the CPMT is unable to meet for planned monthly meetings due to inclement weather conditions, or lack of quorum for an official meeting and voting. The CPMT Chair, or designee, will provide temporary authorization of funding for new and continuing services on behalf of the CPMT until members can meet. At the next CPMT meeting, requested services will be reviewed and authorized by an official vote by CPMT members, then recorded in the meeting minutes.

C. Family Assessment and Planning Team (FAPT)

C.1 Philosophy

The Chesterfield County/Colonial Heights FAPT supports the family and community to provide the best environment for raising children. The purpose is to preserve families through coordinated access to appropriate services while protecting the welfare of children and maintaining the safety of the public. FAPT members are provided training and support through the three local policies/ models:

- Children Services Practice Model (Appendix A)
- System of Care Mission, Vision, and Guiding Principles (Appendix B)
- Family Engagement Policy and Practice (Appendix C)

C.2 Appointment

The second tier of the local-level management structure is the Family Assessment and Planning Team. The Community Policy and Management Team appoints FAPT members. Communities may have as many Family Assessment and Planning Teams as are necessary to meet the needs of the population. Multidisciplinary teams approved by the State Executive Committee may also be utilized (Code of Virginia) COV §2.2-5207 if requested by the CPMT. Chesterfield/Colonial Heights has one multidisciplinary team, approved by the State Executive Council on 9/17/15 (APPENDIX O).

C.3 Teams

Each Community Policy and Management Team (CPMT) shall establish and appoint one or more Family Assessment and Planning Team (FAPT), as the needs of the community require. (Code of Virginia) COV § 2.2-5207. Currently, the CPMT has approved five County teams and one City team. The locality consists of six teams. CSA staff schedules and facilitates FAPT meetings. FAPT members are an active part of the team and share responsibilities to promote quality and effective services. CSA staff are responsible for the oversight of the quality function of team through providing FAPT members with training, specific case data, and provider program outcomes for informed decision making.

Rotating Chesterfield teams are scheduled weekly for a full workday. Teams meet in the CSA Administration office; located at 9501 Lucy Corr Blvd, Chesterfield, VA 23832, in the Chesterfield County government complex. The Colonial Heights team is scheduled twice monthly for half days in the Colonial Heights Public Library 1000 Yacht Basin Drive, Colonial Heights, VA 23834.

C.4 Membership

The minimum **mandatory membership** (Code of Virginia) COV § 2.2-5207 of the Family Assessment and Planning Teams includes representatives from the:

- Community Services Board
- Department of Social Services
- Juvenile Court Service Unit
- School division, and
- Parent representative
- Health Department representative, as needed

Other members may be appointed to the Family Assessment and Planning Team at the discretion of the Community Policy and Management Team.

C.4.1 Agency Representatives

Agency representatives are appointed by the CPMT. "The staff appointed to the Family Assessment and Planning Team from each agency shall have the authority to access services within their respective agencies" (Code of Virginia) COV § 2.2-5207. The decision of the Family Assessment and Planning Team does not override local policies and procedures specific to agencies.

C.4.2 Parent Representatives

“Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a Family Assessment and Planning Team may serve as parent

representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives." COV § 2.2-5207

On November 18, 2015, CPMT approved local policy (APPENDIX N) to fund monthly stipends for FAPT Parent representatives to support family engagement.

C.4.3 Private Providers

The team shall include a representative of a private organization or association of providers of children and family services if such organizations or associations are located within a locality or central region. The potential provider shall notify the CSA Administrator in writing, their interest in serving on the FAPT. The provider must also provide a resume and participate in an interview with the CSA Administrator or designated staff. The CSA Administrator will provide FAPT member recommendations to the CPMT for appointment during monthly meetings as needed. The CPMT will vote on the appointment and written notification will be provided to the provider of their appointment to FAPT by the CSA Administrator. The private provider representative will agree to serve a two-year, renewable term, and abide by the Code of Ethics (Appendix D) and submit Conflict/ Statement of Economic Interest form per COV § 2.2-3115.

C.4.4 Optional Members

Other representatives may be appointed to the Family Assessment and Planning Team at the discretion of the CPMT. In Colonial Heights, the Office on Youth has a FAPT member appointed by CPMT.

C.5 Liability

"Persons who serve on a Family Assessment and Planning 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. Any person serving on such team 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." COV § 2.2-5207

C.6 Conflict of Interest

"Persons serving on the Team 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." COV § 2.2-5207

"Any person who serves on a Family Assessment and Planning Team who does not represent a public agency shall file a statement of economic interests as set out in (Code of Virginia) § 2.1-639.15 of the State and Local Government Conflict of Interests Act." (Code of Virginia) § 2.2-3117.

D. FAPT Duties and Responsibilities

"The Family Assessment and Planning Team, in accordance with COV§ 2.2–2648, 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." COV § 2.2-5208

D.1 Fiscal responsibility

Through individualized case review process, FAPT is responsible for best practices of services and as exemplary stewards of the public trust. FAPT is responsible for determining CSA eligibility and the approval of CSA funds based on services recommended in successfully implementing the Individual and Family Services Plan (IFSP). FAPT must determine that all other available community resources are exhausted prior to approving CSA funds. Per CPMT, each FAPT may approve services to immediately begin. *However*, the CPMT has ultimate financial authority and may accept or deny any FAPT approvals. CPMT referring agencies and CSA staff are responsible for providing accurate information to FAPT members needed to make informed decisions to perform their duties.

D.2. Specific responsibility

"Every such Team, in accordance with policies developed by the Community Policy and Management Team, shall:"

1. "Review referrals of youths and families to the team;" This is done through scheduled FAPT meetings. Appointed members are expected to attend their assigned FAPT or provide an appropriate replacement when not available.

2. The FAPT shall "provide for family participation in all aspects of assessment, planning and implementation of services. This includes full participation by the family during the team meeting when their child's case is being presented. The Family Engagement Policy establishes local guidance and direction on this matter (Appendix C).

   Parents of children receiving special education services are afforded all parental rights authorized by the Individuals with Disabilities Education Act and Virginia law. Specifically, parents must be "members of any group making the placement decision." Further, "whatever placement options are available to a child will be fully discussed and analyzed at placement meetings, allowing input from all the participants," including the parents (34 CFR § 300.501). Refer to Virginia Department of Education for additional information on parent rights for special education services and FAPT roles.

3. "Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the Family Assessment and Planning Team in its deliberations;"

4. "Develop an individual family services plan (IFSP) for youths and families reviewed by the Team that provides for appropriate and cost-effective services." The IFSP shall:

- Be reviewed and approved by FAPT members based on the following information: state mandatory uniform assessment (Child Adolescent Needs and Strengths (CANS) completed by referring case manager, clinical assessments, service /agency reports, and discussion.
- Direct FAPT approved services and record expected goals and outcomes.
- "Refer the youth and family to community agencies and resources in accordance with the individual family services plan;" FAPT recommendations are noted in the IFSP and signed by all FAPT participants. Copies of the IFSP are provided to contracted service providers and family upon request.
- "Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the IFSP, such reports to be made to the team or the responsible local agencies." COV § 2.2-5208

5. Identify children who are at risk of entering, or are placed in, residential care through the CSA program and who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. The FAPT shall identify and document for each child entering, or in residential care, in accordance with the policies of the Community Policy and Management Team developed pursuant to subdivision 17 of § 2.2-5206, :

   (i) strengths and needs of the child and his family through conducting or reviewing Children's assessments, including but not limited to information gathered through the mandatory uniform assessment instrument (CANS),
   (ii) specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths,
   (iii) a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and
   (iv) regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;"

6. "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."

7. "Recommend to the CPMT expenditures from the local allocation of the state pool of funds." CSA staff prepare fiscal reports of FAPT previous month's approved expenditures and present to the CPMT's approval during scheduled meetings.

E. Children's Services Act (CSA) Administration

"Localities are encouraged to use administrative funding to hire a full-time or part-time local coordinator for the Children's Services Act program. Localities may pool this administrative funding to hire regional coordinators." 2010 Appropriations Act, Chapter 874, Item 274 § C. 4.

Chesterfield/Colonial Heights CSA has one full time Administrator and support staff consisting of full and part time employees. Beginning February 8, 2020, the local administration of CSA will operate under Chesterfield-Colonial Heights Department of Social Services and CSA staff will be reported as social services staff. The Assistant Director of Administration and Finance will be the direct supervisor of the CSA Administrator. The state contributes partial funding for the administration of the CSA in localities. Local administrative funding comes from Chesterfield County general funds and the City of Colonial Heights.

CPMT and FAPT: CSA staff provides administrative support and information to CPMT and FAPT members to perform their roles and duties. The CSA Administrator is responsible for setting the agenda, keeping the minutes, maintaining follow up items and administrative support for the CPMT. CSA staff is responsible for providing monthly budget and fiscal reports to the CPMT for monitoring and approval.

The CSA staff is responsible for the administration of the program through the organization and management of FAPT in both communities. CSA staff ensures that FAPT members are appointed by the CPMT, and that the membership composition meets state and local policy and procedures. CSA staff establishes FAPT meeting dates and communicates FAPT scheduling to team members. CSA staff provides current information and ongoing training to FAPT members on local and state policies, provider rates, services, and outcomes, relevant financial reports, etc.

Purchased Services: Other responsibilities of the CSA administration include the development, dissemination, and monitoring of CSA service contracts and payments. The CSA office is responsible for developing and monitoring forms to meet the state and local expectations and mandates for quality assurance and utilization management. CSA also provides training and assistance to CPMT, FAPT members, and case managers for CSA related services and mandates. CSA staff works with case managers and Medicaid providers to maximize Medicaid eligible services and is responsible for collecting the required documentation and issuing to providers in a timely manner. The CSA staff's main objective is to provide efficient and effective support services to meet the mission and vision of the program and maintain compliance with state and local policies and procedures.

E.1 CSA Administrator

The Administrator's main duties include, but not limited to:

- Manage program and staff to support the local implementation of the Children's Services Act.
- Monitor, manage and analyze state and local policy and procedures.
- Manage, monitor, and analyze CSA budget, expenditures, and contracts.
- Continuous development and management of interagency automated data and fiscal management system.
- Maintain current knowledge of state regulations and laws pertaining to youth services (foster care, special education, mental health, and juvenile justice) and funding streams (Medicaid, Title IVE, adoption subsidy, etc.) directly related to the program.

E.2 Fiscal Analyst

This position provides leadership, direction, and coordination for all aspects of the fiscal management system for the Children's Services Act Program. The main responsibilities are:

- Lead, develop and maintain fiscal processes that establish and assure accountability

- Provide direction in developing strategic goals and objectives for fiscal management and creative funding options for CSA
- Prepare and present monthly financial status to include the state reimbursement request and projections to CPMT
- Quarterly submission of state required data reports
- Actively lead and assist with all aspects of third party (insurance) revenue and reimbursement (parent co-pay)

E.3 School Services Manager

The School Services Manager is responsible for the program oversight of FAPT referred cases for special education services. This includes referrals from Chesterfield Public schools as well as other CPMT agencies that require special education service coordination. The main responsibilities for this position are:

- Assist with the development of service plans and monitor contractual arrangements with contracted vendors.
- Provide guidance and consultation to school -referred cases regarding special education mandates and vendor issues.
- Provide support and consultation to the Department of Social Services and the Court Services Unit case managers of students eligible for special education services and actively receiving CSA funds.

E.4 FAPT manager

The FAPT manager is responsible for supporting FAPT members and local case managers with the FAPT referral process. The main responsibilities for this position include:

- Manage FAPT meeting schedules and set dates for new referrals
- Assist in the facilitation of FAPT meetings
- Provide support to FAPT in the development of the IFSP and funding authority process
- Support and train FAPT members to fulfill their responsibilities for CSA compliance
- Coordinate with case managers in quality assurance practices

E.5 Administrative Assistant

The Administrative Assistant is responsible for processing and oversight of department driven purchase orders for private vendors. The main responsibilities for this position are:

- Manages purchase orders and invoicing for CSA eligible services.
- Provides oversight to payments and invoices for services and identifies risk factors for over payments, and when necessary, seeks refunds from vendors.
- Performs clerical responsibilities such as managing client files; manage office supplies and office equipment maintenance.

III. Local Level Management Procedure

A. Community Policy and Management Team (CPMT)

A.1 Meetings

The Chesterfield/ Colonial Heights CPMT meets monthly, third Wednesday at 1:00 pm, to provide oversight and monitoring of the CSA program. Meeting dates and times are publicly posted on the County's website, calendar on www.chesterfield.gov. CPMT participating agencies shall have representatives available to participate in meetings or send designees as needed.

"The Community and Policy Management Team shall…review and analyze data in management reports provided by the Office of Children's Services for At-Risk Youth and Families in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program.

Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;" COV § 2.2-5206 (13)

A.2 Agenda and Administrative support

CSA Administrator is responsible for setting the agenda, keeping the minutes, maintaining follow up items and administrative support for the CPMT. The agenda has five major functions:

(i) minutes approval,
(ii) previous monthly budget review,
(iii) new case review (services that have started within the last 30 days presented by referring agency representatives),
(iv) on-going 90-day case review, and
(v) state and local policy and management responsibility

The agenda is prepared and disseminated to CPMT members electronically the week prior to meeting. CPMT members are responsible for reviewing materials and submitting questions or comments in advance to the CSA Administrator for discussion at the meeting.

CSA staff is responsible for providing monthly budget and fiscal reports to CPMT for approval. The CSA Fiscal Analyst prepares budget reports. The information varies based on the needs and requests of the CPMT members. The CSA Fiscal Analyst produces reports from the Harmony Information System database and the County accounting system. CSA staff is responsible for on-going communication to CPMT members regarding FAPT related items, contracted provider issues or concerns, local and state government policy influences, and impacting programmatic topics.

B. Family Assessment and Planning Teams (FAPT)

B.1 Referral Process and Eligibility

Policies set forth in this document designate the authority of determining CSA funded cases.

1. Referrals shall go through the CSA Administrator or designated CSA staff.

2. Local agencies and parents/guardians may make referrals based on eligibility criteria: Department of Social Services, Public Schools, Court Services Unit, and Community Services Boards. The criteria are set out in the (Code of Virginia) § 2.2-5211 and § 2.2-5212. See APPENDIX P for local policy regarding children meeting Foster Care eligibility, Kinship Guardian Assistance Program.
3. CSA staff is responsible for initial review of eligibility criteria upon referral and scheduling initial FAPT meetings.
4. When emergency services/placement are needed, the CSA Administrator (or designated staff) has authority to approve services for eligible cases, up to 14 days, then subsequently assessed by FAPT for continuation of services COV § 2.2-5209.

Parents/guardians, not connected to local agency services and are seeking referral to FAPT, shall complete an application (accessible online www.chesterfield.gov) to provide information to assess CSA eligibility. Completed application, Consent for Exchange of information, and supporting documentation shall be submitted to the CSA office for review. CSA staff will assess information and determine if there are existing community agencies involved and /or knowledgeable of referral and collaborate. CSA staff will contact parent /guardian within 5 days of receiving completed information. If there is identified agency awareness of the child/family, CSA staff will coordinate with family and agencies as needed. If parent/guardian is not satisfied with service coordination and resource information provided; and continues to desire a FAPT meeting, CSA staff will schedule a meeting with the Community Care Team (CCT). The CCT will meet to determine CSA eligibility and develop an IFSP with resource recommendations. The CCT is the local Multi-Disciplinary Team, approved by the State Executive Council on September 17, 2015 (APPENDIX O). CPMT approved local process and appointed membership on October 21, 2015.

Assessment of cases should include consideration of the following:

1. CSA Eligibility determined by the FAPT based on Virginia laws and regulations
2. Family and child's *needs* exceed their own personal and community resources
   - What strengths/resources does the family have? (i.e., churches, family members, etc.…)
   - Has the family demonstrated financial hardship and unable to pay towards services?
   - Has family requested scholarships/alternative payment options for services?
   - Does family have Medicaid or other alternative funding sources? (i.e. Medicaid waivers: EPSDT, ECDC waiver, etc.)
   - If family has insurance, have they contacted their provider to submit a request?
3. Family and child's *needs* exceed community agencies' services.
4. Least restrictive services and resources have been unsuccessful/ ineffective.
   - What other interventions have been tried and what were their outcomes?
   - How would additional services assist with therapeutic goals?
5. A completed CANS (Child Adolescent Needs and Strengths) assessment determines high needs.

B.2 Review and Approval of Services Process

B.2.1 FAPT meetings

Cases are scheduled and assigned to FAPT by CSA staff. For CSA Pool funding approval, each FAPT meeting shall:

- Follow the Community's Family Engagement Policy. Parents/guardian and all necessary partners are expected to participate in the meeting in order for the FAPT to identify the needs and strengths of children and families.
- Assess, determine and document that child/family meet eligibility for CSA Pool Funds.
- Review reports and evaluations such as the CANS, IEPs, agency service plans, etc.
- Develop and approve an Individual and Family Services Plan (IFSP) to determine community resources as well as approve CSA funding for services that meet child/family's needs for specific goals.
- Make recommendations for provider match, funding allotment (units and duration), and set date for follow up review.

Children who meet CSA eligibility through the determination of a special education placement by the school division are not required to go through FAPT for CSA eligibility and determination of funding for IEP services. CPMT meets the requirements for funding authorization through actions taken during monthly meetings.

B.2.2 Emergency Requests

In special circumstances, the Department of Social Services and the public schools are eligible for emergency funding requests. When meeting CSA criteria for emergency funding, the local case manager shall provide CSA with written request with detailed information supporting the need for immediate access to CSA eligible services. CSA Administrator may authorize temporary funding for services if need meets CSA Pool eligibility criteria until a subsequent FAPT meeting is held within 14 days and FAPT can determine and approve the IFSP for continued services. All necessary documentation shall be provided by the referring agency at the time the request is made.

B.2.3 Individual and Family Service Plan (IFSP)

The IFSP is developed and approved during the FAPT meeting. It shall be developed with all aspects of the child and family's strengths and needs in consideration of services. The local agency case manager is responsible for daily oversight and monitoring of the IFSP. The IFSP shall not be implemented without consenting signature (or documented verbal confirmation) of the custodial parent and/or agency or individual legally serving in the place of the parent. Approved services are documented to support the implementation of the IFSP. The signed original IFSP is part of the child's record and located in the CSA office. This requirement does not interfere with procedures to provide immediate access to funds for eligible emergency services or exempted special education services determined by the local school division through the IEP process.

Planning, developing, implementing, and monitoring the IFSP

The child and family have significant input into the development of goals and selection of strategies for services. The IFSP should follow a logical progression of intervention that results with the child remaining in the home and community.

- The IFSP should identify and document:
- Ultimate goals of services and referral agency's goal
- Detailed authorized services to be provided (provider, rate, units, type, frequency, etc)

- Designation of individuals/agencies/providers responsible for implementing strategies/interventions
- Maximization of utilization of services when available
- Time lines for obtaining goals for cost efficiency and effectiveness
- Next FAPT review date, if needed
- Signatures of meeting participants

B.2.4 Medicaid

The locality is responsible for maximizing all funding resources, Medicaid and other Medicaid programs are required to be utilized, when available, prior to accessing State Pool Funds.

"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 Children's 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." 2010 Appropriations Act, Chapter 874, Item 274 § E.

The CSA Agreement for Services further details the roles and responsibilities of the CSA office and contracted providers regarding maximizing Medicaid billing.

B.3 Preparing for FAPT meeting

FAPT meetings shall be available to vested parties to actively participate such as legal guardian, local agency case manager, private provider, and other pertinent members of the child and family's team. If parent/guardians are the referral source, they shall attend the FAPT meeting and provide required information/documentation to assist the team in determination of eligibility. Parents/guardian may invite others who are aware of the needs of their child to the meeting.

After the initial FAPT meeting, and services are approved. There are follow up meetings required to monitor and review ongoing services. The CSA office provides written notices to parent/guardians of scheduled FAPT meetings. The CSA Agreement for Services further details the roles and responsibilities of the CSA office and contracted providers regarding FAPT participation.

B.3.1 Parent/Legal Guardian

Per the Family Engagement Policy and Practice, people identified as family are invited and encouraged to participate in all meetings regarding the child. The referring case manager is responsible for informing and inviting involved parties to the FAPT meeting. Case managers shall fully engage families (when appropriate) and prepare them for the meeting. The CSA office has prepared tools to assist with this expectation (APPENDIX H). The FAPT meeting will not proceed if the child's legal guardian is not present, unless written permission is provided to FAPT members allowing them to proceed. The community will do its best to accommodate to the needs of the family to actively participate. The referring agency case manager is expected to prepare the family for each meeting.

As the FAPT meeting concludes, parent/legal guardian shall sign the Individual Family Services Plan (IFSP), indicating consent and participation. When services are approved and meet the criteria for a parental co-pay assessment, the parents/legal guardians shall complete the financial assessment per the local Parent Co-pay policy prior to services starting. If parents/legal guardians disapprove of the plan, they may file an appeal to the CPMT (Refer to Section III/C/C.1 Dispute Resolution Process) and services may pend until dispute is resolved.

B.3.2 Local Agency Case Manager

Referring local agencies include:

- Chesterfield-Colonial Heights Department of Social Services
- Chesterfield County Public Schools
- 12th District Court Services Unit
- Chesterfield Mental Health Support Services (Community Service Board)
- Colonial Heights Public Schools
- Colonial Heights Office on Youth
- District 19, Community Services Board

CSA required documentation:

Effective July 1, 2015, parents/guardians who refer to the FAPT and meet CSA eligibility criteria, they are responsible to provide the CSA office the following information for FAPT review:

- Completed Application for Family Assessment and Planning Team
- Supporting documentation related to application
- Consent to Exchange Information form (signed)
- Individualized Education Plan (IEP), if applicable
- Financial assessment and agreement

For local agencies, the local agency case manager is responsible for necessary CSA documentation completed and provided to the CSA office prior or at the time of the FAPT meeting. Required paperwork is listed and available for use and downloading on the CSA homepage in the County's website (www.chesterfield.gov) under County Departments. CSA staff provides resources, ongoing training, and support to referring case managers for requirements needed initial and ongoing services.

Implementing the Individual Family Service Plan (IFSP)

For new cases referred to FAPT by parent/guardians and FAPT approves services for CSA pool funding through an IFSP, FAPT will determine the local case manager and assign for ongoing case management. The parent/guardian must agree and follow the assigned agency's requirements for referral and intake process to be eligible for CSA services.

The local agency case manager referring to CSA is responsible for the daily oversight and monitoring of the IFSP to ensure maximum effectiveness. Responsibilities of the case manager include:

- Regular contact/communication with child and family and service providers
- At least weekly contact/communication with service provider for goals updates.
- Attendance and participation in service provider treatment plan meetings.
- Active discharge planning.

- Active certification in the CANS.
- Timely notifications provided to the CSA office for changes in IFSP services.
- Review the accuracy of services
- Ongoing evaluation of the needs for services
- Prepare recommendations for FAPT with supporting documentation

Responsibilities of CPMT Agencies

"When CPMT member agencies refer children and families to FAPT for consideration of CSA Pool funds, it is the local agency's responsibility to meet its fiscal responsibility for that child for the services funded through the CSA pool. However, the referring community agency shall continue to be responsible for providing services identified in individual family service plans that are within the agency's scope of responsibility and that are funded separately from the state pool." COV § 2.2-5211 D.

B.4 Quality Assurance and Utilization Management

FAPT meetings, in collaboration with families, local case managers, and CSA staff, shall provide regular monitoring and utilization review of all CSA funded services. Ongoing reviews shall assess services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family; COV § 2.2-5208 (5)

The CSA office is responsible for the development and monitoring of forms to meet state and local expectations and mandates for quality assurance and utilization management.

- A utilization management plan on file (APPENDIX J).
- The state mandatory assessment tool (CANS) is reviewed during FAPT meetings and at discharge.

"Each locality receiving funds for activities under the Children's Services Act (CSA) shall have a utilization management process, including a uniform assessment (CANS), approved by the State Executive Council, covering all CSA services." 2010 Appropriations Act, Chapter 874, Item 274 § B. 3.

- The local CSA "Agreement for Services" mandates regular communication, collaboration, and written monthly progress reports from contracted providers.
- Ongoing case reviews through scheduled FAPT meetings monitor CSA funds. Minimum Review guidelines are as follows:
    a. 30 to 90 days for congregate care placements (residential and group home)
    b. 30 to 90 days for community-based programs such as treatment foster care, intensive care coordination, etc.;
    c. Up to 180 days for foster care services for day care, drug testing, etc.
    d. 365-day review for local school division special education placements and foster care basic maintenance.

C. Established Policies

C.1 Dispute Resolution Process

For formal dispute requests, only the child and parent/legal guardian (non-agency) can request an appeal. The child/family shall be provided with written notice of FAPT meetings and opportunity to participate in the meeting. At the conclusion of the FAPT meeting, all who participated are asked to sign the developed IFSP. Voting FAPT representatives designate their vote on the signature page. The child and family are requested to denote their approval or disapproval of the plan when signing the IFSP. The IFSP will be accepted with a majority vote.

If child/parent/legal guardian is not present during the FAPT meeting, they may provide a written request to the CSA office, and shall be notified of the FAPT determination within 10 working days of the meeting. Any child/parent/legal guardian may request an additional hearing by the FAPT or CPMT if dissatisfied with action taken on their case. The request must be in writing and directed to the CSA Administrator within 10 working days of FAPT meeting. If the child/parent/legal guardian requests an additional hearing by a FAPT, it must specify if the request is for their assigned team or a new team. CSA Administrator will coordinate with the requestor to schedule a review to occur within 30 days.

If the child/parent/legal guardian requests an additional hearing by the CPMT, then the CPMT must hold a review within 30 days after receiving the request for review. The CPMT's decision is final and binding. The CPMT shall respond in writing to the child /legal guardian's request. There is no state review dispute process for the Children's Services Act.

Upon written request, the parent/guardian of the child shall be afforded an opportunity to inspect and review FAPT records addressing the assessment, planning and implementation of services (unless otherwise prohibited by law). The parent or eligible child who believes that information in a record is not complete, inaccurate, or not pertinent, not timely, nor necessary to be retained, may request the FAPT to amend the records. The request shall be in writing and directed to the CSA Administrator.

There are three due process systems available for CPMT agencies: **special education system, which** involves state level review, **social service system** that involves both local and state level review, and **juvenile courts**. These systems are established by federal and state requirements and are separate from CSA and are available to youths and families, as appropriate. State due process systems supporting special education and foster care are not impacted by the CSA. This review process system shall not take the place of any other review process pursuant to existing state or federal law (e.g., special education, foster care).

C.2 Confidentiality

Community Policy and Management Teams must maintain confidentiality when reviewing or acting upon information about children and families served by the community. The (Code of Virginia) § 2.2-5210 states, "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 Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Policy and Management Team 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."

The CSA office follows the County's policies and procedures on confidentiality. The CPMT and FAPT members must sign a Confidentiality Agreement with the CSA office prior to serving on the team. The Confidentiality Agreements are kept on file at the CSA office. FAPT meetings are closed to the public.

The Children's Services Act requires all public agencies that have served a family or treated a child who is referred to the Family Assessment and Planning Team to cooperate with the team. The referring agency is responsible for obtaining the written consent(s) required to share information with the team. (Code of Virginia) § 2.2-5210. All opened CSA cases must have Consent to Release Information forms completed and signed by a legal guardian. Those forms are kept in the child's CSA case file.

Expectations for confidentiality with contracted service providers are addressed in the CSA Agreement for Services, executed Agreements are filed in the CSA office.

C.3 Legal Services

The (Code of Virginia) § 2.2-5204 provides as follows: "The county or city which comprises a single team and any combination of counties or cities establishing a team shall arrange for the provision of legal services to the team." The Chesterfield County Attorney's office provides legal guidance and counsel for all aspects in the management of CSA including general and specific policy implications, Virginia State Code mandates, service contracts, and legal requirements.

C.4 Management of Records

The CSA office oversees uniform documentation guidelines approved by the CPMT to address the minimum child-specific documentation required by the Children's Services Act. CSA follows state's guidelines for the retention and destruction of records. CSA files are housed in the CSA administration office. Chesterfield County's policies on confidentiality is practiced and enforced with clients' files. Closed cases, within prior fiscal year, and current year open case files are located within the CSA office. All other files are registered with the County's Records Management, a division of General Services. Once registered with Chesterfield County's Records Management, files are taken off site to an undisclosed location for storage. The storing of files will last the duration of seven years, at that time the record will be destroyed.

Children's Services Act does not require that records are stored for a specific period of time, rather the referring agency's retention and destruction policy under whose purview the record originated must be adhered to. The Virginia State Library indicates that the agency originating the records and the documentation therein are responsible for maintaining files in accordance with the standards (schedules), which have been established. Duplicates ("copies" of convenience) of original records are not under the purview of the destruction schedule and therefore could be purged as long as the original records are maintained by the appropriate originating agency.

C.5 Parental Contribution Policy

The State Executive Council directs localities to establish policies to assess the ability of parents or legal guardians "to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;" COV § 2.2-5206 (3)"

Localities shall "enter into agreements with the parents or legal guardians of children receiving services" as indicated in the IFSP for CSA Pool funds. Refer to **APPENDIX E** for local parent contribution and

placement agreements. Local polices are reviewed and updated every two years or as the need arises. "If the parent or legal guardian fails or refuses to pay the agreed upon sum on a timely basis and a collection action cannot be referred to the Division of Child Support Enforcement of the Department of Social Services, upon the request of the Community Policy and Management Team, the Office of Children's Services shall make a claim against the parent or legal guardian for such payment through the Department of Law's Division of Debt Collection in the Office of the Attorney General." 2011 Appropriations Act, Chapter 890, Item 274 § F.

There are three exceptions to CSA parent/guardian financial assessments and contribution collections policies. 1) Parents/legal guardians of children who are in the custody of the Department of Social Services (due to existing DSS child enforcement policies). 2) Parent/legal guardians of children who are at imminent risk of being placed into the custody of the Department of Social Services due to abuse and/or neglect. 3) Parents/legal guardians of children receiving educational services identified through an Individual Education plan (IEP) and meet the CSA criteria for eligibility.

C.6 Family Engagement

On March 25, 2010, the State Executive Council enacted specific policy to better enable the Office of Children's Services (OCS) and local Community and Policy Management Teams to carry out the legislative intent of the Children's Services Act (CSA) regarding "*family participation in all aspects of assessment, planning and implementation of services*" (*COV 2.2-5208*) The State Executive Council is the statutory entity authorized to:

"…provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services for At-Risk Youth and Families, which support the purposes of the Children's Services Act …" (COV 2.2-5208)

The statutory requirement to provide for family participation in CSA is based on fundamental, underlying values of CSA, values which are shared across the agencies represented on the SEC. The Chesterfield/Colonial Heights CPMT adopted the Family Engagement Policy and Practice (APPENDIX C) on September 15, 2010 to address the cross agency and system approach to family engagement. The CPMT acts as the leadership body that is committed to a family centered approach in the community. The CPMT is responsible to monitor family engagement activities through quality assurance, continuous quality improvement methods, and commitment to ongoing training and support to build family engagement skills for all staff.

C.7 Parent Rights

The Children's Services Act was designed to assist youths and their families to gain access to the services from various human services agencies in order to meet their needs. Each state agency has established policies in place for parental rights. State and local agencies, parents and private service providers work together to plan and provide services. All parents of children served by the local CSA have the right to:

1) Understand the local CSA process and to receive information on the timelines for receiving and reviewing referrals for services.
2) Be notified before the child is assessed or offered services.
3) Understand the information received in the parent's native language.

4) 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.
5) Review and receive information regarding the child's record and to confidentiality (unless otherwise authorized by law ordered by the court).
6) Assistance from local human services professionals to receive services the child requires.
7) Review disagree with and appeal any part of the child's assessment or service plan.
8) Participate in meetings which address and assess the child and family situation.

C.8 Non-Discrimination

The Chesterfield - Colonial Heights CPMT will ensure that services are provided in a nondiscriminatory manner. Service contracts with private providers clearly state that services authorized by the CPMT and FAPT shall not discriminate based on race, ethnicity, sex, age, religion, socioeconomic status, handicapping conditions, or national origin.

C.9 Intensive Care Coordination

"At the direction of the State Executive Council, local Community Policy and Management Teams (CPMTs) and Community Services Boards (CSBs) shall work collaboratively in their service areas to develop a local plan for intensive care coordination (ICC) services that best meets the needs of the children and families. If there is more than one CPMT in the CSB's service area, the CPMTs and the CSB may work together as a region to develop a plan for ICC services. Local CPMTs and CSBs shall also work together to determine the most appropriate and cost-effective provider of ICC services for children in their community who are placed in, or at-risk of being placed in, residential care through the Children's Services Act for At-Risk Youth and Families program, in accordance with guidelines developed by the State Executive Council. The State Executive Council and Office of Children's Services shall establish guidelines for reasonable rates for ICC services and provide training and technical assistance to CPMTs and fiscal agents regarding these services." 2011 Appropriations Act, Chapter 890, Item 274 § C.3.d.

"The Community Policy and Management Team shall… Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648." COV § 2.2-5206.17"

Refer to **APPENDIX K** for ICC policy.

C.10 Emergency Operations

The Children's Services Act (CSA) Office has been deemed an essential function; therefore, the CSA program must continue to operate regardless of the status of other County/City agencies. Because of this, the Community Policy and Management Team (CPMT) has adopted the an Emergency Operations Policy which outlines procedures for the operation of Family Assessment and Planning Team (FAPT) meetings and CPMT during local government closure and/or contact restrictions.

Refer to **APPENDIX Q** for Emergency Operations policy.

IV. Funding- Scope of Pool Funds

For CSA pool funds to be allocated, the locality must abide by the appropriation act and appropriate state regulations. These funds, as made available by the General Assembly, shall be expended for public or private nonresidential or residential services for troubled youths and families." COV § 2.2-5211 A.

"The purposes of this system of funding are to:"

1. "Place authority for making program and funding decisions at the community level;"
2. "Consolidate categorical agency funding and institute community responsibility for the provision of services;"
3. "Provide greater flexibility in the use of these funds to purchase services based on the strengths and needs of youths and families; and"
4. "Reduce disparity in accessing services and reduce inadvertent fiscal incentives for serving children according to differing required local match rates for funding streams." COV § 2.2-5211 A.

A. Local Government Financial Responsibilities

With the General Assembly, the Local CPMT shall annually appropriate funds sufficient to (i) provide special education services and foster care services for children and (ii) meet relevant federal mandates for the provisions of these services. For community financial and programmatic planning, the CPMT will anticipate and allocate, to the best of its ability, the number of children for whom such services will be required and reserve from its state pool allocation to meet these needs for each locality.

> "Every county, city, or combination of counties, cities, or counties and cities shall establish a Community Policy and Management Team in order to receive funds pursuant to this chapter. … The participating governing bodies shall jointly designate an official of one member city or county to act as fiscal agent for the team. The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall annually audit the total revenues of the team and its programs." COV § 2.2-5204"

Chesterfield County is the funding agent for the CPMT local CSA pool funds. Funds are for the use for eligible residents of Chesterfield County and the City of Colonial Heights and reported separately by locality's FIPS codes. Each locality establishes a separate service budget and provides matching funds established by the State Office of Children's Services. Regarding Chesterfield County's local funding, the CSA Administrator and the Department of Social Services Assistant Director for Administration and Finance are responsible for the annual budgeting and monitoring of the CSA program to ensure local matching funds are available for services. As of February 8, 2020, budgeting for CSA administration and operations will be through Chesterfield-Colonial Heights Department of Social Services. For Colonial Heights, CSA staff will notify the Director of Youth and Human Services if matching local funds are needed beyond the allocated budget. When budget projections appear that local appropriation for the fiscal year is fully encumbered, the CPMT and CSA staff requests supplemental allocation to the State Office of Children's Services and additional funds appropriated by the Board of Supervisors of Chesterfield County, or City Council of Colonial Heights. (Refer to State CSA Manual on Supplemental Requests).

CPMT agencies and CSA staff, collectively work for quality assurance and program accountability. County staff (Accounting, DSS finance, and CSA staff) are responsible for the daily activities of income

through Medicaid reimbursement, agency transfers, parent co-pays, Title IV-E reimbursement, etc., to offset CSA expenditures. CSA staff are responsible for processing CSA payments through local information systems. Purchases for CSA eligible services are free from local procurement procedures. Chesterfield County Information System Technology Department supports the CSA office to securely upload and interface with the County General Ledger system and provide necessary quarterly reporting to the State.

This local policy and procedure manual serves to meet the following State mandates:

"Pursuant to §2.2-5200, Code of Virginia, Community Policy and Management Teams shall seek to ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public." 2010 Appropriations Act, Chapter 874, Item 274 § B.2.d

"The Council shall…Deny state funding to a locality where the CPMT fails to provide services that comply with the Children's Services Act…" COV § 2.2-2648 D. 20

Further, "except for cases involving only the payment of foster care maintenance that shall be at the discretion of the local community policy and management team, cases for which service plans are developed outside of this family assessment and planning team process or approved collaborative, multidisciplinary team process shall not be eligible for state pool funds." COV § 2.2-5209

B. Children and Families Eligible for Pool Funds

The CSA Pool Funds can be used to provide services to children/youth and their families when determined to meet criteria for services. CSA staff provides oversight, monitoring, and support to FAPT members to ensure eligibility is met for CSA Pool funds.

> "The Office of Children's Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funded in accordance with § 2.2-5211, Code of Virginia." 2010 Appropriations Act, Chapter 874, Item 274, § B.1.e.

"The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams shall annually audit the total revenues of the team and its programs". COV § 2.2-5204. Chesterfield County Internal Audit is responsible for audit scheduling of the CSA.

B.1 Eligible Population

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

1. "The child or youth has emotional or behavior problems that:"

a. "Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;"

b. "Are significantly disabling and are present in several community settings such as at home, in school or with peers; and"

c. "Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies."

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

3. "The child or youth requires placement for purposes of special education in approved private school educational programs."

4. " The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by COV § 63.2-900." COV § 2.2-5212 A.

B.1.1 Age Requirement

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

B.1.2 Residency Requirement

The locality's jurisdiction is where the child's legal guardian legally resides and shall be responsible for payment for services identified in the child/family's Individual Family Service Plan. If the child/family's legal residence changes during the IFSP services authorization period, a transfer request will be made to the locality where the legal guardians legally reside. The transfer process follows guidance in the State CSA Manual.

B.2 Targeted Population

When accessing CSA Pool funds to purchase services, the locality is required to identify targeted populations for the purpose of accounting for the funds in the pool "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 COV § 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 COV § 63.2-900;"

4. "Children placed by a juvenile and domestic relations district court, in accordance with the provisions of COV §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.

B.3 Mandated

Mandated services are identified when children/youth meet CSA criteria under special education, special education wrap around, foster care, and foster care prevention services. The State CSA Manual provides descriptive policy on the Federal and State mandates for CSA services for foster care and special education services (www.csa.virginia.gov).

B.3.1 Special Education and Special Education Wrap around

Children evaluated by the public schools through an Individualized Education Plan process and determined in need of special education services outside of public schools for private day and residential placements are classified as mandated population. Public school divisions are responsible for following local policy and procedures to access CSA pool funds for eligible populations. Refer to **APPENDIX L** for local policy on special education extended mandate for SPED wraparound services. CSA Pool funds for special education extended mandated services are limited to annual state allocation/local match and are not sum sufficient.

B.3.2 Foster care and Foster care prevention

Foster care refers to population of children that "has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians or has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with COV§ 63.2-905.1." COV§ 63.2-905,

CSA defines foster care prevention in two ways:

1) When the Department of Social Services refers to CSA for services to prevent a child of entering foster care due to abuse and neglect issues.
2) Defined by the CSA Foster Care Prevention Policy, when other community agencies (not Social Services) refer to CSA and the FAPT determines eligibility using the "Eligibility Determination Checklist -Specific Foster Care Services for Children in Need of Services" (**APPENDIX F**) *and* legal guardian shall agree upon and sign the Placement Agreement with the CSA Administrator (**APPENDIX I**) prior to utilizing CSA Pool funds.

B.4 Protected Funds (formerly referred to as "Non- Mandated")

CSA Pool funds include limited funding, referred to protected funds, for children/youth eligible for CSA services but do not meet the CSA targeted mandated population definition. All cases, for mandated funding or protected funding, follow the same process for referrals, eligibility determination, and service coordination. Protected funds are limited based on annual state allocation from the State General Assembly and local matched funding. Local agencies identified to access protected funds: Colonial Heights Office on Youth, 12th District Court Services Unit, District 19 Community Services Board and Chesterfield Mental Health Support Services (Community Services Board).

B.5 Court Orders

In matters before a court for which state pool funds are requested, the court shall, prior to final disposition, and pursuant to the §§22.5209 and 2.2-5212, refer the matter to the CPMT, or FAPT, for assessment to determine the recommended level of treatment and services needed by the child and family. The FAPT making the assessment shall provide a report indicating the recommendations of the team or forward a copy of the IFSP to the court within 30 days of the court's referral. The court shall consider 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* and meet CSA eligibility for funding as appropriated under this section." COV § 2.2-5211 E. Non-mandated funds would need to be available for services to occur.

C. Restriction of Pool Funds

C.1 Medicaid services

The CPMT will follow the State mandates for Medicaid funded services and "use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Children's 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." 2010 Appropriations Act, Chapter 874, Item 274 § E.

To access CSA Pool funds for community-based Medicaid defined services (i.e. Intensive in-home treatment, Therapeutic day treatment, and Mental Health support services), for children /youth meeting CSA eligibility and in accordance with Administrative Memo #13-08 of the Commonwealth of Virginia's Office of Children's Services. Referring case managers must provide a Certification of Medicaid Eligibility for CSA pool funds (APPENDIX M) , to FAPT to certify a child/youth not enrolled in Medicaid meets the applicable clinical necessity criteria, as defined by the VA Department of Medical Assistance Services (DMAS). This form is also accessible on the CSA webpage.

C.2 Licensure

"In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored." These expectations are outlined in the CSA Agreement for Services for contracted providers.

C.3 Cross Jurisdiction placement

"Prior to the placement of a child across jurisdictional lines, the family assessment and planning teams shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the community policy and management team. The community policy and management team shall report annually to the Office of Children's Services on the gaps in the services needed to keep children in the local community and any barriers to the development of those services."

"Community policy and management teams, family assessment and planning teams or other local entities responsible for CSA placements shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements." COV § 2.2-5211.1

C.4 Service Contracts

Although not mandated by the State, CPMT determined best practices to develop service contracts to ensure quality services with successful outcomes. CPMT established a local contract for CSA service providers which is a two- year term legal agreement that is approved by CPMT and County Attorney's Office.

C.4.1 Contract procedures

The contract is developed in partnership with the CPMT, CSA office, County Attorney, County Risk Management, and FAPT representatives from CPMT agencies and private providers. Interested service providers must contact the CSA office and express interest in entering into a

contract. The CSA Administrator meets directly with potential providers to address the mission, vision, and values of the community and how it directly relates to the service contract. CPMT has granted the CSA Administrator the authority to enter into a contract outside of this process in cases of emergency or due to specific needs of a child and family.

C.4.2 Quality improvement

CSA uses customer feedback surveys at FAPT meetings with the family, youth, and referring case workers. Surveys are collected and analyzed annually and used for FAPT and CPMT strategic planning efforts for ongoing program improvement. In alignment with the locality's commitment to quality and effective services, contracted providers are expected to incorporate continuous quality improvement efforts. CSA Agreement for Services includes Quality Services Guidelines for providers to follow (APPENDIX G). The contract details quality indicators expectations to be collected and reported annually. Provider outcome reports contribute to the continuous quality improvement efforts of the CSA.

C.4.3 Service Fee Directory

"The rates paid for services purchased pursuant to this chapter shall be determined by competition of the market place and by a process sufficiently flexible to ensure that family assessment and planning teams and providers can meet the needs of individual children and families referred to them. To ensure that family assessment and planning teams are informed about the availability of programs and the rates charged for such programs, the Council shall oversee the development of and approve a service fee directory that shall list the services offered and the rates charged by any entity, public or private, which offers specialized services for at-risk youth or families. The Council shall designate the Office of Children's Services for At-Risk Youth and Families to coordinate the establishment, maintenance and other activities regarding the service fee directory." COV § 2.2-5214

D. Local Fiscal and Reporting Procedures

The OCS annually provides annual local CSA pool allocations. The local match rate for funding is based on service types established by 2010 Appropriations Act, Chapter 874, Item 274 § C. 1. Chesterfield County, the local fiscal agent, is responsible for mandatory fiscal reporting to OCS.

D.1 CSA Data Set

The Office of Children's Services (OCS) 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.

CSA staff uses Harmony Information System to input the mandatory uniform data and securely uploads the information to OCS. "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.

D.2 Mandatory Uniform Assessment/Child- Adolescent Needs and Strengths

"The State Executive Council shall require a uniform assessment instrument." 2010 Appropriations Act, Chapter 874, Item 274, § B.9

The SEC approved the CANS as the uniform state assessment instrument in December 2007 and implemented July 1, 2009. Every child receiving CSA funds shall receive a comprehensive CANS assessment initially, with reassessments, based on services, and upon discharge. CANS assessments are completed online by the referring local agency worker. CPMT agencies will ensure referring case workers are compliant with CANS certifications and assessment procedures. The CSA office monitors the implementation of mandatory assessments for required time frames and reports to the CPMT.

D.3 State Trust Fund

"There is established a state trust fund with funds appropriated by the General Assembly. The purposes of this fund are to develop:

1. Early intervention services for young children and their families, which are defined to include: prevention efforts for individuals who are at-risk for developing problems based on biological, psychological, or social/environmental factors.

2. Community services for troubled youths who have emotional or behavior problems, or both, and who can appropriately and effectively be served in the home or community, or both, and their families.

The fund shall consist of moneys from the state general fund, federal grants, and private foundations." COV § 2.2-5213 A.

The CPMT reviews the use of these funds annually. However, the funds for early intervention services are budgeted and administered solely by the Department of Social Services and funds for the community services for troubled youth are budgeted and administered by the Community Services Board and District 19 CSB.

END

APPENDIX A

Virginia Children's Services Practice Model

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling, and community connections.

7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
   - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
   - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
   - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
   - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
   - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family-based placements; and life-long family connections.
   - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Chesterfield – Colonial Heights
Community System of Care Team

Mission:

To promote a Children's system of community-based care that strengthens families through facilitating collaborative efforts.

Vision:

To be champions for a system of care that drives community practices which promote healthy, productive families within our communities.

Guiding Principles

(Accepted September 2010)

We will protect the rights of all children and families and promote their right to advocate for themselves.

We will practice shared responsibility through integrated services among child-serving agencies.

We will practice true partnerships with families to provide individualized services for each child and family.

We will promote the delivery of services and supports within the least restrictive environment.

We will ensure that services are integrated at the system level.

We will incorporate prevention, early identification, and intervention supports in an effort to improve long-term outcomes.

We will practice continuous quality improvement and accountability.

APPENDIX C

Chesterfield /Colonial Heights
Family Engagement Policy and Practice
For all Agencies

Defining Family Engagement

Family engagement is the foundation of good casework practice that promotes the safety, permanency, and well-being of children and families. Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes.

It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and every child. Engagement goes beyond simple involvement by "motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in working toward change" (Steib, 2004).

Benefits of Family Engagement

Key to building a productive caseworker-family relationship, family engagement is the foundation from which change occurs. It is important throughout the life of a child welfare case—from screening and assessment; through case planning and decision-making; to service delivery, case reviews, and ultimately case closure. To build on a family's resources and kinship connections, family engagement activities focus not only on the immediate family but also on the active involvement of parents, extended family, and the family's natural support systems.

- Positive relationships with families will increase chances for successful interventions
- Families are more likely to be invested and involved in service planning when included in the decision-making process
- The team approach with families increases support and service options for children
- Partnering with families increases the quality of services through open and regular communication.
- Families become stronger when involved in strength-based decision-making processes which can ultimately benefit their children.

What does "Family Engagement practice" look like?

Meaningful family engagement would mean families receiving services from any community agency (or contract provider) were asked the following questions and would answer yes to the following:

Does your worker treat your family with respect?
Is your worker accessible to you and/or return phone calls in a timely manner?
Does your worker meet with your family in a timely manner and flexible to the family's schedule?
Does your worker assist your family if there were child care needs conflicting with meetings?
Does your worker assist your family if there are transportation needs?
Does your worker collaborate with you to identify your family strengths and needs?
Does your worker assist with actively seeking out other family members and/or people for support?
Does your worker take time to identify individuals who are part of the family with you?
Did the worker make every effort to contact identified individuals to participate with the service plan?
Do you feel like you can trust your worker?
Do you think your worker actively seeks out a positive relationship with your family?

Being a Family Engaged Community

There are many ways we can be a Family Engaged Community, we all have a part to play in this!

Leadership:

- Adopt Family Engagement Policy and Procedures that establishes clear expectations for family centered and strength approach values and philosophy that promote a positive organizational culture through a shared commitment across all agencies.
- Support agencies in their efforts for family engagement practices.
- Discover ways that family engagement activities can be measured through agency outcomes.

Supervisors:

- Provide guidance and opportunities for training/coaching on family engagements skills and best practices for continuous improvement for case workers.
- Celebrate success and learn from mistakes through ongoing feedback regarding staff performance in family engagement.
- Promote the shared values and philosophy in supervision.
- Listen to and support case workers daily.

Case workers:

- Have clear, open, honest, and respectful communication with families and other community partners.
- Determine how to be flexible and make exceptions if needed to help a family.
    - If talking on the phone is a challenge due to scheduling, then make an appointment with the family to take the phone call at a set time.
    - If allowed, use email to communicate
- Be aware and assess cultural differences to prevent service barriers for families.
- Have a positive customer friendly attitude, ask questions like "How can I help?" and "Is there anything else I can assist you with today?"
    - You may not be able to provide the family with answers to all their questions or concerns, but you can try to assist them information and resources that are accessible to you.
    - Remember "An ounce of prevention is worth a pound of cure." ~ Benjamin Franklin
    - Ask the extra questions to help; do not be afraid to go the extra mile despite what your agency's mandates- it well worth it in the end results.
- Commit to family centered practice though actively involving families in all aspects of the service planning (development to completion).
    - Use strength-based approach/motivational interviewing techniques when working with families
    - Make the service plan individualized, creative and unique to the families' strengths and needs.
        - Consider religious/spiritual/cultural influences and connections
        - Ask families to start the service planning with their thoughts and ideas
    - Develop the service plan with the family during your meeting – not alone in your office.
    - Meet with the family when and where it suitable for them such as their work's break room.
        - Consider the environment of meetings; it is inviting, comfortable, and private?
        - Attend to younger children's needs to encourage parents' participation, such as coloring books, toys, snacks, etc.
    - Include families in decision making processes (from small to larger decisions).
    - Act like you really want to establish a positive relationship and that you want to help.
    - Involve all individuals in services planning that the family identifies as family and supports.
        - Kevin Campbell's Connect gram technique
        - Genogram/ Eco-gram

        - Pretend that you are planning a family reunion-ask the family who they would invite.
    - Take note of all meetings (school, court, therapy, etc.) that families are requested/required to attend and actively work to streamline meetings to improve efficiency.
- Utilize Team Decision Meetings (TDM) as a resource.
- Assure (by asking the questions) that families' basic and immediate needs are being met (food, shelter, safety, transportation, health, child care, etc.) if not, then assist family with proper linkages.
    - Look up a number and make the call with the family.
    - Follow up with family a week or so afterwards to check in and offer any additional assistance

SAMPLE FAMILY CENTERD QUESTIONS

How long have you lived in your home? / How do you like it? / What is your favorite thing about your home?
Like your neighborhood? / Do you feel safe?
How are your neighbors? / Do you socialize with them?
Which neighbor would you trust the most to look after your home if you are away?
What do you do (or used to) for a living? How long have been in that position? /Do you like your work? / Who do you socialize with at work?
What are your career goals? / What accomplishment have you been recognized for at work?
How would your boss/co-workers describe you?
What is your favorite thing to cook? / Who cooks the family meals? /Tell me about typical daily family meals.
How do you take care of your health for you and your family? /Who do you see when a family member needs medical attention?
How often is that needed? How is the health insurance for the family?
What are your health goals for you /family?
What does your family do for fun together? How often does the family spend quality time together? /What is your favorite memory of a family activity?
What fun goals do you have for your family? (I.e. camping, picnic, game night, etc.)
How would your family describe you?
What culture/religion do you associate yourself with? /What active connections do you have with that group?

APPENDIX D

CAPITAL AREA COALITION OF PRIVATE PROVIDER ASSOCIATIONS

Code of Ethics for Private Provider FAPT Representatives

PREAMBLE

It is society's mission to nurture and protect the lives of our youth. At times, it is necessary for the community to cooperate as a team in order to address the specific issues of certain youth and their families. This team, sometimes known as the Family Assessment and Planning Team (FAPT), is comprised of representatives from local agencies in conjunction with, at times, a Private Provider representative and parent member. The purpose of this team is to ensure that high quality, child centered, and community-based services are provided to high risk youth and their families.

It is the obligation of Private Providers in the fields of mental health and social services to act in accordance with society's mission as they perform their duties both at work and in the community. Because of their knowledge and authority, Private Providers are in a position of power inherently unequal to that of their clients. This dichotomy holds true while sitting on FAPT. Both clients and society must be able to trust that Private Providers are working with their clients' best interests in mind. Private Providers must behave in such a manner as to ensure not only, that their delegated authority is exercised appropriately but that their clients, the FAPT, and society perceive their use of authority as appropriate.

It is understood that ethics, like morals, are as subjective as the viewpoints of those that subscribe to them. By both standardizing and making public the values and ethics shared by Private Providers, this code will assist in making ethical decisions more consistent and objective. This code will also serve to reinforce Private Providers' accountability to society and to those individuals with whom they have professional relationships both public and private.

1. **GENERAL RESPONSIBILITIES**

1.01 **Integrity**

Private Providers should carry out their professional responsibilities with integrity, treating clients and those with whom they have professional relationships in a dignified, respectful, honest, and fair manner.

1.02 **Propriety**

Private Providers should maintain high standards of personal and moral conduct when engaged in professional activity. Personal standards and conduct are private matters except when such conduct may compromise professional responsibilities or reduce public confidence in the Private Provider network.

CACPPA – Code of Ethics

1.3 **Investment**

Private Providers will remain invested in their responsibilities to FAPT. Representatives will dedicate their full attention to the process, suspending both their employment duties and personal interests except in emergency situations.

1.4 **Competence**

Private Provider representatives should provide information and services only within the boundaries of their competence based on their education, professional experience, and knowledge of provider resources. It is incumbent upon all representatives to gain and maintain an understanding of local resources.

1.5 **Avoiding Harm**

Private Provider representatives should act in the best interest of the clients they preside over on FAPT. This shall include advocating for the least restrictive interventions needed to address the clients' issues. It is understood, however, that choices must often be made between competing values and responsibilities resulting in some values being given priority over others.

1.6 **Conflict of Interest**

Private Provider representatives hold a unique and powerful responsibility on the FAPT in their ability to advocate for certain interventions including their own programs. It is because of the great potential to misuse this power that Private Providers are obligated to recuse themselves and their programs from serving the cases they preside over. It is understood that at times the program with which the provider representative is affiliated with will prove to be the best option for the client. It is during these times, and only when the recommendation is generated by another FAPT representative, that the Private Provider representative can advocate for his/her program. Provider representatives should avoid any conduct that would lead a reasonable person to conclude that the representative might be biased or motivated by personal interest in the performance of duties.

1.7 Nondiscrimination

Private Provider representatives should not engage in and should act to prevent discriminatory behavior on any basis prescribed by law.

1.8 **Sexual Harassment**

Private Provider representatives should not engage in and should act to prevent sexual harassment in all its forms while presiding on FAPT.

2. RESPONSIBILITIES TO CLIENTS

2.01 First Responsibility

The first responsibility of the Private Provider representative is to the client. The clients' needs supersede all others whether personal or business related.

2.02 Informed Consent

Private Provider representatives have an obligation to inform clients served by the FAPT process, to the best of their ability, of the full extent of the services to be provided and environment being recommended for them.

2.03 Confidentiality

Private Provider representatives should respect the confidentiality of the clients' personal health information and sensitive case information. At no time should representatives reveal information about an individual client outside the realm of FAPT.

3. RESPONSIBILITIES TO COLLEAGUES

Private Provider representatives should act with integrity in their relationships with their colleagues, treating them with respect, honesty, and fairness. They should respect others rights to hold values and beliefs that differ from their own.

a. Provider representatives should cooperate with other FAPT representatives in order to serve the best interests of the clients effectively and efficiently.
b. Provider representatives should accurately represent the qualifications of the various providers who would serve the needs of the clients through FAPT.

4. ETHICAL DECISION MAKING

a. Private Provider representatives have an obligation to become familiar with this code of ethics and to decide which ethical principles apply in each practice decision.
b. Provider representatives should follow applicable ethical principles in each practice decision. If there is a conflict between two or more ethical principles providers should look for clarity from the Capital Area Coalition of Private Provider Associations.
c. Private Provider representatives who become aware of a violation of this code by another Private Provider representative should bring the issue to the attention of the colleague if an informal resolution appears appropriate. If the issue cannot be informally resolved, the issue should be reported to members of the Capital Area Coalition of Private Provider Associations.

The Framework for this code of ethics, as well as direct excerpts, were taken from the "Code of Ethics for Child Welfare Professionals", written by the Department of Children and Family Services in the state of Illinois.

APPENDIX E

Chesterfield/Colonial Heights
Parent Contribution Policy and Procedure
(Approved by CPMT on 10/16/19)

Parental Co-pay Assessment

As the FAPT meeting concludes, parent/legal guardian shall sign the Individual Family Services Plan (IFSP), indicating consent and participation. When services are approved and meet the criteria for a parental co-pay assessment, the parents/legal guardians shall complete the financial assessment paperwork and meet with the CSA Fiscal Analyst per the local Parent Co-pay policy. The financial assessment must be completed prior to services starting. A co-pay reassessment may be required if there are any subsequent changes to the treatment plan and/or due to a change in a family's financial position.

Parental Co-pay Assessment Paperwork

The first step in the financial assessment process is to have the family complete the Chesterfield CPMT Household Income and Expense Form (I&E) prior to the FAPT meeting. Once the FAPT meeting concludes and services have been authorized, the family meets with the CSA Fiscal Analyst to review completed I&E form and required back-up documentation to determine the families calculated "net income" and qualifying family/household size. Once completed, and if the family's income is determined to be greater than the co-pay exemption level, the actual co-payment will be determined using either the Sliding Scale Fee Schedule for community-based services or the Code of Virginia's Child Support Guidelines for residential services. (Households with a net income of less than 138% of the Federal Poverty Guidelines based on household size, area exempt from a co-payment and is Medicaid eligible).

Community Based Services Co-pay Billings

Families who meet the co-pay criteria and are to be receiving community-based services will be billed a fixed percentage of the total Providers billings. The "fixed percentage" will be determined by using the Non-Residential Sliding Scale Fee Schedule (based on current Federal Poverty Guidelines reviewed and approved annually by the CPMT). and will be no greater than 15% of the Providers total billing. The actual billable percentage will be determined using the **household size** and calculated net-income determined in the initial financial assessment meeting.

Residential Treatment Facility Co-pay Billings

Families who meet the co-pay criteria and are to be receiving residential services will be billed a fixed amount each month. The billable amount will be calculated using the Code of Virginia's Child Support Guidelines. The actual amount billed monthly will be based on a calculated "per child" rate using the households net monthly income and total number of children in the household 18 years of age and younger as determined during the initial financial assessment meeting.

Billings and Payment Plan Arrangement

If a family is assessed a co-pay, the parent/legal guardian must complete a Parental Contribution Agreement (PCA) which details the co-pay/billing terms and amount. Services cannot begin until the PCA is signed by all parties. Billings and collections are done on a monthly basis and are administered by the Chesterfield County Accounts Receivable Department. Delinquent accounts/balances are subject to the County's collection policies and procedures. Should the monthly cp-payment cause a financial hardship, the family can opt to sign an Installment Payment Arrangement Agreement. By signing this agreement, the family will be billed monthly their full charges but would only be obligated to pay the agreed upon monthly minimum until the account balance has been paid in full. Under this agreement there will be no interest or surcharges unless the terms of the agreement are not adhered to. All payments must be made by check or money order and include the full account number (CCS0####) to ensure proper posting. Credit card payments, electronic payments, and payments over the phone are not accepted.

Comprehensive Services
Chesterfield County/Colonial Heights

P.O. Box 40 9501 Lucy Corr Circle, Chesterfield, Virginia 23832-0040 (804) 768-7387 FAX (804) 717-6133

Dear Parent/Guardian:

You and your child have been scheduled for Family Assessment Planning Team (FAPT) meeting on _____. Please plan to arrive 20 minutes prior to your scheduled appointment to meet with CSA staff to discuss parental co-payment assessment. The parental co-payment assessment is based on a sliding scale and your ability to financially contribute to the services approved during the FAPT meeting.

Please come prepared with the following information:
Completed and signed *Household Income and Expense* form (enclosed).

Verification of Income – (bring all that apply)

- One month of pay stubs, statement from employer, or most recent tax forms
- SSI/SSDI award letter
- Child Support Enforcement statement
- Spousal Support
- Rental Income
- Retirement Income
- Worker's Compensation
- Sources of other income

If unemployed, you must provide a copy of the unemployment compensation award letter and/or statement from person(s) who is providing you room and board and/or financial support.

Medicaid card or Application, if applicable

Verification of Expense –

- Extraordinary Medical Expenses (hospital, doctors, dentist)
- Health Insurance coverage
- Child Care Expense
- Alimony
- Child Support

Following your FAPT appointment, if services are approved, you will be asked to complete and sign a *Parental Contribution Agreement,* which will state your monthly co-pay amount, and the date in which payment will begin. You will receive monthly statements indicating balance due.

Chesterfield CPMT Household Income and Expense Form

Residential and Non-Residential Services

Date: _____

General Information

Child's Name	_____	Medicaid enrolled	YES/NO
Parent's Name	_____	Parent's Name	_____
Address	_____	Address	_____
	_____		_____
Telephone	_____	Telephone	_____
Number of Children (living in household)	_____	Ages	_____

Parent Income**	Gross Income	Per Pay Period	Pay Period Frequency	Gross Monthly Income
Parent 1	_____		x _____	= _____
Parent 2	_____		x _____	= _____
Other	_____		x _____	= _____

Child's SSI and SSDI Eligibility	SSI	SSDI
Eligible and receiving payments	YES/NO	YES/NO
Eligible but not receiving payments	YES/NO	YES/NO
Potential eligibility	YES/NO	YES/NO
Determined ineligible	YES/NO	YES/NO
Not applicable	YES/NO	YES/NO
Unknown	YES/NO	YES/NO

Other Family Income	Monthly
General Relief	_____
TANF	_____
Unemployment Compensation	_____
Social Security Benefits	_____
Alimony/Child Support	_____
Investment Interest/Dividends	_____
Life Insurance Payments	_____
Disability/Worker's Comp	_____
Retirement Income	_____
Trusts	_____
Other	_____
Total Gross Monthly Income	_____

Monthly Expenses**

Extraordinary Medical Expenses

Doctor	_____	Child Care	_____
Hospital	_____	Alimony	_____
Medication	_____	Child Support	_____
Health Insurance	_____	Counseling	_____
		Total Monthly Expenses	_____

**Supporting Documentation Required for Income and Monthly Expenses

I certify that the information is accurate to the best of my knowledge and that I have reported all income and expenses.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

Comprehensive Services
Chesterfield County/Colonial Heights

P.O. Box 40 9501 Lucy Corr Circle, Chesterfield, Virginia 23832-0040 (804) 768-7387 FAX (804) 717-6133

PARENTAL CONTRIBUTION AGREEMENT

I, _____, am the parent/legal guardian of, _____, who is currently receiving services through Chesterfield County /Colonial Heights Comprehensive Services. I understand the Family Assessment and Planning Team (FAPT) have approved the funding of services for my child, and have the authority to discontinue funding for services when appropriate. I understand that I am expected to take an active part in my child's treatment and with the FAPT planning process. I agree to financially contribute to these approved services per the *Child Support Guideline Worksheet* for residential services or the *Sliding Fee Scale* for non-residential services in the amount of $_____ per month. I understand I will receive a monthly statement indicating the payment amount due and due date. Late payments will be assessed a penalty of 10% of payment amount due or $10 whichever is greater.

I understand that if I fail to comply with payments, then Chesterfield/Colonial Heights Comprehensive Services *will* forward my outstanding balance to Chesterfield County Debt Collection Department. Once the account has been turned over for collections, I understand that I will be responsible for an additional collection fee of $30 added by the collection agency. I further understand that my outstanding account will be reported to the credit bureau by the collection agency.

Name of Bank _____	Name of Bank_____
Name of Employer_____	Name of Employer_____
Parent/ Legal Guardian	Spouse/Legal Guardian
SSN#_____	SSN#_____
Print Name_____	Print Name_____

*This information will be used should your account be turned over to Debt Collection.

Signed:

_____Date_____ _____Date_____

Parent/guardian Spouse/guardian

_____Date_____

Fred Hutter

Fiscal Analyst

Community Policy and Management Team

Sarah Snead- *Chesterfield* • Eileen McHugh-Brown, *CPMT co- chair, Colonial Heights* • Christy George, *Colonial Heights Public Schools* • Doug Biski, *Chesterfield, Community Services Board* •
James Naniavis, *Chesterfield/Colonial Heights, 12th District Court Services Unit* • Danika Briggs, *Chesterfield/Colonial Heights, Department of Social Services*•
Samantha Hollins, *Chesterfield Public Schools* • Sherri Diven, *Colonial Heights, Community Services Board*•
Vicki Stamps, *Chesterfield/Colonial Heights, Health Department* • Jana Carter, *Chesterfield, Citizen Information and Resources* •
• Adeley Wilson, *Chesterfield, Private Provider Representative* • Kristen Eichert, *Colonial Heights, Private Provider Representative* •

Karen Reilly-Jones, Administrator

Comprehensive Services
Chesterfield County/Colonial Heights

P.O. Box 40 9501 Lucy Corr Circle, Chesterfield, Virginia 23832-0040 (804) 768-7387 FAX (804) 717-6133

DATE _____

Parent(s)/Legal Guardian(s) _____ (responsible party)
Address _____
_____

SSN#_____ (required)

OBJECT: INSTALLMENT PAYMENT ARRANGEMENT

In signing this agreement, I agree to pay $_____ by the 15th day of each consecutive month beginning on _____ until balance is paid in full.

I understand if I should default in making any payment, the full balance outstanding on the account shall immediately become due and payable. I understand a past due penalty of, 10% of the payment amount due or $10, whichever is greater; will be assessed if payment is not received by the stated due date. **If two or more consecutive payments are not received by stated due date, this agreement becomes null and void and past due penalties will be reassessed at 10% of balance due for each month missed from first date of default.**

I understand that if the statement continues to remain unpaid, a final notice will be sent indicating the account will be turned over to Debt Collection (DCD) if not paid by a specified date. I understand if my account is turned over for collections, I will be responsible for additional fees assessed by the collection agency. I further understand that my outstanding account will be reported to the credit bureau by the collection agency.

Admission and Acceptance

The undersigned hereby admits the full amount of the above outstanding account and accepts the above terms of payment.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return the signed copy of this agreement with your first payment.

Sincerely,

Fred Hutter

Fred Hutter
Fiscal Analyst
(804) 706-2877
hutterf@chesterfield.gov

APPENDIX F

Eligibility Determination Checklist
Specific Foster Care Services for Children in Need of Services
Funded through the Children's Services Act *(CSA)*
Updated effective July 1, 2008

The Family Assessment and Planning Team, or approved alternative multidisciplinary team, will use this standard checklist to help provide consistent application in determining eligibility across all agencies and communities. Localities may wish to use this checklist to document that the decision regarding the eligibility of the child named below was made in accordance with the "Interagency Guidelines for Specific Foster Care Services for Children in Need of Services Funded through the Children's Services Act." This checklist does not apply to abused or neglected children as defined in §63.2-100, **as they are already eligible for** foster care prevention services.

Name of Child _____
Date of FAPT: _____

The child must meet all four of the following criteria to be eligible for services under the guidelines.

The team, in accordance with the policies of the CPMT, determines and documents that there are sufficient facts that the following are met:

Criterion 1 (Check only one box)

The child meets the statutory definition of a "child in need of services," specifically, "the child's behavior, conduct, or condition presents or results in a serious threat to the well being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14 (*Code of Virginia*, §16.1-228)

☐ A court has found that the child is in "need of services" in accordance with §16.1-228;

Date of court finding/Name of Judge: _____

☐ The FAPT or approved multidisciplinary team has determined that the child's behavior, conduct, or condition meets the statutory definition above and is of sufficient duration, severity, and disabling and/or self-destructive nature that the child requires services.

☐ The child **does not** meet the statutory definition of a "child in need of services" or either of the two options above.

Describe in **specific terms** the facts and time frames on which the Team based its conclusion that the child's behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child, or another person if the child is under the age of 14:

Criterion 2 (CSA Eligibility Criteria per §2.2-5212, *Code of Virginia*) (Check One)

The child ☐ **does** / ☐ **does not** have ***emotional and/or behavioral problems*** where *either*:

a. the child's problems:

- have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
- are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
- require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies

or

b. the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.

Briefly summarize the facts that the Team used to reach its conclusion:

_____

_____

_____

Criterion 3 (Check One)

The child ☐ **does** / ☐ **does not** ***require services***:

a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
c. the child has been identified by the Team as needing:
   - services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child

   or

   - placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. The discharge plan for the child to return home is included in the IFSP.

Briefly summarize the facts that the Team used to reach its conclusion:

_____

_____

_____

Criterion 4 (Check One)

The goal of the family ☐ **is** / ☐ **is not** to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements).

Briefly summarize the facts, including sources and dates of information that the Team used to reach its conclusion:

_____

_____

_____

_____

Recommendation of Team: Child may more appropriately be served through another route

☐ **This child should be referred to the local Department for Social Services.**

☐ **This child should be referred for evaluation for inpatient psychiatric treatment.**

☐ **Other: _____**

Conclusion of Team (Check only one)

☐ **There are not sufficient facts that this child meets all 4 of the above criteria required for CSA funding.**

☐ **There are sufficient facts that this child meets all 4 of the above criteria required for CSA funding.**

Signatures

Team member	**Date**
Team Member	**Date**
Team Member	**Date**
Team Member	**Date**
Team Member	**Date**
Team Member	**Date**

APPENDIX G

QUALITY GUIDELINES FOR SERVICES

Revised March 2017

CHESTERFIELD –COLONIAL HEIGHTS CHILDREN'S SERVICES

Introduction: The following are guidelines designed to represent ideal and effective services delivered to children and families in our locality beyond minimum standards. We continue to work collaboratively with our private provider partners to coordinate the most effective and cost containing services for our families and community. This document will start with an overview of all services and then break down each program type with detailed expectations for quality services. Each program area is further outlined by expected responsibilities of the administration and staff.

Provider Expectations

Values and Practices:

- Fully understand and implement the System of Care philosophy, child-centered, family-focused, and community-based approach to services.
- Follow ethical and professional codes with families and community partners
- Utilize trauma informed approach with services
- Practice Family Engagement skills:
    - Attend to the family's schedule for setting meetings and be cognitive of timeliness
    - Encourage positive communication with all identified family members
    - Encourage self-reliance for families by continually planning for transition/discharge
    - Communicate openly and regularly with all parties involved
    - Continuously work towards step down initiatives towards successful discharge
    - Be creative, flexible, and collaborative with service implementation
    - Respond quickly to serious incidents

Treatment planning should:

- Reflect goals as indicated and aligned with community's goals
- Identify child/family strengths and build on them to the extent possible
- Provide measurable and realistic outcomes
- Utilize evidence-based practices to the extent possible
- Include step down, transition and discharge planning beginning at onset of placement and based on child's progress and available community resources with input from IFSP
- Be creative, flexible, and collaborative with service development
- Identify and meet timelines of service
- Continuously evaluating the needs and strengths of the child and family
- Continuously evaluating the effectiveness of the services and make modifications as needed

Service Definitions

Community Based Services (CBS)

Definition: Services provided to children and families while living in the community (family/home setting) to support and maintain appropriate and safe community living by linking and empowering families to utilize and access existing and stable community resources. These services may include services through the Office on Youth, Parks and Recreation, Community Services Board, school system, or places like church or the YMCA.

These services are for the purpose of temporarily supporting families that do not have access to services and supports within their home community. Examples of community based services that are purchased are: Parenting/family skill training, parent support/coach, intensive care coordination, support groups, after school programs, recreational programs, camps, mentoring, respite, vocational programs, job coaches, art therapy, house improvements/modifications, companion care, outpatient clinical assessments, crisis stabilization, and/or intervention services, such as outpatient, group, and/or family therapy; substance abuse services, family support services, and transitional services from residential care.

Intensive In- Home Counseling

Definition: Services to child (under age 21) and family in a community setting provided by an organization that is currently licensed by the Virginia Department of Behavioral Health and Developmental Services and offered through Department of Medical Assistance/Medicaid and CSA funding. Child must meet medical criteria for services through having a serious emotional disability. The goal of service is to keep the child within the home and to decrease the risk of out of home placement by improving family dynamics; provide modeling; improve interpersonal relations between family members in the home; and provide clinical interventions to help improve functioning.

IIH services shall also include: Crisis intervention; 24 hour emergency response; Care coordination with other required services; Communication Skills; Family counseling; Outpatient therapy provided by the IIH provider or coordinated with another provider; Training to increase appropriate communication skills; Services shall also be used to facilitate the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.

Independent Living Services

Definition: Individualized services not otherwise offered in the community and provided to older youth for the purpose of transition to independence, self- sufficiency, and /or adult services.

Treatment Foster Care Services

Definition: Services to child in a non-relative foster care home, licensed through the Virginia Department of Social Services as a Licensed Child Placing Agency. TFC is for a circumstance that exceeds the scope of traditional services provided by the local department of social services. Services include pre-trained foster families with mandatory ongoing training, case management, and 24-hour crisis response. Agencies will actively collaborate with Social Services on the permanency needs of children.

SEC Guidance: "Treatment foster care (TFC) means a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal-directed and results oriented, and emphasizes permanency planning for the child in care."

Levels of Care Criteria:

Non-treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Assessment Level Treatment Foster Care: Children served at the assessment level of treatment foster care are those who are newly placed with a licensed child placing agency and for whom an assessment to determine the appropriate level of foster care services is being conducted.

Level 1 Treatment Foster Care: The needs of a child served at Level 1 ongoing treatment foster care require monitoring or the LCPA may need to provide services to lessen the likelihood that identified needs will become more acute or return after being "resolved". Children served at Level 1 will typically demonstrate a relatively low level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development.

Level 2 Treatment Foster Care: The needs of a child served at Level 2 ongoing treatment foster care require that significant action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the identified needs. Children served at Level 2 will typically demonstrate a relatively moderate level of social/emotional/behavioral/ medical/personal care needs or impairment for normal range of age and development.

Level 3 Treatment Foster Care: The needs of a child served at Level 3 ongoing treatment foster care are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. Without such intervention the child may be at risk of residential placement. Children served at Level 3 will demonstrate a high level of social/emotional/ behavioral/medical/personal care needs or impairment for normal range of age and development.

CONGREAGATE CARE FACILITIES

Definition for Residential Level C- locked: Intensive mental health services (psychiatric assessments and treatment, individual, group, and family therapy) provided to youth in a state licensed secure and locked facility with the primary concern for youth safety (for self or towards others). Typically, these services are short term and focused on psychiatric intervention, medication, safety concerns, and behavioral stabilization. Psychiatric interventions include stabilization of medication for serious psychiatric symptoms. Services actively involve families and community partners in successful and sustainable discharge planning for the youth. Education is provided to youth on site. Youth must meet medical criteria for placement and youth over the age of 14 must provide consent for treatment.

Definition for Residential Level C- campus: Intensive mental health services (psychiatric assessments and treatment, individual, group, and family therapy) provided to youth in a state licensed facility. Therapy (individual, group and family), psychiatric services, behavior modification, and constant staff supervision are main elements of the program. Services actively involve families and community partners in successful and sustainable discharge planning for the youth. Education is provided to youth on site. Youth must meet medical criteria for placement and youth over the age of 14 must provide consent for treatment.

Definition for Group home: Residential services provided to youth in a licensed (DBHDS or DSS) community home setting. Weekly therapy (individual, group, and family), psychiatric services, behavior modification, and constant staff supervision are main elements of the program. Education is provided to the youth in the community. Youth are linked to community resources and encouraged to practice self-sufficiency and age /ability appropriate activities and skills. Services are funded through a combination of Medicaid and CSA funds. Youth must meet medical criteria to be placed in a DBHDS licensed homes and have documented emotional and mental health needs.

Private Day School

Definition: Educational services provided in a private school setting as determined and directed by a student's Individual Education Program. Monitor the implementation of all aspects of the child's IEP. Provider ensures that teachers are certified in special education; adhere to state standards of instructional time; assist in administering SOL testing (or equivalency); work in partnership with parent and LEA; implement the IEP and provide written progress on the IEP goals; and work with the LEA to provide documentation for the development of the IEP and participate in IEP meetings.

APPENDIX H

Chesterfield-Colonial Heights Comprehensive Services

Phone 804-717-6114 **chesterfield.gov**

Family Assessment Planning Team

A Family Assessment Planning Team, or FAPT, is a group of community partners that develop a community-based plan that builds on families' strengths and needs for services. The request for a meeting must come from a Chesterfield County or city of Colonial Heights youth-serving agency.

A meeting typically is requested when the unique needs of a child and family cannot be met through existing community resources and agency services.

Who will be at the FAPT meeting?

It is important that you and your child, if appropriate, attend the FAPT meeting as critical members of the team. The Children's Services office will work to set the meeting at a time that is convenient for you.

Other FAPT meeting participants usually include community partners such as representatives from community mental health, social services, public schools, court services and private providers of services for youths and families. There is also a volunteer parent representative on the team; however, some teams have vacancies for that role. You are also encouraged to invite others you consider a support and advocate for your family.

Who is eligible?

Services under CSA may be available to a child who meets at least one of the following criteria:

- Has documented emotional or behavioral problems
- Is currently receiving services with a Chesterfield County or City of Colonial Heights agency and has needs that are beyond the agency's normal services
- Needs special education through a private school program as directed by an Individualized Education Plan (IEP)
- Receives foster care services
- Receives services to prevent foster care placements, including parental agreements
- Is under supervision of the Juvenile and Domestic Relations Court, or Domestic Relations Court

Eligibility requirements are determined by education, juvenile justice, and social services laws and by the local Community Policy Management Team (CPMT).
To find out if your child is eligible, contact the CSA Administrator for Chesterfield and Colonial Heights, Kristi Schabo at (804)768-7387 or schabok@chesterfield.gov.

What happens at a FAPT meeting?

A FAPT meeting is scheduled after a referral is made to the CSA Administrator by a county or city agency employee.

- The referring case manager will notify the family of the FAPT meeting date in a timely manner.
- The family will be asked to give written consent to share information with the team.
- The family and the team will develop a plan for services that provides support for the child and family and addresses their unique needs.
- The family is encouraged to actively take part in the meeting discussion and the decisions about services needed.
- The family will review and approve the service plan.
- Once approved, the plan is signed, and services can begin as soon as possible.
- A family may disagree with the service plan and may ask for a review by the CPMT. This request must be made in writing to the CPMT chair within 10 working days after the meeting.
- A family may be required to make a co-payment for services. Co-payments are not required for services specified in a special education IEP.
- Special provisions will be made, if needed, for a family to participate in the FAPT meetings. The CSA office must be notified as soon as possible if special accommodations such as language interpreter or an alternative meeting site due to a physical disability must be made.

What is CSA?

The Children's Services Act is a Virginia law designed to help at-risk youths and families by creating a collaborative system of high-quality, child-centered, family focused community-based services. Partners in this effort include state and local agencies, parents, and private providers. CSA is managed locally to meet the needs specific to our community.

What is CPMT?

The Community Policy and Management Team, or CPMT, provides oversight and monitors the CSA program. Members are representatives from both public and private youth-serving agencies in Chesterfield County and Colonial Heights. The chair is Sarah Snead, deputy county administrator, Human Services, sneads@chesterfield.gov.

Contact Children's Services

In person: 9854 Lori Road, Suite 200, Court Square, Chesterfield, VA 23832
By mail: P.O. Box 40, Chesterfield, VA 23832
Phone: 804-717-6114
Fax: 804-717-6113
E-mail: schabok@chesterfield.gov

"Putting Families First"

APPENDIX I

CSA PARENTAL AGREEMENT

Revised effective July 1, 2008

This Parental Agreement, (from now on referred to as the "Agreement") is entered into this _____ day of _____, 20_____ in the City/County of _____, Virginia, between _____ the Parent(s)/ Legal Guardian(s)of _____ (a child under the age of eighteen) born on _____ and _____ , a public agency designated by, and acting as an agent of, the _____(name of locality) Community Policy and Management Team (from now on referred to as the "Agency").

All signing parties agree that the placement of this child in a state approved home or licensed facility is:

a. in the child's best interests at this time,

b. is the most appropriate and least restrictive setting to meet the child's needs at this time, and

c. is agreed upon by the members of the child's Family Assessment and Planning Team (FAPT) and the parent(s) or legal guardian(s).

PLACEMENT AUTHORITY

As the parent(s)/legal guardian(s) of _____, I/we, have the legal authority to plan for him/her and voluntarily place him/her on the _____ day of _____, 20____ in a state approved home or a licensed facility for a period not to exceed _____.

RIGHTS AND RESPONSIBILITIES: PARENT(S)/GUARDIAN(S)

1. I/we retain legal custody of my/our child.

2. I/we agree that the goal is for my/our child to return home as soon as it is deemed appropriate.

3. I/we will to the best of my/our ability:

   a. Actively and consistently participate in all aspects of assessment, planning and implementation of services throughout the time this agreement is in effect,

   b. Attend and participate in FAPT meetings for the purpose of planning, reviewing and monitoring the service plan in relation to my/our child's and our family's needs,

   c. Attend and participate in family therapy sessions, parent training, and/or other services for family members as described in the Individual Family Service Plan (IFSP),

d. Actively participate in scheduled and approved visitation with my/our child, and

e. Provide all necessary information and documentation to the FAPT and Agency for services and placement of my/our child.

4. I/we will provide the treatment facility with the following:

   a. Written consent for routine medical treatment and care, including emergency treatment. Any proposed treatment or services presenting significant risk for my/our child, including surgery or treatment with psychoactive medications, will require my/our specific informed consent.

   b. All necessary emergency phone numbers to contact me/us.

5. I/we agree to inform the CPMT in the current locality of any plan to relocate my/our physical residence outside of this jurisdiction.

RIGHTS AND RESPONSIBILITIES:
AGENCY DESIGNATED BY THE CPMT

The Agency agrees:

a. to work with me/us and my/our child to develop and provide case management services and to implement the IFSP,

b. to provide case specific information to me/us in accordance with established local CPMT policies and procedures and relevant law, and

c. to provide utilization management in accordance with established CPMT policies and procedures.

FISCAL AUTHORITY/PAYMENT TERMS

Payments for services will be made and documented for all parties in accordance with the policies and procedures approved by the CPMT and may include:

- Parental co-pay,
- Insurance policies,
- Child support (Division of Child Support Enforcement),
- Federal and/or state resources, and
- CSA Pool Funds.

Payment of service costs with CSA funding will be authorized only for those services included in the IFSP that have been approved according to the policies and procedures established by the CPMT and that comply with all relevant City/County procurement and fiscal policies.

The parent(s)/legal guardian(s) will apply for Medicaid, FAMIS, and/or other public or private funding and resources, as applicable, to assist in paying for services provided in accordance with the IFSP.

The parent(s)/legal guardian(s) agree to pay the parental co-pay determined in accordance with CPMT policies and procedures.

In addition, the parent(s)/legal guardian(s) will retain certain financial responsibilities related to their child's care that are normal and customary parental responsibilities, including but not limited to clothing, toiletries, personal care items, and spending allowances, and the following special items:_____.

The parent(s)/legal guardian(s) is/are aware that should they move outside of the City/County represented by this CPMT, there is no guarantee that the CPMT in the new Virginia locality, or any other state's jurisdiction, will honor this agreement and the placement of their child may be disrupted. They also agree to advise the CPMT in the current locality of any plan to relocate their physical residence outside of this jurisdiction.

The parent(s)/legal guardian(s) further agree(s) that if they change residency to:

- another Virginia Locality, the new locality has up to 30 calendar days to determine what appropriate services and agreements will apply according to their CPMT policies. The 30 calendar days begins upon receipt by the new CPMT of written notification of the residency change. This Parental Agreement will terminate when the new locality's CPMT implements services or when the 30 calendar days has elapsed, whichever occurs first.

- a locality outside of Virginia, this Parental Agreement terminates immediately, meaning the CPMT has no obligation to continue funding the placement, and the parent(s)/legal guardian(s) must assume responsibility for the placement and care of the child.

CONDITIONS FOR TERMINATION OF AGREEMENT

This is a voluntary agreement. I/we understand that as my/our child's parent(s)/legal guardian(s), I/we may revoke this agreement at any time. If I/we request my/our child be returned to me/us prior to the end of this

agreement, I/we will provide _____ days written notice prior to the date I/we expect my/our child to be returned to me/us.

I/we understand that the Agency may terminate this agreement by giving me/us _____ days written notice of the termination, including reasons and documentation supporting the reasons for termination. Reasons may include: the Agency determines that based upon a utilization management review or otherwise that the placement is not in the best interest of my/our child, is not the most appropriate or least restrictive setting to meet my/our child's needs, or the child is not making adequate progress in the placement; or that I/we fail to comply with the conditions and terms of this agreement.

APPEAL PROCESS

I/we understand that if I/we disagree with the decision of the Agency to terminate this agreement, I/we have the right to appeal this decision by submitting a written request following the local CPMT policies and procedures on appeals, and thereafter through any applicable processes available under existing policy or law. By signing this agreement, I/we acknowledge receipt of the local CPMT policies and procedures on appeals.

SIGNATURES

A copy of this agreement will be given to all signing parties and the original will be placed in the child's file which is located at _____. By signing below, each of the parties enters into this agreement under the conditions set forth.

_____ _____
PARENT/LEGAL GUARDIAN **DATE**

_____ _____
PARENT/LEGAL GUARDIAN **DATE**

_____ _____
REPRESENTATIVE OF THE AGENCY DESIGNATED BY THE CPMT **DATE**

APPENDIX J

Chesterfield County and The City of Colonial Heights
Quality Assurance and Utilization Management Plan

** Chesterfield County and The City of Colonial Heights has a local utilization management plan which was approved by the State Executive Council on June 24, 1998. This appendix builds upon it with program improvements made since that time. It also reflects changes made from the State Office of Children's Services and evidences how we "oversee the development and implementation of mandatory uniform guidelines for utilization management; each locality receiving funds for activities under the Children's 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". COV 2.2-2648 (15)*

Youth receiving CSA funded services are included in the utilization management process. Utilization review is a major component of that process and ensures that services are continuously monitored for appropriateness, quality, performance, and cost effectiveness.

Utilization Management Process
Referral to Review and termination of approved services.

Referral and Eligibility
Also refer to Local Policy and Procedures Section IV.B.1.

- Local agency case manager identifies need for CSA funded service for youth /family. **Eligibility checklist *(Appendix F)*** are available for discussion between the local case manager and the CSA administrator to determine acceptance of the referral.

A significant piece of eligibility and ongoing determination for services is the state mandatory assessment tool.

Child and Adolescent Needs and Strengths (CANS) - State approved assessment tool

- All youth receiving CSA funded services must have been assessed using the state required assessment tool.
- CANS assessment must be completed and considered when services are initiated and at review points to assist with case planning
- Life domains noted on CANS identify areas of need where service provision may ameliorate need and focus attention to where specific and measurable goals are to be targeted.
- Severity of CANS scores and life domains noted assist with review of service need and focus.

Review Service Needs and Outcomes
Refer also to Local Policies and Procedures Section III.B.2.1.

- FAPT will consider past and present interventions and assess available resource and supports to meet the targeted and specific needs for youth and families.

- FAPT will consider the least restrictive level of services to match the appropriate needs of youth and families and made based on youth and family's demonstrated needs. Mitigating circumstances are considered when determining services which could include child or system related factors.

Refer also to Local Policies and Procedures Sections III. B.3 and Section B.3.2. a and b

- The FAPT, to include local agency case manager, youth, and family, will develop an Individual Family Service Plan (IFSP) to outline goals of service, "quantity" of service and possible provider of identified service, approved time frames, etc.

- FAPT develops short and long-term outcomes when developing the IFSP. Desired outcomes are identified at intake and discussed and measured at each step in the process.

- IFSP development and quality services monitoring includes collaboration with private providers, local agency case managers, and CSA staff to negotiating service level and costs.

Refer also to Local Policies and Procedures Section III.B.3. and Section III.B.4

- Ongoing utilization review strategies include record/report reviews, local agency case manager oversight, treatment team, and service monitoring by CSA staff. Goals of treatment are reviewed and updated with input from all invested parties and through quality case management and services.

Utilization Management Strategies

- **FAPT meetings**: Meetings are scheduled based on level of service, complexity of case, uniqueness of need, etc. The local process for case review exceeds state requirements based on level of service.
    - Residential treatment- 30 to 60-day review
    - Group home placements- up to 90-day review
    - Treatment foster care- up to 90-day review
    - Community Based services/wrap around- up to 90-day review
    - Local foster care-extra services- up to 180-day review
    - Special Education private day school placement- based on IEP annual reviews.

- **CSA staff** – Local CSA staff include masters' level and clinical licensed staff whose responsibilities include direct involvement in facilitation of FAPT meetings and assisting case managers in service planning and provider relations for quality services and optimal outcomes.

- **Provider Contracts** – The local CSA Agreement for Services is the legal contract between the locality and contract private providers. It outlines required expectations for utilization management to include program outcomes, quality monthly reports, communication/collaboration requirements, staff requirements, partnering treatment plan in alignment with community's goals; quality services/audit reviews to include on-site visits.

- **Quality guidelines** – Quality Guidelines for Services (Appendix A of Agreement) is an approved by the CPMT and incorporated in the CSA Agreement for Services. CSA staff has also used this document to provide trainings to internal partners such as FAPT members and local agency workers. The Guidelines give concrete examples of quality services to include family engagement activities, community engagement & collaboration, effective communication, and total quality improvement activities.

- **Outcome data** – The locality emphasizes the importance of data informed decision making. The CSA program uses date to determine successes and opportunities for growth and development. Similarly, CSA requires program outcome data from contracted providers so that family members, local case managers, and FAPT members are informed when making service decisions and matches for youth and families.

- **Intensive Care Coordination (ICC**) - ICC is an available service to assist with intensive case management. The State has provided guidance and tools on how to access and utilize these services for Utilization Management purposes.

APPENDIX K

Chesterfield/ Colonial Heights Children's Services
Intensive Care Coordination – 2009
(Revised May 2013)

Definition of Intensive Care Coordination

(Updated policy adopted by the State Executive Council (SEC) on April 30, 2013- attached)

Intensive Care Coordination shall follow state and local policies that 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.

Objective:

The purpose of ICC services are 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 Children's 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 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 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.

Population to be Served by Intensive Care Coordination

Children should be identified to receive Intensive Care Coordination by their local Family Assessment and Planning Team (FAPT). Eligible children include:

1. Youth placed in out-of –home care- defined by state policies
2. Youth at- risk of placement in out-of-home care- defined by state policies

ICC Process

1. CSA eligible child/family meet criteria for ICC and participates in the FAPT meeting
2. FAPT develops the child/family's Individual and Family Services Plan (IFSP) and authorizes funding for contracted ICC provider
3. Community case manager notifies ICC provider of IFSP' goals and authorized services
4. CSA office issues purchase order for ICC provider based off child/family's IFSP
5. FAPT meets ongoing with family, case manager, and ICC provider to review services and progress towards IFSP's goals

Community Referring Case Manager

The referring case manager will be responsible for ongoing oversight and monitoring of ICC services to meet the child and family's established goals. The case manager will also be knowledgeable of ICC services following the High Fidelity Wraparound Model approach per state policy.

These activities include:

- Coordination of initial meeting of ICC provider, child/family, and other involved service providers.
- Communication of desired outcomes for ICC services per the IFSP, establish goals, timelines, roles, and responsibilities for all parties.
- Continue case management duties under the directive of the home agency.
- Collaborate and communicate with ICC provider on all pertinent information.
- Maintain oversight for all FAPT directed services for goal objectives and quality assurance.
- Address concerns immediately or elicit the assistance of the CSA office.
- Continue responsibility for FAPT paperwork including the completion of CANS.

ICC Provider

The Intensive Care Coordinator shall follow meet and follow state policy requirements adopted by the SEC and local polices (including local contractual obligations) approved by the Community Policy and Management Team (CPMT).

This includes the following responsibilities and duties:

- Focused and active efforts on child/family's IFSP goals for least restrictive placement.
- Compliance with High Fidelity Wraparound model requirements- directed by the state.
- Active engagement with child and family to assess needs and connect with community resources.
- Communicate and collaborate with referring case manager on pertinent information.
- Attend all meetings on child's treatment and transition planning.
- Provide weekly summary of progress and challenges to community case manager.
- Provide monthly written summary to referring case manager and CSA office.

Policy Statement
Intensive Care Coordination

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). Eligible youth shall include:

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

[1]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 a regular 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)

[2] At-risk of placement in out-of home care is defined as one or more of the following:

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral, or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
  - Crisis Intervention
  - Crisis Stabilization
  - Outpatient Psychotherapy
  - Outpatient Substance Abuse Services
  - Mental Health Support

NOTE: Intensive Care Coordination cannot be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators (such documentation shall be maintained in the individual's personnel file);
2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of "High Fidelity Wraparound" as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual's personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a bachelor's degree with at least two years of direct, clinical experience providing children's mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of "High Fidelity Wraparound" as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a master's degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children's mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators

Training for Intensive Care Coordination

Training in the national model of "High Fidelity Wraparound" shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training. Training and ongoing coaching shall be coordinated by the Office of Children's Services with consultation and support from the Department of Behavioral Health and Developmental Services.

APPENDIX L

Chesterfield/Colonial Heights CSA
Utilization of Special Education CSA extended Mandate
SPED Wraparound

CPMT Approved May 6, 2011

Background: January 10, 2011, the State Executive Council clarified the appropriate use of pool funds in the pas of the population of children and youth who meet the special education mandate for CSA services. The special education mandate for CSA services 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.

Due to this new policy, the locality needed to define and develop a local policy and practice for services based on clarifying guidance from the Office of Children's Services and the Department of Education for the use of CSA pool funds.

The CSA Manual, Appendix B: Department of Education states:

> "The 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 IEPs include placements in private day school or private residential facilities. When an IEP has been developed for a private day school or private residential program, multidisciplinary planning may be employed to consider services outside of the IEP that will enhance the student's benefit from the educational services and/or facilitate a more effective return to the public schools.
>
> With respect to the IEP, best practice suggests that students with IEPs 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."

Local Implication: The CPMT directed a task group to explore the need for these services and determine procedures for accessibility to CSA pool funds. A team met that included Chesterfield Mental Health, Public Schools and CSA. It was determined that based on need, that it would benefit the community to access CSA funded services through the schools for needs beyond the classroom. These special education extended services would be considered mandated eligible CSA services.

The targeted population for these services must:

a) Meet CSA eligibility criteria,
b) Participate with parental co-payment assessment,
c) Demonstrate *services needs beyond an IEP,*
d) Be existing and currently opened cases to CSA for special educational services, or
e) Be students with current special education services and truant

APPENDIX M

Certification of Medicaid Eligibility for CSA Pool Funds

Child's Name: _____ **Date of Birth:** _____

Agency Identification #: (Optional) _____ **LMHP Name & Credentials:** _____

Date: _____ **LMHP Phone Number:** _____

In accordance with Administrative Memo #13-08 of the Commonwealth of Virginia's Office of Children's Services, I certify that I have reviewed the necessary information regarding the above-named individual to determine that he or she currently meets the applicable clinical necessity criteria, as defined by the VA Department of Medical Assistance Services (DMAS) for the service(s) listed below:

☐	Intensive In-Home Services (IIH)
☐	Mental Health Skill Building
☐	Therapeutic Day Treatment Services (TDT)

On the following pages, please complete the checklist(s) appropriate to the service being recommended.

Provisional Diagnosis:

DSM Axis:	Diagnosis Code and Description:
I:	
II:	
III:	
IV:	
V-Current	

_____ _____

LMHP Signature Date

Checklist for Specific Services

Section A

Mental Health Skill-building Services (MHSS) Eligibility Assessment Form

Service Definition

Mental Health Skill-building Services (MHSS) is individualized training to enable members to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. MHSS shall provide training in functional skills and appropriate behavior related to the member's health and safety; activities of daily living and use of community resources; assistance with medication management; monitoring health, nutrition, and physical condition.

Eligibility Criteria

1. **Clinical Necessity** ☐ **YES** ☐ **NO**
   Members qualifying for this service must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Services are provided to members who require individualized training in order to achieve or maintain stability and independence in the community.

   NOTE: Members eligible for this service may have a dual diagnosis of either mental illness and mental retardation or mental illness and substance abuse disorder. If a member has co-occurring mental health and substance abuse disorders, integrated treatment for both disorders is allowed within Mental Health Skill-building Services as long as the treatment for the substance abuse condition is intended to positively impact the mental health condition.

2. **The member meets *all five* (5) of the following criteria in order to be eligible to receive mental health skill-building services? (Check elements met)** ☐ **YES** ☐ **NO**

☐ The member shall be in an independent living situation or actively transitioning into an independent living situation. *(Note: If the member is transitioning into an independent living situation, services shall only be authorized for up to six months prior to the date of transition.)*

☐ The member shall have one of the following as a primary Axis I DSM diagnosis:
1) Schizophrenia or other psychotic disorder as set out in the DSM;
2) Major Depressive Disorder – Recurrent; Bipolar I; or Bipolar II; or
3) Any other Axis I mental health disorder that a physician has documented specific to the identified member within the past year to include all of the following:
   i. is a serious mental illness or serious emotional disturbance;
   ii. results in severe and recurrent disability;
   iii. produces functional limitations in the member's major life activities which are documented in the member's medical record, **AND;**
   iv. the member requires individualized training in order to achieve or maintain independent living in the community.

Mental Health Skill-building Services (MHSS) Eligibility Assessment Form (continued)

☐ The member shall require individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; or money management.

☐ The member/family reports or supporting documentation indicates a history of any of the following:

- Psychiatric hospitalization;
- Residential crisis stabilization,
- Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT) services;
- Placement in a psychiatric residential treatment facility (RTC Level C); or
- Completion of a preadmission screening evaluation by a CSB/BHA as authorized in 37.2-809b or 16.1-340 because of decompensation related to serious mental illness or serious emotional disturbance.

Method of Verification:

☐ Member/Family Report
☐ Supporting Documentation

☐ The member shall have had a prescription for anti-psychotic, mood stabilizing, or anti-depressant medications within the 12 months prior to the assessment date.
or

☐ A physician or other practitioner licensed to prescribe medications has provided documentation that indicates that anti-psychotic, mood stabilizing, or anti-depressant medication are medically contraindicated for the member. (The provider shall obtain medical records signed by the physician or other licensed prescriber detailing the contraindication. This documentation shall be maintained in the member's mental health skill-building services record.)

Method of Verification:

☐ Member/Family Report
☐ Physical evidence such as a script/medication
☐ Documentation/summary from prescribing provider
☐ Other

3. The member meets the criteria and MHSS are recommended? ☐ **YES** ☐ **NO**

Section B

Therapeutic Day Treatment (TDT) Eligibility Assessment Form

1. Functional Capability ☐ **YES** ☐ **NO**

The member has the functional capability to understand and benefit from the required activities and counseling of this service.

2. General Eligibility Criteria ☐ **YES** ☐ **NO**

The member meets all four of the general eligibility criteria listed below?

☐ The member has a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities, compared to other similar aged members, and
☐ The disability has become more disabling over time (within the last 30 days), and
☐ Significant intervention is required through services that are supportive, intensive, and offered over a protracted period of time in order to provide therapeutic intervention, and
☐ The member must demonstrate a clinical necessity for the TDT service arising from a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.

3. Medical Necessity Criteria ☐ **YES** ☐ **NO**

The member meets the specific medical necessity criteria listed below?

The member must meet **at least two** of the following criteria on a continuing or intermittent basis (check elements met):
☐ The member has difficulty establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
☐ The member exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; and/or
☐ The member exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. (For example, the member is at risk for acting out in such a fashion that will cause harm to themselves or others.)

4. The member met the additional medical necessity criteria listed below? ☐ **YES** ☐ **NO**

The member must meet at least one of the following criteria (check elements met):

☐ The member requires year-round treatment in order to sustain behavioral or emotional gains.
☐ The member's behavioral and emotional problems are so severe they cannot be handled in self-contained or resource emotionally disturbed (ED) classrooms without this programming during the school day or as a supplement to the school day or school year.

Therapeutic Day Treatment (TDT) Eligibility Assessment Form (Continued)

☐ Without these services the member would otherwise be placed on homebound instruction because of severe emotional or behavioral problems, or both, that interfere with learning.
☐ The member has deficits in social skills, peer relations, or dealing with authority; is hyperactive; has poor impulse control; or is extremely depressed or marginally connected with reality.
☐ The member is in a preschool enrichment and/or early intervention program but the member's emotional or behavioral problems, or both, are so severe that they cannot function in these programs without additional services.

5. The member meets the eligibility criteria and TDT services are recommended? ☐ **YES** ☐ **NO**

Section C

Intensive In-home Services (IIH) Eligibility Assessment Form

1. Functional Capability ☐ **YES** ☐ **NO**

The member has the functional capability to understand and benefit from the required activities and counseling of this service. (Note: In the case of a young child, the parent must have functional capacity).

2. Clinical Necessity ☐ **YES** ☐ **NO**

Members must demonstrate a clinical necessity arising from a **severe condition due to mental, behavioral, or emotional illness** that results in significant functional impairment in major life activities.

Members **must meet at least two** of the following criteria on a continuing or intermittent basis (check elements met):

☐ Has difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
☐ Exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; and/or
☐ Exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. (For example, is at risk for acting out in such a fashion that will cause harm to themselves or others.)

3. Risk of Out-of-Home Placement (check elements met) ☐ **YES** ☐ **NO**

Services shall be used when there is a risk of out-of-home placement, due to the clinical needs of the member.

☐ Within the past two weeks of the date of the IIH assessment, there is evidence of escalating behaviors that have put the member or others at immediate risk of physical injury.
☐ The parent or legal guardian is unable to manage the mental, behavioral, or emotional problems in the home and is actively seeking alternate out of home placement (This needs to be a current problem, within the past 2-4 weeks, not a threat of removal from the home that the parent has made in the past and has not acted on).
☐ An authority figure (such as from juvenile justice, DSS, CSB or DOE or an LMHP who is not an employee or consultant to the IIH provider) has recommended an out-of-home placement unless there is an immediate change in behaviors and failed MH services are evident.

History of Failed Services within the last 30 days: Select all that apply.

☐ Crisis Intervention
☐ Crisis Stabilization
☐ Outpatient Psychotherapy
☐ Outpatient Substance Abuse Services
☐ Mental Health Support (recommended age 18 or older)

Intensive In-home Services (IIH) Eligibility Assessment Form (Continued)

☐ Recommendation for IIH by treatment team/FAPT team for a member currently in one of the following:
☐ RTC Level C (transition)
☐ Group Home Level A or B (transition)
☐ Acute Psychiatric Hospitalization (transition)
☐ Foster Home (transition or foster parent unwilling to continue)
☐ MH Case Management

4. Service Necessity ☐ **YES** ☐ **NO**

One of the following must be met in order to justify the need for IIH:

☐ Services far more intensive than outpatient clinic care are required to stabilize the member in the family situation; or
☐ The member's residence, as the setting for services, is more likely to be successful than a clinic.

Describe how services in the member's residence are more likely to be successful than an outpatient clinic:

Note: Services may also be used to facilitate treatment after the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful. The member and responsible parent or guardian must agree to be available and must agree to participate in the transition.

5. Agreement to Participate in Service ☐ **YES** ☐ **NO**

The following must be met:

At least one parent or responsible adult with whom the member is living must be willing to participate in intensive in-home services, with the goal of keeping member with the family.

6. The member meets the eligibility criteria and IIH services are recommended? ☐ **YES** ☐ **NO**

APPENDIX N

Chesterfield-Colonial Heights
Community Policy and Management Team
FAPT Parent Representatives –
Approved November 18, 2015

Background: Under State and Local CSA Policies, each Community Policy and Management Team shall establish and appoint one or more Family Assessment and Planning Team, as the needs of the community require. (Code of Virginia) § 2.2-5207. Currently, the CPMT has approved five County teams and one City team.
The minimum mandatory membership (Code of Virginia) § 2.2-5207 of each the Family Assessment and Planning Team includes representatives from the:

- Community Services Board
- Department of Social Services
- Juvenile Court Service Unit
- School division, and
- A parent representative
- Health Department representative at the request of the Chair of the Community Policy and Management Team or designee

"Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a Family Assessment and Planning Team may serve as parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives." COV § 2.2-5207

Proposal: Approve monthly stipend of $50 for appointed Parent Representatives on FAPT. Localities may establish local policies to provide Parent Representatives with stipends to assist with recruitment and financial reimbursement for their time and travel to meetings. This proposal is in alignment with other community agencies provide appointed members stipends to serve on Commissions or Boards. Chesterfield – Colonial Heights FAP Teams has never been fully manned with Parent Representatives. Currently only one team has an appointed Parent Representative (Colonial Heights) and none of the Chesterfield Teams or CPMT have a Parent Representative. Each Chesterfield team (five totals) meets once a month for full days (9-5 and the Colonial Heights Team meets twice a month for half days (9-12).

APPENDIX O

Request to the State Executive Council (SEC) for Approval of an Alternate Multi-Disciplinary Team (MDT)

On July 9, 2015, the Office of Children's Services (OCS) received a formal request ("*Request for State Executive Council Approval Collaborative Multi-disciplinary Team(s))"* for State Executive Council (SEC) consideration and approval of an alternate Multi-Disciplinary Team (MDT). This request was submitted by Ms. Sarah Sneed, chairperson of the Chesterfield/Colonial Heights' Community Policy and Management Team (CPMT). A brief summary of the request follows for review and action by the SEC.

Description of Process and Target Population

The CPMT is requesting approval to recognize a Multi-Disciplinary Team with the same authority and power of the Family Assessment and Planning Team (FAPT). The MDT shall follow all of the same laws, policies, and procedures established by the Children's Services Act (CSA) for the determination of eligibility as does the Chesterfield/Colonial Heights FAPT.

The target population for Multi-Disciplinary Team review will be those children who are identified through the parent referral process but are not already connected with a child-serving agency. The requested MDT will act as an intake/triage team with the intent to meet only once in regard to an individual child/family to make a determination of CSA eligibility and to recommend services while following all aspects of CSA policies. If follow-up meetings are needed for consideration for continued services, the MDT will assign a local agency for case management and CSA staff will schedule the family for ongoing FAPT review.

Membership of the Multi-Disciplinary Team

The CPMT shall appoint members from three agencies, the local Department of Social Services, the Court Services Unit, and the Community Services Board. Additional members of the team will be child- specific, including legal guardians, school representatives, and other supportive individuals involved with the child and family, as determined by the family. As with FAPT, the Multi-Disciplinary Team will be facilitated and administratively supported by the local CSA office. MDT representatives will be required to meet the same expectations as FAPT members (e.g., participation in meetings) and follow locally established guidelines regarding the Children's Services Act process.

Funding Approval and Oversight

The Multi-Disciplinary Team will be able to authorize funds for immediate use. It is anticipated the MDT will meet only one time for a specific child and family, and as noted above, if further services are needed, will refer the family to an agency for assignment of a case manager and FAPT participation.

The CPMT will continue to have ultimate policy and funding authority and will continue to review and approve all expenditure of CSA funds through its current practices.

Recommendation

After due consideration, the Office of Children's Services respectfully recommends State Executive Council approval of this request.

APPROVED _____

DATE: September 17, 2015

Dr. William A. Hazel, Jr. Chair, State Executive Council

APPENDIX P

Chesterfield-Colonial Heights
Comprehensive Services/ Children's Services Act
Kinship Guardian Assistance Program
Local Policy and Procedures- October 16, 2019

Taken from Children's Services Act User Guide

"The 2018 General Assembly enacted legislation establishing the Virginia Kinship Guardianship Program (KinGap) with implementation effective July 1, 2018 (COV *§63.2-1305*, *§63.2-100* and *§63.2-905*). KinGap facilitates the placement of children with relatives and provides a supported permanency option for foster children for whom return home or adoption are not appropriate goals. KinGap provides a new way for relatives to access long-term support when assuming the responsibility of caring for children in their extended family. Local departments of social services (LDSS) are encouraged, when appropriate, to use the emergency foster home approval process to facilitate relative placements which may ultimately become KinGap homes. Once the child has been in the (DSS approved) relative foster home six months or longer, the relative may sign a KinGap assistance agreement with the LDSS, who will petition the court to transfer legal custody to the relative. Once custody is transferred, the child is no longer in foster care but the child and family are eligible for KinGap assistance until the child reaches age 18. The child's funding source for maintenance (both basic and enhanced, if appropriate) continues to be Title IV-E or CSA.

Children eligible for KinGap are eligible for all foster care services as defined in *§63.2-905*, meaning these children meet the criteria established in the Code of Virginia (*§2.2-5211* and *§2.2-5212*) as eligible and "mandated" for CSA. KinGap assistance includes the payment of the maintenance payment as well as the provision of services recommended by the FAPT and approved by the Community Policy and Management Team (CPMT).

In many ways, KinGap is managed similarly to Adoption Assistance (e.g., the locality holding custody at the time of transfer to relative guardianship remains responsible for maintenance payments, payment of non-recurring legal expenses is allowed). However, in KinGap there is no provision for special services payments. If services are needed, KinGap children and families will be referred to the Family Assessment and Planning Team in the locality of the family's residence. Provision of *services* is the responsibility of the residence locality; *maintenance* costs, whether IV-E or CSA, are the responsibility of the locality holding the Kinship Guardianship Assistance Agreement. Children living in KinGap homes are eligible and mandated for services through CSA."

Local Policies and Procedures:

The following are local policies and procedures approved by the Community Policy and Management Team (CPMT) on October 16, 2019, regarding <u>non-Title IVE eligible</u> children for KinGAP. The Chesterfield-Colonial Heights Department of Social Services (DSS) have established local standards of procedures on Kinship Guardianship Program.

However, for DSS to access Children's Services Act Pool funds for non-Title IVE children, DSS will follow the State guidance per the **Virginia Department of Social Services, Child and Family Services Manual, Section E, Foster Care, Sections 10.15 through section 10.26** and local polices under the CPMT. Once DSS has agreed upon the terms of the

Kinship Guardianship Assistance for the youth and a written Kinship Guardianship Assistance Agreement has been signed, and

1) When a child is not Title IVE eligible and
2) Prior to transferring custody
3) DSS will refer the case to Family Assessment and Planning Team (FAPT) for KinGAP eligible services.

The referring DSS worker shall submit a referral with the following documents to the CSA office:

1) CSA Action form requesting services identified on the KinGAP Agreement
2) CANS assessment within 30 days
3) Signed consent
4) Foster care service plan
5) KinGAP Agreement

The CSA office will schedule an administrative FAPT review date. The DSS worker is responsible for fulfilling local and state CSA requirements to prepare for the FAPT review, this includes drafting the child's Individual and Family Services Plan (IFSP).

FAPT will convene and review the proposed IFSP completed by the case worker, determine eligibility and funding authorization for specified KinGAP services (foster care maintenance, enhanced maintenance, and specific expense payments identified in the agreement only). FAPT will complete and approve the IFSP and set an annual review date for continued CSA funding and eligibility review. "Maintenance payments for the non-Title IVE eligible youth shall be paid only from CSA state pool funds, when specified in the IFSP approved by the FAPT in accordance with the state and local CPMT policies." (p.52 of VDSS Child and Family Services Manual, Section E)

Based upon the finding by the judge of the Virginia Juvenile and Domestic Relations District Court that transfer of custody is in the best interest of the child or youth, the judge may approve the DSS plan for the child or youth and enter the order. Then the DSS worker shall submit the following to the CSA office within two business days after custody is transferred to the Kinship relative:

- Signed court order granting custody to relative
- CSA Action form documenting transfer of custody
- Updated consent form (with guardian's signature)

For On-going Services:

To continue CSA funding and to determine ongoing eligibility for services, the DSS worker will prepare annual reviews by submitting the following documents to the CSA office a week prior to the scheduled review FAPT date.

1) CANS assessment within 30 days
2) Updated signed consent by the guardian
3) KinGAP Affidavit, signed
4) Updated proposed IFSP

DSS is responsible for following state guidelines for KinGAP services and notifying CSA immediately of changes in services identified through the KinGAP Agreement and supported by the IFSP. DSS shall follow current local

procedures in communicating changes/disruption of services through submitting the CSA Action form when changes occur within 2 business days.

If services are needed for the child and kinship guardian that are beyond the KinGAP Agreement, the DSS worker is responsible for assisting the family in accessing resources and services within the community they reside. This may mean referring them to the local public mental health department or another Local Department of Social Services if residing outside of Chesterfield/Colonial Heights jurisdictions.

KinGAP may continue beyond the child's 18th birthday, for eligibly criteria refer to the Virginia Department of Social Services, Child and Family Services Manual, Section E, Foster Care: **Section 10.21.7.1 "**Criteria for continuing beyond 18th birthday" and **Section 10.21.8** "Extension of kinship guardianship assistance through Fostering Futures."

APPENDIX Q

CPMT/FAPT Emergency Operations Policy
Adopted - June 17, 2020

The Children's Services Act (CSA) Office has been deemed an essential function; therefore, the CSA program must continue to operate regardless of the status of other County/City agencies. Because of this, the Community Policy and Management Team (CPMT) has adopted the following Emergency Operations Policy which outlines procedures for the operation of Family Assessment and Planning Team (FAPT) meetings and CPMT during local government closure and/or contact restrictions.

Community Management and Policy Team (CPMT)

Conducting the business of the CSA is a matter of public interest. Certain activities are generally presumed to be open to the public and subject to the provisions on the Virginia Freedom of Information Act (VFOIA). Meetings of the Community Policy and Management Team are not exempt from the provisions of FOIA as the vast majority of the work of the CPMT relates to public information, such as surveying needs and gaps or barriers to services, procurement of services, management of public funds and long-range strategic planning for meeting the community's needs. These activities must be transparent and CPMT meetings are subject to the requirements of FOIA. On March 20,2020 the Virginia Attorney General's Office issued an opinion (see attached) regarding the conducting of government meetings during a state of emergency which indicated the potential for use of electronic means to conduct meetings. The opinion clearly indicated that in the event of an electronic meetings, bodies must take procedural steps to ensure the compliance with the VFOIA. To ensure this, the following is proposed:

- **CPMT (Closure or restrictions of not more than 30 days)**
  - Follow current CPMT policy which reads "If the CPMT is unable to meet for planned monthly meetings due to inclement weather conditions, or lack of quorum for an official meeting and voting. The CPMT Chair, or designee, will provide temporary authorization of funding for new and continuing services on behalf of the CPMT until members can meet. At the next CPMT meeting, requested services will be reviewed and authorized by an official vote by CPMT members, then recorded in the meeting minutes."
  - Amend current policy to include "inclement weather conditions, lack of quorum, or County/City declared emergency"

- **CPMT (Closure or restrictions of more than 30 days)**
  - CPMT meetings will continue monthly according to current schedule
  - CPMT meeting will be held via electronic platform, such as Microsoft Teams, which will allow for public access.
  - Meeting documentation will be distributed to team members via electronic means (email).
  - Meeting minutes will record the nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held. Additionally, all votes taken during the meeting must be recorded by name in roll-call fashion.
  - Meeting notification is updated on the County Calendar at least three days prior to the meeting and will include the date and time of the meeting, the electronic meeting platform used, public accessibility information. A meeting agenda and agenda packet (minus protected information) will also be uploaded to the site.

Family Assessment and Planning Team

Family Assessment and Planning Teams are exempt from the provisions of the Virginia Freedom of Information Act. Consequently, FAPT meetings are not open to the public; therefore, the following is proposed:

- **FAPT (Closure or restrictions of not more than 30 days)**
    - Services which are already approved will continue until FAPT can be rescheduled.
    - FAPT meetings will be rescheduled at the soonest possible date with at least a quorum of FAPT members present either physically, telephonically, or electronically.
    - In the event of an electronic meeting, consent to the service recommendations will be obtained verbally and recorded on the IFSP by CSA staff.
    - If the meeting is held electronically, meeting notes will include a statement describing the nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held.

- **FAPT (Closure or restrictions of more than 30 days)**
    - FAPT meetings will be conducted via secure electronic means, such as teleconference or Microsoft Teams.
    - FAPT members and agency case managers will be notified by the CSA Office of the meeting format and accessibility information.
    - Agency case managers will notify youth, families, providers, and other meeting participants of the meeting's electronic format and its accessibility information.
    - All efforts must be made to ensure for youth and family participation.
    - In the event of an electronic meeting, consent to the service recommendations will be obtained verbally and recorded on the IFSP by CSA staff.
    - If the meeting is held electronically, meeting notes will include a statement describing the nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held.
    - If the FAPT wait time exceeds three weeks, Department of Social Services cases that are stable and requesting a continuation of services at the same level will be held through an expedited "paper review" process and will be rescheduled for a full FAPT meeting in 60 days. Cases may not have two consecutive paper reviews.