

# Louisa County

Children's Services Act  
Local Policies and Procedures



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**What is the Children's Services Act (CSA)?**

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

**Intent and Purpose of CSA**

The Act has the following intent:

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

The purpose of this law is to:

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

**Local Community Practice Model**

Community Philosophy

Vision: Children live safely and productively with their families and in their communities while protecting the welfare of children, preserving families and providing services in the least restrictive environment.

Mission: Youth are Louisa's greatest resource because they are our future. The family is the best environment for raising children. Providing services to assist families to function effectively in the community empowers families to recognize their strengths and capabilities and promotes the best interests of society. In turn, successful families contribute to our community and reinforce the entire social framework for the good of all citizens.

Values: Our service community...

#### Overall Beliefs

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

#### Collaboration

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

#### Approach

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

#### Continuous Improvement

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

Code of Ethics (from the Louisa County Employee Handbook):

The ethical County employee accepts the responsibility that his or her mission is that of steward to the public. Accordingly, in an effort to foster and promote ethical behavior, the behavior of an ethical employee includes but is not limited to:

- Properly administering the affairs of the County by:
  - Promoting decisions that only benefit the public interest and, ultimately, the citizens.
  - Actively promoting openness creating public confidence in County government.
  - Accepting fiscal responsibility.
  - Performing his/her duties to the best of his/her ability.
  - Maintaining a positive and professional image.
  - Maintaining a respectful attitude toward the County, Supervisors and Department Heads, co-workers, the Board of Supervisors, other public officials or individuals who do business with or receive services from the County.
  - Effectively and efficiently working with governmental agencies, political subdivisions, and other organizations in order to further the best interest of the County.
  - Faithfully complying with all laws and regulations applicable to the County and impartially applying them to everyone.
  
- Behavior of an unethical employee includes but is not limited to:
  - Engaging in outside interests that are not compatible with the impartial and objective performance of his or her duties.
  - Improperly influencing or attempting to influence other officials to act in his or her own benefit.
  - Accepting anything of value from any source that is offered to influence his or her action as a public employee.
  - Making libelous, or slanderous statements against the County, Supervisors and Department Heads, co-workers, the Board of Supervisors, other public officials or individuals who do business with or receive services from the County.

## **Management Structure**

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

In 1993, the Louisa County appointed members to the Community Policy and Management Team pursuant to the COV [§§ 2.2-5204 thru 2.2-5206](#). Unless otherwise noted, the CPMT refers to the Louisa CPMT

#### **Purpose and Philosophy**

**CPMT Statement of Purpose:** The purpose of the CPMT shall be to create, maintain and manage a collaborative system of services and funding that is youth centered, family focused and community based when addressing the strengths and needs of troubled and at-risk youth and their families. COV § 2.2-5200

**Philosophy:** The CPMT is committed to providing quality services for troubled and at risk youth and families in Louisa County. The family is the best environment for raising children and caring for vulnerable persons. Every reasonable effort should be made to support and enhance healthy family functioning through coordinated community resources.

## Powers and Duties of CPMT

The CPMT has the following powers and duties under COV § 2.2-5206 the Comprehensive Services Act:

1. Develop interagency policies and procedures to govern the provision of services to children and families in its community;
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;
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;
4. Coordinate long-range, community-wide planning that 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 § [16.1-309.3](#);
5. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the Council and a process to review the teams' recommendations and requests for funding;
6. Establish quality assurance and accountability procedures for program utilization and funds management;
7. Establish procedures for obtaining bids on the development of new services;
8. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;
9. Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council;
10. Submit grant proposals that benefit its community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
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 Council as requested by the Office of Children's Services for At-Risk Youth and Families in accordance with subdivision D 16 of § [2.2-2648](#);
13. Review and analyze data in management reports provided by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with subdivision D 18 of § [2.2-2648](#) to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Comprehensive Services Act program. Every team shall also review local and statewide data provided in the management reports on 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;

14. Administer funds pursuant to § [16.1-309.3](#);

15. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § [2.2-5211](#) are not used;

16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ [37.2-403](#) et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § [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;

17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § [2.2-2648](#); and

18. Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § [63.2-915](#) or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

### Membership and Officers

Members of the CPMT include representatives from the Department of Human Services and Public Schools, the Region Ten Community Services Board, the Sixteenth District Juvenile Court Services Unit, a representative from the Department of Health, a private agency which serves children and families located within Louisa County, a local government representative, a parent representative, and other members as may be appointed. In the event a representative cannot attend the CPMT meeting, they may send a designee. The CSA Coordinator is considered a non-voting member.

Parent and private provider representatives shall be appointed by the Louisa County Board of Supervisors.

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

Representatives of public agencies serve for the duration of their employment or until replaced by a different representative. The private service provider representative serves a three year term, commencing from the date of appointment, or until replaced by a different representative. The parent representative serves at the pleasure of Board of Supervisors until the representative determines they are unable to continue to serve or until the Board of Supervisors appoints a new parent representative.

The elected official will serve a term from January-December.

### Officers of the CPMT and their Duties

#### Duties of the Chair

- A. Preside at all meetings of the CPMT.
- B. Appoint committees necessary for operation of the CPMT.
- C. Work closely with the Chair of the FAPT.
- D. Perform any other duties determined by the CPMT.
- E. Reviews and approves all authorization to expend pool services and CPMT review forms.
- F. Keep the State Management Team and the Louisa County Board of Supervisors informed of the activities of the CPMT.

#### Duties of the Vice-Chair

- A. The Vice Chair, in the absence of the Chair, shall perform the duties of the Chair and any other duties assigned by the CPMT.

#### Duties of the CSA Coordinator

- A. Ensure that accurate records of all meetings of the CPMT are maintained and that notice of meetings of the CPMT is distributed.
- B. Review, evaluate and report on all fiscal, service and evaluation matters.
- C. Manage purchase of services and invoices so that vendor payments are accurate and timely.
- D. Attend all FAPT and CPMT meetings and serving as liaison between the two groups.
- E. Schedule cases to be heard at FAPT and CPMT meetings.
- F. Oversee case management system including necessary documentation, authorizations and vendor invoices.
- G. Develops and expands resources for children and families.
- H. Revises forms as necessary to promote efficient and effective program implementation.
- I. Monitor vendors to ensure services are performed as contracted.
- J. Any additional duties approved by CPMT.

#### Duties of the Case Manager

- A. Maintaining contact with family members as needed
- B. Prepare any and all necessary case records for utilization review
- C. Making monthly contact with family members as needed.
- D. Completing appropriate documentation as required by Louisa County Utilization Standards and forwarding to CSA coordinator before or during the FAPT meeting.
- E. Maintaining contact with CSA coordinator concerning changes in service provision and funding.
- F. Notifying and inviting providers to FAPT meeting as necessary.
- G. Notifying and inviting families to FAPT meetings.
- H. Arranging for representation of a case review by another case manager if he or she is unable to attend FAPT meeting as needed.
- I. Exploring and eliminating other funding options prior to seeking CSA funding.
- J. 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, it is the responsibility of the case manager to assess the parents or legal guardians, utilizing a standard sliding scale, based upon ability to pay, to contribute financially to cost of services to be provided and provided appropriate financial contribution from parents or legal guardians in education, the special education director has the authority to waive parental co-pay when it would hinder cooperation with services which are required in order to prevent a more restrictive educational placement.
- K. Obtaining parental signatures on the Individual Family Service Plan when the parent or guardian is not present at the FAPT meeting or documenting significant failed efforts to do so.

### Procedures for Conducting Business

The CPMT will meet monthly. Meetings will be held unless the present Chair determines there is no need for a meeting. The quorum for all CPMT meetings is 50% of its core members or designees, including an officer. A simple majority of the quorum will determine decisions. Meetings will generally be conducted informally with decisions reached by consensus in person, by proxy, or by email for closed session processes. If a meeting is cancelled, the Chair will send out a notice of cancellation by the Friday prior to the scheduled meeting.

Meetings will be open to the public except when specific information is discussed which is confidential by law in accordance with FOIA and other regulations.

In the event of the Chair's absence, the Vice-Chair will chair the meeting.

The note taking responsibilities for the CPMT meetings is the responsibility of the CSA Coordinator.

Any member of not able to attend a meeting should send a representative (if available) or notify the Chair and CSA Coordinator prior to the meeting so that a quorum may be determined. A quorum for CPMT must be established at each meeting and is defined as a majority of the voting members currently appointed and serving on the CPMT.

Reaching a quorum via an email vote is an allowable form of approval for the FAPT and the CPMT.

The CPMT and the FAPT may accept signatures, records, etc. electronically per Virginia Code 59.1-485: Legal recognition of electronic records, electronic signatures, and electronic contracts.

Except as otherwise provided by its policies and procedures, business of the CPMT will be conducted according to Robert's Rules of Order Newly Revised (11<sup>th</sup> edition).

Appointed members of the CPMT or their designees may vote on matters before the Committee. Decisions will be made by majority vote of members present.

### State of Emergency

If a State of Emergency is declared by the Governor, both FAPT and CPMT may be held virtually and voting may be conducted virtually during those meetings. Votes will be recorded electronically by the CSA Coordinator and will be typed on the documents (IFSP, copayments, etc.) as needed.

### Appeals Process

Any youth or family dissatisfied with any action of the FAPT may file a written request for appeal to the CPMT Chair within fifteen (15) days of the FAPT meeting. A Louisa CPMT representative will notify parent(s)/guardians(s) of the receipt of the written appeal and a date to submit additional information for review. This administrative process does not provide for in person participation during this meeting; however, the CPMT will review all documentation provided to the FAPT, as well as any additional written materials received by the submission date provided from the parent(s)/guardian(s), third parties, other participating youth serving agencies, and/or the appointed participating agency case manager. Louisa CPMT will complete the administrative review within 30 days and will provide an answer in writing. The CPMT may uphold or alter the FAPT decision. The CPMT's decisions may not be appealed.

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

The CPMT has established a Family Assessment and Planning Team (FAPT) to serve Louisa County. The CPMT shall ensure the appointment of the members of the FAPT. The Team shall ensure that the FAPT be

composed of representatives specified in the Children's Services Act.

FAPT members representing the agencies specified in the **COV § 2.2-5207** shall be permanent. Other appointed members shall serve at the pleasure of the CPMT.

The FAPT shall devise policies and procedures, which shall be submitted to the CPMT for approval. Any changes to the policies and procedures need approval of the CPMT.

FAPT will meet on the first, second and/or third Tuesday of each month unless the Chair and CSA Coordinator determine there is not a need to meet.

### Purpose

The family assessment and planning teams, in accordance with the [COV § 2.2-5207](#), shall assess the strengths and needs of troubled youths and families, determine the complement of services required to meet those needs, develop an individual family services plan for each child and family, and recommend expenditures from the CSA state pool of funds when necessary to implement the plan. All youth and families for whom CSA funded services are requested, other than foster care maintenance payments, are to be assessed by the FAPT.

### Duties

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;
2. Provide for family participation in all aspects of assessment, planning and implementation of services;
3. Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of a troubled youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the family assessment and planning team in its deliberations;
4. Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services;
5. Identify children who are at risk of entering, or are placed in, residential care through the Comprehensive Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the community policy and management team developed pursuant to subdivision 17 of § [2.2-5206](#), the family assessment and planning team or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;
6. 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. Refer the youth and family to community agencies and resources in accordance with the individual family services plan;
  8. Recommend to the community policy and management team expenditures from the local allocation of the state pool of funds; and
  9. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies. COV [§2.2-5208](#).

### Membership and Officers

Members of the FAPT include a representative of the following partner agencies: Department of Human Services, Public Schools, Region Ten Community Services Board, and Sixteenth District Juvenile Court Services Unit. Membership also includes a Parent Representative and may include a representative from a private organization. The quorum for all FAPT meetings is 50% of its core members or designees, including an officer. A simple majority of the quorum will determine decisions. The FAPT will elect a Chair from its membership to serve a one year renewable term from July 1 to June 30.

Representatives of public agencies serve for the duration of their employment or until replaced by a different representative. The private service provider representative serves a non-renewable two year term based on a fiscal year schedule (i.e. term years begin 7/1 and end 6/30). Private provider representatives on FAPT will be disqualified from voting on any funding decision involving the services of their agency. Private service provider representatives on FAPT should be supervisory or senior level staff. Parent representatives serve indefinitely unless determined otherwise by the CPMT.

### Meetings

FAPT will meet on the first, second and/or third Tuesday of each month unless the Chair and CSA Coordinator determine there is not a need to meet.

### Family Participation in the FAPT Process

The Family Assessment and Planning Team (FAPT) shall "provide for family participation in all aspects of assessment, planning and implementation of services". [COV § 2.2-5208](#) This includes full participation by the family during the team meeting when their child's case is being presented. In addition, parents should be encouraged to participate in any Community Policy and Management Team meeting that involve assessment, planning and implementation of services for their child.

The Individual Family Service Plan may not be implemented without the consenting signature (written or via telephone) of the custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate review process or authorized by the Code of Virginia. This requirement does not interfere with procedures to provide immediate access to funds for emergency services and shelter care provided the youth are subsequently assessed by the FAPT or collaborative, multidisciplinary team process approved by the State Executive Council within 14 days.

Parents of children receiving special education services must be 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," include the parents (34 CFR § 300.501). Parental signature on the child's Individual Education Program (IEP) acts as parental signature on the child's Individual Family Service Plan for services written in the IEP.

The Family Assessment and Planning Team (FAPT) is to provide for the participation of foster parents in the assessment, planning and implementation of services when a child has the program goal of permanent foster care or is in a long term foster care placement. The case manager is given the responsibility of notifying the foster parents of the time and place of all assessments and planning team meetings related to the youth. The foster parents are given the opportunity to speak at the meeting or submit written testimony if unable to attend. The opinions of the foster parents are to be considered during team deliberations.

#### Parent Referrals to the Local CSA Teams

"Parent referrals" are inclusive of any custodian/guardian's referral (oral or written) directly to the CSA office. In such cases, the CSA coordinator or locally designated individual will obtain consent to exchange information from the parent and information regarding the child's needs. The child may meet CSA eligibility criteria and the case will be assigned to a public child-serving agency. The parent will be offered a FAPT meeting within 30 days of the request to the CSA. The CSA coordinator or locally designated individual may additionally provide information to the parent/guardian regarding potential community supports that may address identified needs. If the child is not assigned to a public child serving agency, but the parent still requests a FAPT meeting, the CSA coordinator or locally designated individual may represent the family at the FAPT for discussion purposes. The CSA Administration will keep a record of all parent referrals by disposition.

### **Records Management**

The CPMT maintains policies and procedures for management of the Individual Family Service Plans and other documentation consistent with minimum state and federal requirements. The original CSA documents are maintained in the CSA file. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. Duplicate CSA documents are maintained in the CSA record. 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. This information can be found at the following website: <http://www.lva.virginia.gov/agencies/records/retention.asp>

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

### **Use of CSA Pool Funds**

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

#### **Eligible Populations**

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

1. "The child or youth has emotional or behavior problems that:
  - a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;

- b. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and
  - c. Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies.
2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.
- 3."The child or youth requires placement for purposes of special education in approved private school educational programs. 4. The child or youth requires foster care services as defined in § [63.2-905](#).."

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

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

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

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

## Services to Youth over 18

### Foster Care:

Consistent with the youth's eligibility for mandated foster care services under state VDSS policy, continuation of CSA funding is allowable for foster care youth between age 18 to 21 who are in foster care at the time of their 18th birthday and continue to receive services through the local DSS agency, provided the youth willingly agrees to cooperate with all services and is making progress in an educational, treatment or training program.

### Former Foster Care Youth Resuming IL Services:

CSA funding is allowable for former foster care youth between ages 18 to 21 who meet the VDSS eligibility criteria for resuming independent living services (also known as "opt back") following their case closure to foster care. Youth returning to the local DSS are eligible for all independent living services delineated in VDSS policy. Other available funding sources including federal Chafee IL funds, Education and Training Vouchers (ETV), Medicaid, and/or other community resources must also be explored and utilized to the extent available. These youth are not eligible for placement in a group home or residential facility.

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

Continuation of CSA funding for a youth in placement through a DSS Non-custodial Agreement is allowable as a mandated service past the youth's 18<sup>th</sup> birthday in order to complete the residential treatment program specified in the DSS Non-custodial Agreement, provided the following criteria are met:

- 1) the FAPT has determined the youth continues to need the level of treatment being provided; and
- 2) the youth once 18 (unless he/she has a legal guardian with responsibility for these types of decisions) must be in agreement with the continued treatment program, and understand that he/she is not obligated to remain in this restrictive level of placement.

### Foster Care Prevention:

Foster Care Prevention services cannot be initiated after the age of 18. However, those youth receiving CSA funded Foster Care Prevention services which were started prior to the age of 18, would be eligible to continue those services past the age of 18 provided the following criteria are met:

- 1) the FAPT has determined the youth continues to need the services being provided;
- and
- 2) the youth, once 18, must be in agreement with continuation of the services.

### Special Education:

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

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

Continuation of CSA funding for a youth in placement through a CHINS – Parental Agreement as a mandated service is allowable past the youth's 18<sup>th</sup> birthday in order to complete the residential treatment program specified in the CSA Parental Agreement, provided the following criteria are met:

- 1) the FAPT has determined the youth continues to need the level of treatment being provided; and
- 2) the youth once 18 (unless he/she has a legal guardian with responsibility for these types of decisions) must be in agreement with the continued treatment program, and understand that he/she is not obligated to remain in this restrictive level of placement.

## **Parental Placement Agreements**

### Eligibility Determination/ CHINS Checklist

FAPT may complete the required CHINS eligibility checklist to determine all CSA eligibility criteria have been met prior to authorization of funding. This form can be found under Blank FAPT forms on <https://louweb.louisa.org/fapt/>

If a child placed through a CSA Parental Agreement is removed from a facility by the parent against medical advice (AMA), a Child in Need of Services (CHINS) must be sought prior to the FAPT considering an additional residential placement.

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

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

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

Parents of children receiving educational services contained on an Individualized Education Plan (IEP) are exempt from parental contribution requirements for those IEP services according to the Individuals with Disabilities Education Act (IDEA), 20 USC 1400 et seq.

Parents of children in Department of Social Services (DSS) custody, or in non-custodial foster care, are to be referred for assessment and collection to the state's Division of Child Support Enforcement (DCSE) pursuant to Department of Social Services procedures and COV [§ 20-108.2](#).

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

It is the responsibility of the case manager to inform parents of the financial contribution requirement, if applicable. DSS is responsible for completing the referral application to DCSE for children in custodial foster care and non-custodial foster care pursuant to state Foster Care policy.

See "Parental Co-Payment" in the Appendix

## **Case Transfers Across Jurisdictions**

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

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

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

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

## **Fiscal Procedures/Fiscal Authorization**

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

The Louisa County Director of Finance serves as the fiscal agent for the Louisa CPMT. The Assistant County Attorney serves as general legal counsel to the Louisa CPMT.

### **Management of CPMT Budget**

Expenditures of funds will be planned, authorized, and monitored by CPMT to ensure appropriate and effective use of resources. Expenditures and cost projections will be reviewed at least quarterly. Funds allocation plans will be adjusted as indicated (by reallocating funds within budgets or by requesting supplemental allocations if funds for mandated services are insufficient). Mid-year changes to budgets will be approved by the CPMT in the same manner as the original plans.

### **Funding Authorization**

In order to expedite delivery of services to mandated children receiving CSA funding, CPMT grants limited financial approval authority to FAPT for certain specified purchase-of-service requests. These requests, therefore, do not have to be presented to CPMT for authorization.

FAPT is granted financial approval authority for:

- Monthly regular foster care maintenance, enhanced maintenance (VEMAT) and clothing allowance payments for foster care cases ;
- Child care for foster parents receiving maintenance payments for mandated children – child care qualifies as a mandated service;
- Emergency expenditures (not to exceed \$1000.00) for which a delay would result in a potential negative impact on the client being served;
- CSA-Eligible services written in a child's IEP;
- Access to funds for emergency placements provided the youth are subsequently assessed by the Family Assessment and Planning Team or an approved collaborative, multidisciplinary team process in person or via email within 14 days of admission and the emergency placement is approved at the time by FAPT by email consensus at the time of placement.

Note: Due to inclement weather, holiday, or an emergency placement the FAPT is authorized to approve cases as needed via email or the meeting will be rescheduled.

Note: CSA Coordinator has the ability to sign forms for residential placements.

Following the initial FAPT review, subsequent reviews for a particular case may be scheduled more frequently than required at the discretion of the FAPT. A FAPT review can also be requested by an agency case manager at any time before or after a scheduled review, depending on the individual case needs.

## **Alternative Funding Sources**

### Other Offsetting Funds

It is the responsibility of the case managing agency to identify and apply for other sources of funding to pay for services. Medicaid and IV-E funds are used whenever available and therapeutically appropriate. Payments from other funding sources, such as Social Security, SSI, and Veteran's Benefits, will be established for the benefit of the child and all payments received will be treated as refunds for services and credited to the CSA State Pool.

### Grant Funding Proposals

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

### Contractual Agreements

The County of Louisa by and through the CPMT may enter into agreements with service providers to accomplish the purposes of the Comprehensive Services Act. All agreements are to be approved as to form by the County Attorney or his designee and signed by the County Administrator as authorized by the Board of Supervisors on July 7, 2014.

## **Purchase of Services Orders**

Purchase of Services Orders will be completed and mailed by the CSA Coordinator following the CPMT meeting. The CSA Coordinator will sign as the "Fiscal Officer" on Purchase of Services Orders.

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

This policy applies to the use of Pool Funds for community-based behavioral health services regulated by the Department of Medical Assistance Services. This policy and these guidelines apply exclusively to the following services: Intensive In-Home, Mental Health Support Services, and Therapeutic Day Treatment.

(See [http://www.csa.virginia.gov/html/13\\_08\\_Memo.pdf](http://www.csa.virginia.gov/html/13_08_Memo.pdf))

This policy shall be effective October 1, 2013 for new individual family services plans and shall be effective July 1, 2014 for all other individual family services plans.

## **Medicaid-eligible children and youth**

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

A. Medicaid services are unavailable.

1. Unavailable means:

- a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 60 miles in rural areas); or
- b) there is a waiting list that prevents the delivery of services within a reasonable time frame.

2. The Louisa County Community Policy and Management Team (CPMT) may request an exception to the policy through the Office of Comprehensive Services when a Medicaid-enrolled provider is not available.

**B. Medicaid funded services are inappropriate for meeting the needs of the child.**

The term “inappropriate for meeting the needs of a child” means: a community-based behavioral health Medicaid funded service (i.e., Intensive In-Home, Mental Health Support Services, Therapeutic Day Treatment) is not appropriate to meet the presenting needs, (e.g., per VICAP assessment); or the needs are related to family dysfunction, child or public safety, or special education.

This policy does not prohibit the locality from providing services that are appropriate to meet the presenting needs of the child using Pool Funds; provided, such services are services other than Intensive In-Home, Mental Health Support Services, or Therapeutic Day Treatment.

### **Children and youth not eligible for Medicaid**

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

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

**Mental Health Supports:** Mental Health Support Services (MHSS) for Children/Adolescents under age 21 are training and supports to enable individuals with significant psychiatric functional limitations to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. This is not a substitute for mental health counseling or psychotherapy. This service is to provide training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, ADLs, and use of community resources; assistance with medication management, and monitoring health, nutrition and physical condition.

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

More detailed information regarding service criteria can be found here:

[http://www.dmas.virginia.gov/Content\\_pgs/obh-home.aspx](http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx)

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

FAPT approval is required for the referral of the child/youth to the Community Services Board for a Virginia Independent Clinical Assessment Program (VICAP) assessment. State Pool Funds may be used to purchase the assessment.

- For new eligible cases, the worker must complete an IFSP to request the VICAP assessment.
- For any IFSP being reviewed by the FAPT for a CSA eligible child, if the FAPT determines there is a need for one of these specified community based behavioral health services, the FAPT can approve a VICAP assessment by adding it to the IFSP.

**Exception:** When a licensed mental health professional (LMHP) is a member of the FAPT developing the IFSP for a CSA eligible child, and determines there is already sufficient evidence and documentation to approve the specified community behavioral health service(s), the FAPT has the option to authorize the service(s) without a VICAP assessment. The LMHP FAPT member must identify their licensure when signing the IFSP to approve the service, and the approval must be explicitly stated in the FAPT notes on the IFSP signature page. The approving LMHP cannot be a supervisor of or the provider of the service(s) for which approval is given.

## **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<sup>1</sup>
2. Youth at risk of placement in out-of-home care<sup>2</sup>

<sup>1</sup>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)

<sup>2</sup> 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:
  - o Crisis Intervention
  - o Crisis Stabilization
  - o Outpatient Psychotherapy
  - o Outpatient Substance Abuse Services
  - o 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

The Louisa FAPT may:

Refer youth in psychiatric residential settings for ICC three months prior to the anticipated discharge date. The ICC will complete the comprehensive strengths based assessment within 30 days of referral and subsequently conduct a team meeting with all relevant community agency partners, providers and the family to develop the transition plan. ICC staff will work with the primary case managing agency to plan and implement recommended services and attend FAPT for plan approval. The length of time to continue services post discharge or return for review will be established by the FAPT.

The Louisa FAPT may:

Recommend youth at risk of out of home placement for an initial ICC assessment. The FAPT will consider information presented in the Individual Family Service Plan including the uniform instrument (CANS) assessment ratings, particularly those associated with emotional/behavioral needs or risk behaviors, and care giver needs. Involvement with multiple partner agencies or with multiple mental health service providers should also be considered as indicators of need for an initial ICC assessment. The ICC services can be approved by FAPT for up to three months, with implementation proceeding as above and further continuation approved by FAPT at subsequent review.

The Louisa FAPT may:

Recommend ICC services for CHINS-Parental Agreement and CHINS-Prevention cases as brought before FAPT for determination of funding eligibility and approval of plan of care. When ICC services are recommended for a residential placement, the ICC will complete the comprehensive strengths based assessment within 30 days and collaborate with the vendor in establishing an initial plan of care. If a discharge date is not anticipated within three

to four months, ICC services will be suspended until three months prior to discharge. In the interim, the assigned clinician will perform utilization review activities (participating in treatment teams, contacting clinicians serving the youth and identified care givers and addressing any quality of care concerns) in order to monitor progress and promote appropriate family engagement for the goal of return home. Billing will be submitted at the monthly rate established for Utilization Review activities and transportation costs but will not exceed the established monthly rate for ICC services during this interim period.

For the CHINS-Prevention cases brought before FAPT, ICC services can be approved by FAPT for up to three months, with implementation proceeding with the completion of the comprehensive strengths based assessment within 30 days and establishment of the child and family team and plan, with further continuation approved by FAPT at subsequent review.

## **Utilization Management & Review (UM/UR)**

The Community and Policy Management Team shall review and analyze data in management reports provided by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Comprehensive Services Act program. The Community Policy and Management 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, the Community Policy and Management Team shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community. COV § 2.2-5206 (13)

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

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

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

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

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

Utilization management occurs at a variety of levels within the local CSA system. Data about costs, types of services utilized, number of youth served, as well as identified outcome measures, etc., are reviewed on a regular basis by the CPMT. Components of child specific utilization review are conducted by case managers, agency supervisors, CPMT members and/or their designees, and FAPT members.

Child Specific UR Components:

- ☒ Comprehensive Individual Family Service Plan (IFSP) documentation and oversight
- ☒ FAPT reviews
- ☒ Ongoing Child Specific Team reviews
- ☒ Child and Adolescent Needs and Strengths (CANS) Assessments (refer to Appendix for more information)
- ☒ Vendor reporting requirements and oversight

#### System UR Components:

- ☒ CPMT review of monthly financials
- ☒ CPMT review of monthly outcomes
- ☒ Quarterly Fiscal presentation to CPMT to review financial data and trends
- ☒ CPMT review of locally developed CSA outcome measures at least bi-annually
- ☒ Annual vendor contracts and oversight process

#### Utilization Review Process

Long Term Goals are broader than short term goals and describe the end goal of the youth. The long-term goal will be delineated in the IFSP (Example: Return home may be the long-term goal for a youth in residential).

Short Term Goals/Objectives should describe the desired behavior changes that are being addressed in the IFSP or provider plan that will be the focus of treatment over the next few months. They should be related to the broader long-term goals, but more specific, measurable, and observable. Writing goals in terms of increasing the desired behaviors helps focus on the family and youth's strengths and emphasizes the idea that people believe the youth can behave differently. There is a basic and underlying reason for the behavior the youth or family is exhibiting that can be fulfilled through another behavior. If the reason can be discerned, then an alternative can be planned. Time frames for completion and the persons/agency responsible for coordination of each short-term goal should be identified on the IFSP. Anticipated length of service will also be noted in the IFSP.

The IFSP is developed by the youth, family, case manager, and the FAPT. Developing an individualized plan of care for the youth and family includes using the strengths of the family unit and the natural community supports as well as the professional services available that meet the family's needs. Every effort should be made to keep the family together and safe. Priority should be given to keeping the child in the community if he/she must be removed from the home to facilitate family therapy and visitation. Settings that are more restrictive should be considered only if they are necessary for the youth, family or community safety or are essential for adequate treatment of the youth's condition.

Efforts must be made to utilize Medicaid, including EPSDT, and/or IV-E funds, whenever possible. Consider the use of Medicaid and/or IV-E facilities where appropriate if the child is eligible for these funding sources.

Case progress is assessed and discussed at scheduled FAPT review meetings. It is strongly recommended that the service provider attend the FAPT meetings with the youth and family and submit written progress reports for each meeting. In addition, the provider treatment plan should correlate with the IFSP. The FAPT meeting is used to process all gathered information available since the last meeting, and make decisions regarding components of the service plan. Progress or lack of progress is assessed for each goal of the IFSP. FAPT members, CSA Coordinator, case manager, provider, and the family work collaboratively to ensure that the goals and services are still appropriate to meet the needs of the child. If goals are no longer appropriate, the goals, as well as the corresponding services and interventions are updated. If however, there is little or no progress towards the goals in the IFSP, and the goals are still appropriate, reassessment of the interventions being provided by the service provider are completed. All Service Providers should include next steps planning in their service plans.

Between scheduled FAPT meetings, the case manager is responsible for initiating all approved services, monitoring the effectiveness and delivery of these services, and ensuring that the family is in agreement with, understands and participates in the services.

Transition/step-down planning begins at the start of service planning, preferably at the initial FAPT meeting or shortly thereafter. The IFSP indicates the identified step-down plan and issues that must be resolved to assist in transitioning to least restrictive services.

Case Specific Utilization Review Elements:

- Verification of date services initiate
- Verification of delivery of service(s)
- Verification of quality of service(s)
- Progress in meeting identified, specific short-term outcomes and goals in IFSP. IEP's are reviewed by the IEP Team and documentation review is completed by the Case Manager and CSA Coordinator as appropriate. An IFSP will be developed for wrap-around services outside of the IEP.
- Progress in working toward identified, specific long-range outcomes
- Current medication status, as applicable
- Educational progress
- Verification of school attendance
- Written materials outlining all modifications the vendor has made to IFSP
- Current CANS (comparison to last CANS)
- Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate
- Strategies to engage families if they are not currently participating
- Steps to be taken if progress toward meeting outcomes is not being made. (May include changing services and/or vendors or reconsidering outcomes.
- Steps to be taken if outcomes are being met
  - a. Continue services necessary to meet outcomes and goals
  - b. Develop plan and time line to transition the child to less restrictive setting
- Date for next utilization review

Utilization Review Frequency

Level of Need	Utilization Review
Basic FC Maintenance and SFC if in Permanent FC Arrangement	Initial FAPT Approval and UR annually
Non-clinical Community Based Services (i.e. summer camp, daycare)	Initial FAPT Approval and UR every 6 months
IL Stipend	Initial FAPT Approval and Annual UR
TFC, SFC, IL Services, Residential, Intensive In-Home, Clinical Community Based Svcs., Home Based Counseling, Therapeutic Mentoring, SPED Wrap-Around Services, etc.	Initial FAPT Approval and UR every 3 months
IEP SPED Services (Services in the IEP for Educational Purposes are reviewed by the local school division)	Initial FAPT Approval, case review every 6 months

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

A CANS should be completed for any youth receiving CSA funded services. There are two versions of the CANS, one for children birth – 4 years old and one for youth 5 – 17 years old. Although the CANS assessment tool is intended for youth up to age 17, it should also be completed for youth 18 and older.

The CANS is designed to guide service planning, support decision making and manage information in a complex environment. Information should be integrated from all available sources to obtain the best assessment of strengths and needs.

The CANS is a tool based on “communications” theory and should not be viewed as a psychometric measure of a child’s functioning. Rather, the CANS supports communication across disciplines and with families, describes what is happening with the child and family to identify areas where service planning is appropriate and measures service delivery outcomes. The CANS reflects the shared vision of all human services professionals who strive to improve the lives of children and families. The focus is always on the child and family, not on the services or the system.

Every child receiving CSA funds shall receive comprehensive CANS assessment initially, with reassessments determined based on the needs of the child and family and the intensity of services provided as described below. A comprehensive assessment is required annually and when the child is discharged from CSA.

#### Recommended Frequency of Administration:

- ☐ If the child is solely receiving basic foster care maintenance, including day care, a reassessment is completed every six months or more frequently based on the needs of the child and family.
- ☐ If the child is receiving solely non-clinical community-based services such as mentoring or job coaching in his/her home, relative home, regular foster home or independent living arrangement, a reassessment is done every six months or more frequently based on the needs of the child and family.
- ☐ If the child is receiving, or may need, clinical services such as substance abuse treatment, sexual offender treatment, anger management and/or a combination of two or more services such as provision of a parent aide, respite, after school programs, a reassessment is done every ninety days or more frequently based on the needs of the child and family.
- ☐ If the child is receiving, or may need, intensive in-home services, therapeutic/treatment foster care, or residential care, a reassessment is done every ninety days or more frequently based on the needs of the child and family.
- ☐ If the child is receiving special education private day services or wraparound services for students with disabilities (SPED mandate), a reassessment is done annually.
- ☐ If the child makes, or may need, a significant service change (i.e., either moving into or out of therapeutic/treatment foster care, special education private day placement, or residential care), then a reassessment is done, ideally before the service change is made.

*See CANS Assessment Procedures in the Appendix*

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

The IFSP is a written service plan, developed to meet the needs of the child and family. It is created using a team approach and is presented to FAPT for approval. The IFSP includes information about the strengths and challenges of the child/youth and family, professionals involved and services that have been provided, as well as services being recommended with the appropriate goals and objectives. The IFSP is reviewed on an ongoing basis, to determine effectiveness and appropriateness of services. The blank IFSP can be found under “Blank FAPT Forms” on <https://louweb.louisa.org/fapt/>

## **Family Engagement**

The family should be involved in FAPT meetings whenever possible. It is the responsibility of the case manager to notify the family, service provider and guardian ad litem(s) of FAPT meetings. The FAPT meeting notification letter can be found under “Blank FAPT Forms” on <https://louweb.louisa.org/fapt/>

## **Provider Requirements**

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

The CPMT will establish annual contractual terms and conditions applicable to all providers of services to be purchased with funds authorized by the CPMT. All purchases with State Pool funds will be subject to the Provider Agreement with the following exceptions: room and board payments to foster family homes approved by a Department of Social Services; child care services through state licensed, regulated, or DOE approved providers; and purchase of goods. The terms and conditions will be approved in form and content by legal counsel and will include at a minimum, requirements for provider reporting on services rendered, and timely service authorization and billing.

### **Licensure Requirements**

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

The following are licensure requirements for therapeutic services (e.g. outpatient counseling, in-home counseling, mentoring, therapeutic behavioral specialist, psychological evaluations)

1. Agencies providing in-home and mentoring services require a license issued by the DBHDS (Department of Behavioral Health and Developmental Services).
2. Individuals in private practice providing outpatient counseling and/or psychological evaluations require a license provided by the Board of Health Professions.
3. Individuals providing outpatient counseling within an agency setting who are not licensed MUST meet all of three of the following criteria:
  - a) Possess a graduate degree
  - b) Be under the direct supervision of an individual licensed by the Board of Health Professions and whose supervision is registered and approved by the Board of Health Professions.
  - c) While a licensed individual needs to be present in the facility while the service is being conducted, it does not necessarily have to be the same individual who is providing the Board approved supervision.

## APPENDIX: Additional Policy and Procedure Information

### FAPT Review Requirements

To ensure that FAPT cases meet the requirements of the Comprehensive Services Act, please utilize the following checklist prior to scheduling a FAPT staffing for your client. Schedule a FAPT by contacting Whitney Deane, CSA Coordinator at (540) 967-1320 or [wdeane@louisa.org](mailto:wdeane@louisa.org)

#### MANDATORY ITEMS FOR AN INITIAL FAPT PRESENTATION:

- IFSP posted on the FAPT site at least 1 week prior to the FAPT meeting
- CANS (*Required if CSA funding is requested*)
- Background Information (*If Applicable: Psychological Report, Social History, Progress Report, etc.*)
- IEP (*if Applicable*)
- Consent for Release of Confidential Information (*Must be signed by Parent/Guardian*)
- Consent for Release of Confidential Information for Alcohol or Drug Service (*If Applicable*)
- Parental Co-Pay Screening Form (*If Applicable*)
- Parental Agreement Form (*If Applicable*)

#### MANDATORY ITEMS FOR A FAPT REVIEW:

- IFSP posted on the FAPT site at least 1 week prior to the FAPT meeting
- CANS (*You must update the CANS and also bring the prior CANS to demonstrate the child's progress with the services offered*)
- Progress Report
- IEP (*if Applicable*)

### FAPT Staffing Procedures

FAPT meets at 8:30 am the first, second and/or third Tuesday of each month

To schedule a FAPT staffing, contact the CSA Coordinator. The following information should be included in the request.

#### Review (the case has been to FAPT before):

1. Youth's name
2. Amount of time needed (15, 30, or 45 minutes)
3. Names and relationship of anyone else attending (if no-one else is attending please indicate this as well)
4. Why you are bringing this case to FAPT

#### Initial (the case has never been to FAPT):

1. Youth's name
2. Youth's date of birth
3. Youth's social security number
4. Youth's race
5. Parent/Guardian name
6. Parent/Guardian social security number
7. Parent/Guardian address
8. Amount of time needed (15, 30, or 45 minutes)
9. Names and relationship of anyone else attending (if no-one else is attending please indicate this as well)
10. Why you are bringing this case to FAPT

Case managers must submit their IFSP, on the FAPT website (<https://louweb.louisa.org/fapt/>) prior to the scheduled FAPT staffing. Parents need to have the opportunity to review the IFSP prior to the staffing.

**FAPT Cancellation Policy (Inclement Weather)**: If the Louisa County Office Building is closed, then the FAPT meeting will be rescheduled or conducted via email

## CANS Assessment Procedures

### CANS certification and registration through CANVaS

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

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

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

Next, you must register with CANVaS by doing the following:

1. Complete and sign the users' agreement in Section IV of the document "Policies and Procedures for Access to CANVaS" (pages 11,12, and 13)
2. Have your supervisor and SuperUser/Report Administrator sign as well
3. Attach the print-out of your CANS certification
4. Fax the User's Agreement and Certification print-out to the CANVaS Help Desk at (317) 631-3345
5. Contact the CANVaS Help Desk to request a password – this can be done one of two ways: completing a request form online at [http://www.csa.virginia.gov/html/CANS/CANVAS\\_register1.cfm](http://www.csa.virginia.gov/html/CANS/CANVAS_register1.cfm) or by phone at (877) 727-8329
6. The CANVaS Help Desk will authorize your account

#### ***Recertification:***

1. visit the Communimetrics training and certification website at: [www.canstraining.com](http://www.canstraining.com)
2. Log in by entering the user name and password established during your initial certification
3. Retake and pass the certification exam
4. Your CANS certification is updated automatically by the CANVaS Help Desk the following business day (forms do not need to be faxed)

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

**PURPOSE**

The General Assembly under the VA Code § 2.2-5206 has directed CPMT 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.” Louisa FAPT in accordance with policy shall 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. (VA Code § 2.2- 5208).

Louisa CSA (CPMT, FAPT, Case Managers) will work collaboratively with parents regarding parental contribution guided by these principles outlined in the Virginia Practice Model: We believe in family, child, and youth-driven practice. 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 are committed to aligning our system with what is best for children, youth, and families. 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.

**DEFINITIONS**

ANNUAL GROSS INCOME is all income including, but not limited to, income of the custodial parent(s) from salaries, pensions, SSA, railroad retirement, military retirement, Worker’s Compensation, unemployment benefits, alimony, interest and dividends.” Verification is required. For the copayment assessment, the income of a stepparent is not included.

PARENT: For the purpose of a co-payment assessment, the custodial parent, where the child resides shall complete the assessment for CSA services.

1. Adoptive parents are assessed a co-payment as the legal parent of the child. If the child was adopted by a family member (aunt, uncle, grandparents, etc.), co-payment requirements shall be waived as they are contributing in-kind by preventing the child from entering foster care (or in some cases, facilitating their exit from foster care).
2. For extended family members (grandparents/aunts/uncles/etc.) providing residence for the child(ren) receiving services, co-payment requirements shall be waived as they are contributing in-kind by maintaining a stable placement for the child(ren).
3. If a biological parent is absent from the home, and retains parental rights, and is part of the treatment decision-making process, his/her income shall also be subject to a parental financial contribution unless that parent is providing verified monthly child support payments.

If the child is residing approximately equally between parents, and no one is paying child support, both parents will be assessed a co-payment.

**EXEMPTIONS**

A parental financial contribution will be determined unless 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. Louisa County recognizes these exemptions to include:

1. Children receiving services included on an Individualized Education Plan (IEP), parent(s) are exempt from any parental co-payment requirement for those services based on federal law.
2. Children receiving only Medicaid funded services, will not be charged a fee, based on Medicaid regulations.
3. Children in the custody of the Department of Social Services will be assessed and contributions collected by the Division of Child Support Enforcement Act (DCSE). This process is initiated by the Department of Social Services and is court-ordered. Child support funds received by the Department of Social Services will be processed as a recovery and, as such, submitted to the Children's Services Act (CSA) Office.

## **RATES**

The parental co-payment will be based on a locally developed sliding fee scale as follows:

\$0 – \$4,200	\$5
\$4,201-\$9,267	\$12
\$9,268-\$14,333	\$27
\$14,334-\$19,399	\$46
\$19,400-\$24,465	\$68
\$24,466-\$29,531	\$93
\$29,532-\$34,597	\$122
\$34,598-\$39,663	\$154
39,664-\$44,729	\$190
\$44,730-\$49,795	\$229
\$49,798 and above	\$250

2. For Children receiving residential services through a CSA Parental Agreement, the co- payment shall be established at twice the community based assessment rate.
3. The initial Parental Co-Payment Agreement will outline the community and residential rates for services and the billed amount will fluctuate between the pre-assessed rates depending on the services recommended by FAPT in the ISFP. Except when a child receives CSA funding through Non-mandated, WRAP, or Prevention services, as they are not eligible for residential services. A residential rate will not be identified initially. In the event the category changes and residential is needed, a new parental agreement will be completed.
4. The copayment rate shall be effective on the date of the first FAPT, or when services are authorized to begin.
5. Monthly invoices shall be pro-rated to reflect the dates and types of services when initiating services and transitioning between levels of care only.  
For example, the initial invoice shall be prorated for the dates of authorized services, if a child enters residential program half way through the month, the copayment will reflect a portion of community based services and a portion of the residential rate. If the service provider is adjusted and there is a gap in services, the co-payment amount will not be adjusted for days in which the service is not provided.
6. The Parental co-payment amount shall not exceed the cost of services rendered.

## **ASSESSMENT**

1. The Case Manager (CM) will inform the parent of the parental contribution to the CSA program when initiating contact and shall provide them with a co-payment packet explaining the process. The packet shall include, but not limited to, an introductory letter to the family and the Family Income worksheet.

The CSA coordinator will communicate the parental copayments process for direct parental referrals.

2. Parents will complete the Family Income Worksheet (Attachment A) which shall be returned to the CSA Office for review, one week prior to the initial FAPT meeting. The CM may assist the family by returning the information to the CSA Office with other case related paperwork (i.e. consent to release).
3. If the documentation is not received one week prior to FAPT, the FAPT meeting may be canceled. FAPT can be re-scheduled after the completed Family Income Worksheet (Attachment A) is submitted.

Exception: If services are of an emergency nature or statutory requirement, as determined by the CSA Coordinator or Louisa Court, the co-payment assessment will be held in abeyance for 15 days to allow for the development of the IFSP and delivery of service identified at FAPT. The co-payment process and agreement shall be completed within two weeks of the first FAPT. Services may be suspended if the assessment is not completed by the parent.

4. On the day of the initial FAPT meeting, to the Co-payment Agreement (Attachment B) shall be finalized and signed by the parent and CSA representative. CSA will maintain the original, the parent shall receive a copy of the agreement.

## **ADJUSTMENTS**

1. Parent(s)/legal guardian(s) may waive the co-payment assessment process and agree to accept the highest rate; this amount may be re-assessed with documentation of income at a later date. Please note that while income documentation is not required under these circumstances, the parent shall return the Family Income Worksheet to demonstrate their participation in the assessment process.

2. Assessment for Siblings

If a sibling of a current CSA client, is identified as eligible to receive CSA services, the assessment process for the related household is as follows:

- a. The sibling, for the purpose of the co-payment assessment, must reside in the same home and must share the same parent(s) with a current CSA client.
  - b. The co-payment amount billed, will reflect the child with the highest level of care.
3. A child's SSI payment may be accepted in lieu of a parental co-payment, for a child receiving residential services.

## **REASSESSMENT**

1. As financial circumstances change over time, each family will complete a reassessment of the parental contribution at least annually. The CSA office, in cooperation with the CM, will provide the parent with the Family Income Worksheet to complete with updated/ current information.
2. A family may request a re-assessment in the event of financial changes to include, employment changes, loss of income, application for services or changes in custody arrangements.

## **PAYMENT**

1. The County Finance Office will provide monthly invoices to the parent(s). All parental co-payments will be paid directly to the Treasurer's Office and are due by the 1<sup>st</sup> of the month. If co-payments are not paid by the 15<sup>th</sup> of the month, services may end.
2. All payments will be processed as recoveries to CSA pool funds.
3. An Installment Agreement will be considered if a parent expresses an inability to pay. Payments for Installment Agreements must be current in order for Installment Agreements to be considered on subsequent co-payments.
4. If a parent expresses an inability to pay the co-payment amount determined by the financial assessment, they will be allowed to provide an amount, no less than 50% of the determined amount,

that they will pay each month. As long as the parent is paying at least this amount each month, then their account will not be considered delinquent. However, this reduced monthly amount does not reflect a reduction in the copayment responsibility; instead, it provides a way for the parent to meet this obligation without undue financial burden. The parent will continue to incur the full monthly expense. Moreover, they may continue to have financial obligations to Louisa CSA after services have ended. This does not apply to Installment Agreements as the agreements have already been arranged to accommodate an inability to pay.

### **DELINQUENT ACCOUNTS:**

If parent(s)/legal guardian(s) choose not to submit the monthly parental co-payment, as assessed or adjusted, the Louisa CSA Office will initiate the following delinquent payment procedures as established by CPMT:

#### **60 Days Past Due:**

A letter, signed by the CSA Office, will be sent to the parent indicating that the parental co-payment is past due and requesting that the payment be made in full. It will also note that if the parent(s) financial circumstances have changed since the last assessment, that they provide updated financial information to the CSA Office for re-assessment of their monthly co-payment charge.

#### **90 Days Past Due:**

A letter, signed by the Louisa CSA Fiscal Agent, will be sent to the parent. This letter will again offer an opportunity for the payment to be made in full or for an adjusted payment schedule to be arranged. This letter will also set forth that if such actions are not made, and the account reaches 90 days past due, the delinquent account may be submitted to the Louisa County Attorney's Office, which will initiate collection activity. For non-mandated services, the Louisa CPMT may also decide, on a case by case basis, not to approve any additional service requests until the assessed co-payment is up-to-date (i.e. a non-mandated youth is receiving mentoring services, for which the parental co-payment has not been paid. The CM subsequently brings a request to FAPT for home-based services. While FAPT may support this service, CPMT may deny funding until the parental co-payment is paid in full).

#### **120 days Past Due:**

Once an account is 120 days or more past due and has reached a minimum threshold of \$50.00, a letter, signed by the Chair of the Louisa CPMT will be sent to the parent indicating that the delinquent account is being submitted to the Louisa County Treasurer's Office for collection activity to be initiated. Per VA Code § 58.1-3919, the Louisa County Treasurer's Office has the authority to collect any and all payments due to the County. This letter will be sent by first class mail. The Louisa CPMT may decide, on a case-by-case basis, not to approve additional service requests for non-mandated youth. (See bullet #3 under the 90 Days Past Due section above.) Any past due accounts that are more than 180 days past due and \$50.00 or less in which the youth is no longer receiving CSA-funded services will be written-off.