



**Charlottesville/Albemarle  
Commission on Children and Families  
POLICIES AND PROCEDURES  
For The Administration Of The  
COMPREHENSIVE SERVICES ACT**

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## **1.0.0 MANAGEMENT STRUCTURE**

### **1.1.0 Commission on Children and Families (CCF)**

1.1.1 Background The Albemarle County Board of Supervisors and the Charlottesville City Council jointly formed the Commission on Children and Families to plan, coordinate, monitor and evaluate a community wide system of children and family agencies. The intended goal of the Commission is to improve services to children, youth and families, to be accountable for the efficient use of public/private resources and to be responsive to the changing needs of the community.

The Commission consists of twenty-eight voting members. Eleven citizen representatives, five appointed by the Albemarle County Board of Supervisors, five appointed by the City Council of the City of Charlottesville, and one jointly appointed private service provider representative, as required by the Comprehensive Services Act. Seventeen of the members serve as designated agency representatives: the Superintendent of the Charlottesville City School division, the Superintendent of Albemarle County school division, the Director of the Charlottesville Department of Social Services, the Director of the Albemarle County Department of Social Services, the Albemarle County Chief of Police, the Charlottesville Chief of Police, the Director of the Albemarle County Department of Recreation, the Director of the Charlottesville Department of Recreation, a representative of the Albemarle County School Board, a representative of the Charlottesville School Board, the Director of the Sixteenth District Court Services Unit, the Director of the Thomas Jefferson Health District, the Director of Region Ten Community Services Board, an Albemarle Assistant County Executive, a Charlottesville Assistant City Manager, and the President of the United Way-Thomas Jefferson Area and a representative of the University of Virginia.

1.1.2 Responsibilities The responsibilities assigned to the Commission by the Albemarle County Board of Supervisors and the Charlottesville City Council include:

- A. Provide comprehensive short and long range planning for children and family services within the Charlottesville/Albemarle community;
- B. Make program and funding recommendations to the City and County governing bodies within the budgetary procedures and guidelines set by each jurisdiction;
- C. Review and evaluate current service delivery systems to ensure that the needs of children and families are being met effectively and efficiently;
- D. Identify and encourage new and innovative approaches to program development for children and families;
- E. Identify additional public and private funding sources for children and youth programs;

- F. Provide structured opportunities for community input and participation on the needs of families, e.g. public hearings, workshops, focus groups and work teams;
- G. Provide an annual report to the Board of Supervisors and City Council to insure that the County and City are in agreement with the policy and direction set by the Commission.

## **1.2.0 Community Policy and Management Team**

1.2.1 Commission on Children and Families is the Community Policy and Management Team (CPMT): The responsibilities of the Commission, as assigned by the Albemarle County Board of Supervisors and the Charlottesville City Council, by formal agreement, include serving as the Community Policy and Management Team as set forth in the Code of Virginia, Section § 2.2-5204 through 2.2-5206 (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5204>).

### 1.2.2 Purpose and Philosophy

#### A. CPMT Statement of Purpose

The purpose of the Charlottesville-Albemarle Commission on Children and Families in its role as the Community Policy and Management Team (CPMT) is to manage the cooperative effort in the community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources - Code of Virginia, Section § 2.2-5206.

#### B. Philosophy

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

1.2.3 Powers and Duties of CPMT The Commission has the following powers and duties in its capacity as the CPMT under 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;
  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 State Executive 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 State Executive 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 Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system;
  12. Collect and provide uniform data to the State Executive Council on, but not limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings suggested by a uniform assessment instrument for CSA-funded services.

### **1.3.0 Comprehensive Services Act Committee**

1.3.1 History: In 1989, the Charlottesville/Albemarle Interagency Network (ChAIN) was established to develop a more collaborative service delivery system among the major public child-serving agencies (Charlottesville/Albemarle Departments of Social Services, Charlottesville/Albemarle public schools, Region Ten Community Services Board, Thomas Jefferson Health District, and Juvenile and Domestic Relations Court Service Unit). Although the impetus behind the formation was new legislation requiring that all youth adjudicated by the Juvenile Court as a "Child in Need of Supervision" have an interagency case staffing, there was also a strong commitment to increased interagency cooperation and community ownership of troubled youth.

ChAIN went through subsequent changes with the 1993 passage of the Comprehensive Services Act (CSA). The legislation called for a pooling together of several funding streams that were previously attached to specific agencies to comprise the State pool fund. In order to access these funds, the Act requires that each child have an individualized service plan developed by an interagency team. The Act stipulates that services to troubled and at-risk youth be child-centered, family-focused and community-based. An interagency administrative group, the Community Policy and Management Team (CPMT), was appointed by the local

governments to implement the requirements of the Comprehensive Services Act, including oversight of the expenditure of funds included in the State pool. The CPMT also was directed to appoint one or more Family Assessment and Planning Teams (FAPTs) to assess the needs and make service recommendations for at-risk children and families in the community.

For the purpose of overseeing administration of the Comprehensive Services Act, the Commission has established the CSA Committee.

#### 1.3.2 Responsibilities of the Committee:

1. Monitor CSA expenditures and the purchase of services process,
2. Prepare and submit to the State the annual Pool Allocation Plan for each jurisdiction,
3. Develop procedures to ensure accountability for CSA funds,
4. Develop procedures to ensure compliance with state utilization management requirements,
5. Ensure coordination among agencies serving youth through the CSA,
6. Make policy recommendations to the Commission.

1.3.3 Membership and Officers: Members of the CSA Committee include representatives of both jurisdictions' Social Services and Public Schools, the Community Services Board, the Juvenile Court Services Unit, and a private agency, which serves children and families, a local government representative, and a representative of each subcommittee and other members as may be appointed. 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 term concurrent with the representative's term on CCF.

The CSA Committee will elect a Chairman from its membership annually. The Chairman will serve a one year renewable term from July 1 to June 30.

1.3.4. Procedures for Conducting Business: Appointed members of the CSA Committee or their designees may vote on matters before the Committee. Except as otherwise provided by its policies and procedures, business of the Committee will be conducted according to Robert's Rules of Order Newly Revised. A quorum is defined as a majority of the voting members currently appointed and serving on the Committee. Decisions will be made by majority vote of members present.

The CSA Committee will meet monthly. 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.

1.3.5. Fiscal Subcommittee: The CSA Committee establishes a Fiscal Subcommittee, with members representing both localities' Social Services departments, school divisions, and budget offices, the Court Services Unit and the Community Services Board.

The Fiscal Subcommittee reviews service recommendations, authorizes all CSA expenditures from FAPT and monitors and analyzes costs.

Specifically:

- Receive Utilization Review Manager recommendations and program analysis to facilitate policy recommendations on cost containment;
- Approve funding recommendations;
- Monitor and evaluate “best practices” in order to revise current practices and implement effective strategies for efficient use of fiscal resources, vendor selection and usage and desired program outcomes;
- Receive and analyze monthly expenditure reports to identify areas of improvement and/or increase cost containment capabilities;
- In collaboration with Utilization Review Manager and CSA Coordinator, develop and oversee an ongoing process of vendor contract oversight for fiscal accountability;
- Disseminate pertinent program information as necessary to CSA partners and stakeholders to facilitate service provider selection.

1.3.6 Program Subcommittee: The CSA Committee establishes a Program Subcommittee, with members representing both localities’ Social Services departments and school divisions, the Commission on Children and Families, the Court Services Unit, Community Attention and the Community Services Board. Its charge is:

The Program Subcommittee is the lead committee to monitor the implementation of CSA services and identify needs for new resources.

Specifically:

- Recommend and develop early intervention, prevention, and other service initiatives, beginning with those identified in CCF’s CSA Cost Containment Report, November 2004;
- Identify service gaps and needed resources, and make recommendations for changes in programs and/or system policies and procedures as a result of the trend data (i.e. demographics, cases, information management systems, etc.) from CSA partners and agency staffs to facilitate the analysis of current and emerging patterns;
- Coordinate and monitor interagency policies and practices that impact processes;
- Review, understand and communicate State Policy and CSA program changes to CSA partner agencies and staffs as appropriate and CSA program staffs as needed;
- Monitor and evaluate “best practices” in order to identify and insure efficient and effective use of program resources and desired program outcomes.

1.3.7 Family Assessment and Planning Team (FAPT):

A. Purpose

The family assessment and planning teams, in accordance with the Code of Virginia, § 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 or alternate collaborative, multidisciplinary team (MDT) process approved by the State Executive Council.

The CSA Committee has additionally charged the FAPT as follows:

The Family Assessment and Planning Team will develop and review service plans for eligible youth and families and review cases funded by the Comprehensive Services Act to determine progress, prepare transition plans, and adjust services as needed.

Specifically:

- Conduct service planning for CSA funded cases to facilitate and ensure compliance with state and local mandates and policies;
- Present funding recommendations to Fiscal Subcommittee for approval;
- In collaboration with Utilization Review staff and CSA Coordinator, monitor and periodically review other cases based on designated criteria; identify emergent systems issues/needs/gaps for Program and Fiscal Subcommittees;
- Receive information on CSA fiscal and program status to inform service decisions and funding recommendations;
- Review case referral documents for content and appropriateness of services as presented by the FAPT presenters;

1.3.8 CHINS Team: The Charlottesville/Albemarle CPMT has established a CHINS team to develop service plans and recommendations for children who have been identified by the Juvenile and Domestic Relations Court as Children in Need of Supervision or Services as defined by the Code of Virginia, Sections § 16.1-278.5 and § 16.1-278.4.5; respectively. The purpose of the team shall be to provide early intervention/prevention service planning strategies for youth and families to facilitate more positive outcomes for the youth and the family related to school performance and appropriate behaviors.

#### **1.4.0 Monitoring and Evaluation**

The CPMT or its designee will monitor and evaluate services provided to children and families, and the activities and operations of the CPMT itself, as to quality, appropriateness, and effectiveness, in accordance with the localities' Utilization Management Plan.

#### **1.5.0. Due Process for Complaints and Appeals**

Nothing within the following review process precludes any other right of appeal under existing state or federal law.

##### 1.5.1 Appeal Process:

1. Any youth or family dissatisfied with the action of a Family Assessment and Planning Team, including but not limited to denial of access to the team, assessment, planning, or implementation of services, will have access to the appeal process. The criteria for eligibility for services established by the CPMT will not in themselves constitute sufficient grounds for an appeal.
2. All children and families served will be informed in writing by the lead agency representative, at the commencement of the service process, of appeal rights and procedures.
3. If there is a lead agency for the child and family's case, a representative of the agency will first hear and attempt to resolve the complaint through an informal conference. If found appropriate, the lead agency representative may then request from the FAPT a revision to the

service plan or other action. If the complaint is not resolved to the child or family's satisfaction at this level, or if there is no appropriate agency to hold the informal conference, a request for review may be made to the CSA Committee by letter to the Chairman. The written request must be submitted within ten (10) calendar days of the informal conference or, if there is no conference, within ten days of the receipt of notice of the action which is the subject of the complaint.

4. The CSA Committee will hold a review of the complaint within forty-five (45) calendar days of receiving the written request for review. The CSA Committee may uphold or alter the FAPT decision or action, and will respond in writing to the child and family's request within ten (10) calendar days of its review.

### **1.6.0. Records Management and Retention**

1.6.1 Case Files: The CSA Office will maintain a case file on each child served by a Family Assessment and Planning Team or exempted cases. Each file will contain, at a minimum:

Release of Information forms;

Individual Family Service Plans or IEP;

Documentation of Fiscal Subcommittee authorization of funding; and,

Case information and other documents and reports furnished by agencies at FAPT staffings or other review process.

1.6.2 Other Records: The CSA Office will also maintain records of interagency confidentiality agreements, CPMT and FAPT member rosters, and minutes of all official meetings of these teams, subcommittees and appointed work groups.

1.6.3 Terms and Conditions: Management and retention of records will conform to local CSA requirements in the stated terms and conditions

### **1.7.0. Nondiscrimination**

No person requesting or receiving services through the CPMT will be subjected to discrimination on the basis of race, sex, age, religion, socioeconomic status, handicapping condition, or national origin.

## **2.0.0 FISCAL POLICY**

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

The City of Charlottesville serves as the fiscal agent of the CPMT, and the Albemarle County Attorney serves as its legal counsel.

### **2.2.0 Pool Allocation Plan**

The CSA Committee will establish an annual plan for allocating the CPMT's State funding Pool dollars as determined by allocation amounts from the Office of Comprehensive Services Act.

Pool Allocation Plans will be approved by the CSA Committee, separately for Charlottesville and Albemarle County. Each jurisdiction will estimate the cost of mandated services and the availability of pool funds in conjunction with the local governments' annual budget process, for the purpose of requesting sufficient local matching funds. The plans will document amounts to reserve for legally mandated services in foster care and special education, and for services to non-mandated target population cases, if applicable. Any remaining funds in the allocation will be designated for other eligible services.

### **2.3.0 Management of Interagency Budget**

Interagency funding sources for services to children under the CSA, including (but not necessarily limited to) State Pool funds and State Trust Fund grant awards, will be administered by the CPMT's fiscal agent. Expenditures of funds will be planned, authorized, and monitored by the CSA Committee to ensure appropriate and effective use of resources. Expenditures and cost projections will be reviewed on at least quarterly by the CSA Committee, which will to the Commission. 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 CSA Committee in the same manner as the original plans.

### **2.4.0 Authorization and Payment of State Pool Funds**

2.4.1 Vendor Exceptions: State Pool funds may only be used to purchase services from vendors listed in the state's Service Fee Directory with the following exceptions:

- a) Individuals, not associated with an entity, providing services.
- b) Foster family homes approved by a Department of Social Services.
- c) Purchase of goods.
- d) Non-specialized services (community activities in support of primary services, e.g., childcare, transportation).

2.4.2 Terms and Conditions: All purchases with State Pool funds will be subject to the CPMT's Terms and Conditions as provided in Section 9.3.5 of the CSA Manual with the following exceptions:

- a) Room and board payments to foster family homes approved by a Department of Social Services.
- b) Purchase of goods.

The CSA Committee will establish annual contractual terms and conditions applicable to all vendors of services to be purchased with funds authorized by the CPMT, unless exempted by these policies. The terms and conditions will be approved in form and content by the CPMT's legal counsel and will include at a minimum, requirements for vendor reporting on services provided, and timely service authorization and billing. Vendors will acknowledge acceptance of the terms and conditions by their signature on the Purchase of Services Order (POSO) contractual agreement form.

2.4.3 Purchase of Service Orders (POSO): Agency representatives will authorize services to be purchased on a case-by-case basis by completing the Purchase of Services Order (POSO)

form. No payment will be made without a valid POSO. Services rendered without a valid POSO may be considered unauthorized and not eligible for payment.

#### 2.4.4 Authorization

1. No expenditures of State Pool funds will be made without advance authorization by the CPMT, the Fiscal Subcommittee or an individual CPMT member or designee empowered to act on behalf of the entire CPMT under these policies. The Fiscal subcommittee, of the CSA Committee, meets monthly to approve funding recommendations for cases staffed by the FAPT and alternate MDT. Funding approval forms indicating the presenting problems, history of services provided, identified service needs, funds previously expended, alternative funding and resources utilized, and treatment and step down goals are reviewed in this approval of FAPT cases. The subcommittee authorizes expenditures or communicates a need for further clarifications to the FAPT or the case managing agency when making the approval.

2. Authorization of expenditures of State Pool funds will occur as follows:

- a) *Mandated and other target cases*: Individual CPMT members or their designees may authorize expenditures for mandated and target cases (see definitions in Section 3.1.1 and 2) when state requirements for Family Assessment and Planning Team (FAPT) or other multi-disciplinary team review have been met and documented in the case record and the monthly cost is in compliance with policies or thresholds for services that have been established and approved by the CPMT). The state approved MDT process may be utilized, in lieu of the FAPT, for mandated and targeted cases with monthly costs below CPMT established thresholds Approval by the agency CPMT member or their designee is required for provisional funding for services to be authorized. Approval is contingent upon interagency collaboration and documented compliance with all other CSA requirements. **This authorization is provisional until the next full meeting of the Fiscal Subcommittee.** Approval by the agency CPMT member or their designee must be authorized prior to initiation of services, or within 14 days of commencement of emergency residential services.
- b) Service funding expenditures for mandated and target cases which exceed threshold amounts established by the CPMT must be conditionally authorized by a Family Assessment and Planning Team (FAPT) pending approval by the Fiscal Subcommittee, which will report monthly to the CSA Committee. **FAPT authorization is provisional until the next full meeting of the Fiscal Subcommittee, which will review and authorize ongoing funding.** Approval by the FAPT must be obtained prior to initiation of services, or within 14 days of commencement of emergency residential services.
- c) *Other Eligible cases*: Expenditures for services to cases in the "other eligible" category (see Section 3.1.3) must be recommended by a FAPT and approved by the Fiscal Subcommittee, which will report all cases approved monthly to the CSA Committee. Authorization of expenditures for "other eligible" cases will depend upon availability of funds in the Pool Allocation Plan for the jurisdiction.
- d) Following authorization, payment processing for case-specific services will be managed by the Charlottesville and Albemarle County Departments of Social Services, respectively, for clients of those localities. Payments will be made within 45 days of receipt of the vendor's invoice. Each locality will report its own expenditures directly to the state for reimbursement.

## **2.5.0 Alternative Funding Sources**

2.5.1. Parental Contributions to the Cost of Services: Parents and legally responsible guardians of children for whom the CPMT purchases services will be required to contribute to the cost of those services to the extent of their ability to pay and subject to any legal restrictions. The verifiable inability to provide financial contributions shall not prevent the delivery of services to any child.

The Code of Virginia, Chapter 52, § 2.2-5206.3 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." All parents or legal responsible guardians of children receiving CSA-funded services will be assessed for parental contribution under CPMT guidelines, except:

- a) Parents of children receiving educational services contained on an Individualized Education Plan (IEP), who are exempt from parental contribution requirements for those IEP services according to P.L. 94-142.
- b) Parents of children in Department of Social Services custody, or in non-custodial foster care, who are referred for assessment and collection to the state's Division of Child Support Enforcement pursuant to Department of Social Services procedures and Code of Virginia § 20-108.2.

The amount of financial support sought from parents will depend on the family's income and household size. Gross annual income will be the basis for determining the contribution amount using the Parental Financial Contribution Schedule (published on the web site of the Virginia Division of Child Support Enforcement) <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+20-108.2>.

It is the responsibility of the case manager to inform parents of the financial contribution requirement. The CSA Coordinator will assess ability to pay, determine the amount to be contributed from the parents' income, and complete the "Parental Co-Pay Agreement Form." The parental contribution amount will be documented in the case record and forwarded to the Charlottesville or Albemarle fiscal agent by copy of the agreement form.

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

## **2.6.0. Management of Other Funds**

Any other funds for which the CPMT is given oversight responsibility will be monitored by the CSA Committee, which will report annually to the CPMT. If another agency is responsible for administration of the funds, a contractual agreement will be prepared, executed, and monitored by the CSA Committee.

## **2.7.0. Grant Funding Proposals**

In conjunction with its annual planning process, the CPMT may consider and develop proposals for grants to develop and enhance needed services for children and families.

## **2.8.0. Contractual Agreements**

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

## **3.0.0 CHILDREN AND FAMILIES TO BE SERVED WITH STATE POOL FUNDS**

### **3.1.0 Population Definitions**

The Charlottesville/Albemarle CPMT will authorize the use of State Pool funds to serve children and families according to the following priorities as prescribed by the state and, except for those receiving only foster care maintenance payments, will be assessed by either a FAPT or a Collaborative Multidisciplinary Team (MDT). The following are the three categories of cases eligible for State pool funds:

3.1.1. Mandated Service Population: All cases meeting the legal mandate definitions in foster care and special education categories will be served with pool funds:

1. Children placed for purposes of special education\* in approved private school educational 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 Plan indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children.
3. Children for whom foster care services, as defined by Code of Virginia, § 63.2-905, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by Code of Virginia § 63.2-900.

\*Children determined to be "Mandated" may receive funding through the age of 21.

### 3.1.2 Other Targeted Population

In addition to mandated cases, certain other youth and families are defined by the state as a "target population" to receive priority for services over other eligible cases. This group includes youth and families in one of the following categories:

1. Children placed by a Juvenile and Domestic Relations District Court, in accordance with the provisions of Code of Virginia § 16.1-286, in a private or locally operated public facility or nonresidential program.
2. 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 with Code of Virginia § 66-14,.

### 3.1.3 Other Eligible Population

In accordance with the CPMT's annual Pool Allocation Plans, if funds are available in the Pool after reserving funds for priorities 3.1.2.1 and 2 above, other children who meet state-specified eligibility criteria may be served. Even if not in the mandated or target group, a child is eligible for Pool-funded services if he meets at least one of the following criteria from Code of Virginia § 2.2-5212:

1. The child or youth has emotional or behavior problems which:
  - 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 among agencies or require coordinated services 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 resources or routine collaborative processes among agencies, and requires coordinated services by at least two agencies.

### **3.2.0 Additional CPMT Guidelines**

3.2.1 Foster Care Prevention: To be considered mandated as "foster care prevention," services must meet the criteria in the state's foster care prevention policy, published on the web site of the Office of Comprehensive Services

[http://www.csa.state.va.us/html/manual\\_pubs/csamannual\\_word\\_doc/appendixH.doc](http://www.csa.state.va.us/html/manual_pubs/csamannual_word_doc/appendixH.doc) - Section 5.2.

3.2.2 Special Education: The Comprehensive Services Act "special education mandate" includes, in addition to IEP services in private day and residential school programs, other services for the child and family when needed to prevent placement of the child in a private residential program for special education purposes. Such services must be contained in an IFSP and authorized by the school representative on the CPMT from the jurisdiction of the family's residence.

### **3.3.0 Definition of "Child" or "Youth"**

For the purpose of determining eligibility for services purchased through the state pool of funds, "child" or "youth" is defined by the Code of Virginia § 2.2-5212 as:

1. a person less than eighteen years of age, and
2. any individual through age twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

#### **4.0.0 FAMILY ASSESSMENT AND PLANNING TEAMS (FAPT)**

##### **4.1.0 Purpose**

The family assessment and planning teams, in accordance with the Code of Virginia, § 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 or alternate collaborative, multidisciplinary team (MDT) process approved by the State Executive Council.

The CSA Committee has additionally charged the FAPT as follows:

The Family Assessment and Planning Team will develop and review service plans for eligible youth and families and review cases funded by the Comprehensive Services Act to determine progress, prepare transition plans, and adjust services as needed.

Specifically:

- Conduct service planning for CSA funded cases to facilitate and ensure compliance with state and local mandates and policies;
- Present funding recommendations to Fiscal Subcommittee for approval;
- In collaboration with Utilization Review staff and CSA Coordinator, monitor and periodically review other cases based on designated criteria;
- Identify emergent systems issues/needs/gaps for Program and Fiscal Subcommittees;
- Receive information on CSA fiscal and program status to inform service decisions and funding recommendations;
- Review case referral documents for content and appropriateness of services as presented by the FAPT presenters;

##### **4.2.0 Number of Teams; Meetings**

The CPMT will determine the number of Family Assessment and Planning Teams (FAPTs) to be established based on the number of children expected to be served. The number of teams will be adjusted as necessary. Teams will meet as frequently as needed to process referrals expeditiously. Meetings where children and families are discussed will be confidential and not open to the public, unless the child and family who are the subjects of the meeting request in writing that the meeting be open.

##### **4.3.0 Composition of FAPTs**

4.3.1 Membership: Each CPMT public agency member (i.e. Department of Social Services, School Division, Court Service Unit, and Community Services Board) will appoint at least one

individual from the staff of that agency to membership on the team. These appointees will be responsible for guiding and assisting the access of children and families to the services of their agencies in compliance with the established policies of each agency and the Comprehensive Services Act regulations.

4.3.2 Parent Representative: The CPMT, CSA Coordinator, and the FAPTs will recruit parents willing and able to serve as FAPT members. The CSA Committee will appoint at least one parent to each team. When more than one parent is appointed to one FAPT, they may alternate attendance at meetings. Parent members of the FAPTs will preferably be parents or foster parents of children currently within the defined eligible population for services under the Comprehensive Services Act.

4.3.3 Private Provider Representative: The CSA Committee may appoint one individual representing a private service provider to serve on the FAPTs. General notice to private providers in the community of the opportunity to serve and the responsibilities and requirements involved will be made prior to appointments, and those individuals who notify the CSA Committee of their interest will be considered for non-renewable two-year appointments. Private agency representatives on FAPTs will be disqualified from voting on any funding decision involving the services of their agency.

4.3.4 Other members: The proposed inclusion of any other type of representative on the FAPTs will be considered by the CSA Committee based on a request or suggestion by any community member and, if deemed appropriate, will be initiated for an established trial period before full-scale inclusion of such other representation becomes policy.

#### **4.4.0 FAPT Referral Procedures**

4.4.1 CPMT Designee Consultations: The case manager/presenter consults with the supervisor or their CPMT designee within his/her agency and/or with the CSA Coordinator at the Commission on Children and Families (872-4562) to determine whether a FAPT staffing is needed or appropriate, according to CPMT/FAPT guidelines.

4.4.2 Scheduling: The **case manager/presenter** will contact and provide the following information to the FAPT Coordinator at the Commission on Children and Families (872-4565) in order to schedule the FAPT staffing and allow members of the FAPT team to check their agencies for relevant records and information on the youth and family:

- Youth's Full Name (first, middle and last)
- CAFAS Score
- Youth's Date of Birth
- Youth's Social Security Number
- Youth's Race
- Reason for case: (what is being requested)
- Funding Level/Level of Need (if available)
- Parent/Guardian Name (even if in foster care)
- Parent/Guardian's Social Security Number
- Parent/Guardian's Address (address of parent/legal guardian with whom the child resides)

- Parent/Guardian's Attending the Staffing (Yes or No)
- Presenter's Name/Phone/email/fax
- Presenter's Agency/Locality

The FAPT Coordinator will inform the referring party of the required documentation and schedule a staffing.

#### **4.5.0 FAPT Staffing Procedures and Guidelines**

4.5.1 FAPT Staffing Eligibility: The Commission's primary goal is to encourage community ownership of and planning for children and their families who are experiencing emotional and behavioral difficulties. The FAPT is not intended to be a substitute for the services and staffing processes of individual agencies, but rather to foster interagency. The underlying assumption of the FAPT system is that when a group of individuals with a variety of expertise brainstorm together with the family, a more creative, cost effective, and individualized service plan will result.

4.5.2 FAPT Staffing Criteria: The following criteria for FAPT staffings have been established:

- The FAPT staffing should be requested when CSA funding is needed that exceeds monthly threshold amounts established by the CSA Committee, utilization review triggered staffing assessment or when the advice and expertise of other agency members is needed to produce the best service plan. It is expected that all referral requests will be discussed first with the agency staff's CPMT designee member, FAPT representative, or Fiscal Sub-Committee representative to determine whether a FAPT staffing or alternate collaborative multi-disciplinary team staffing is needed.
- Referrals must originate from one of the CPMT public agencies providing services to children and families. Family members as well as any professionals involved with the family are strongly encouraged to attend and participate in the FAPT meeting.
- Referrals should fall into one or more of the following categories:
  - a. Families for whom the referral agent is requesting interagency assistance in developing an intervention strategy.
  - b. Children who have been adjudicated as a Child in Need of Supervision (Truancy or Runaway) or Services (CHINS) and therefore, by law, require an interagency staffing.
  - c. Requests for funding to provide residential or non-residential services that exceed monthly thresholds.

Funding requests for services that exceed the monthly cost thresholds for residential and non-residential services **require** a FAPT staffing, as well as approval by the Fiscal Sub-Committee, a sub-group of the CSA Committee.

All funding requests for residential placement of children considered "Non-mandated" ("Target" or "Eligible") -- *whether or not they exceed the monthly cost thresholds* -- must be approved by

the Fiscal Sub-Committee. Charlottesville/Albemarle has designated their non-mandated funds for youth who are court involved, as determined by the Director of the Court Service Unit.

**4.5.3 Restaffing:** Decisions regarding the re-staffing of cases are made on a case-by-case basis and in accordance with Utilization Management Guidelines. Cases of youth receiving CSA funded services at or above the CSA Committee's established cost thresholds for residential and non-residential services must be staffed by FAPT at least once every six months. The FAPT will decide at the end of the original staffing whether or not to review the case and when to schedule the review. Case managers may request a FAPT review at any time they or the Utilization Review staff or the CSA Coordinator deem necessary.

#### **4.6.0 FAPT Staffing Exemptions**

**Threshold levels:** **Mandated** cases do not require a FAPT staffing if pool expenditures are below monthly cost thresholds established by the CSA Committee.

Current Thresholds:

\$7000/month for residential services

\$3000/month for non-residential services

Note: Virginia Institute for Autism services are subject to annual review process established by the Utilization Review staff and Lafayette School and Treatment Center services are to be staffed annually. However, the involvement of alternate collaborative multidisciplinary team members must be documented in the Funding Approval Request documents in the child's case record.

**4.6.1 One Time Expenditures:** Once a case has been staffed by the FAPT, one time medical expenses of up to \$1,000 do not have to be re-staffed by the FAPT

The CPMT member or designee for the agency assumes responsibility for insuring that the case meets the definition of "Mandated" and that the expenditures are appropriate before authorizing the purchase of service orders (POSO).

**4.6.2 Alternative Multidisciplinary Team:** The alternate collaborative Multidisciplinary Team process, as approved by the State Executive Council, may be used for funding services that do not exceed the monthly cost thresholds established by the CSA Committee. It is expected that service planning will include the family and child to the greatest extent appropriate and possible.

The service plan and participation of the individuals comprising a collaborative multidisciplinary team planning process must be documented in the Funding Approval Request packet and signed by the CPMT member or designee prior to initiation of services, or within 14 days of commencement of emergency residential services. This authorization is provisional until the next meeting of the Fiscal Subcommittee.

#### **4.7.0 FAPT Staffing Process Guidelines:**

4.7.1 Case Information: The **FAPT Coordinator** is responsible for sending out case information to team members in advance of the FAPT meeting. The Docket Schedule is distributed to the Team via email no later than 12:00 Noon on the Tuesday before the Friday FAPT staffing.

4.7.2 Release Forms: The **presenter/case manager** will provide the FAPT Coordinator with the Consent form(s) signed by the parent or guardian for general release of information and signed by parent/guardian and consenting youth when applicable for the exchange of drug and alcohol treatment information. The Consent forms are due no later than 12:00 Noon on the Tuesday before the Friday FAPT staffing. The forms should be faxed to the FAPT Coordinator at 872-4573. If a proper Consent form is not received by noon on Tuesday the staffing information will not be released to the team and the staffing will be cancelled.

4.7.2 Agency Case Research: **Team members** are responsible for researching the cases in their agency files, and sharing relevant information with the staffing participants at the FAPT meeting.

4.7.3 Completion of IFSP: The **presenter** completes the Individual Family Service Plan (IFSP) on the secured Infoshare website: <https://faptinfoshare.charlottesville.org/>, including the CAFAS scores, and submits it no later than 12:00 Noon on the Wednesday before the Friday FAPT staffing date. The FAPT Coordinator will email the FAPT members to notify them that the cases are available for viewing on the website. If the completed FAPT is not received by noon on Wednesday the staffing will be cancelled.

4.7.4 Parental Review of IFSP: The **presenter** brings a copy of the IFSP to the FAPT staffing signed by the Case Worker, and the parent, if necessary, to be kept on file in the CSA office. The presenter will be responsible for bringing copies of the IFSP for parents and other parties invited to attend and ensuring that the IFSP has been shared with **all parties prior to** the staffing. If CSA funded services are being requested, the IFSP funding request form must outline each monthly cost for the proposed services and specify the length of time for which services are being requested.

4.7.5 Parental notification: It is the **presenter's responsibility** to notify the child's parents about the date and time of the staffing and encourage attendance where appropriate. The case manager should convey any of the child's and/or families' specific concerns to the team, and should ensure that the child is made aware of the team's recommendations. Children do not attend FAPT meetings unless it is deemed clinically/therapeutically appropriate or beneficial. The presenter will ascertain what support services (e.g. childcare, transportation) the parent/guardian may need in order to participate in the staffing, and will assist with the necessary arrangements as well as notify the CSA or FAPT Coordinator. State pool funds may be accessed for this purpose when authorized by a CPMT designee.

Except in the case of CHINS, the parent or guardian signature is required on the IFSP prior to presentation to FAPT. The presenter provides a signed copy of the IFSP to the FAPT Coordinator and it is kept on file at the Commission on Children and Families. A final copy is also retained in the Infoshare database.

4.7.6 Cancellation: The **presenter** should notify the FAPT Coordinator and/or the CSA Coordinator as soon as possible if it becomes necessary to cancel or postpone the staffing.

4.7.7 Orientation to FAPT Meeting: The team leader explains the staffing process to the presenter and those present. The team leader explains that the team has read the materials provided by the presenter, specifically the Individual Family Service Plan (IFSP) and determines that all in attendance, particularly parents, have reviewed the document. If necessary, time will be allowed for the review. The team parent representative will serve as liaison and provide support to the family as needed. The team members introduce themselves.

4.7.8 Case Presentation: The presenter/case manager is asked to provide a brief overview of the case, including the nature of the request, background, summary, any mitigating circumstances and any other explanations necessary to facilitate discussion/review of the case request. During the case discussion participants ask questions and share pertinent information.

4.7.9 Team Review: Team members shall consider the following when developing/reviewing the Individual Family Service Plan:

- a. Does child meet the criteria for “mandated” or “non-mandated” services?
- b. In the case of a review, what were prior services and were they effective?
- c. What is the plan for transition or step-down? Specifically, the proposed step down placement and/or services (or type of placement or services) identified, including a brief outline of the specific steps and timeframe anticipated to achieve this transition towards long term outcome(s).
- d. What strategies/services can be used to meet these goals? Plans for transition or termination of services? Child’s prognosis?
- e. What are child/family’s strengths and needs?
- f. What are the measurable short and long-term outcomes?
- g. What are alternative funding options: have they been sought and are they available? Is child Medicaid or IV-E eligible? Is there private medical insurance?
- h. What are the specific costs of all alternatives?
- i. Is a custody change necessary to implement the IFSP? If so, have the guidelines to transfer custody been met?
- j. What is the best that can be done without pool money?

4.7.10 Recommendations:

a. The FAPT Coordinator makes any corrections to the IFSP during and after the meeting; keeping all participants informed of the revisions.

b. The team leader then calls for the group to come to a consensus on recommendations included in the Individual Family Service Plan (IFSP).

c. Recommendations are approved or amended, with opportunity given for dissenting opinions to be expressed by all present. Dissenting opinions are elicited. The team leader should ask team members if they agree with the recommendations of the group. In the case of a dissenting opinion, those dissenting must write a statement expressing their reason(s) for disagreeing with

the Individual Family Service Plan during the staffing and request a written response from the appropriate CSA Committee, if they so desire. After completing the dissenting statement, it is signed, dated, and given to the CSA Coordinator for necessary follow-up. It is to be attached to the IFSP and it becomes part of the IFSP.

d. The case is scheduled for review by the Fiscal Sub-Committee and/or FAPT as required or necessary.

e. When a FAPT recommends further evaluation or assessment of a child or family, a re-staffing should be held only if the case manager cannot implement the resulting recommendations without funding approval or team assistance.

f. When the case managing agency is considering several service options of lower or equal cost that meets the service needs of the child/family, it is allowable for the FAPT to authorize that the case manager, along with the CPMT designee, has the discretion of selecting the service without having to schedule another staffing in addition to the notification of the CSA office.

g. A re-staffing can be scheduled by the case manager to meet criteria of local Utilization Management or Review procedures. Each case managing agency has its own review requirements. Cases receiving services under "Foster Care Prevention" shall be reviewed at least every six months.

#### **4.8.0 CHINS Team**

4.8.1 Background: The Charlottesville/Albemarle CPMT has established a CHINS team to develop service plans and recommendations for children who have been identified by the Juvenile and Domestic Relations Court as Children in need of Supervision or Services as defined by the *Code of Virginia*, Sections § 16.1-278.5 and § 16.1-278.4.5; respectively. The purpose of the team shall be to provide early intervention/prevention service planning strategies for youth and families to facilitate more positive outcomes for the youth and the family related to school performance and appropriate behaviors.

4.8.2 CHINS members: The team shall have the same representation as the regular FAPT. The youth and family are strongly encouraged to attend and participate in the staffing except in cases where it is not clinically appropriate.

4.8.3 Scheduling: All requests for CHINS staffings are done through the FAPT Coordinator at 872-4565. The case manager is responsible for providing the same information when scheduling the CHINS staffing as when scheduling the FAPT staffing (see Section 4.4.2 in addition to the disposition date). Requests must be submitted to the FAPT Coordinator no later than the Thursday before the requested staffing date.

4.8.4 Signed releases and IFSP Submission: Signed consent to release information and the IFSP are to be submitted to the FAPT Coordinator no later than Monday before the staffing at 12:00 Noon. The consent forms are faxed – 872-4573. The I.F.S.P. is completed using the secured Infoshare website and submitted the Monday before the staffing date. If forms are not received by noon on Monday, the staffing will be cancelled.

All other processes and guidelines that are applicable to the regular FAPT staffing process also apply to the CHINS staffing process, except in cases where CSA state pool funds are to be accessed. In such an instance, a referral will be made to the FAPT or alternate multidisciplinary team.

#### **4.9.0 Child Specific Teams**

4.9.1 Criteria: If appropriate, a Child-specific team may be created by the CSA Committee to meet the needs of the child/family. Where practical, a “regular” team should staff the initial FAPT meeting for any child. The FAPT may appoint a Child-Specific Team to serve in its place, if any of the following conditions are met:

1. The child or family has an open case with three or more of the public child-serving agencies participating in the FAPT process.
2. The child or family has an open case with two child-serving agencies and another agency has significant knowledge of the situation and is willing to provide a member to the team.
3. The child has an open case with two child-serving agencies and the initial FAPT creates an IFSP that requires participation of a third child-serving agency in service delivery.

4.9.2 Membership: A child-specific team will consist of the family and at least the agencies identified in the initial IFSP. Agencies not identified will not be required to participate in a child-specific team but will be available for consultation. As circumstances change, the composition of a child-specific team may be altered as long as at least three child-serving agencies and the family are included.

#### 4.9.3 Guidelines for Operation:

- a. Child-specific teams may meet as needed to consider modifications in the IFSP, but must meet at least every six months. It is understood that members of the child-specific FAPT may meet together more frequently for case coordination but the meeting need not be considered a FAPT unless: (a) the IFSP is to be modified, and/or (b) a request for new funding or continuation of funding is made.
- b. A Child-specific team may be convened by the case manager at a time mutually convenient to team members. Whenever possible, at least two weeks notice should be given. Parents must be notified and invited by the case manager.
- c. When a Child-specific team is convened, the CSA Coordinator should be notified and given a copy of the signed Release form if the old one has expired. If the CSA Coordinator is unable to attend the meeting, the case manager completes and forwards required documentation forms to Coordinator within five working days of the staffing.
- d. When a Child-specific team recommends new or continued funding, the case managing agency’s CPMT member or designee reviews the request. If services recommended exceed

the monthly thresholds, the case should be referred to the FAPT for staffing and is subject to all other utilization review screening criteria.

#### **4.10.0 Family Involvement in Assessment, Planning, and Implementation of Services**

4.10.1 Promotion of Family Involvement: The CPMT and its designees will promote family involvement in the FAPT process to include all aspects of assessment, planning and implementation of services.

4.10.2 Native Language: Every effort will be made, whenever feasible, to provide information and communication in the parents'/guardians' native language or mode of communication.

4.10.3 Release of Information Forms: Prior to contacting the FAPT Coordinator, the referring person and/or most appropriate service provider will inform the child and family that a referral is being made and explain to the parents/guardians their rights and responsibilities in the FAPT process. A signed Consent for the Release of Confidential Information <http://www.ccfinfo.org/PDFs/faptreleaseform2005.doc> form or a Consent for the release of Confidential Information for Alcohol and Drug Service Information <http://www.ccfinfo.org/PDFs/faptsareleaseform2005.doc> , form, when applicable will be obtained prior to the FAPT staffing.

4.10.4 Parent invitation to FAPT: The referring person will invite the parents/guardians to the staffing and work with the CSA staff to make every reasonable effort to encourage their attendance. The referring person will ascertain what support services the parents/guardians may need in order to participate in the staffing and assist with the necessary arrangements (e.g., child care, transportation). State pool funds may be accessed for this purpose when authorized by a CPMT member or his/her designee.

4.10.5 Parent Responsibility: Families will be expected and required to take maximum feasible responsibility and authority in the design and implementation of the service plan. This will include the use of the family's own financial resources, when available, to pay for needed services in full or in part, except in cases where a child is placed pursuant to an Individualized Education Plan.

4.10.6 Foster Parent Participation: The FAPT will 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.

#### **4.11.0 Individual Family Service Plans**

4.11.1 Content: An Individual Family Service Plan (IFSP) will be developed in accordance with established procedures and protocols; for each youth assessed by a FAPT, CHINS or other team. The IFSP will include goals and objectives to be achieved as they relate to identified service outcomes, time frames, and specific plans for termination of services. Services will be planned based on a comprehensive, strength-based assessment, and will be designed as the least restrictive and most cost effective possible. A lead agency will be designated to assign a case manager, who will be responsible for documentation of the plan and oversight of its implementation. Other agencies and individuals to be assigned responsibility for parts of the

plan will be specifically identified and their roles clearly defined, including parents/guardians.

4.11.2 Attachments: The following will be attached to or contained in the IFSP: a signed authorization for the release of information; referral information; the written case assessment; and the signatures of the team members and the child's parents/guardians (when applicable). When the IFSP is developed, the team will consider the need for periodic review of progress on its implementation and decide on and document a date for team review or other process for tracking progress and making adjustments to the plan.

4.11.3 Confidentiality Agreement: A Confidentiality Agreement will be signed by each person present at a staffing. By law, all information shared and exchanged must be kept strictly confidential.

4.11.4 Implementation: The appointed lead agency case manager will be responsible for assuring implementation of the plan and monitoring and reporting on progress. He/she will assure that referrals to community agencies and resources are carried out in accordance with the plan, and serve as liaison between all agencies and the family, assuring that needed data are collected and interventions are evaluated.

#### **4.12.0 Additional FAPT Staffing and CPMT Policies and Guidelines**

4.12.1 Timeliness: **Team members** are expected to arrive at meetings on time. If a case manager/presenter is late, it will be left to the discretion of the team leader whether to cancel the case based on the established staffing policies.

4.12.2 Absences: If a **team member** is unable to attend a staffing, he/she is responsible for notifying the FAPT Coordinator and sending a substitute.

4.12.3 Team Member as Representative: The **presenter** can serve as the representative of his/her own agency on the FAPT.

4.12.4 Minimum Representation: Minimum required representation for a staffing consists of representation from the Court Service Unit, Region Ten Community Services Board, and respective School and Social Services representatives for the locality of the agency bringing the case.

#### **4.13.0 Weather Cancellation Policy**

1. If **only** Albemarle County schools are closed, only Albemarle cases will be canceled. City cases will be held as scheduled. If **only** City of Charlottesville schools are closed, only Charlottesville cases will be canceled. County cases will be held as scheduled.
2. A **delayed** opening will be considered the same as a closing. If a school district has a delayed opening, then corresponding cases will be canceled.

#### **4.14.0 FAPT Thresholds:**

All youth and families for whom CSA-funded services are requested should be assessed either

by a FAPT or alternate collaborative multidisciplinary team. The FAPT is used to staff children at higher levels of need according to their CAFAS scores, and who require services with costs exceeding monthly thresholds established by the CSA Committee.

The FAPT makes recommendations for services but does not authorize funding. If a mandated case has been staffed by the FAPT and the cost of CSA funded services exceeds the monthly thresholds established by the CSA Committee of the CPMT, authorization by the Fiscal Sub-Committee is required.

**Current Thresholds:**

\$7000/month for residential services

\$3000/month for non-residential services

Note: Virginia Institute for Autism services are subject to annual review process established by the Utilization Review staff and Lafayette School and Treatment Center services are to be staffed annually. However, the involvement of alternate collaborative multidisciplinary team members must be documented in the Funding Approval Request documents in the child's case record.

**One Time Expenditures:**

Once a case has been staffed by the FAPT, one time medical expenses of up to \$1,000 do not have to be re-staffed by the FAPT

The CPMT member or designee for the agency assumes responsibility for insuring that the case meets the definition of "Mandated" and that the expenditures are appropriate before authorizing the purchase of service orders (POSO).

CSA funded services that fall under the thresholds noted above, to provide up to \$1,000 for one-time medical expenses, or as exempted by the CPMT must be approved by an alternate collaborative MDT process as approved by the State Executive Council of the Comprehensive Services Act.

All non-mandated residential cases and under-the-threshold MDT cases must also have the Fiscal Sub-Committee approval.

The only CSA funded cases that do not require staffing by either the FAPT or the alternate collaborative multidisciplinary team are cases involving the payment of foster care maintenance only (defined as the State Board of Social Services approved room/board rate plus the clothing allowance) and purchase of goods. Service plans developed outside the FAPT or alternate collaborative multidisciplinary team processes cited herein are not eligible for state pool funds.

A. All residential placements must be approved by the FAPT or alternate collaborative multidisciplinary team prior to placement except in cases of emergency in which case approval must occur within fourteen (14) days of the child's admission.

B. While the FAPT is the exemplary standard in the CSA, the Code of Virginia allows an alternate collaborative multi-disciplinary team alternative (Code of Virginia) § 2.2-5209

#### **4.15.0 Funding Recommendations and Approval**

All youth and their families for which CSA-funded treatment services are requested are to be assessed by a FAPT or a collaborative, multidisciplinary team process approved by the State Executive Council as noted above.

4.15.1 Under threshold: When State Pool funding recommended to implement an IFSP is within the authority of an individual CPMT member to approve under the MDT policies the case manager will seek approval by the CPMT designee in his/her agency after multi-disciplinary team review and documentation requirements are met. Funding authorization by CPMT members or designees must occur prior to commencement of services, and is provisional until the next meeting of the full Fiscal Subcommittee.

4.15.2 Over threshold: When the amount of recommended State Pool funding exceeds the amount within the approval authority of individual CPMT designee, provisional funding will be authorized by the FAPT prior to commencement of services, except in the case of emergency residential placement in which FAPT approval must occur within 14 days of commencement of services. Funding is provisional until the next meeting of the full Fiscal Subcommittee.

4.15.3 Fiscal Subcommittee: The Fiscal Subcommittee will review requests for funds at its next regularly scheduled meeting. Decisions will be made based upon availability of funds and consensus of the subcommittee, or majority vote if consensus cannot be reached. If funding authorization is questioned or denied the subcommittee representative for the respective agency will contact the appropriate case manager within his/her agency for clarification or notification of the decision. Cases requesting clarification or amendments will be brought back to the subcommittee at its next meeting for information or approval purposes.

#### **5.0.0 Case Transfers between Jurisdictions**

##### **5.1.0 Transfers In from Other Localities**

When a written referral is received from a CPMT agency in another community that a child/family receiving services through that CPMT has established a new residence in Charlottesville or Albemarle County, and the service plan would require a FAPT staffing under CPMT policy, the CSA Coordinator will be notified within one working day by the referring CPMT. The Coordinator will contact the other jurisdiction's CSA Coordinator immediately and request the following information in writing if it has not already been received:

1. Names of the child and family members.
2. Current address and telephone number and, if different, address and telephone at the new residence in Charlottesville/Albemarle.
3. Actual or planned date of change of residence.
4. Copy of the current Individual Family Service Plan and supporting documents.
5. Name and telephone number of the lead agency case manager in the referring community.

The FAPT Coordinator will schedule a FAPT staffing to occur in time to complete the Individual Family Service Plan within thirty days of receipt of notice from the other jurisdiction. If there is no local case manager identified, the CSA Coordinator will notify the appropriate CSA agency, who will assign responsibility for contacting the family, preparing them for the staffing, and collecting and presenting the necessary case information for the FAPT review. The FAPT will assess the case and retain or modify the existing plan according to its normal procedures. If services are assumed by the Charlottesville/Albemarle CPMT, this will occur on the thirty-first day after receipt of written notice from other CPMT that the family's legal residence has been established in this jurisdiction.

### **5.2.0 Transfers Out to Other Localities**

When a Charlottesville/Albemarle family receiving services under an IFSP relocates to another jurisdiction, the lead agency case manager will be responsible for notifying the new CPMT in writing, with a copy to the receiving locality CPMT chairman and the CSA Coordinator, and furnishing the necessary information for that locality to assume services to all the above parties. The Charlottesville/Albemarle CPMT will continue payment for services for up to thirty calendar days after sending written notice to the new CPMT that the family has established residence in the new locality.

### **5.3.0 FAPT Actions Prior to Placing Children across Jurisdictional Lines**

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211.1>

Prior to placing a child across Jurisdictional lines, FAPTs shall:

- 1) Explore all appropriate services in the community for the child,
- 2) Document that no appropriate placement is available in the locality; and
- 3) Report the rationale for the decision to place the child across jurisdictional lines to the CPMT.

### **5.4.0 Notifying School Districts of Cross-Jurisdictional Placements**

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211.1>

CPMTs, FAPTs, or other local entities responsible for CSA placements across jurisdictional lines shall:

- 1) Notify the receiving school division when a child is placed across jurisdictional lines; and,
- 2) Identify any children with disabilities and children in foster care to facilitate expedited enrollment and special education requirements.

Local foster care staff will use the modified State form *032-02-040* for notification to receiving school's administration when the child is registered; with a copy to the Charlottesville/Albemarle as well.

### **5.5.0 Transfers between Charlottesville and Albemarle**

When a family receiving pool-funded services relocates between Charlottesville and Albemarle County and the case manager is to remain the same, the case manager will verify that funds are available for the services in the new jurisdiction's plan, notify the CSA Coordinator of the change of address, terminate existing Purchase of Service Orders and prepare new ones for the new jurisdiction. If a change of case managers is necessary, the two corresponding agencies will arrange the transfer according to their internal protocols. If a new IFSP is required, it will be developed according to CPMT policy guidelines.

### **6.0.0 UTILIZATION MANAGEMENT MODEL**

Utilization management activities and oversight are carried out by the Utilization Review Manager and staff, CCF CSA staff, the CSA Committee and its subcommittees as described above. The case specific utilization of CSA funds, including the process for initiating funding requests and service planning and implementation, is the responsibility of the primary case managing agency and is conducted as follows:

#### **6.1.0 Collection of Assessment Data**

The agency case worker is responsible for collecting relevant data including recent social history and presenting problems, diagnoses, child and family strengths relevant medical history, educational information, history of child and family participation in services, and family resource and insurance information.

The Child and Adolescent Functional Assessment Scale (CAFAS) and the Pre-School Child Functional Assessment Scale (PECFAS) are used as tools to assist in the service assessment and planning process. The caseworker assures completion and documentation of the CAFAS or PECFAS scores to be used for determination of the Level of Need for decision-making.

The locality's department of social services staff will be responsible for maintaining and submitting the required data set information to the State Office of Comprehensive Services Act as required.

#### **6.2.0 Identification of Desired Outcomes**

The case worker works with the family/guardian and other service providers to the greatest extent possible in identifying and prioritizing desired outcomes. Case managers bring cases to the FAPT for an interagency review on the most complex issues, and for recommendations that will serve the child and family's complex needs most effectively and with the most efficient use of resources.

Information is presented in a standardized format to the designated CPMT representative of the case managing agency for Multidisciplinary Team funding approval or to the Family Assessment and Planning Team. The case worker's supervisor and the CPMT designee assure the child is

eligible and appropriate for CSA funding. If the case meets the criteria for FAPT staffing, the case worker contacts the FAPT Coordinator for referral and scheduling of the staffing. The FAPT Coordinator further ensures the appropriateness of the referral. Individual Family Services Plans (IFSP), including the necessary assessment data are submitted to and reviewed by FAPT members prior to the scheduled staffing. The Charlottesville and Albemarle locality has established a secured information sharing system for access to the IFSP for a thorough and timely review of these cases to occur.

The FAPT considers all mitigating circumstances and individual differences when making recommendations for services to address identified outcomes and for approval of funding. Whether the goal is to have the child remain in the home or permanency planning for Foster Care children, the case manager, family, vendor, and others involved in service planning work to prioritize the outcomes that will lead to the least restrictive and appropriate services for the child.

### **6.3.0 Development of the Service Plan**

Service goals and transition plans are indicated in the Multidisciplinary Team plan or in the Individual and Family Service Plan. The documentation required includes specification of short term behavioral objectives and long term goals. Transition/ and step-down plans are also required.

Determination of service needs is based on the assessment data, with attention to the CAFAS scores and review of mitigating circumstances. The recommended Level of Need chart of the *Decision Support Guidelines* is further utilized in the decision making process. All children are screened for private insurance, Medicaid and IV-E funds and these funds are used whenever available and therapeutically appropriate.

The service plan is developed by the family, the case worker and the Multidisciplinary Team or the FAPT. Parents sign the IFSP to indicate their agreement and consent to participate in the plan. All parties are given the option to present a dissenting opinion if not in agreement with the plan. The FAPT policies and guidelines clarify the process for submission and resolution of dissenting opinions in the established service planning process.

The FAPT and the Multidisciplinary Team recommends and may authorize expenditure of funds as specified within these policies. The Fiscal Subcommittee of the Charlottesville/Albemarle CSA Committee authorizes recommended services after reviewing pertinent information and case materials.

### **6.4.0 Collaborative Negotiation with Vendor**

The agency caseworker, FAPT, and the child's family work together to identify the most appropriate agency to provide the identified services. The child's family plays an important role in identifying and selecting placement options that would best meet the child's needs. They consult with professionals involved in the case and personally make site visits whenever possible before decisions are made.

The agency case worker communicates with the identified provider and makes necessary referrals and arrangements for service provision based on the established service plan. The rates are required to be consistent with those documented in the CSA directory as of July 1st of the current fiscal year. A further breakdown may be requested by the FAPT or the Fiscal Subcommittee for review and consideration in the service funding authorization process.

When a non-Medicaid provider is being recommended by a case agency for a residential placement, the case worker is to contact the Utilization Review staff (Excluded from the consultation requirement are residential placements in the Charlottesville area).

The Utilization Review staff will complete a Placement Consult form. The consult will involve a review of:

- Presenting behaviors precipitating the need for placement;
- Special needs or health concerns being considered in placement choice;
- Mitigating circumstances, such as timeline for admission, location considerations to deter runaway behaviors or to promote family involvement;
- Reason facility is best qualified to meet the need;
- Alternative placements pursued (including Medicaid and non-Medicaid providers and cost comparisons)

The Utilization Review staff may suggest alternative placements be considered or explored during this consultation.

The placement consult form, including any recommendations by the Utilization Review staff, and the rationale, will be forwarded to FAPT and to the Fiscal Subcommittee. A copy will be forwarded to the agency CPMT Designee as well.

**6.4.1 Emergency Placements:** In the event of an emergency placement during non-work hours, or if the Utilization Review staff is otherwise unavailable, the case worker will notify the UR staff of the placement within two business days. The UR staff will communicate with the agency case worker to complete the Placement Consult form for distribution as above.

## **6.5.0 Medicaid Approvals and Denials**

**6.5.1 Certificate of Need (CON) Submissions:** When a child who has Medicaid is placed in a facility that accepts Medicaid, a Certificate of Need must be completed. The CPMT Designee of the placing agency assures the Certificate of Need is prepared for signature at the time the Funding Approval Request is signed. The Director of the Thomas Jefferson Health District will serve as the primary Physician signatory. Back-up Physician signatures may be secured through the Region Ten Community Services Board.

**6.5.2 Procedures for submission of Medicaid documentation for Residential Treatment:** The Certificate of Need, Rate Reimbursement form and CAFAS is to be prepared prior to, or in the event of an emergency placement, within 24 hours of, admission to a residential treatment program.

The case worker will facilitate obtaining a physician signature using the process detailed in the attachment.

The Certificate of Need and Rate Reimbursement form are to be faxed to the CSA office at 434-872-4573. An appropriate signature will be obtained and the Certificate of Need will be faxed back to the case agency worker. In the absence of the CSA Coordinator, a designated CCF staff member will be responsible for signing and returning the Certificate of Need.

The agency case worker will maintain responsibility to forwarding all necessary documentation to the provider upon completion. The completed and signed Certificate of Need, Rate Reimbursement form and the current CAFAS is to be submitted to the facility at the time of, or within 24 hours of, admission.

The Utilization Review staff will monitor and communicate with case agency staff regarding delays in the completion and submission of community documentation in a timely manner. As indicated in the procedural attachment, the case worker should communicate timely with the Utilization Review staff regarding any delays in the obtainment of a physician signature for assistance in resolution.

6.5.3 Timeliness of CON Submission: If there are mitigating circumstances to the timely submission of the Certificate of Need and other documentation necessary for Medicaid approval, the CSA Utilization Review staff is to be notified of the status and a time frame for its submission is to be identified. Mitigating circumstances include:

- An emergency placement decision is necessary within 48 hours of the admission
- Physician or other necessary signatures not obtainable due to time constraints.

If the procedure and time line are not followed, the Utilization Review staff will contact the agency supervisor to inform him/her of the status and need.

The CSA Utilization Review Manger will communicate with the facility to verify vendor submission if a copy of the Medicaid authorization notice is not received within 7 days.

6.5.4 Submission of Medicaid approvals/denials for Secured Residential Treatment (Level C) and Community Residential Treatment Programs (Level A and B): The vendors will submit copies of the approvals and denials directly to the CSA office. A copy will be forwarded to the agency case worker and the designated fiscal staff at ACDSS and CDSS. If a denial is indicated, UR staff will contact the facility to determine the resubmission status or further documentation needs. The agency case worker will be contacted as necessary to obtain any additional information or documentation.

If a second denial is indicated, UR staff will consult the facility and case worker regarding the issue and any follow up needs. Required action may include further utilization review to determine needs for service modifications or for step down planning.

6.5.5 Vendor Reports: The vendor contract stipulates that “within 45 calendar days of the commencement of services to a client vendor shall submit a written treatment plan to buyer. Thereafter, for each such client, vendor shall submit written progress reports monthly or quarterly, as stipulated in current CSA Terms and Conditions. Plans and reports required shall include, at a minimum, short and long term goals; anticipated completion time; prognosis; identification of medical (including psychiatric) services provided, and a physician’s certification that such services are medically necessary, if appropriate, and progress or treatment modifications used to remedy any lack of progress.

6.5.6 Monitoring of Reports: Caseworkers are responsible for monitoring the reports they receive, and they are aware that the contract specifies that the Charlottesville/Albemarle CPMT is entitled to withhold payment of the vendor’s invoices, if reports are not provided in a timely manner. Additionally, the CSA Utilization Review staff will monitor the vendor submission for initial Medicaid authorizations following receipt of a copy of the completed Certificate of Need (CON) from the case managing agency as noted in the previous section. The case managing agency will assure identification of the residential placement and date of admission on the completed CON form.

## **6.6.0 Vendors**

6.6.1 Vendor Information: Agency caseworkers are made aware of the Charlottesville/Albemarle Commission of Children and Families General Terms and Conditions for the purchase of vendor services. The case workers are able to consult with agency supervisors, CPMT representatives and the CSA staff for guidance in regard to any concerns related to the service provision by a vendor.

The identification of vendors for the provision of recommended services occurs at different levels. The Charlottesville/Albemarle Commission on Children and Families regularly reviews existing community services, assessing additional community needs, and identifying resources needed to fill service gaps. The CSA Coordinator gathers information from vendors during and subsequent to the annual contracting process; and communicates about them to the FAPT and Program Subcommittee. All CSA agencies in Charlottesville and Albemarle County (including both public school divisions, Social Services Departments, the Region Ten Community Services Board, the 16<sup>th</sup> District Juvenile and Domestic Relations Court Service Unit, and the Thomas Jefferson Health District) maintain up to date information on services and resources. Additionally, the case managing agency, the FAPT and the Multidisciplinary Teams all play a part in identifying out of community service providers.

6.6.2 Vendor licenses: The CSA Committee of the Charlottesville/Albemarle Commission on Children and Families has the responsibility of completing contractual terms and conditions with all vendors at the beginning of each fiscal year. The CSA Coordinator oversees the contract process annually, ensuring that vendors receive notification of the annual process, terms and conditions and that they complete and submit the required documentation to maintain approved vendor status. Verification of current licensure (when applicable) and registration on the State CSA Provider Directory is required. The contract further requires the vendor to report any changes in licensure status to the CSA office.

## 6.7.0 Vendor violations

Additionally, The Office of Interdepartmental Regulation (*OIR*) notifies the CPMT Chair and CSA Coordinator of changes in licensure status as a result of violations of health and safety or human rights violations for residential facilities (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5211.1>) .

6.7.1 Notification of violations: Upon receipt of notification from the OIR, the local CSA office will forward the information to the CSA partner agencies and the following steps are taken:

1. The CSA Coordinator will review local databases to determine if there are any children being served by the facility whose license has been lowered to provisional.
2. If there is a child being served in the facility, the CSA Coordinator will notify the case manager. The case manager will be responsible for conducting an assessment and plan for the child, and forwarding the summary; via email, to the CSA Coordinator to confirm and document compliance with this requirement.
3. This information should be submitted within seven working days of the notification from the CSA Coordinator.

6.7.2 Assessment Following Violation Notification: The assessment and plan documentation should provide the following information:

- Facility Name
- Facility Address
- Effective Dates of Provisional License
- Case Managing Agency
- Case Manager Name
- Case Manager Phone
- Client Name
- Assessment Date
- Description the type of assessment completed to determine whether or not it is in the best interest of the child to remain in the provisionally licensed facility.

If the assessment results in the child remaining in the facility, justification for this determination.

If the assessment results in the child being removed from the facility, the following information should also be provided:

- Date of removal
- New Facility Name
- New Facility Address

## **6.8.0 Implementation of the Service Plan**

6.8.1 Family Involvement: The involvement of parents/family members is considered by our locality to be a significant part of the planning and service implementation process. Case workers meet individually with parents to gather relevant information and help make assessments of the child's/family's needs. Parents/guardians are strongly encouraged to attend FAPT staffings, and the caseworker's efforts to include the family is documented on the IFSP.

Treatment plans frequently incorporate family interventions which require the parents to participate in counseling whether the child is in the community or in a residential placement. The expectations for family involvement are communicated to vendors as well. Arrangements are made whenever possible to provide transportation or other supports necessary for family visits and treatment participation.

6.8.2 Parental financial responsibility: In addition to engagement in the service planning and treatment process, the Charlottesville/Albemarle CPMT is committed to engaging parents in taking financial responsibility for their children, and refers parents to the Division of Child Support Enforcement whenever possible. In addition, CSA co-payments from all parents and guardians, as allowed by law, are pursued, even though it is apparent that funds recovered will not be substantial. Case workers are responsible for notifying the parent/guardian that they may be assessed a co-payment.

## **6.9.0 Oversight of Services by Case Workers**

6.9.1 Service Plan Implementation: The case workers collaborate with the vendor to ensure that the service plans are implemented. Case workers make frequent phone contact with service providers and regularly visit children in placements in accordance with the Level of Need and *Decision Support Guidelines*. They work with families to provide services that will support the child's return to the home whenever possible. They ensure that vendor treatment plans and progress reports directly correlate to the desired outcomes and time frames identified in the child's IFSP/IEP. Through phone contacts, site visits and reviews of written reports received from vendors, case workers monitor the child's progress in meeting the identified service objectives and outcomes. They monitor any changes the vendor has made in the child's service plan to assure the child's identified treatment needs continue to be addressed appropriately.

6.9.2 CAFAS/PECFAS: The CAFAS or PECFAS is done on a three or six month basis to reassess the child's current Level of Need as specified in the Utilization Management Guidelines of the Comprehensive Services Act. The case manager works with the vendor and FAPT as necessary to develop other plans if the desired outcomes are not being met. If outcomes are being met, plans are made to transition the child to a less restrictive setting, or a time line is developed for a transition to occur.

## 6.10.0 Utilization Review

For CSA funded cases the following utilization screening criteria for under threshold cases will be applied and information noted on the Funding Approval Packet Cover Page and Checklist will be forwarded to the CSA Office.

- The client is receiving in-home therapy services of more than five hours a week extending beyond six months.
- The client has had two disrupted placements within a six month period.
- The client has remained placed in a secure setting for more than twelve consecutive months.
- The client has remained placed outside the Charlottesville/Albemarle community in a non-family setting for more than eighteen months.
- The client will be transitioning back into the community after placement outside the Charlottesville/Albemarle community in a non-family setting for more than eighteen months.
- The client is a IV-E eligible foster child, and the combined total of the monthly CSA and IV-E costs puts the case over the funding threshold.

6.10.1 Agency Case Reviews: The agency case worker has the primary responsibility of monitoring the provision of services and progress toward established outcomes with the frequency of review activities based on the Level of Need and the *Decision Support Guidelines*. Additionally each case managing agency has its own review requirements; e.g. the six-month court reviews required for children in foster care. Case reviews are conducted using an appropriate combination of site visits, face to face client and family interviews, phone consultations and reviews of monthly progress notes and/or quarterly reports from the vendor and the case worker works to resolve any emergent concerns related to service provision and treatment progress.

6.10.2 Re-administration of CAFAS: The CAFAS is re-administered every three to six months, again using the *Decision Support Guidelines* to determine the frequency of the administration and the Level of Need. During FAPT reviews, the child's progress toward the original objectives of the Individual Family Service Plan is evaluated. Case workers and the FAPT also consider the child's progress in specific treatment goals. Depending on the individual case, FAPT reviews may be conducted anytime from one month after placement to six months after placement.

6.10.3 Utilization Review Staff: The Charlottesville/Albemarle Commission on Children and Families has contracted with Region Ten Community Services Board for the purchase of Utilization Review services to augment case specific and local system utilization management procedures. The CSA Utilization Review staff is responsible for formal case reviews, including agency case file and vendor site reviews. Cases are identified and reviewed based on targeted areas of concern: case intensity and levels of need, cost factors, case agency request and/or identified vendor concerns as communicated through FAPT and CSA Committee reviews.

6.10.4 Utilization Review Activities: The formal Utilization Review activities focus on review of the community agency case management plan and adherence to the funding authorization documentation process to assure compliance with the Utilization Management plan. Consistency between the community plan and vendor service plan in regard to meeting the

identified needs and desired outcomes is examined as well as the agency transition or step down plan in relationship to client and family progress in achieving the identified goals. Vendor communications; family involvement; and educational needs, progress and attendance are also reviewed elements. Utilization Review staff also communicate with the agency case worker to determine if there are any emerging issues or concerns, and their perception of the client's needs and progress.

Vendor reviews also focus on the individualized treatment plan and documentation of progress in achieving desired outcomes. Provider eligibility (i.e. current contract, licensing status) and billing procedures are reviewed to assure consistency and compliance with the CSA contract and reimbursement policy. The CSA Utilization Review staff evaluates overall service quality as determined by the delivery of appropriate interventions, progress toward identified goals and objectives in projected time frames, and documentation of any barriers encountered and service modifications implemented to achieve the desired outcomes.

An interview with the service recipient (child and/or family) is conducted whenever feasible. The recipient is asked about their perception of and satisfaction with the services provided and progress they have made toward their individual goals.

6.10.5 Utilization Review Summary Report: A Utilization Review Summary Report is completed and distributed to the case managing agency. Recommendations may include: continuation of current plan and services, change in the time frame for objectives to be achieved, change in service objectives, change in aspects of service environment, change in providers, change in treatment modalities consistent with Level of Need, change in placement, or change in Level of Need. A return to the FAPT for review may be a recommendation for support to the worker in any further decision making. The worker is expected to respond by signing to acknowledge receipt of the review, by offering any comments regarding the review, or by documenting planned response to any specific recommendations. The signed copy is returned to the Utilization Review staff for filing in the Utilization Review record.

6.10.6 Financial issues: Billing and payment issues which may arise as a result of the case review will be handled through direct contact and negotiation with the vendor by a designated CSA representative, with any necessary support and guidance being sought from the Fiscal Subcommittee or CSA Committee. Issues may include billing to CSA for services eligible through Medicaid or vendor billing .for services not clearly documented in the provider file.

6.10.7 Frequency of Reviews: Quarterly funding approval request documents are prepared, reviewed and submitted to the respective CPMT designees by agency case workers for billing and documentation compliance oversight. Ongoing case review is conducted by the Utilization Review staff at intervals based on the level of service provided. Secured residential treatment placements are reviewed at least once every two (2) months, and group home placements and intensive in-home service cases, at (Level 2 and above), are reviewed every three (3) months. Reviews may be conducted via paper review, consultation with case workers and vendors, or onsite visits. The case remains open to UR until CSA funding is no longer required or a decision is made by URM and case worker based on the client's progress and significant reduction in Level of Need.

## **7.7.0 Utilization Review of the System**

7.1.0 The CSA Committee: A designated work group of the CPMT is charged with the administration and management of pool funds and meets monthly to analyze CSA data for both the City of Charlottesville and Albemarle County. The CSA Committee uses monthly financial reports to track expenditures and encumbrances in the Mandated Services/Residential, Mandated Services/Non-Residential, and Non-Mandated Service categories. The CSA Committee also uses financial data to forecast funding needs throughout the year, and to begin timely preparations of Supplemental Requests when needed. The committee analyzes data by examining: spending trends by vendors over the course of the year; spending trends by category (i.e. foster care, foster care prevention, special education, and non-mandated) and spending trends by agency.

7.2.0 Data Collection: The data is maintained in a CSA database for analysis of system trends related to treatment needs, the types of services provided, quality of services and vendors based on achievement of outcomes, lengths of stay, recidivism, service costs and the use of Medicaid or other funding sources. The Utilization Review staff completes quarterly reports which are submitted to the Fiscal Subcommittee and CSA Committee. Any vendor or system concerns evidenced by case reviews or the data analysis process are discussed by the Fiscal Subcommittee who advise the CSA Committee of findings and suggestions for further action. The CSA Committee makes final recommendations on the course of action to resolve system or vendor specific concerns.

## REFERENCE LINKS

- Code of Virginia, Title 2.2, Chapter 52, Sections 2.2-5200 through 2.2-5214 – <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5200>
- Intent and Purpose of CSA - <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5200>
- Establishment of CPMT's - <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5205>
- FAPT's - <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5207> ; <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5208> ; <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+2.2-5209>
- Guidance on Provision of Foster Care - [http://www.csa.state.va.us/html/manual\\_pubs/csamannual\\_word\\_doc/appendixA.doc](http://www.csa.state.va.us/html/manual_pubs/csamannual_word_doc/appendixA.doc)
- State CSA Manual - <http://www.csa.state.va.us/html/pdf/Manual/CSAMannual0904.pdf>
- CSA Service Fee Directory - [http://www.csa.virginia.gov/sfd/service\\_fee\\_directory.cfm](http://www.csa.virginia.gov/sfd/service_fee_directory.cfm)
- CSA Vendor General Terms and Conditions - [http://www.ccfinfo.org/PDFs/FY07\\_vendorterms\\_conditons.pdf](http://www.ccfinfo.org/PDFs/FY07_vendorterms_conditons.pdf)
- Charlottesville/Albemarle FAPT Page - <http://www.ccfinfo.org/NewPages/fapt.html>
- Charlottesville/Albemarle Funding Approval Request Documents - <http://www.ccfinfo.org/NewPages/fapt.html>
- CPMT Cost Thresholds for Expenditure Approval – [4.14.0 FAPT Thresholds](#)