



LOCAL CSA POLICY & PROCEDURE
MANUAL

Frederick County
Updated: September 2025

CHILDREN'S SERVICES ACT

Frederick County, VA

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

All CSA related forms can be found in the Frederick County Case Manager web portal. New case managers must request access by clicking [here](#), completing, and submitting the form. This web page is also an informational hub for anything related to CSA. Any changes to this manual or documents/forms are uploaded to this website, and as such case managers should check for updated versions prior to completing one they may already have downloaded onto their computer. The CSA web page can be found through the county's website at www.fcva.us/departments/childrens-services-act or by contacting the CSA program office at (540) 722-8394.

Section 1

Section 1 provides an introduction to the Commonwealth of Virginia's child serving system. It contains a general overview of the Systems of Care framework and the Children's Services Act, its intent and purpose, and common abbreviations and acronyms used throughout this manual.

Section 2

Section 2 provides information about CSA teams and best practices. Responsibilities of the various team members, to include case managers, and the procedures they should follow to assist families in service planning and delivery are described in this section. The CSA commitment to partner with families, and the rights and responsibilities of families are also described in Section 2.

Section 3

Section 3 of this manual describes the CSA program administration in Frederick County. Information about the CSA fiscal process, contracting with private providers, utilization management, and oversight of the CSA program is described in this section.

Table of Revisions

Date of Approval:	Section:	Description of Changes:
6/25/2018		Policy & Procedure Manual Approved
10/28/2019	3.5.1 Emergency Funding Request	Added ICC/FSP exception
3/23/2020	3.11 Emergency Operations 4.7.2 CPMT Remote Participation Policy	Added Sections
4/27/2020	3.11.2 CPMT Emergency Operations	Adopted new VFOIA regulations
4/26/21	3.5 Funding Authorization	Added language authorizing transition in certain circumstances without CPMT approval
11/22/21	3.5.1 Funding Authorization	Added Intermediary Funding Team
1/24/22	2.1 Amendments to Policies & Procedures Manual	Comprehensive Policy Manual review extended to FY23 to occur on opposite year of Full CSA Contract Review
7/25/22	4.2.14 CPMT Meetings	Added process to call an Emergency Meeting

10/24/22	3.10.4 Community Services Board	Expanded funding of Case Support to CSB.
11/28/22	3.7 Child and Adolescent Needs and Strengths & 3.3.5.1 FAPT/MDT Review Frequency 3.2.1.3 Independent Assessment, Certification, and Coordination Team	Revised to allow Annual CANS on Reassessment Version, Text Revision Aligned with FFPSA policy, Text Revision
2/27/23	3.3.2 Family Assessment & Planning Team	Added notification of new members to Deputy Clerk to obtain SOEI.
6/26/23	3.3 Training	Adopted new training policy
8/28/23	2.5.2 Emergency Funding Request 2.3.5.1 FAPT Review Frequency 2.7.3 CANS Administration	Changes made to Special Education private placement FAPT review frequency and procedure for Amendments outside of annual review
12/18/23	2.3.2.2 FAPT Structure Policy	Procedural agenda changed and approved as policy.
1/22/24	2.4 Utilization Review/Continuous Quality Improvement 2.3.2.2 FAPT Structure Policy	Expanded UR/CQI for new position Revised
9/22/25	4.2 CPMT By-Laws 3.3.2 FAPT By-Laws 3.1.1 Residency Eligibility	Added CPMT Stipend in Policy Increased FAPT Stipend Aligned SpEd Transfer Policy with State

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2 Introduction

2.1 Common Acronyms & Definitions

“BHSA”-Behavioral Health Services Administrator

“CHINS”-Child in Need of Services-Note that only a CHINS for services, NOT for Supervision, will mandate a youth under a Foster Care Prevention category.

“CPMT”-Community Policy and Management Team

“CSA”-Children’s Services Act-A law passed by the General Assembly in 1992 that pools funding streams from the four child serving agencies to create a collaborative system of care. These agencies include: Department of Social Services, Department of Juvenile Justice, Department of Education, Department of Behavioral Health and Developmental Services.

“DJJ”-Department of Juvenile Justice-referring to the state department

“FAPT”-Family Assessment and Planning Team

“FCPS”-Frederick County Public Schools

“IACCT”-Independent Assessment, Certification and Coordination Team

“IEP”-Individualized Education Plan

“IFSP”-Individualized Family Service Plan

“JCSU”-Juvenile Court Service Unit-referring to Frederick County’s local court service unit

“LDSS”-Local Department of Social Services

“MCO”-Managed Care Organization

“MDT”-Approved Alternative Multidisciplinary Team, includes the Child & Family Team Meeting

“MUAI”-Mandatory Uniform Assessment Instrument identified by the state-currently the Child and Adolescent Needs and Strengths or CANS

“OCS”-Office of Children’s Services-The administrative entity under the State Executive Council that ensures the decisions and policies of the State Executive Council are implemented at the local level.

“ROI”-Uniform Authorization to Use and Exchange Information

“SEC”- State Executive Council, also referred to as the “Council”- A supervisory council charged with the responsibility of overseeing the administration of the Children’s Service Act.

“SOC”-Systems of Care

“VDSS”-Virginia Department of Social Services

2.2 Amendments to the Policies and Procedures Manual

These policies and procedures may be amended at any regular meeting of the CPMT by a majority vote of those present and voting. Additionally prior to consideration for recommendation to CPMT for amending a CPMT policy, or to any section of the manual titled “procedures”, “methodologies”, or “responsibilities”, the

CSA program staff shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts.

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

2.3 What is a System of Care?

A System of Care (SOC) model is a framework designed to meet the needs of at-risk youth and their families coping with serious behavioral challenges in a collaborative way. Emerging in the 1980's, it has become a standard of care and practice in states and communities across the country. The values and principles at the center of the SOC practice model is shown to improve outcomes while reducing the use of more costly and restrictive placements. Its core philosophy focuses on a system that is child centered, family focused, and community based. In Virginia, the Children's Services Act provides the framework to promote these core concepts in our service delivery system.

2.4 What is CSA?

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

The CSA merged separate state funding streams that supported services to various populations into what is known as the "state pool". When CSA was initiated, statutory language was included to ensure that children who were being served by these funding sources would remain eligible for services under CSA.

2.5 Intent and Purpose

The Frederick County CPMT believes the family and home community provide the best environment for raising children. The Community Policy and Management Team shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community-based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

2.6 Code of Ethics

Conflict of Interest: Persons serving on the CPMT or FAPT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest or a fiduciary interest.

Members of the FAPT and CPMT shall assure the following:

Confidentiality and Privacy: Will respect the privacy of all individuals and hold in confidence all information obtained in the course of professional services. Members shall follow all policies, laws, and regulations regarding confidentiality and privacy.

Informed Consent: Members shall assure that all individuals will provide informed consent for any proposed treatment services, using language that is reasonably understood by the client.

Appropriate Boundaries with Clients: Members will not engage in actions that are exploitative or take advantage of his/her position of trust and shall maintain appropriate, professional boundaries at all times.

Dual Relationships with Clients: Members shall be aware of his/her influential position with respect to individuals and make every effort to avoid a dual relationship. Examples of dual relationships include, but are not limited to the following: social, financial, familial, and close personal relationships with clients;

Maintaining Professional Standards: Members are obligated to accurately inform and avoid misrepresentation of any applicable levels of education, training, and experience

Reporting Ethical Violations and Dilemmas: Members are obligated to report to the CPMT Chair any violations of these and other commonly accepted ethical conventions. Members will seek consultation when involved in any ethical dilemmas.

3 CSA Policy & Procedures

3.1 Eligibility

Frederick County children and youth who are experiencing emotional/behavioral problems or are at risk of an out of home placement may be eligible for CSA state pool funds. Eligibility is determined by the FAPT/MDT through established state and local policy taking into account age and criteria set by the state and use of the Mandatory Uniform Assessment Instrument.

3.1.1 Residence (Revised 9/22/25)

3.1.1.1 Purpose

To establish protocol and align local policy with changes to the transfer of Special Education Private Placements.

3.1.1.2 Authority

- Code of Virginia §2.2-5206- Requires local CPMTs to develop interagency policies and procedures, govern referrals to FAPT, and manage funds in the state pool.
- Code of Virginia §2.2-5211- Establishes the state pool of funds which governs funding obligations under the state pool.
- CSA Policy Manual §4.2 *Payment for Services and Change of Legal Residence* (rev. 07/01/2024)- Establishes state policies directing the transfer of cases within and outside of the Commonwealth of Virginia.
- Individuals with Disabilities Education Act (IDEA) and Virginia Department of Education regulations- Provides Federal and State protections for the provision of services to Special Education students.

3.1.1.3 Policy

1. General Residency Rules (Excludes Special Education Private Placement Services)

- A. Youth residing with a custodial parent/guardian within Frederick County are eligible for CSA-funded services.
- B. When a custodial parent/guardian establishes residence outside Frederick County:
 - 1) Frederick County CSA will continue to pay for services for up to 30 calendar days after the receiving CPMT has been notified in writing.
 - 2) If the family relocates out of state, CSA funding ends immediately, and the referral agency must attempt to notify its counterpart in the new jurisdiction.

2. Special Education Private Placement Services

- A. If a child is placed in a private day or residential special education setting through an IEP at the time of residence transfer:
 - 1) Educational Costs: Responsibility for educational costs transfers to the new school division/locality immediately upon the change of legal residence.
 - 2) CSA-Funded Wraparound/Ancillary Services: Frederick County CSA will continue to pay for wraparound services (e.g., transportation, ancillary supports) for up to 30 calendar days after written notification is provided to the receiving CPMT.

3.1.1.4 Procedure

1. The CSA Office shall collaborate with the referring agency, OCS, and/or County Attorney in cases where questions regarding residency might exist.
2. Case Manager Responsibility
 - A. The case manager must notify the CSA Account Specialist prior to the relocation, or if unaware at the time, no later than 2 days after becoming aware of the move.
 - B. The case manager must provide the case name, address of relocation, and date of relocation.
 - C. A discharge CANS must be completed and submitted to the CSA Office in accordance with local CANS policy within this manual.
3. CSA Office Responsibility
 - A. Provide written notification and information via encrypted email to the receiving locality's CSA Coordinator, copying their CPMT Chair, Frederick County Case Manager, and Parent/Legal Guardian.
 - B. Documentation should include:
 - 1) Signed Authorization to Release & Exchange Information
 - 2) Notification Letter noting client's and guardian's names, relocation address, date of relocation, and funding end date.
 - 3) Recent CANS
 - 4) FAPT review form
 - 5) BRF
 - C. Notify service providers of locality transfer and the date of funding termination.

3.1.2 Age of Eligibility

The eligible population includes a child or youth who is:

- younger than 18 years of age; or
- over the age of 18 through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

3.1.2.1 Special Education- IEP

- The Commonwealth of Virginia special education regulation requires the provision of special education services for children with disabilities through age 21, or the end of the school year for youth whose 22nd birthday is after September 30.

3.1.2.2 Foster Care Services- Fostering Futures Program (see also CSA & Partner Agencies)

- Youth who turn 18 in foster care and have completed secondary education or equivalent will immediately enter the Fostering Futures program upon their 18th birthday. These youths shall not be served in group homes or residential placements.
- Youth who turn 18 in foster care and have NOT completed secondary education or equivalent but are expected to complete these programs prior to reaching their 19th birthday may remain in a group home or residential setting. These youths must immediately transition to an eligible independent living arrangement and enter the Fostering Futures program upon completion of their degree.
- Youth who turn 18 in foster care who are placed in a group home or residential facility and have NOT completed secondary education or equivalent and it becomes clear that they will not

complete their education prior to their 19th birthday, must immediately transition out of the group home or residential facility and enter the Fostering Futures program.

3.1.3 Eligible Populations

CSA state pool funding is separated into 2 categories, Mandated and Non-Mandated. Mandated funding is considered “sum sufficient” under regulations, meaning if services are necessary, funds can be used even if they exceed our state pool allocation. Non-mandated funds are considered “protected” under regulations, meaning a limited amount of funds are set aside for Frederick County to use for children and youth who meet the minimum criteria, but not any of the mandated categories.

To be eligible for funding for services through the state pool of funds, a youth must meet one of the “Targeted Population” criteria below and be determined through the use the MUI and by policies of the CPMT to have access to these funds.

“Targeted Population”:

- The child or youth has emotional or behavior problems that:
 - 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;
 - Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.
- The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3.1.3.1 Mandated Eligibility through Special Education

- Children or youth who have an Individualized Education Plan (IEP) that indicates the child requires placement in a private day school or residential program to meet their educational needs.
- Children or youth who have an IEP where the needs associated with his/her disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting.
 - A limited amount of state pool funds is allocated each fiscal year to fund these Wrap Around Services for Students with Disabilities.

3.1.3.2 Mandated Eligibility through Foster Care and Foster Care Prevention

- Children or youth whose custody is granted by the courts or whose parent entrusts a child to the local DSS.
- Children or youth who have turned 18 while in foster care, including those committed to the Department of Juvenile Justice and have a voluntarily entrustment agreement signed by the youth and approved by the court.
- Children or youth who are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by COV §63.2-100.

- Children or youth who would come into foster care if services are not provided.
- Children who are determined to meet the statutory definition of a “child in need of services” (CHINS) by FAPT. These youths must meet all 4 CHINS criteria:
 - The child meets the statutory definition of CHINS as defined by COV, §16.1-228, “the child’s behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14.”
 - The child’s problems:
 - have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies. or
 - the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.
 - The child requires services:
 - to address and resolve the immediate crisis that seriously threatens the well-being and physical safety of the child or another person; and
 - to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
 - the child has been identified by the Team as needing services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child.
 - The goal of the family is to maintain the child at home.

3.1.3.3 Mandated Eligibility through Court Involvement

- Children or youth determined by the court to be a CHINS-Services.

3.1.3.4 Mandated Eligibility through CHINS-Services Parental Agreement

- Children or youth who meet criteria for a CHINS-Services but require out of home placement through an agreement between the local board or public agency designated by the CPMT and the parents or guardians where legal custody remains with the parents or guardians. These cases cannot be case managed by the LDSS.
- The use of a Parental Agreement is intended for youth with behavioral/emotional needs that require out of home placement. It is not appropriate for cases of abuse/neglect, or where protection or permanency is a concern.

3.1.3.4.1 Parental Agreement Requirements

- A Parental Agreement meeting shall occur prior to out of home placement to review the contract and be signed by members of each stakeholder group, including but not limited to the parents/guardians, agency case manager, CSA Coordinator, and an agent of the provider.
- Youth who are placed out of the home through a Parental Agreement shall be reviewed by FAPT every 30-45 days and must include the parents/guardians and the provider. In rare instances, the family and/or provider may participate via phone, however every effort must be made to attend the meeting in person. Failure to participate in person may result in immediate discharge and termination of the Parental Agreement.
- The parents/guardians of youth placed through a Parental Agreement must participate in weekly family therapy, preferably in person or through video conferencing. A Parental Agreement may be void and an extension shall not be allowed if parents/guardians do not meet this requirement unless otherwise determined by FAPT.
- Parents/guardians may be required to participate in additional services as recommended by FAPT to facilitate discharge and transition home. Failure to participate may result in immediate discharge and termination of the Parental Agreement.
- Parents/guardians of youth placed out of the home through a Parental Agreement shall be referred to the Division of Child Support Enforcement for the collection of child support. Parents/guardians may appeal the decision of the court through the DCSE appeals process.
- The Parental Agreement shall be reviewed and signed by parents/guardians, Agency Case Managers, CSA Coordinator, and authorized Provider Representative.

3.1.3.4.2 Parental Agreement Terms and Limitations

- The Parental Agreement is a voluntary agreement between the local CPMT, the agency providing the case management (CSB, CSU, or FCPS), and the parent/guardian of the youth.
- CSA Parental Agreements are limited to short-term out of home placements. "Focus is on the treatment of the child, not parent's ability to care for or provide a safe home for a child." (taken from New Coordinator Academy "CHINS and CSA Parental Agreements" March 2018 presentation slide 31.)
- If a youth is eligible for services under a Parental Agreement, treatment out of the home is limited to six months. If the FAPT determines that the youth is still in need of treatment at the end of six months, the team has the authority to extend the Parental Agreement for an additional length of time individualized for each child, but no longer than 90 days. This limit will include the amount of time placed out of the home through a Parental Agreement for a family that has moved into Frederick County from another jurisdiction. A summary of the case will be presented to CPMT at the next scheduled meeting.
- In the rare instance that services beyond 270 days is necessary, services must be authorized by CPMT upon recommendation of FAPT.
- Extensions will not be granted due to the lack of participation in preparation for discharge/transition or delay in support services being sought on the part of the family.

3.1.3.5 Non-Mandated Eligibility for all other youth

- Children or youth who meet criteria for the “Targeted Population” (see above), but do not fall into any of the Mandated categories have access to CSA funding under the Non-mandated category.

3.2 Other Funding Sources

CSA is funding of last resort. Therefore, prior to accessing CSA funding, all other resources must be exhausted. Other funding sources include but are not limited to Medicaid, Private Insurance, Churches or other faith organizations, Community Nonprofit organizations, etc. Where services are identified as a need, but cannot be reimbursed through other payor sources, CSA funds may also be used to fill “gaps” as necessary through blending and braiding of funds.

3.2.1 Medicaid

- “Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Children’s Services Act. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child.” Statutory Authority: 2011 Appropriations Act, Chapter 890, Item 274 E.
- The following is a list of many Medicaid funded services. This list is not complete list. More specific information can be found on the Virginia Department of Medical Assistance Services website at <http://www.dmas.virginia.gov/>.
 - Acute Psychiatric Services
 - Psychiatric Residential Treatment Facility
 - Therapeutic Group Home
 - Partial Hospital Program (PHP)
 - Therapeutic Day Treatment (TDT), not in combination with ABA
 - Intensive In Home Services (IIHS)
 - Applied Behavioral Analysis (ABA), not in combination with TDT
 - Intensive Outpatient Program (IOP)
 - Traditional outpatient behavioral health treatment
 - Targeted Case Management (TCM), Treatment Foster Care or Mental Health

3.2.1.1 Community Based Services

- Medicaid guidance for rural areas considers a 60 mile radius a reasonable travel distance to access a Medicaid provider.
- Prior to accessing CSA funds for services inaccessible due to distance, an attempt must be made to establish a local provider through the Medicaid BHSA or MCO. This can be done by calling the BHSA or MCO and speaking to a representative.
- For Medicaid services with a waitlist of longer than 60 days, CSA funding may be utilized until the service can be initiated through a Medicaid provider. Once available, the service must transition to a Medicaid provider unless otherwise recommended by FAPT and approved by CPMT.

3.2.1.1.1 Community-based Behavioral Health Services (CSA Policy Manual Section 6.3)

The State Executive Council, pursuant to the authority granted it by COV §2.2-2648, shall provide for the establishment of interagency programmatic and fiscal policies which support the purposes of the CSA, and shall deny state funding to a locality which fails to provide services that comply with such interagency programmatic and fiscal policies, the CSA, any other state law or policy, or any federal law pertaining to the provision of services. For purposes of determining the use of Pool Funds for the purchase of community-based behavioral health services, the OCS shall apply the regulations established by the Department of Medical Assistance Services (“DMAS”) regarding the appropriateness of such services. This policy and the term “community-based behavioral health services” shall apply and refer to the following DMAS-regulated services: Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services. The CPMT may request an exception to this policy through the OCS when the CPMT believes there are exceptional circumstances that warrant an exception to this policy and/or a Medicaid enrolled provider of a needed service is not available for Medicaid-eligible children and youth. Such requests shall be made in writing and shall state the reason(s) and describe the circumstances supporting the CPMT’s claim.

This policy shall be effective October 1, 2013 for new individual family services plans and shall be effective July 1, 2014 for all individual family services plans. Localities shall be subject to denial of funds policies for failing to comply with this policy beginning July 1, 2014. This policy shall revoke any previous guidance or statement of policy issued by the OCS or the Council regarding the use of CSA state Pool Funds to pay for these community-based behavioral health services, including, but not limited to such guidance issued July 19, 2011 by the OCS.

- For Medicaid eligible children and youth:

It is the intent of federal and state agencies governing the use of Medicaid funds to provide a full array of behavioral health services to meet 100% of the behavioral health needs of Medicaid-eligible clients. Thus, state Pool Funds shall not be used to purchase community-based behavioral health services for a Medicaid-eligible client. Children and youth in crisis¹ shall be referred to emergency services.² It is not the intent of this policy to prevent the use of Pool Funds to purchase non-behavioral health services necessary to meet the social, educational, or safety needs of Medicaid eligible children, youth and families.

- For children and youth not eligible for Medicaid:

It is the intent of the Council to ensure access to appropriate community-based behavioral health services for all children and youth served under the CSA and to ensure the delivery of community-based behavioral health services to all children and youth regardless of whether services are funded by Medicaid or Pool Funds. For children and youth for whom community-based behavioral health services will be purchased with Pool Funds, the FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided. This documentation shall include the signature and written approval of a licensed mental health professional. The licensed mental health professional shall state his/her credentials on such signed written approval and shall not be a supervisor of or the provider of the service for which approval is given. State Pool Funds may be used to purchase an independent clinical assessment conducted in accordance with DMAS requirements for such assessment.

“crisis” means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened emotional, mental, physical, or behavioral distress; or any situation or circumstance in which the individual perceives or experiences a sudden loss of his ability to use effective problem solving and coping skills.

“emergency services” means unscheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, available 24 hours a day and seven days per week. Emergency services also may include walk-ins, home visits, detention, and preadmission screening activities associated with the judicial process. “Emergency services” does not include ongoing treatment services such as “community-based behavioral health services.

“unavailable” means: a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or b) there is a waiting list that prevents the delivery of services within a reasonable time frame.

3.2.1.2 Targeted Case Management

- CSA funds cannot be used to purchase Targeted Case Management with Treatment Foster Care unless it has been denied through appeal by Medicaid and FAPT has documented justification for the need for such service.

3.2.1.3 Independent Assessment, Certification, and Coordination Team

Medicaid eligible children and youth needing services in a Psychiatric Residential Treatment Facilities (PRTF) or Therapeutic Group Homes (TGH) must be evaluated through an Independent Assessment, Certification and Coordination Team (IACCT) to meet medical criteria for that level of care.

Continued Stay Review- The completion of an IACCT evaluation is not necessary for Continued Stay Review. Providers must submit required Medicaid documentation within established timelines for authorization of services to continue beyond the initial approval period. Denial of services by Medicaid does not obligate the use of CSA funds. Services denied due to failure of the provider to meet Medicaid requirements and timelines will not be reimbursed by CSA. Services denied due to the enrollee not meeting medical criteria may be funded by CSA for up to 30 calendar days, excluding State and Federal Holidays.

3.2.1.3.1 Introduction

Effective July 1, 2017, the Virginia Department of Medical Assistance Services (DMAS) implemented new regulations (12VAC30-50-130) which involved major changes to the Psychiatric Residential Treatment Service Program (formerly Medicaid Level C and Level B placements). Included in these changes is the establishment of a revised process for determining if a Medicaid-eligible child meets medical necessity criteria and issuing the Certificate of Need required for Medicaid funding of such placements. DMAS and its contracted Behavioral Health Services Administrator (BHSA), currently Magellan of Virginia, have developed relevant guidance and training regarding how these new practices, known as the Independent Assessment, Certification and Coordination Team (IACCT), will function.

This document is intended to provide guidance regarding the interface between Frederick County CSA’s FAPT/CPMT processes under the Children’s Services Act (CSA) and the DMAS/the BHSA IACCT process. This document will address workflow, decision making authority, and fiscal

responsibility. **Note: the authority to obligate CSA funds is in all cases retained by the Frederick County CPMT. DMAS/the BHSA, through the IACCT process, in all cases retains authority to obligate Medicaid funds to pay for the covered components of such placements.**

3.2.1.3.2 *Children in Custody of the Local Department of Social Services*

All placements of children in the custody of an LDSS will be initiated by the LDSS as the legal guardian through established VDSS regulations and policies as well as Frederick County CSA policies governing “emergency” and “non-emergency” placements. As the legal guardian, LDSS will be expected to participate in the defined IACCT processes in addition to the current FAPT requirements. The funding source (Medicaid, IV-E, or CSA) of Room & Board and Daily Supervision follows regulations set by Medicaid and/or IV-E regarding cost sharing and the use of a Q RTP.

3.2.1.3.2.1 Non-Emergency Placements

These are children in the custody of an LDSS who are presently in a viable foster care placement [family foster home, treatment foster care, or other setting where they can be safely assessed and reside (e.g., psychiatric hospital, juvenile detention center)] and for whom the LDSS is recommending a placement change to a psychiatric residential treatment facility (PRTF) or therapeutic group home (TGH).

- If the child’s Medicaid eligibility is already established, the LDSS family service worker will initiate the IACCT process upon determination that a PRTF or TGH is necessary, by completing the Residential Request form located on the BHSA website. Concurrently, the case manager will contact the CSA Office to have the case reviewed by the Family Assessment and Planning Team (FAPT) for consideration through established LDSS and CSA local policies. The LDSS family service worker should collaborate, to the extent possible with the IACCT on the recommendation for residential or alternate community-based services.
- If the FAPT process and the IACCT results in a recommendation and approval of a residential placement:
 - funding will be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. For foster children placed in a TGH, room and board are paid either through Title IV-E or CSA, as room and board in such facilities is not a Medicaid covered expense.
 - the local Medicaid match is collected by the Office of Children’s Services (OCS) for transmittal to DMAS.
- If the IACCT issues a Certificate of Need, but the FAPT does not recommend the placement, no CSA funds may be used.
- If the child’s Medicaid eligibility has not yet been established (or is suspended due to a placement in a juvenile detention setting or commitment to the Department of Juvenile Justice), the Frederick FAPT and Community Policy & Management Team (CPMT) will review on a case by case basis the cost of the treatment services pending the Medicaid eligibility determination (or reinstatement), at which time eligibility is made retroactive to the date the child entered LDSS custody or had Medicaid eligibility reinstated. If the child in LDSS custody is determined to be ineligible for Medicaid (e.g., child is undocumented for immigration purposes, child has parental resources that make them ineligible for Medicaid), CSA will be fully responsible for the cost of CSA approved placements. These children will typically be assessed by the CSA team prior to referral to the IACCT, as they are not yet Medicaid eligible. Alternatively, they may fall under the “Emergency Placement” provisions found below.

- If Frederick County FAPT and CPMT approves the placement, but the IACCT does not approve a PRTF or TGH level of need, CSA is authorized to cover the full cost of the placement for up to 30 business days, excluding State and Federal holidays. The FAPT/CPMT/Agency should work with the IACCT and the BHSA to determine and arrange the appropriate services to meet the child's needs and an alternative to residential placement should be implemented as soon as practicable.
 - Room and board and daily supervision costs are either billed directly to the LDSS ((if the child is Title IV-E eligible (TGH only)) or to CSA.
 - the local Medicaid match will not be collected by CSA as Medicaid will not be paying for any part of the placement.
 - Frederick County CSA Office will report on these cases (Certificate of Need not authorized by the IACCT) to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The detail for this reporting is described in a separate document).
- If a child in foster care is ordered by the court to be placed in a congregate care setting (TGH or PRTF), the CSA shall cover the full cost of the placement in accordance with the court order, even if the IACCT does not authorize the placement.
 - Frederick County CSA Office will report on these cases (Certificate of Need not authorized by the IACCT) to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The detail for this reporting is described in a separate document).
- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation on the Individual Family Services plan (IFSP) regarding use of a non-Medicaid facility is required for CSA purposes.

3.2.1.3.2.2 Emergency Placements

These are children in the custody of an LDSS who are in immediate need of placement in a PRTF or TGH and who do not meet the criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services and require emergency placements in residential or group home programs. These are defined in the DMAS regulations as "emergency admissions" or "placements". Such "emergency placements" may be authorized under the CSA (§2.2-5209) for up to 14 days at which time the "routine" FAPT and CPMT approval processes must occur. The circumstances under which the LDSS initiates an emergency placement or admission are the same as under current CSA and LDSS practice. Emergency placements in residential facilities for children in foster care should generally be an action of last resort after other less restrictive placements are explored and ruled out.

- According to 12VAC30-50-130, the Certificate of Need for such emergency admissions shall be completed by the facility-based team responsible for the child's plan of care within 14 days of admission and submitted to the BHSA. The certification shall need to cover the full period of time after admission and before for which claims are made for reimbursement by Medicaid. Within five days of admission, the facility admitting a foster child under the "emergency placement" process shall work with the legal guardian (LDSS) to refer that child to the IACCT in the locality where the LDSS holds custody, but the Certificate of Need will be completed by the facility team, not by the IACCT.

- All children placed in a PRTF or TGH under LDSS/CSA emergency placement authority shall immediately be referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established local CSA practices.
- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation on the Individual Family Services plan (IFSP) regarding use of a non-Medicaid facility is required for CSA purposes.
- Once the child is referred to the FAPT/CPMT and the placement is no longer under the “emergency” provisions (i.e., after 14 days following the placement), the same guidance as applies to “non-emergency” placements of children in LDSS custody will apply. Reauthorization for Medicaid funding after the Certificate of Need for the initial emergency admission will be pursuant to the established BHSA procedures and criteria.

3.2.1.3.3 *Students with Education Disabilities Placed Pursuant to an Individualized Education Program (IEP)*

- Students placed in PRTF residential facilities due to this setting being specified as the Least Restrictive Environment (LRE) on their IEP shall be referred to FAPT and/or CPMT for funding of such placements according to local CSA policy.
- If the child is Medicaid eligible at this time, the parents/legal guardian should be asked (and assisted as needed) to make a self-referral to the local IACCT to determine if the child meets medical necessity criteria which would (potentially) allow the treatment component of the placement to be paid by Medicaid. Parents/legal guardians of students placed for educational reasons cannot be compelled to be referred to IACCT as they are entitled to a free and appropriate public education independent of any utilization of Medicaid funds to support such placements. If the child is also in foster care, the LDSS shall make a referral to the IACCT in their role as legal guardian.
- When the parent/legal guardian agrees to a referral to IACCT:
 - if the IACCT process results in an approval of a placement with Medicaid funding due to existing medical necessity criteria:
 - funding would be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. If the child is also in foster care, room and board and additional daily supervision would be billed as for a foster child (Title IV-E, CSA, or Medicaid).
 - the local Medicaid match is collected.
 - no parental contribution can be assessed.
- The IEP remains the governing authority for the placement. If at any time, the BHSA/DMAS discontinues authorization for the placement, CSA will become fully responsible for the cost of the placement as long as the IEP remains in effect with residential placement as the LRE.
- If the child is placed in a non-Medicaid facility (including those designated exclusively as residential schools and not psychiatric treatment facilities) in accordance with the IEP, the CSA would be fully responsible for the cost of the placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.

- If the parent/legal guardian declines to refer to IACCT or the IACCT determines that the child does not meet medical necessity criteria, CSA shall be fully responsible for the full range of costs associated with the educational placement.
 - If the IACCT does not authorize the level of care, the local CSA will report such cases to the OCS using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The detail for this reporting is described in a separate document).
- Children currently served by CSA through an IEP for private day educational services, may at times, be placed directly by their parents in a residential treatment setting for non- educational reasons (i.e., the placement in the residential setting is not the least restrictive environment specified on the child's IEP). In such instances, the private day education becomes "functionally unavailable" and the cost of the child's educational services in the residential setting becomes the responsibility of the CSA. The cost of the child's non- educational services (treatment) in the residential setting is not the responsibility of CSA and will be funded via Medicaid, as appropriate or the parent. CSA may review and consider whether the child meets criteria for a CSA Parental Agreement, see CHINS/CSA Parental Agreement and Non-Mandated Children section below. The local Medicaid match will be collected for children with private day IEPs placed in residential settings by their parents as these are considered CSA cases.

3.2.1.3.4 *Child in Need of Services/CSA Parental Agreement and "Non-Mandated" Children*

Note: This section refers to children who have already come through the CSA process for eligibility and service planning processes.

- If the child is Medicaid eligible, Frederick County CPMT requires that all CSA Parental Agreements for Medicaid eligible children be referred to the IACCT for consideration for Medicaid funding. This is consistent with OCS requirements that Medicaid funding shall be utilized when possible. Frederick County CPMT requires that CSA Parental Agreements for residential placements for Medicaid-eligible children are contingent on completion of the IACCT process and an approval for Medicaid funding of the applicable components of the placement (i.e., treatment and room and board).
- Once the referral to IACCT has been submitted, FAPT will convene to determine eligibility as a Child in Need of Services (CHINS) or as a CSA- eligible "non-mandated" child in accordance with existing CSA and local CPMT policy. Once eligibility for CSA has been established, the FAPT then determines (and the CPMT approves) if placement in a TGH or PRTF facility is appropriate and initiates a CSA Parental Agreement.
- If the IACCT process and FAPT recommendation results in an approval of the placement:
 - funding would be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. For PRTF placements, room and board costs are included in the Medicaid billing. For children placed in a TGH therapeutic group home, room and board is paid through CSA as room and board in such facilities is not a Medicaid covered expense.
 - the local Medicaid match is collected.
 - Child Support under the Division of Child Support Enforcement will be assessed and collected.
- If the child is placed in a non-Medicaid facility in accordance with established CSA requirements for the use of non-Medicaid facilities, the CSA would be fully responsible for the cost of the

placement and no approval from IACCT is required. Documentation regarding use of a non-Medicaid facility will be documented on the Individual Family Services plan (IFSP) as required for CSA purposes.

- If the IACCT process or FAPT recommendation does not result in approval of the placement:
 - Frederick County CPMT does not authorize funding to cover the full cost of the placement.
 - The FAPT/CPMT should work with the IACCT and the BHSA to determine and arrange appropriate services to meet the child's needs and arrange an alternative to residential placement as soon as practicable.
 - if the child is determined to be a Child in Need of Services (CHINS) via a court finding and the court order is for residential treatment, the CSA shall cover the full cost of the placement in accordance with the court order.
 - the local Medicaid match will not be assessed as Medicaid will not be paying for any part of the placement.
 - the local CSA will report cases in which the Certificate of Need not authorized by the IACCT to the OCS (OCS) using a standard format. The purpose of such reporting is to establish data on the number and reasons for such outcomes in order to improve the service continuum. (Note: The details for this reporting is described in a separate document).

3.2.1.3.5 Medicaid Eligible Children Referred Directly to IACCT

- Parents/legal guardians of Medicaid eligible children not previously described in this document may be referred to IACCT without current involvement in the CSA process. Such children may be referred by other service providers, a residential facility, or directly by the parent.
- In such cases, the DMAS regulations and the BHSA workflow require that, with the parent's consent, the IACCT will notify the local CSA office. The contracted IAACT provider, will obtain the necessary consent forms and notify the CSA Office within 24 hours of completion of the assessment. CSA eligibility determination and service planning will occur according to state and local CSA policies.
- The Frederick County CSA Coordinator will follow the current Parental Referral procedure in accordance with the local CPMT policies.

3.2.1.3.6 Children Eligible for Medicaid after 30 Days in Placement ("Family of One" Eligibility)

The DMAS regulations (Psychiatric Services Supplement A (page 19) specify that:

"All individuals entering psychiatric residential treatment care utilizing private medical insurance who will become eligible for enrollment in the state plan for medical assistance within 30 days following the facility admission are required to have an independent certification of need completed by the team responsible for the plan of care. The facility will provide the certificate of need using the facilities treatment team within 14 days from admission.

Upon the individual's enrollment into the Medicaid program, the congregate care facility or IMD shall notify the BHSA of the individual's status as being under the care of the facility within 5 days of the individual becoming eligible for Medicaid benefits to begin the coordination and assessment process by the IACCT."

- For children who are already known to CSA as described elsewhere in this guidance document, the FAPT should upon authorizing, recommending or making an IACCT- approval contingent

placement through CSA, gain parental consent for the case manager to refer the child to the IACCT upon becoming Medicaid eligible as specified in the regulations. Parents should be advised that if they wish to avail themselves of the Medicaid benefit after 30 days in placement, this is a requirement of the state Medicaid program. Guidance provided in this document is applicable to these situations, depending on the CSA eligibility category of the child.

- If a family refuses to seek Medicaid eligibility, then the family will become solely responsible for the placement and funding.

3.2.1.3.7 Medicaid Member Provider Choice and CSA Funding

- In accordance with federal Medicaid requirements, Virginia DMAS regulations also require that the individual and their parent or legally authorized representative shall have the right to freedom of choice of Medicaid-approved service providers.
- Medicaid members retain the right to freedom of provider choice for Medicaid funded services. However, this provider choice does not extend to non-Medicaid covered services (e.g. education in the residential setting). Many local governments and their CSA programs have established contractual agreements with providers of residential placements resulting in a limited set of provider options. When the member's parent wishes to receive residential treatment in a facility not under contract or where the contract is not in good standing with the locality, CSA is not obligated to fund the non-Medicaid covered components of the program. Parents opting to place their children in facilities not under contract or where the contract is not in good standing with the local CSA program may be responsible for the non-Medicaid covered components of the placement.
- Local CSA programs, parents of Medicaid-eligible children being considered for residential placement and the BHSA Intensive Care Management team serving the locality are encouraged to work collaboratively to select placements that will best meet the needs of the child and provide maximum funding for necessary services.

3.2.1.3.8 CANS, IACCT and the OCS CANVaS Software

- The BHSA requires that all children being authorized for Medicaid-funded residential treatment have a valid, recently completed Child and Adolescent Needs and Strengths (CANS) assessment.
- Children known to CSA:
 - For children currently referred to an IACCT from a FAPT/CPMT, the CANS should be completed by the CSA case manager (LDSS, CSB, CSU, or school) in accordance with state and local CSA requirements, entered into the CSA CANVaS on-line software. CSA continues to require a CANS assessment, completed by the designated CSA-related personnel, and entered into the CANVaS system.
 - With proper consent of the parent/legal guardian in accordance with local CSA consent requirements, local CSA offices may provide copies of previous CSA-related CANS assessments to the IACCT.
 - Children referred from an IACCT to a FAPT and who are determined to be eligible for CSA funding and for who an individual family service plan (IFSP) is being developed will required a "CSA completed" CANS, entered into the CANVaS system even if the IACCT has already completed a CANS. IACCT will not be utilizing the CSA specific version of the CANS and will not have access to the CANVaS system. This is to protect the integrity and

security of the CSA CANVaS system as many IACCTs will be private providers not authorized to access the CANVaS system.

- For children not known to CSA and for whom a referral has been made to IACCT:
 - the IACCT will complete the CANS and enter the information into the BHSA proprietary CANS data system in accordance with the BHSA requirements.
 - children not currently open to CSA cannot have a CANS entered into the CANVaS system, even if completed by CSB personnel serving as the LMHP in an IACCT.

3.2.2 Private Insurance

- Children, youth, and families who have insurance through a private carrier must utilize covered services through their insurance prior to accessing CSA funds. Covered services can often be obtained through out-of-network benefits if no in-network providers are available.

3.2.3 Other Resources

- Other resources in the community are available to assist children, youth and families with various needs. They include, but are not limited to:
 - CCAP, Sinclair Medical Clinic, and Compassionate Pharmacy, Froggy's Closet
 - Pharmaceutical companies often offer discounts on medications directly through them. Information can often be obtained on the medication website.
 - Faith and religious organizations often have outreach groups who can help those in need.
 - Local agencies like the Department of Social Services, Juvenile Court Services Unit, and Northwestern Community Services Board may have programs that can assist families if eligibility requirements are met.
 - Survivor's Benefits, Social Security and Supplemental Security Income

3.3 Family Engagement

3.3.1 Systems of Care Principles

Frederick County embraces the Systems of Care movement and its' core principles: interagency collaboration, individualized strengths-based care, cultural competence, family and youth involvement, community-based services, and accountability. The CPMT believes the family and home community provide the best environment for raising children. Every effort to provide review and services in the family's native language or mode of communication will be made.

The CPMT shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community-based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

All child serving agencies represented on the CPMT have shared values which are built into the core of the CSA Practice Model. It is the intent of Frederick County to ensure that these beliefs are interwoven in all aspects of how we engage families. These beliefs are:

- All families have strengths
- Families are the experts on themselves
- Families deserve to be treated with dignity and respect
- Families can make well-informed decisions about keeping their children safe when supported

- Outcomes improve when families are involved in decision making
- A team is often more capable of creative and high-quality decision making than an individual

Frederick County utilizes two paths for families to access state pool funding, FAPT and MDT. Both teams encourage the participation of the youth, family, agency partners, service providers, and natural supports. Case managers should work with each family to determine who those participants should be, but at a minimum, the child, family, and service providers should participate. Each team member has the opportunity to be heard and fully engaged in the process. The primary responsibilities of both teams are to identify the strengths and needs of individuals and families, develop a plan to address those needs, and recommend services to the CPMT for funding approval. Any recommendations for services totaling more than \$3,500.00 must be reviewed by FAPT prior to CPMT approval.

Services provided by the CPMT and FAPT shall not discriminate on the basis of race, ethnicity, gender, gender identity, sexual orientation, age, religion, socio-economic status, or handicapping conditions.

3.3.2 Family Assessment & Planning Team (Revised 9/22/25)

In accordance with COV § 2.2-2648, the FAPT “shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.”

3.3.2.1 Bylaws

3.3.2.1.1 Purpose

The FAPT develops a service plan in collaboration with parents and based on the information provided at the meeting by the youth, his or her family, and the involved agencies, as well as the existing treatment/service plans from each agency.

3.3.2.1.2 Membership

- Each member of the Family Assessment and Planning Team (FAPT) is appointed by the CPMT and includes representation from the Community Services Board, the Department of Social Services, the Juvenile Court Services Unit, Frederick County Public Schools, a private provider of service for the eligible population and a parent representative.
- The Parent Representative shall receive a stipend of fifty dollars (\$50.00) per FAPT meeting attended. The stipend is intended to support and encourage active parent participation in the FAPT process. The stipend will be disbursed through the Frederick County CSA Office in accordance with County fiscal procedures.
- FAPT members are assigned by their agency directors, or their designees. The minimum term for FAPT members shall be one year. Each agency will identify at least 1 trained alternate from their agency who will be available to attend in place of their regular member in case of absence. Those individuals will be trained by the CSA Office.
- Vacancies in the FAPT Parent Representative or Private Provider Representative position will be announced by the CSA Office. Interested parties are required to send a letter of interest to: Frederick County CSA Office, 107 North Kent Street, 2nd Floor, Winchester, VA 22601. Private provider and parent representatives are appointed for two-year terms.
- The FAPT Parent Representative and Private Provider Representative are required to submit a Statement of Economic Interest (SOEI) in accordance with [§2.2-3117](#) of the State and Local Government Conflict of Interests Act. Upon appointment by the CPMT, the CSA

Coordinator shall provide the Deputy Clerk with any information necessary to initiate and obtain the SOEI from the appointed individuals.

- “Parent Representatives who are employed by a public or private program which receives funds pursuant to this chapter or agencies represented on a family assessment and planning team may serve as a parent representative provided that parent representatives who are not employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a family assessment and planning team are prioritized for participation where practicable”. (COV § 2.2-5207)
- The term for the FAPT Chair shall be three months. If the FAPT Chair is unable to attend a meeting, they must make arrangements for another regular FAPT member to be Acting Chair, and notify the CSA Coordinator. The minimum requirements for FAPT members before they are eligible to serve as FAPT Chair shall be attendance at ten FAPT meetings. Private Provider and Parent Representatives are excluded from eligibility to be FAPT Chair. In the event that all participating FAPT members are necessary to maintain a quorum, the CSA Coordinator may serve as Chair.

3.3.2.1.3 Quorum

It is expected that all members of the FAPT or their alternates will attend all scheduled meetings. For purposes of establishing a quorum, FAPT members representing the majority of the participating members must be present. Where appropriate, the FAPT may request participation by other agencies or private participants.

3.3.2.1.4 Decision Making

- All agencies currently providing services to the child should be represented.
- The FAPT decision making process shall include three phases: information sharing, deliberation and decision. That process should be explained to the family, including a diagram/visual if necessary. The family should also be told that they may hear differing opinions and that this is part of the process.
- A minimum of 3 FAPT members or majority of those present, whichever is greater, is required in approval of a final service plan. This represents the majority of members and is in line with Medicaid requirements for needed FAPT signatures.

3.3.2.1.5 Procedures

- The length of time between the initial referral to the CSA Office and review by FAPT shall be no more than four (4) weeks.
- Inclement Weather Policy: If the Frederick County Government closes on a scheduled meeting day, there will be no FAPT meetings.
- The case manager must inform the CSA Office when a case is being closed. Case closures generate specific activities, including closing vendor contracts, adjusting schedules, and state reporting.
- At FAPT the family shall be informed of the co-pay requirement and the appeal process.
- The FAPT Chair shall use a standard checklist to ensure that all requirements are fulfilled, and all required information is provided during the FAPT staffing.

3.3.2.2 FAPT Procedures

Frederick County CPMT recognizes that children, youth and families in need of services through the CSA Office have likely experienced behavioral and/or emotional trauma. Families are often involved with multiple agencies and present with impairment in several settings. Discussing struggles within a family system at FAPT can create anxiety and shame. For that reason, it's essential to implement practices that promote a safe and open environment and encourage family engagement. Frederick County CPMT has adopted the following procedures to ensure that children, youth and families feel heard and are treated with dignity and respect throughout the process.

3.3.2.2.1 Case Manager Responsibilities

3.3.2.2.1.1 Initial Introduction to CSA

Upon identification of the need for services funded through the CSA Office, case managers will obtain required authorizations to release and exchange information and provide the family with general information about CSA. This information shall include the following:

- What is CSA?
 - The CSA Office provides a structure to assess the strengths and needs of children, youth, and families, recommends services appropriate to address identified needs, and determines how those services can be obtained.
 - Services funded through the CSA Office are time limited.
 - If services are funded through the CSA Office, the household will be assessed a monthly contribution toward the cost of the services.

3.3.2.2.1.2 Submit Documentation

The case manager shall complete and submit the following documents by midnight the Tuesday prior to the scheduled FAPT meeting.

- CSA Initial Referral Form
- Complete Budget Request Form
- Signed Due Process/Rights & Safeguards Acknowledgement of Receipt
- MUIA-currently the CANS
- Foster Care Prevention form (if relevant)
- CSA Eligibility Determination form

3.3.2.2.1.3 Before FAPT Meeting

Case managers shall thoroughly prepare children, youth, and families for the FAPT meeting. A minimum of 1 day prior to the meeting, the case manager shall contact the family to provide more detailed information regarding FAPT and CPMT, the meeting process, and potential outcomes. This shall include:

- The role of FAPT
 - FAPT is a team of individuals who work with youth and families from DSS, CSU, FCPS, CSB, private provider, and a community member with lived experience.
 - FAPT assesses the strengths and needs of the family and determines what resources are available to address those needs.

- If services cannot be provided by the community, private insurance, Medicaid, or other means, FAPT determines whether the child or youth meets eligibility criteria for the CSA Office to pay for the needed services.
- FAPT makes a recommendation to CPMT to authorize funding.
- FAPT monitors services to ensure they are meeting the needs of the service recipients.
- The role of CPMT
 - CPMT, among many responsibilities, reviews recommendations by the FAPT and decides whether to authorize funding through the CSA Office.
- What the child, youth, and family can expect
 - Each participant has a voice at the table and is encouraged to express their thoughts and/or concerns.
 - During the first meeting, a discussion will occur regarding state determined eligibility criteria and whether each criterion is met.
 - Although some discussions may be difficult to participate in, it is important to identify all the strengths and needs of the family to ensure eligibility criteria can be met and the most effective resources/services are considered. The meeting is a judgement-free environment, and the team will respect the privacy and dignity of the family.
 - The team often comes to a consensus, however there are occasions when individual members may disagree. When this happens, decisions are made by the majority of members while respecting the opinions of those who disagree. Alternative suggestions foster creative thinking and provide opportunities for consideration of more options.
- Review the Rights and Safeguards

3.3.2.2.1.4 Meeting Structure

FAPT members are responsible for ensuring required documentation is completed and meetings run on schedule. To accomplish this, members will have roles or tasks assigned to each. The team will have a timekeeper and notetaker to assist the Chair in performing all required functions. The FAPT meeting will provide for open communication and respect among each participant. To accomplish this, the following components will be included in each meeting:

3.3.2.2.1.4.1 Housekeeping Items

- Welcome and Introductions- FAPT Chair
 - Meeting participants will introduce themselves and provide a summary of their role in their respective agency. An introduction in this manner will provide an opportunity to better connect with the family.
- Meeting Rules- FAPT Chair
 - Family Engagement Principles- Refer to principles which will be posted.
 - Confidentiality Statement
 - Purpose of Meeting/Meeting Structure-

- Initial- The Chair will summarize the structure of the meeting and purpose to assess strengths and needs, eligibility, services requested, and action steps.
- Review- The Chair will summarize the structure of the meeting and purpose noting that continued eligibility, service goals, progress toward termination, and barriers will be reviewed.
- Ask participants if they have any other items they would like to add to the agenda.

3.3.2.2.1.4.2 *Meeting Content*

Once housekeeping items are completed, the Chair should guide the team through the discussion ensuring each participant has an opportunity to add to the conversation. To facilitate the flow of the meeting and convey the importance of the youth and family's voice, the Chair shall guide participants as follows:

- Initiating the Discussion
 - The Chair will ask the youth and family if they would like to start or prefer the case manager to start the meeting by explaining what circumstances led to the referral. Or, if a case review, by summarizing what has occurred since the last meeting. By giving the youth and family this choice, the team encourages a safe environment where a family can decline if they feel uncomfortable or speak if desired while starting the discussion with important contextual information.

- Gathering Information

Once the initial discussion has begun, the case manager, youth, and family should be provided the opportunity to provide information and feedback. The Chair will ensure that the following information is provided:

- Case Manager Report

The Case Manager is responsible for presenting pertinent information to establish eligibility and a clear understanding of youth and family needs. This includes providing the following information:

 - If review, summarize prior FAPT meeting and action steps recommended.
 - Summarize status of action steps.
 - Provide pertinent information and/or events that occurred since the last meeting.
 - Summarize the family's involvement in treatment.
 - Identify what success will look like.
 - Note any barriers to obtaining success.
- Youth and Family Participation

The Chair shall encourage the youth and family to provide the following information:

 - Identify strengths of the youth and/or family.
 - Summarize their progress toward goals.
 - Ensure the child is given the opportunity to provide their input.
 - Ask if they have any questions or concerns.
- Provider Participation

The Provider shall present the following information:

- Service goals and measurable progress towards meeting them.
 - Discharge plan and what the client needs to do to accomplish discharge goals.
- Review Meeting

The Chair shall summarize and complete activities to end the meeting.

- Review service plan and action steps.
- Ask if there are any questions.
- Ensure each FAPT member agrees with services and action steps. The Chair should ensure individual members acknowledge acceptance or disapproval of the service plan.
- Explain Appeals process and provide family with a copy.
- Explain and Obtain signatures on Participation and Consent form.

3.3.2.2.2 Referral Process for Agency Involved Youth

- Children and youth already involved with any of the 4 child serving agencies shall be referred through the CSA process by the agency case manager.
- Once the determination that CSA funding is necessary, the case manager will discuss the FAPT process and potential co-payment with the family and obtain a Uniform Authorization to Use and Exchange Information (ROI). For youth age 14 or older, the signature of the child is required in addition to the parent/guardian signature.
- If services being requested require an IACCT referral, the case manager or parent/guardian shall immediately complete the Residential Inquiry Form found on the MagellanofVirginia.com website.
- The case manager will contact and submit the ROI to the CSA office to schedule a FAPT meeting. Initial referrals will be scheduled within 4 weeks, unless otherwise agreed to by the case manager.
- The case manager shall notify and coordinate participation of the family and any private providers in the FAPT meeting, see Systems of Care subsection for more detail on who should be invited.
- By midnight the Tuesday prior to the scheduled FAPT meeting, the case manager shall submit all the following required CSA documentation:
 - CSA Initial Referral Form
 - Complete Budget Request Form
 - Signed Due Process/Rights & Safeguards Acknowledgement of Receipt
 - MUAI-currently the CANS
 - Foster Care Prevention form (if relevant)
- Unless an exception is authorized by the CSA Coordinator, documentation not received by the deadline will result in the case being rescheduled to the next available date. Any funding gaps resulting from the rescheduling shall be the responsibility of the agency. Any documentation not completed in its entirety shall be returned to the case manager for completion and resubmission. Documents must be resubmitted within 1 day.
- At the conclusion of the FAPT meeting, a review, if necessary, will be scheduled.

3.3.2.2.3 Referral Process for Parents/Guardians

3.3.2.2.3.1 Authority

- This policy was developed in accordance with SB 1041 & HB 2083 that passed the 2015 Virginia Legislative Session effective July 1, 2015. The summary as passed:
 - “Directs community policy and management teams to establish, as part of their 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 for Children’s Services Act, a process for parents and persons who have primary physical custody of a child to refer children in their care to the teams.”
- This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding parental referrals through the CSA process.

3.3.2.2.3.2 Procedure

- Parents who request review through the CSA process will begin by contacting the CSA Coordinator to initiate the process. The CSA Coordinator will provide the parent/caregiver the following documentation for review/completion:
 - CSA Information Sheet
 - Parental Agreement Referral to DCSE
 - Uniform Authorization to Release and Exchange Information
 - Due Process of Complaints and Appeals/Rights & Safeguards
 - Parental Referral Form
- The family must complete the forms and return them to the CSA Coordinator with supporting documentation (ie-school reports, evaluations, etc.).
- If services being requested require an IACCT referral, the case manager or parent/guardian shall immediately complete the Residential Inquiry Form found on the MagellanofVirginia.com website.
- Once documents are received, the CSA Coordinator will provide the information to Pre-FAPT who will discuss the case and provide recommendations. The Pre-FAPT will be held biweekly prior to the official start of the FAPT meeting. Pre-FAPT comments and recommendations will be added to the Parent Referral form and a copy will be returned to the family, which may include a referral to specific agencies to rule out least restrictive options, alternative recommendations for less restrictive or community resources, or referral to FAPT. If Pre-FAPT recommends the family be seen through the FAPT process, the procedure for Multi-Agency involved youth will be initiated to determine the appropriate lead agency.
- Upon agency determination, the case manager will follow procedures of the Referral Process for Agency Involved Youth.

3.3.2.2.4 Assigning Case Managers for Non-CSA or Multi-Agency Involved Youth

3.3.2.2.4.1 Authority

- This policy was developed in accordance with CPMT direction to address the occasions where youth are involved with several agencies, with no clear agency lead. The policy reads:
 - “Frederick County agencies shall ensure at risk children, youth, and their families have access to a collaborative process through which one agency will take a primary role in case management.”
- This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding case management assignment for the CSA process.

3.3.2.2.4.2 Procedure

- CSA will identify those youth who have no CSA or multi-agency involvement where no clear agency for case management purposes. Within 2 days of identification, CSA shall notify the appropriate agency representative, or their designee as follows:
 - DSS-FAPT representative
 - NWCSB-CPMT representative
 - CSU-CPMT representative
 - FCPS-Director of Special Instructional Services for students with disabilities or Director of Student Support Services for non-disabled youth.
- Agencies will strive to make a determination within 7 business days from when FAPT determines a case manager needs to be assigned.
- After determination of case manager is made, that agency representative shall contact the supervisor of the identified agency.

3.3.3 Multidisciplinary Team

In 2008, Frederick County was approved to use an “alternative multidisciplinary team” process in place of FAPT in certain cases. These teams consist of the referral agency, a Community Partner, the family and natural supports, providers, and any other individual identified by the team as necessary. The Community Partner is a representative from a different child serving agency that is familiar with the child. A minimum of one Community Partner is required, but representatives from each agency familiar with the child should participate. For CSA purposes, participating agencies use different names for these meetings, but all meet requirements for a MDT: Interdisciplinary Team (IDT), Child and Family Team (CFT), Family Team Meeting (FTM), Family Partnership Meeting (FPM).

MDT meetings shall be arranged by the referring agency, including facilitation and participation of a community partner. Every effort should be made to accommodate the family regarding the location, date, and time. MDT meetings seek to identify natural supports that could assist and support the family in times of need. If the team determines that no other funding is available and CSA state pool funds are necessary to meet the family’s needs, the case manager must inform the family of the potential parental contribution towards the purchase of services. Any questions a parent/guardian have can be referred to the CSA office.

3.3.3.1 Multidisciplinary Team Exclusionary Criteria

Although agencies can hold MDT meetings in addition to FAPT meetings, the following cases must be reviewed by FAPT:

- Youth placed in Congregate Care
- Families receiving services totaling \$3,500.00 or more
- Requests for evaluations costing more than \$1,000.00
- Treatment services being provided to a family for longer than one year.

3.3.4 Individual Family Service Plan

Prior to or during the FAPT/MDT meeting, an IFSP will be developed. This plan identifies the strengths and needs of the youth and family, long and short-term goals, services necessary to meet the family’s needs and funding sources. Due to FAPT time limitations, these items are completed prior to and discussed at the meeting, with a budget request form to identify the services necessary. At the MDT,

these items are completed during the meeting. It is essential that the youth and family participate and be heard in the development of these plans. Although there are often multiple agencies involved, with provisions that are necessary, especially in the case of a DSS or CSU youth, a plan can incorporate both and build on the strengths of the family.

- The case manager shall oversee the implementation of the IFSP and provide a written report to the FAPT, or CSA Office for MDT meetings.
- Case managers should consider any assessments, including the MUAI when developing an IFSP. The current MUAI, CANS, identifies strengths and needs of the youth and family and more specifically, what strengths to build upon and what needs should be addressed in the treatment plan. This assessment should be used as a guidance tool in developing the IFSP.
- The CSA Coordinator shall present FAPT/MDT recommendations for the use of CSA state pool funds to IFT/CPMT for funding authorization. Services are not authorized until funding is approved by IFT/CPMT.

3.3.5 FAPT/MDT Reviews

3.3.5.1 Review Frequency

Children and families assessed by the FAPT/MDT and accessing CSA funds shall be reviewed according to the schedule below. The policy reflects the minimum requirements for review by the FAPT/MDT. Reviews may occur more frequently if deemed necessary and/or appropriate by the individual teams. Reviews are intended to ensure the following:

- The youth and family actively participate
- Services are clinically effective
- Provision of services are aligned with the IFSP
- Services continue to be necessary and are appropriate to meet the needs of the child.

Such meetings should include a review of treatment goals to ensure they align with the IFSP, assessing the client's progress toward obtaining the goals, and reviewing the discharge plan. Discharge planning should begin upon initiation of any treatment services. Progress reports should document detailed progress towards discharge criteria.

Service	FAPT/MDT Review	CANS Completion
Congregate Care (IEP Exception), Adoption Assistance placements**	Every 3 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 3 months
Placement through a Parental Agreement	Every 30-45 Days	Every 3 months
Community Based Services, Foster Care Prevention	Every 3 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 3 months
Treatment Foster Care Only	Every 6 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 6 months

Basic & Enhanced Maintenance/Fostering Futures, and Clothing Only	Annually	Comprehensive- Initial & Discharge Reassessment-Annually
Special Education Private Placements (IEP)	Annually	Comprehensive- Initial & Discharge Reassessment- Annually
Change in Level of Care	Prior to change in placement or within 14 days of Emergency Funding	

****Referrals through Adoption Assistance for placement in a Psychiatric Residential Treatment Facility within the Commonwealth of Virginia will require collaboration with the case manager of the locality that holds the Adoption Assistance Agreement and the family of the youth. It will be expected that the case manager will complete FAPT paperwork and provide an update on the progress being made by the youth and family. The family should participate in person however, the case manager may participate in the FAPT meeting by phone if necessary.**

For youth receiving Adoption Assistance from another state, the assigned Frederick County (FC) case manager shall obtain an Authorization for the Release of Information to contact the individual or agency responsible for managing the youth's Adoption Assistance. The FC case manager shall attempt to obtain a social history, services utilized in the past, and other pertinent information for the assessment of a residential level of care. Every effort should be made to negotiate the use of Adoption Assistance from that state to share in the financial responsibility for services for the youth and family.

3.3.5.2 FAPT Review Documentation

The following documentation shall be submitted for each FAPT review. Documentation must be completed in its entirety, or it will be returned for completion.

- FAPT Follow Up Form
- Budget Request Form
- Most recent CANS

Documentation must be submitted to the CSA office by midnight the Tuesday prior to the FAPT meeting. Failure to do so will result in the case being removed from the FAPT schedule and the case manager will be responsible for contacting the CSA office to reschedule. Incomplete documentation will be returned to the case manager for completion. CSA staff will review and return any incomplete or incorrect forms by midnight Friday. Forms must be completed in full and returned to the CSA office by midnight Monday or the case will be removed from the schedule. Exceptions will only be made with prior authorization.

If any case is removed from the agenda, it will be the responsibility of the case manager to contact the CSA office to reschedule the review. The CSA office cannot guarantee the case will be rescheduled prior to the CPMT approval of funding for that month. It will be the case manager's responsibility to secure funding through their agency, if necessary, to address service gaps due to no or incomplete submission of documentation.

3.3.6 Intensive Care Coordination

The Code of Virginia requires each CPMT develop policy regarding the provision of Intensive Care Coordination (ICC) to children and youth who are at risk of entering or are placed in a PRTF. The following policy was adopted by the SEC on April 30, 2013:

3.3.6.1 Definition

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

3.3.6.2 Population to be Served

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

- Youth placed in out-of-home care:
 - Psychiatric Residential Treatment Facility or Therapeutic Group Home
 - Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
 - Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
 - Emergency shelter (when placement is due to child’s Mental Health/behavioral problems)
 - Psychiatric hospitalization
 - Juvenile justice/incarceration placement (detention, corrections)
- Youth at risk of placement in out-of-home care
 - Youth in front of the courts who have been placed “on notice” of custody being transferred to the Department of Social Services
 - The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
 - Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
 - One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
 - Crisis Intervention
 - Crisis Stabilization
 - Outpatient Psychotherapy
 - Outpatient Substance Abuse Services
 - Mental Health Support

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

3.3.6.3 Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

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

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

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

3.3.6.4 Training for Intensive Care Coordination

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

3.4 Utilization Review and Continuous Quality Improvement (UR/CQI)

Utilization Review and Continuous Quality Improvement are processes used by purchasers of health and human services to ensure the highest quality of care is being provided. The goal of UR/CQI is to employ a set of standards designed to assess the appropriateness of care, including quality, level, and effectiveness of treatment. The Code of Virginia (COV) requires that each Community Policy and Management Team (CPMT) develop policies regarding the review and monitoring of all CSA funded services. Specific mandates for the State Executive Council, CPMTs, and Family Assessment and Planning Teams (FAPT) can be found in the COV sections §2.2-2648 D.15, §2.2-

5206.13, and §2.2-5208.5 respectively. In Frederick County, UR/CQI is performed by case managers, MDT and FAPT reviews, and in certain circumstances a UR/CQI Specialist.

3.4.1 Purpose

The purpose of this policy is to establish local guidelines and procedures for the provision of UR/CQI in accordance with Virginia regulation and further define the role and requirements of the UR/CQI Specialist.

3.4.2 Definitions

Utilization Review: UR is a systematic process of evaluating the appropriateness, necessity, and efficiency of mental health services provided to individuals. It involves assessing the utilization of services against established criteria to ensure that they meet the needs of the recipients and are delivered in the most effective manner.

Continuous Quality Improvement: CQI is an ongoing, systematic process aimed at enhancing the quality, efficiency, and outcomes of mental health services. It involves the assessment of service delivery, identification of areas for improvement, and implementation of strategies to optimize service effectiveness.

3.4.3 Applicability

This UR/CQI policy applies to the Frederick County Children's Services Act (CSA) Office. It specifically addresses the roles and responsibilities of each party in the completion of UR/CQI activities.

3.4.4 UR/CQI Specialist Responsibilities

The UR/CQI Specialist is responsible for performing utilization review for children, youth, and families receiving CSA funded services under the following circumstances:

- Youth referred for congregate care placement.
- Youth placed in congregate care environments.
- Youth before the court who have been placed on notice with the Department of Social Services (DSS).
- Youth and/or families receiving more than 25 hours per week of community-based services.
- Youth and/or families receiving CSA funded services for longer than 12 consecutive months unless otherwise agreed upon between CSA and the referring agency.
- Youth and/or families demonstrating three consecutive months of minimal progress unless otherwise agreed upon between CSA and the referring agency.

3.4.5 UR Process Details

- **Collection of Data:** The UR/CQI Specialist will perform a comprehensive review of information collected through in-person and telephonic interviews, electronic communication, and records review.

Information will be collected from the client and family, including but not limited to parent(s) and caregivers, case manager(s), relevant agencies, and current and past providers. The UR/CQI Specialist will obtain a comprehensive biopsychosocial history. This shall consist of academic/work, family, medical/mental health, community, leisure/recreation, spirituality, environmental, and any other relevant life domains.

- **Criteria Evaluation:** The UR/CQI Specialist will assess the appropriateness and necessity of services requested and/or provided based on established criteria and guidelines. Criteria considerations include but are not limited to:
 - Child and Adolescent Needs and Strengths (CANS)
 - Risk of harm to self and/or others
 - Prior services attempted
 - Use of evidence based practices
 - Prior services received
 - Service provision in the Least Restrictive Environment
- **Review Frequency:** Frequency of UR will be commensurate with FAPT meetings.

3.4.6 UR/CQI Reporting Requirements

A comprehensive report will be created by the UR/CQI Specialist and provided to the FAPT, case manager, and congregate care provider. The report will include the following information: demographics, CSA eligibility category, diagnoses, placement history, current medications and history of medication trials, CANS review and reports on CANS longevity data, treatment goals, FAPT participation, biopsychosocial history, summary of youth and facility staff interviews, clinical documentation review, summary of family engagement, discharge plan, clinical recommendations, other clinical information relevant to the case, and CSA compliance summary. Reports will be submitted no later than one week prior to the youth's FAPT date and updated according to the frequency schedule. The UR/CQI specialist will attend FAPT meetings for all cases on the UR caseload to provide a verbal summary of clinical impressions and recommendations for service planning.

The UR/CQI Specialist will provide verbal and/or written reports to the relevant parties regarding the outcomes of UR/CQI activities and any identified areas for improvement.

3.4.7 Case Manager and FAPT/MDT Responsibilities

The CSA case manager and FAPT/approved alternative MDT will perform UR/CQI functions for children, youth and families who do not fall into any of the above categories. Case managers are required to bring a case through the MDT or FAPT in accordance with CPMT policy. MDT meetings cannot be held without the presence of the family. The FAPT makes every effort to include the youth and family, taking into consideration that some have attended MDTs prior to the FAPT meeting. In cases where the family does not participate, the case manager must submit a copy of the signed MDT plan with the signature page showing the parent/caregiver agreed to participate in requested services. In all cases, the participation of the youth should also be stressed unless determined inappropriate.

Initial case presentations include current and historical information, strengths and needs, services utilized in the past, provider reports (if any), evaluations (if any), a current CANS, and any other pertinent information relating to the youth and family. The team develops long and short-term goals and determines the services necessary to meet them. (See section 2.3.2.2 Family Assessment and Planning Team for detailed information regarding the structure of the FAPT meeting)

Case reviews occur at a frequency determined by the services being provided (See section 2.3.5.1 FAPT Review Frequency).

3.4.8 CQI Process

Data collected from UR reviews and CANS reports will be analyzed related to the delivery and outcomes of mental health services. Data will be aggregated to identify areas for enhancement in service delivery, effectiveness, and efficiency. Findings will be reported to CPMT on an annual basis or more frequently as needed.

CPMT shall consider CQI reports to implement strategies aimed at improving the quality and outcomes of services provided through CSA funding.

3.4.9 Review and Amendments

This UR/CQI policy will be subject to periodic review to ensure alignment with regulatory requirements and best practices. Amendments or updates will be made as necessary to enhance the effectiveness of the UR and CQI processes.

3.4.10 References

All references to the Code of Virginia (COV) sections §2.2-2648 D.15, §2.2-5206.13, and §2.2-5208.5, along with any other relevant statutes or regulations, shall be duly considered in the implementation and enforcement of this policy.

This policy establishes a comprehensive framework for the UR/CQI Specialist within the Frederick County CSA Office to conduct utilization reviews and continuous quality improvement for mental health services in compliance with specified regulations, ensuring efficient and effective services while maintaining a rigorous review and improvement process.

3.5 Funding Authorization (Revised 11/21)

The FAPT/MDT shall make recommendations to the Community Policy and Management Team regarding expenditures from CSA funds in accordance with COV § 2.2-5208. All services must be identified on the Child & Family Team Meeting (CFTM) Care Plan/FAPT Initial or Follow Up form and Budget Request Form and should justify the need for services to be eligible for CSA state pool funds. Services not identified on the CFTM Care Plan/FAPT Initial or Follow Up form and Budget Request Form are not eligible for state pool fund reimbursement.

3.5.1 Intermediary Funding Team (Implementation 1/1/22)

To prevent delays in service initiation and support youth who are eligible for state pool funds, and their families, CPMT has approved an Intermediary Funding Team (IFT) to temporarily authorize funding of services recommended by FAPT/MDT if all other requirements for approval are met. These requirements include but are not limited to: MDT cost parameters and submission of all required CSA documentation. The IFT will consist of the FAPT Chair/Proxy, CSA Representative, and assigned CPMT Chair/Vice Chair/Proxy. Cases will be reviewed weekly, allowing services to be expedited and providing support to families in need, especially during periods of crisis. The authority of IFT is limited to decisions regarding authorization of case specific service expenditures reviewed by FAPT/MDT. All other requests will remain the decision of the CPMT, including but not limited to approval of new services offered by a vendor or rate increases.

The roles of each team member will be as follows:

- FAPT Representative- The FAPT representative will summarize the case and discussion surrounding the recommendation(s) for services. This role will provide support for FAPT related questions and relate any concerns expressed by meeting participants.
- CSA Representative- The CSA representative will provide support for CSA related questions. This role will also present any concerns regarding service requests, funding, policy/procedures, etc.
- CPMT Representative- The CPMT representative will review the Budget Request Form and any information provided by the FAPT and/or CSA representatives. Based on the information provided, the CPMT representative will make a determination to approve temporary funding or defer the service request to the next CPMT meeting for approval/denial.

All Budget Request Forms submitted after the prior month's CPMT meeting will continue to be reviewed at the monthly CPMT meeting for final approval, including both those temporarily approved through IFT and those that have not. If services were initiated through the IFT, but subsequently denied by CPMT, funding will be continued for up to 30 days in order for the case to be reviewed by FAPT/CFTM and a new plan to be developed.

The process will be as follows:

- The case manager will bring the case to FAPT/CFTM for review.
- FAPT/CFTM will make appropriate recommendations for services based on the strengths and needs of the family.
- When all required CSA documentation is received, the Budget Request form will be presented to the next IFT for temporary authorization to utilize CSA funds and initiate services. The IFT will consider items including but not limited to the following:
 - Summary of the strengths/needs of the family
 - Level of care/Service(s) meets the needs of the family
 - Dissent by any FAPT members or participants
 - Any other information at the discretion of the CPMT representative
- The Budget Request form will be presented at the next CPMT for final authorization.

The CPMT shall authorize and monitor the expenditure of funds by each FAPT/MDT in accordance with COV § 2.2-5206.

- All recommendations for funding must be authorized by the CPMT. All expenditures must be reported to the CPMT monthly.
- Service recommendations are presented to the CPMT by the CSA Coordinator on a Budget Request Form.
- Any recommendation for services totaling \$3,500 per month/family or more, or evaluations exceeding \$1000.00 must be reviewed by FAPT prior to approval by the CPMT.
- Additions and extensions to the IFSP that require funding changes must be approved by CPMT before payment.
- Transition to less restrictive services may occur after being reviewed and approved by the FAPT as clinically appropriate. In this case, a new budget form must be completed along with a FAPT review who will approve the transition. Services can be initiated after a Purchase of Service Order (POSO) is generated, and CPMT will review the new budget sheet at the next scheduled CPMT meeting.

- CPMT authorizes transition between vendors without requiring additional FAPT/CPMT approval or Emergency Funding of increased costs when the service remains the same and the rate increase is no more than 25%.
- Any treatment services being provided to a family through MDT/IDT for more than 1 year shall be reviewed by FAPT.
- Any requests for Emergency Funding are subject to the Emergency Funding Policy.
- Special Education private day school or residential placements through an IEP cannot be delayed by the CPMT funding process. Emergency funding is not required; however, a Budget Request form must be submitted to the CSA office, along with required CSA documentation prior to the initiation of services. Once documentation is submitted, a purchase of service order will be generated, and the case will be scheduled for review at the next available FAPT meeting.
- Reimbursements (i.e. SSI, child support, SSA, trust funds) shall be credited to child specific accounts according to policies set by the State.

3.5.2 Emergency Funding Request (Revised 8/23)

3.5.2.1 Authority

This policy was developed in accordance with COV § 2.2-5209 to address issues with Internal Control Weaknesses that were identified by the Office of Children's Services through the Self-Assessment Audit Workbook completed in 2013. Revisions were approved on August 28, 2023.

This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding the use of CSA State Pool Funds to pay for Emergency Services.

3.5.2.2 Criteria

Emergency Funding may only be used for youth eligible for State Pool Funds under a mandated category, or in the case of Intensive Care Coordination with a Family Support Partner use of protected funds is permitted if available, and in instances where it has been determined that service(s) must begin prior to the next IFT/CPMT meeting.

Emergency Funding is available to youth and/or families who:

- Are assessed as High or Very High Risk through the Family Risk Assessment Tool
- Are At-Risk of Out of Home Therapeutic Placement or Disruption or Change of Placement
- Have been placed into the custody of the Department of Social Services
- Have exhibited behaviors within the past 30 days that place the youth or another person at imminent risk of harm
- Require services within the next 30 days to prevent removal, disruption, or additional harm to the youth or another person
- Exhibit acute and rapid onset of behavior which poses high risk to the safety of the child or another person
- Exhibit chronic needs where new behaviors have emerged which pose a high risk to the safety of the child or another person
- Meet the above criteria and have been reviewed by FAPT and identified as requiring the initiation of services prior to the next CPMT funding authorization meeting.

- Have a signed IEP Amendment requiring change(s) in services being funded through the CSA program. (No FAPT Required)

Risk must be clearly documented with justification of need for immediate services. Eligibility documentation must accompany funding requests for cases not currently open to CSA. Emergency Funding may be denied for chronic behavioral issues where imminent risk to self and/or others is not clearly documented. Emergency Funding shall not be approved for services that do not reduce or alleviate immediate risk of change of placement, harm to self or others, or assist in determination of such risk. Such services shall be approved through the regular review process.

3.5.2.3 Policy

Emergency funding requests shall be authorized by two (2) CPMT members, except as indicated below under Section 2.5.2.6 Exceptions. One signature must be the director of the requesting agency or his/her designee. Except in cases of placement outside the home, CSA-funded services shall not commence until the emergency funding request is approved. Requests must be reviewed by FAPT within 14 days, except in cases where FAPT has reviewed the case and recommended the completion of emergency funding to start services immediately, and at the next available CPMT meeting. Emergency funding may only be authorized through the end of the month that CPMT reviews the case.

3.5.2.4 Process

3.5.2.4.1 *During regular business hours*

During regular business hours, the Case Manager shall complete the Emergency Funding Request form and present it for approval by the agency Director or his/her designee and one additional CPMT member.

3.5.2.4.2 *Outside of regular business hours*

Outside of regular business hours, the Case Manager shall contact the agency Director or his/her designated proxy for approval of Emergency Funding. Within 2 business days, the Case Manager must complete the Emergency Funding Request form, obtain the signature of the agency Director or his/her designated proxy, and present the form to one additional CPMT member for approval.

3.5.2.5 Emergency Funding and Budget Request Forms

The Emergency Funding Request form must be submitted to the CSA office to secure a FAPT review. The effective date shall be the date all required signature(s) are obtained unless otherwise noted in this policy, with a termination date to be the last day of the month that CPMT meets. Any other services may be considered and reviewed through the regular approval process. Upon FAPT review, a FAPT Initial or Follow Up form and budget request form shall be completed and include any other services being provided and requested.

3.5.2.6 Exceptions

The following services do not require 2 CPMT signatures for Emergency Funding approval. Where required, an Emergency Funding form should be completed and submitted to the CSA Office when services are initiated and scheduled on the FAPT agenda for review within 14 calendar days.

Intensive Care Coordination and Family/Peer Support Partner:

Virginia has implemented Intensive Care Coordination (ICC) with a Family/Peer Support Partner (FSP/PSP) as the accepted means of providing High Fidelity WrapAround services to children, youth and families in the Commonwealth. These services are provided to families whose child is at risk of out of home intervention, including foster care placement, or who are transitioning from an out of home intervention. In order to expedite the initiation of services, CPMT has granted the authority to approve Emergency Funding for ICC and FSP to the CSA Coordinator. In such cases, CPMT signatures are not required, and the Emergency Funding form shall be completed and submitted to the CSA Coordinator for review and approval.

Foster Care:

1. Maintenance:

The authority to approve expenditures for cases involving only the payment of foster care maintenance is delegated by CPMT to the Director of the Frederick County Department of Social Services. Maintenance payments to DFS foster families shall be approved by the DSS Director based on a rate scale approved by the Virginia Department of Social Services.

2. Goods and Services:

The authority to approve expenditures for foster care youth for goods and other services (medical/health, camp/recreation, etc.) up to \$200.00 per request is delegated by the CPMT to the Frederick County CSA Coordinator.

Special Education Private Day or Residential Placements:

The authority to approve expenditures for cases involving only the payment of Special Education Placements as required by the Individuals with Disabilities Education Act (IDEA) and an Individual Education Plan (IEP) lies with the IEP Team. Although federal regulations prevent the delay of IEP placements, every effort should be made to present the case for review by the FAPT and CPMT prior to the placement of the youth. In the case of Special Education funding changes, the case manager must submit an Emergency Funding Form and signed IEP to the CSA office with the new services. The CSA Coordinator will review documentation to ensure compliance with policy and sign off. New cases must be reviewed by FAPT at the next available meeting date. IEP Amendment changes do not require additional FAPT review, but must remain in compliance with FAPT Review Frequency policy.

3.5.3 Service Termination and Case Closure

- The case manager shall notify the CSA office upon termination of each individual service. At the time a service is terminated, the case manager shall notify the CSA Office within 14 days of service termination.
- Case Closure shall occur when all use of CSA funds have terminated.
- Upon case closure, the case manager shall complete and submit closing CANS to the CSA office within 14 days.

3.6 Appeals

Any child or family that disagrees with the action of the FAPT or MDT, including but not limited to assessment, planning or implementation of services may file a written request for appeal to the Community Policy and Management Team.

Prior to the FAPT or MDT the case manager shall review the Appeals and Rights & Safeguards form with the family. An Acknowledgement of Receipt page shall be signed by the parent/guardian and the case manager and submitted to the CSA office Plan along with the initial referral packet.

An appeal may be requested by the youth or family for any action, including, but not limited to, dissatisfaction with the FAPT assessment, the MDT services as listed, planning or implementation activities, or improper notification of meetings and actions by the FAPT or MDT.

The youth and family shall submit a written request addressed to the CPMT Chairperson for review to the CSA Coordinator within ten (10) calendar days of receipt of IFSP/Family Care Plan and/or right to review notice. The CPMT, at their next scheduled meeting, will then review the decision of the FAPT/MDT and provide a written answer whether it has been upheld or altered within 30 days.

The Community Policy and Management Team shall respond in writing to the youth or family's request for review. While mediation may be used to resolve the disagreement, it shall not be used to deny or delay a youth or family's right to review. The decision of the CPMT is final.

If the referring Case Manager disagrees with the FAPT/MDT recommended services and/or plan, he/she can address their concerns with their CPMT Agency Representative and/or Agency Director. If upon review by the CPMT Agency Representative and/or Agency Director, it is determined that the case needs to come before the CPMT, the Agency Director can request it in writing within 10 calendar days of the IFSP/Family Care Plan. The case will be placed on the CPMT agenda for review and discussion.

3.7 Child and Adolescent Needs and Strengths

"The Child and Adolescent Needs and Strengths Assessment (CANS) shall be the mandatory uniform assessment instrument for children and youth receiving services funded through the state pool. Use of the CANS shall be effective July 1, 2009."

The CANS is a valuable tool used to assess a child and family's strengths and needs. Specific items are rated on a scale to determine if strengths are present and can be built upon or identifying the needs, developing goals, service planning, and monitoring progress toward measurable outcomes.

3.7.1 6 Key CANS Principles

- "Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions."
- "Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. The action levels are described in greater detail throughout this training website."
- "Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. "2" or "3")."
- "Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of

developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age."

- "The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the "what" not the "why". Only one item, Adjustment to Trauma, has any cause-effect judgments."
- "A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period."

The CANS is a tool based on "communications" theory in that the ratings should be scored based on communication between all relevant agencies/disciplines and the family. It should not be considered a psychometric assessment. The CANS is a collaborative tool that when used properly should describe the family's situation and identify areas of need to inform the development of the IFSP. On an ongoing basis, it can also inform the team of progress towards reducing youth and/or family's needs and development of strengths.

3.7.2 CANS Certification

Administration of the CANS requires initial certification and annual recertification. Certification can be obtained by going to the website <https://www.schoox.com/login.php>, creating an account, and following instructions to complete the training. Upon completion, a copy of the certificate along with a signed User Agreement must be provided to the Local Administrator to set up a CANVaS account.

3.7.3 Administration Frequency

*Note- This policy does not replace or revise VDSS requirements for the use of CANS in certain DSS cases. DSS case managers should consult VDSS guidance to ensure compliance with their own agency policies. Where the frequencies of CANS administration intersect, one CANS may be completed, signed and submitted to meet both requirements. Case Managers must, however, use the Comprehensive version of the CANS in accordance with CSA policy.

In Frederick County, the CANS shall be completed by case managers and entered into the online CANVaS version at the established frequency below. Case managers are required to submit a CANS for all youth receiving services funded by CSA. Two versions of the CANS exist, the DSS-Enhanced CANS and the Standard CANS. Each version has separate assessments for children age birth to four and children and youth age 5+. These versions also have both Comprehensive and Reassessment types, which must be completed at a frequency established by CPMT policy.

- DSS agency case managers must use the DSS-Enhanced Version of the CANS. All other agency case managers must use the Standard Version of the CANS.
- "All assessments entered into CANVaS shall be completed and closed no later than 60 days after the assessment is initiated. Closure requires entry of all required information, and the closed assessment should be printed and signed by the assessor. Assessments not closed within 60 days shall be considered invalid and will be deleted from the system. Once deleted, the assessment cannot be retrieved." Signed CANS must be submitted via email to the CSA office.
- A CANS Comprehensive must be completed by the case manager at the following frequency:
 - Initial Referral and Discharge from CSA services.
 - A CANS Reassessment is due at the following frequency:

- Congregate Care settings-every 3 months
- Private Day School placements-every 6 months
- Treatment Foster Care Only-every 6 months
- Community Based Services-every 3 months
- Foster Care Maintenance only (Basic and Enhanced Maintenance/Fostering Futures Stipend, and Clothing Allowance-Annually

The following chart outlines the required frequency of CANS completion and FAPT/MDT review.

Service	FAPT/MDT Review	CANS Completion
Congregate Care	Every 3 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 3 months
Community Based Services, Foster Care Prevention	Every 3 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 3 months
Treatment Foster Care Only	Every 6 months	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 6 months
Basic & Enhanced Maintenance/Fostering Futures, and Clothing Only	Annually	Comprehensive- Initial & Discharge Reassessment-Annually
Private Day School Only	Every 6 months, <u>or</u> Annually with justification to FAPT	Comprehensive- Initial & Discharge Reassessment- Annually and/or Every 6 months
Change in Level of Care	Prior to change of placement or within 14 days if Emergency Funding	

3.7.4 CANVaS

According to the COV § 2.2-5210, “Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of § 2.2-2648.”

CANVaS is the online software developed in order to meet the COV requirements to submit CANS data to OCS. Each locality is responsible to enter individual CANS assessments into the software database for each CSA funded youth.

- All children and youth receiving CSA funded services shall have a CANS completed in accordance with local CPMT policy.
- Every CANS shall be entered into the CANVaS software system.
- Paper CANS score sheets may be used only if the rater is certified. All paper CANS must be entered into the CANVaS software system within 60 days.
- All CANS shall be marked as closed within 60 days of initiation. All required information must be completed for closure. CANS that are not closed within 60 days will be deleted from the system and cannot be retrieved.

3.8 Parental Contribution-Co-payment for Community Based Services

Families of youth who are receiving services and support through the Frederick County Children's Services Act are encouraged to fully participate in the family engagement process adopted by the Frederick County CPMT. In order to maximize the resources of the community, the CPMT, in accordance with the Code of Virginia §2.2-5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

3.8.1 Eligibility

Parents and legal guardians, henceforth referred to as "parents", of children receiving CSA-funded services shall be assessed for appropriate financial contribution toward the cost of services to be provided.

- Youth and families accessing CSA funded services under the following categories will be assessed a co-payment:
 - Foster Care Prevention
 - Non-Mandated
 - Non-IEP services prescribed by FAPE*

*Due to federal regulation for a Free and Appropriate Public Education (FAPE) School-based IEP required services are exempt from the CSA co-pay requirement.

- Due to being referred to the Division of Child Support Enforcement (DCSE), for the collection of child support, the following populations will not be assessed a co-payment. See Frederick County Referral to DCSE for policy and procedures on the following populations:
 - Youth in Foster Care
 - Youth receiving Foster Care Services through a Parental Agreement
- Waivers-Parents enrolled in the following programs will be automatically waived from paying a co-payment:
 - Low Income Home Energy Assistance Program
 - Federal Public Housing Assistance or Section 8
 - Supplemental Nutrition Assistance Program
 - Temporary Assistance for Needy Families (TANF)
 - Free or Reduced Meals under the National School Lunch Program
 - Parents receiving Social Security Disability as their only source of income
 - CSA funding of only Drug Screens or Single Evaluations of \$1000.00 or less.

3.8.2 Methodology

- Informed parental consent – the parents are alerted by the case manager prior to FAPT/MDT that CSA funded services are subject to a co-pay.
- Individual Family Service Plan or Care Plan – the FAPT/MDT service plan shall identify services eligible for co-pay.
- CSA Office Screening – The family shall be subject to a co-pay screening by the CSA Office representative prior to, or immediately after FAPT/MDT to review fees for prescribed services.
 - Parental co-pay for Non-IEP and Nonmandated services shall be assessed prior to the beginning of services. Services shall not start prior to receiving a signed Copayment Agreement.
 - CSA parental co-pay for community-based Foster Care Prevention services shall be waived for the initial 30-day period of services during which time the co-pay will be assessed.
 - The parental co-payment shall be reassessed annually, or in the event of a major change in income, including, but not limited to, change in employment status, household size, etc.

3.8.3 Amount of Parental Co-Pay

Co-pay amounts shall be assessed using the annual total gross income of the parent(s)/legal guardian(s), including SSA, SSI, and/or child support where applicable, with a CPMT-approved sliding fee table based on ability to pay.

3.8.4 Co-payment Assessment/Dispute

- Eligible cases for which the Parental Co-Payment Screening Form has not been completed and signed by the parent/guardian shall be assessed the maximum co-payment amount.
- Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within 14 days of the date that they receive notice, either orally or in writing, of the CSA Office's co-payment determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. Within 30 days of the review, the CSA Office will notify the family in writing of the decision of the CPMT.

3.8.5 Case Manager Responsibility

- The case manager will determine if the child has been screened and/or enrolled in Medicaid, and whether private insurance or other resources are available to meet the child's needs.
- The case manager shall notify CSA involved families of the requirement for an assessment of parental contribution upon accessing CSA funded services. The family shall be informed that failure to provide the supporting documentation to the CSA Office during the assessment period will result in being assessed the maximum monthly co-payment amount until such time as the supporting documentation is provided and screening form is signed.
- Case managers shall list the requirement for parental co-payment on family plans when appropriate, i.e. - care plans, court orders, protective orders, etc.

3.8.6 Provider Responsibility

- Service providers are responsible for the collection of the family's assessed financial contribution.

- The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued.
- Should multiple service providers be authorized during the same monthly service period, the amount of co-payment shall be applied to the highest cost of service or most consistent, continuous service being funded.
- In the event a family fails to pay the assessed co-payment, it will be at the service provider's discretion the action it chooses to take to recover those fees. It is not the practice of the FC CPMT to direct the vendor in its business practice and collection process. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.
- The CSA Coordinator is responsible for monitoring vendor compliance with the Frederick County Co-payment Policy and ensures amounts collected are accurately recorded in the CSA financial reports. Should a family become delinquent, they may utilize the process of appeal that is stated in this policy. During the appeal process, services will continue.

3.9 Referral to the Division of Child Support Enforcement-for Foster Care Services and Out of Home Placements

Families of youth who are receiving Foster Care Services and support through the Frederick County Children's Services Act as defined in the Code of Virginia § 63.2-905 ii & iii will be referred to the Division of Child Support Enforcement (DCSE). Due to the financial responsibility to pay child support, the Frederick County CPMT will not assess a co-payment to families who have been referred to DCSE.

3.9.1 Eligibility

The Parents/Legal Guardians of the following youth will be referred to the DCSE:

- Youth placed in the custody of Frederick County Department of Social Services
- Youth who are receiving Foster Care Services through a Non-Custodial Agreement (DSS) or Parental Agreement (Non-DSS)
- Youth placed in the custody of Frederick County through an Entrustment

3.9.2 Methodology

When a child enters foster care or non-custodial foster care, including a Parental Agreement, the child's case manager (or CSA staff for Parental Agreements) shall file the appropriate application for child support with the State Division of child Support Enforcement (DCSE). The case manager shall provide DCSE with any additional information they need to determine or collect child support.

3.9.3 Good Cause

The CPMT has the authority to determine Good Cause for families receiving Foster Care Services through a Parental Agreement. The establishment of Good Cause will only be considered for families who can provide documentation of financial hardship and allows for a temporary suspension of the DCSE referral. Examples of Good Cause may include homelessness or dependency on Social Security disability. General costs of daily living, e.g. Mortgage, rent, utilities, are not considered sufficient reasons for Good Cause determination. Good Cause will be determined on a case by case basis.

- To request Good Cause, the Parent/Legal Guardian must submit a letter in writing within 14 days of funding approval to the CPMT Chair with an explanation of financial hardship. Documentation of financial hardship must accompany the letter. The letter should be provided to the CSA Coordinator and shall be included in the next regularly scheduled CPMT meeting agenda.

- The CPMT shall review the documentation provided and render a decision, which shall be final.
- Within 30 days of the review, the CSA Office shall notify the family in writing of the decision of the CPMT

When a child receiving services is in the custody of the Department of Social Services, case managers shall arrange for social Security, SSI, Veteran's Benefits, etc., for such children to be redirected to reimburse Frederick County.

3.10 CSA and Partner Agencies

3.10.1 Frederick County Public Schools and Special Education

CSA is required to fund private day schools and residential placements for youth who have an Individualized Education Plan (IEP) identifying that those services are necessary for the provision of a Free and Appropriate Public Education (FAPE). Services provided under this category are considered sum-sufficient and include special education related services as specified on the IEP (except transportation). Students with disabilities are protected under federal law and regulation. Therefore, local CPMT policy and/or procedures shall not interfere with any of these protections.

"The following are some specific provisions regarding the provision of special education services specified in an IEP under the CSA:

- the school division is responsible for providing funding for student transportation;
- according to OCS Memo #18-01 in consultation with the Office of the Attorney General, a ROI must be signed by the parent/guardian for FPCS to share the student's IEP with the CSA office. Without this consent, the CPMT is unable to verify that the student is statutorily eligible for CSA funded services, and therefore unable to authorize the use of CSA funds. In such cases, the local school division is responsible for the cost of providing FAPE.
- no parental co-payments can be required for IEP-based services;
- there is no CSA requirement for involvement of the Family Assessment Planning Team (FAPT) or for the completion of an Individual and Family Service Plan (IFSP) for these children (unless there are other non-IEP services being provided). Federal and state requirements prohibit any entity (including the FAPT and the CPMT) from changing the IEP, including services and placements specified. Essentially, IDEA and the IEP is the prevailing authority in such cases; and
- in addition to being required to authorize funding, the FAPT or CPMT must also collect the required demographic information for CSA reporting and completion of the purchase order for the services. CPMT must also ensure completion of the mandatory CSA uniform assessment instrument (i.e., the CANS)."

Provision of IEP services for a student cannot be delayed for any reason, including CPMT approval of funding. Once the ROI and IEP is signed by the parent/guardian giving permission to implement the plan developed by the IEP team, services can be initiated immediately. As much as possible, however, FCPS and CSA will collaborate to try to bring the case to FAPT prior to placement. CPMT is required to establish policies and procedures to ensure access for CSA funds for these students.

- Students able to complete the CSA process prior to the provision of services, case managers can refer to the Referral Section of this manual.

- Students for whom immediate provision of services is planned, the case manager will submit an ROI, along with a copy of the most recent IEP and Budget Request Form to the CSA Office.
- The student will be scheduled for a FAPT meeting at the next available date and time.

3.10.1.1 Special Education Residential Placements for Non-Educational Reasons

All children and youth who are eligible for special education and have been placed in a PRTF setting shall be the responsibility of the local school division of the placing jurisdiction. In these situations, the IEP team of the placing jurisdiction shall revise the IEP to reflect the non-educational placement and address the student's educational needs while in placement. The local school division is responsible for ensuring that FAPE is being provided, however the division has no responsibility for the residential placement/services or for special education least restrictive environment requirements, or for the student's general education costs.

Students eligible for special education and able to access their education in the public school setting are expected to enroll in the public school of the locality of the TGH. Students are eligible for special education private day schools and residential treatment facilities only if indicated on the IEP, except in cases of placement in an Assessment and Diagnostic TGH setting.

For more information regarding the residential placement of Special Education students, refer to Appendix 4.1.

3.10.1.2 Wraparound Services for Special Education Students

The Special Education Mandate is available to serve youth eligible for Special Education whose disability extends beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting. To qualify, the behaviors being exhibited must clearly link to the Special Education disability identified. Services must be provided in the home or community and are prohibited from being provided in the school setting during the normal educational day. These funds are accessed through the normal CSA referral process and are eligible for a co-payment assessment.

3.10.2 Juvenile Court Service Unit

3.10.2.1 Eligibility

Youth referred by the JCSU who do not meet eligibility for CSA funding under one of the sum sufficient categories may meet criteria as a non-mandated youth. A child or youth who has been determined by a court of competent jurisdiction to meet requirements for a CHINS, can access state pool funds under the Foster Care Prevention category. The FAPT can also determine a child or youth meets CHINS criteria.

Eligibility for youth referred through the JCSU ends on the youth's 18th birthday, even though the DJJ may retain legal jurisdiction over certain youth through age 21. For youth who are in foster care and enter the DJJ prior to age 18, however, will return to the custody of the LDSS when released from DJJ.

3.10.2.2 Case Management

JCSU staff may serve as case manager only within their "statutory authority to supervise juveniles before the CSU and/or the juvenile and domestic relations court under diversion or court-ordered supervision. This may include youth being served through informal "diversion" (§16.1-260); youth placed on court ordered supervised or unsupervised probation or an order of the court for the child and/or his parent to participate in programs or treatment and that such participation be monitored by

the staff of the court service unit. This is typically limited to juveniles before the court or the court service unit (in cases handled informally through diversion) on charges of delinquency (§16.1- 278.8) or being a child in need of supervision (§16.1-278.5). These restrictions on case management by CSU personnel do not necessarily prohibit such personnel from making an initial referral to FAPT for a child before the court, but not yet under diversion or court-ordered supervision. Once such referral is made, the FAPT can then determine the appropriate agency to provide CSA case management should the child be determined eligible for CSA funded services.”

3.10.3 Department of Social Services

3.10.3.1 Maintenance

The definition of “maintenance”, as adopted by Title IV-E of the Social Security Act, is “payments on behalf of a child in foster care to cover the cost of food, clothing, shelter, daily supervision, school supplies, a child’s personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement.” This definition extends to CSA and the payment of Foster Care Maintenance to a foster parent or licensed child placing agency.

The term “maintenance payment” may include both Basic and Enhanced per diem rates. Basic Maintenance includes the cost of items defined in the above paragraph. Enhanced Maintenance may be provided to a family if a child’s behavioral health or medical needs are beyond the normal development of same age peers. If identified, the child must be assessed through the Virginia Enhanced Maintenance Assessment Tool (VEMAT) to determine the severity of need. Both Basic and Enhanced Maintenance per diem rates, along with an annual Supplemental Clothing Allowance are determined by VDSS and cannot be changed by an individual locality.

Children who are placed in the custody of LDSS must be reviewed for Title IV-E eligibility. If approved, Title IV-E may cover the costs of Basic and Enhanced Maintenance, Clothing Allowance, travel for the child to visit with family or relatives, child care, and travel for a child to remain in his/her prior school as determined through a Best Interest Determination (BID) meeting. CSA state pool funds are used until determination is made. If eligible, Title IV-E will reimburse CSA funds retroactively to the date of eligibility. If a child loses Title IV-E eligibility while in foster care, payments do not automatically become CSA reimbursable. The LDSS may be responsible for payment under certain circumstances (i.e. if the child’s annual court review is not held in a timely manner, or a court order lacks the judge’s confirmation that “reasonable efforts” have been made toward a permanency goal). Each situation should be reviewed on an individual case-by-case basis.

3.10.3.2 Treatment Foster Care

3.10.3.2.1 Authority

This policy was developed in accordance with the Standardized Levels of Treatment Foster Care Policy adopted by the SEC effective July 1, 2015. The policy states:

“Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster care services are appropriately matched to the individual needs of the child or youth in accordance with the SEC

approved “Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies.”

This policy shall revoke any previous guidance or statement of policy issued by the Frederick County CPMT regarding the use of CSA State Pool Funds to pay for Treatment Foster Care Services.

3.10.3.2.2 Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies adopted by the SEC

- The determination of the appropriate service level is always based on the individual child’s specific needs and strengths.
- The Family Assessment and Planning Team (FAPT), or approved Multi Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, service delivery and decision-making process to determine the appropriate level of care for the child.
- Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved to a new LCPA.
- The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. The time frame of the assessment may vary based on the accurate and thorough assessment of the child’s strengths and needs.
- Following the assessment, the assessment shall be provided by the LCPA to the LDSS with copies to the FAPT/MDT with recommendation of level of care.
- The determination of level of care shall be made collaboratively based on all available information and documentation of the child’s needs by FAPT/MDT and the LCPA.
- Determination of the initial level of care and a child’s movement between levels of care will be based on a combination of factors, including but not limited to: child’s current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school, case manager and provider reports, etc.

3.10.3.2.3 Frederick County CPMT Requirements

- Due to the level of need and cost of services, youth requiring TFC must be reviewed by the FAPT.
- An assessment with recommendations on level of care must be provided by the LCPA to the case manager at least 7 days prior to the FAPT meeting.
- The Case Manager shall complete a CANS and VEMAT at least 7 days prior to the FAPT meeting. These shall be submitted, along with the LCPA Assessment, supportive documentation, and other FAPT required documents, to the CSA Office by close of business the Thursday prior to the scheduled meeting.

3.10.3.2.4 Levels of Care Criteria adopted by the SEC

- Non-Treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-

treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.

- Level 1 Treatment Foster Care (Mild): A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require monitoring or the LCPA may need to provide services to lessen the likelihood needs will return.
- Level 2 Treatment Foster Care (Moderate): A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.
- Level 3 Treatment Foster Care (Significant): A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement.

3.10.3.3 Adoption Assistance

Adoption Assistance (AA) is a funding stream available to foster care youth in the process of adoption. Beginning the date an adoption assistance agreement is signed by the adoptive parents, maintenance and services are paid through AA and CSA state pool funding is terminated. If the adoptive family moves to another locality, the AA remains with the locality of origin.

Youth receiving AA and requiring a high level of care in a PRTF must be reviewed by the FAPT in the locality where the child resides. These youths are not automatically eligible for services. The purpose of the FAPT review the following:

- Determine that services less restrictive than residential placement are not appropriate in meeting the child's needs at this time.
- Recommend that time-limited residential treatment is the most appropriate, least restrictive, and most effective service in meeting the child's needs.
- Recommend services and/or supports to successfully transition and return the child home at the earliest appropriate time consistent with the child's special needs.

Adoption Assistance is 100% state funding; no local match is required. Youth placed in a PRTF through AA where no CSA funding is necessary, are not considered CSA youth. Any Medicaid documentation must reflect that it is a “Non-CSA” placement. In certain situations, residential education of youth eligible for special education may be funded using CSA state pool funds. If CSA funds are used for any portion of a residential placement, that child is considered a CSA youth and the locality is assessed the Medicaid local match.

3.10.3.4 Fostering Futures

The Fostering Futures program was established on July 1, 2016 to provide additional support and resources to youth reaching adulthood. Youth who turn 18 on or after this date are eligible for the program upon meeting eligibility criteria and signing a Voluntary Continuing Services and Support Agreement (VCSSA). The VCSSA must be signed on or within 30 days following the youth’s 18th birthday or upon entering the Fostering Futures program. If the signature is not obtained, (except when a youth is in congregate care), neither CSA nor Title IV-E funding can be used to pay maintenance expenses. Youth participating in the Fostering Futures plan will be eligible for Medicaid until their 26th birthday.

****Below is general information about the Fostering Futures program. For full details about eligibility, along with necessary forms of documentation, case management, and review, refer to the Foster Care/Fostering Futures section of the VDSS Child and Family Services Manual.**

3.10.3.4.1 *Criteria*

Age eligible foster care youth must meet one of the criteria below:

- Youth who were in the custody of a LDSS upon turning 18 and have not yet turned 21, including those placed through an entrustment or non-custodial agreement
- Youth in Permanent Foster Care (PFC) when they turn 18 will qualify for both Fostering Futures and PFC concurrently
- Youth who were in the custody of a LDSS when being committed to DJJ and were released between the ages of 18 and 21.

Exclusions:

- Full-time students who expect to complete secondary education or equivalent training before reaching the age of 19 and who are placed in a congregate care environment prior to reaching the age of 18. Youth in this situation will continue their current foster care status and placement until they complete school, or it becomes evident that they will not complete their school prior to their 19th birthday. Upon completion or determination of inability to complete educational requirements by their 19th birthday, the youth must immediately transition out of congregate care and enter the Fostering Futures program.
- Youth who turn 18 and are not enrolled in secondary education or equivalent must immediately transition out of congregate care and enter Fostering Futures.

3.10.3.4.2 *Continuing Requirements for Fostering Futures*

Once enrolled in the Fostering Futures program, youth must sign the VCSSA and meet one of the following conditions by being currently involved in or showing evidence of intent and plan to engage in:

- Completion of a secondary education or GED program.
- Enrollment in an institution that provides post-secondary or vocational education (full or part-time status acceptable).
- Participation in a program or activity designed to promote or remove barriers to employment.
- Employment for at least 80 hours/month.
- Are incapable of engaging in any of the above activities due to a medical condition.

3.10.3.4.3 *Maintenance costs*

Maintenance payments shall not begin until the VCSSA is signed by the youth. Payments can be made directly to the youth, landlord, or vendor as determined collaboratively, except in certain cases. Maintenance payments cannot be paid directly to the parent/guardian from whom the child was removed. If the youth chooses to remain with his/her foster family, maintenance payments are made directly to the foster parents, who can continue to receive enhanced maintenance as determined by the VEMAT.

If the youth and foster family decide to treat the situation as a boarder, where the youth pays the foster family rent, the foster family is not eligible to receive enhanced maintenance.

3.10.3.4.4 *Eligible Supervised Independent Living settings (SIL)*

SIL settings do not have to be approved by the case worker, but should be chosen based on availability, the youth's preference, and the youth's level of ability to live independently. SIL settings include but are not limited to a foster home (may be considered an independent living arrangement), licensed independent living apartment program, family member or former caregiver, apartment, or dormitory. SIL settings not allowed are congregate care, active duty military (except National Guard or Military reserves), or incarceration for 30 days or more.

A participant who is not receiving a maintenance payment because they are temporarily not in a placement may remain a Fostering Futures program participant. Examples of this situation include boot camp, short term jail stay, and placement in a skilled rehabilitation facility or residential vocational training program (e.g. Wilson Workforce and Rehabilitation Center.)

3.10.4 Community Services Board

Northwestern Community Services Board (NWCSB) is a public agency serving 6 jurisdictions including Frederick, Clarke, Page, Shenandoah, and Warren counties, and the city of Winchester. Services provided include referrals, case management, outpatient, day support, emergency, and Medicaid Addiction Recovery and Treatment Services (ARTS) benefits. Services for youth and families can be funded through several streams: sliding fee scale, Medicaid, CSA funding, etc.

At the time of FAPT referral, the CSB can request funding for case support in accordance with the contracted rates. Funding is allowable when the CSB provides primary case management for FAPT purposes and the CSA Eligible youth cannot access this service through Medicaid or private insurance. DBHDS regulation requiring case management is limited and therefore not supported with adequate state funding. NWCSB relies heavily on fees for services, unlike other state agencies that receive administrative funding to provide case management and other services. NWCSB is the only agency who can receive funding for case support, as it is not the responsibility of the CSB to provide this service.

3.11 Emergency Operations

In the event that a local, state, or national declaration of emergency impedes the member agencies from being able to attend the FAPT or CPMT meetings, causing an inability to obtain a quorum, the following policies will apply:

3.11.1 FAPT Emergency Operations

The COV § 2.2-3703 Virginia Freedom of Information Act (FOIA), Section A.3 specifically excludes the Family Assessment and Planning Team from the requirements of FOIA regulations, allowing the team the freedom to use any means of communication without restriction. However, consideration must be given to Health Insurance Portability and Accountability Act (HIPAA) and protecting the Personal Health Information (PHI) of the youth and families we serve.

- Under emergency conditions, the FAPT will make every attempt to maintain its schedule through any combination of HIPAA compliant means, including phone and/or video conferencing. If obtaining a quorum is not possible, CPMT authorizes the continuation of funding for current services until the case can be reviewed at the next available FAPT meeting.
- If new services are necessary during this time, authorization can be obtained through the Emergency Funding process. See [Section 3.5.1](#) for Emergency Funding policy and procedures.
- Case managers must complete and submit a new budget request form signed by their supervisor for services to continue. Failure to do so will result in the denial of CSA funds.

These cases will be temporarily exempt from the CPMT requirements of the FAPT review frequency. See [Section 3.7.5.1](#)

3.11.2 CPMT Emergency Operations

The COV § 2.2 Chapter 37 Virginia Freedom of Information Act informs government bodies on regulations pertaining to the conduct of public meetings. The Community Policy and Management Team is considered an open meeting and must comply with these regulations. Given one role of the CPMT is to authorize expenditures of the FAPT and other multidisciplinary teams, the youth and families we serve are dependent on CPMT's ability to approve funding. FOIA does not allow for members of open meetings to participate through electronic communication except in instances when the Governor has declared a state of emergency, the declaration renders it impracticable or unsafe for the public body to physically congregate, and the purpose of the meeting is to "discuss or transact business statutorily required or necessary to continue operations of the public body" and "discharge its lawful purposes, duties, and responsibilities."

During a State of Emergency declared by the Governor that does not render it impracticable or unsafe to physically congregate:

- Under emergency conditions, the CPMT will make every attempt to maintain its schedule. If a quorum cannot be obtained, CPMT authorizes the continuation of funding for current services until the end of the month in which FAPT can review the services and a quorum can be obtained by CPMT. Upon obtaining a quorum, the CPMT will review the continuation of funding and requests for Emergency Funding that occurred during the period of absence.
- Only for the duration of emergency and while CPMT is unable to obtain a physical quorum, the CPMT gives the Chairperson authority to make decisions on behalf of the team on items that are

necessary for CSA to continue operations and cannot be delayed until the next official meeting. Any decisions made will be presented and ratified at the next available CPMT meeting.

During a State of Emergency declared by the Governor that renders it impracticable or unsafe to physically congregate:

When the Governor declares a state of emergency and it is impracticable or unsafe to physically meet, Frederick Count CPMT has adopted the policy of the approved by the General Assembly below:

- “Notwithstanding any other provision of law, any public body, including any state, local, regional, or regulatory body, or a governing board as defined in § 54.1-2345 of the Code of Virginia may meet by electronic communication means without a quorum of the public body or any member of the governing board physically assembled at one location when the Governor has declared a state of emergency in accordance with § 44-146.17, provided that (i) the nature of the declared emergency makes it impracticable or unsafe for the public body or governing board to assemble in a single location; (ii) the purpose of meeting is to discuss or transact the business statutorily required or necessary to continue operations of the public body or common interest community association as defined in § 54.1-2345 of the Code of Virginia and the discharge of its lawful purposes, duties, and responsibilities; (iii) a public body shall make available a recording or transcript of the meeting on its website in accordance with the timeframes established in § 2.2-3707 and § 2.2-3707.1 of the Code of Virginia; and (iv) the governing board shall distribute minutes of a meeting held pursuant to this subdivision to common interest community association members by the same method used to provide notice of the meeting.
- A public body or governing board convening a meeting in accordance with this subdivision shall:
 1. Give notice to the public or common interest community association members using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body or governing board conducting the meeting;
 2. Make arrangements for public access or common interest community association members access to such meeting through electronic means including, to the extent practicable, videoconferencing technology. If the means of communication allows, provide the public or common interest community association members with an opportunity to comment; and
 3. Public bodies must otherwise comply with the provisions of § [2.2-3708.2](#) of the Code of Virginia.The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes of the public body or governing board.”

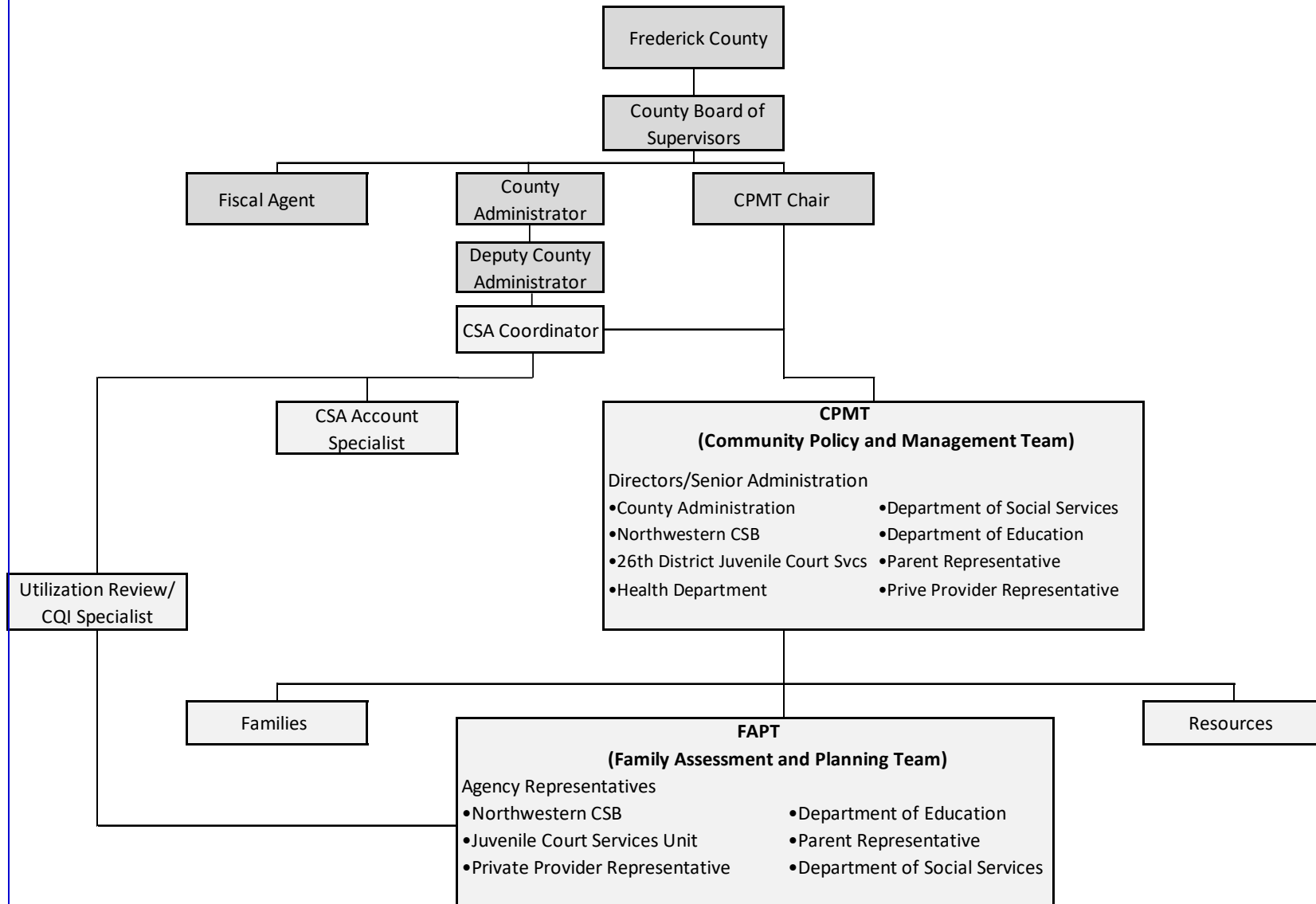
Explanation:

(This amendment provides authority for public bodies, including agencies, boards, and common interest communities to conduct electronic meetings during a declared state of emergency when it is impracticable or unsafe to assemble a quorum in a single location.)”

4 Frederick County Program Administration

4.1 Organizational Chart

Frederick County CSA Organizational Chart



4.2 Community Policy & Management Team By-laws(Revised 9.22.25)

4.2.1 Name

The name of the Team providing services established by the Children's Services Act shall be the Frederick County Community Policy and Management Team (CPMT).

4.2.2 Purpose

The Team shall be responsible for serving eligible families and youth of the County of Frederick. The purpose of the CPMT shall be to create, maintain, and manage a collaborative system of services within the funding limitations defined by the state and local government regulations that is child-centered, family focused and community-based.

4.2.3 Legal Authority of CPMT

Members of the CPMT are appointed by the Frederick County Board of Supervisors pursuant to Sections 2.2-5204 and 2.2-5205 of the Code of Virginia. As such, the Team members serve at the pleasure of the appointing governing body.

4.2.4 Goal

The Frederick County CPMT believes that the family and home environment provide the best support for raising children. The team shall pursue and encourage collaborative activities that seek to insure the provision of child-centered, family-focused, community-based services. The goal is to preserve the family by providing appropriate services, while protecting the welfare of the child and maintaining the safety of the public. The CPMT will accomplish its goal through the following means:

- The CPMT shall promote a family serving system that is based on proactive intervention and empowerment of families to succeed as a unit.
- The CPMT shall assist youth and their families in accessing appropriate human services, and shall assist human service agencies to be responsive to each family's unique strengths and needs.
- The CPMT shall encourage families to utilize their strengths and shall advocate for needed services by developing customized, individualized service plans.
- The CPMT shall facilitate cooperative interagency activities.

4.2.5 Membership

Membership shall include at a minimum at least one elected representative of the local governing body or his/her designee and the local agency heads or their designee from the following agencies; Community Services Board, Juvenile Court Services Unit, Health Department, Department of Social Services and the local school division, a representative of private provider of child or family services from the locality and a parent representative.

Parent Representative Stipend

The Parent Representative shall receive a stipend of fifty dollars (\$50.00) per CPMT meeting attended. The stipend is intended to support and encourage active parent participation in the CPMT process. The stipend will be disbursed through the Frederick County CSA Office in accordance with County fiscal procedures.

If the local agency head or designee cannot attend, that agency may send a proxy in his/her place. It will be the agency's responsibility to notify the CSA Coordinator of this change and review the Committee's function and agenda with the replacement prior to the meeting. The proxy shall be included in establishing a quorum and shall have full authority to vote on behalf of the agency.

4.2.6 Term

Agency heads and local government representatives or their designee shall have no term limit as long as they continue to retain their appointed or elected office or hold a pertinent position with their respective agency (or in the case of a designee of an elected official, as long as the elected official retains the elected position.) Parent and private provider representatives shall be appointed by the Board of Supervisors for a two-year term and shall be eligible for reappointment. Vacancies shall be filled for unexpired terms in the same manner as the original appointment. The CPMT will request review of the appointments by the Board of Supervisors in May of even numbered years.

4.2.7 Powers and Duties

The CPMT shall have the general powers, duties, and responsibilities of a policy and management team as set forth in Section 2.2-5206 of the Code of Virginia as amended. As established by Code, the powers and duties of the CPMT are:

- Develop interagency policies and procedures to govern the provision of services to children and families in its community;
- 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;
- 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;
- Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;
- Establish policies governing referrals and reviews of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding;
- Establish quality assurance and accountability procedures for program utilization and funds management;
- Establish procedures for obtaining bids on the development of new services;
- Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund, and any other source;
- Authorize and monitor the expenditure of funds by each family assessment and planning team in a manner approved by the State Executive Council
- Submit grant proposals that benefit its community to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
- Serve as its community's liaison to the Office of Children's Services Act, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;

- Collect and provide uniform data to the State Executive Council and Board of Supervisors 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;
- Review and analyze data in management reports provided by the Office of Children's Services Act in accordance with subdivision D 18 of section 2.2-2648 to help evaluate child and family outcomes and provider performance. Additionally, track the utilization and performance of residential placements to help develop and implement strategies for returning children placed out of State, to prevent placements and reduce stays in residential programs for children that can appropriately and effectively be served in their home, a relative's homes, family-like settings or their community.
- Administer funds pursuant to § 16.1-309.3
- Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used.
- Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14-17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (section 37.2-403 et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the reporting entities.
- Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the CSA program, consistent with guidelines developed pursuant to subdivision D 22 of section 2.2-2648
- Appoint the Family Assessment and Planning Team as per Section 2.2-5207 of the code of Virginia, as amended.

4.2.8 Rules of Order

The CPMT will strive to make decisions by consensus, however, Roberts rules of Order, Newly Revised shall be used as a guide for conducting business. Except for amendments to these By-laws, actions of the CPMT shall be decided by a majority vote of a quorum of the CPMT members. (Amendments to the bylaws are addressed in [3.2.16](#) below.) All issues of parliamentary procedure shall be referred to the Vice-Chair.

4.2.9 Quorum

A quorum shall be defined as a majority of the membership.

4.2.10 Officers

The Officers of the CPMT shall include Chair, Vice-chair, and Secretary. The office of Secretary shall be appointed by the Chair and may be occupied by an individual other than a member of the CPMT. The Officers will serve a one-year term from July 1 through June 30. The Chair shall rotate on an annual basis among all CPMT members, excluding the Parent Representative. The rotation is as follows:

- 1 Frederick County Public Schools
- 2 County Administration
- 3 Health Department
- 4 Court Services Unit

- 5 Department of Social Services
- 6 Private Provider Representative
- 7 Community Services Board

4.2.11 Duties of the Chair

The duties of the Chair shall be:

- To preside at all meetings of the CPMT.
- To appoint committees necessary for operation of the CPMT.
- To work closely with the Chair of the FAPT.
- To perform any other duties determined by the CPMT.
- To keep the State Executive Council and the Frederick County Board of Supervisors informed of the activities of the CPMT as necessary.
- To provide direction to the CSA Coordinator on behalf of the CPMT.

4.2.12 Duties of the Vice Chair

In the absence of the Chair, the Vice Chair shall perform the duties of the Chair and any other duties assigned by the CPMT. The duties of the Vice Chair shall be performed by the upcoming Chair.

- Shall function as Parliamentarian.

4.2.13 Duties of the Secretary

The Secretary shall:

- Be responsible for recording the actions of the CPMT meetings and committees thereof.
- Oversee the maintenance of the official records of meetings of the CPMT and committees thereof and all correspondence to and from the CPMT.
- Initiate correspondence as directed by the Board

4.2.14 Meetings

- Regular meetings shall be held at a time agreed upon by the CPMT.
- The time and place for the regular meetings shall be established at the annual meeting held in July of each year or as soon thereafter as possible.
- Special meetings of the CPMT may be called by the Chair, or upon the request of at least three CPMT members.
- Where a concern might arise regarding the health or safety of a youth or other urgent matter, an Emergency meeting of the CPMT may be called by any member of the team. The Emergency meeting shall consist of a quorum of CPMT members and/or their proxies, in accordance with VFIOA regulations, and must occur within one business day. There shall not be more than 2 proxy members in attendance.

4.2.15 Confidentiality

All information about specific children and families obtained by the CPMT members in the discharge of their duties and responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements. Each member of the CPMT shall be required to sign a confidentiality form prior to taking up their appointment to CPMT.

4.2.16 Amendments

The terms and provisions of the bylaws of the CPMT may be amended at any regular meeting of the CPMT by a two/third majority vote.

4.2.17 Immunity from Liability

As per Section 2.2-5205 of the Code of Virginia, as amended, "Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent."

4.3 Training

The Frederick County Community Policy and Management Team (CPMT) recognizes the importance of effectively communicating the requirements of the Children's Services Act (CSA) to identified stakeholder groups and child serving agencies, herein referred to collectively as the "trainee"). This policy establishes guidelines for communication to ensure that these individuals are informed and compliant with CSA regulations, guidelines, and policies.

4.3.1 Objectives:

- To ensure that trainees have a clear understanding of the requirements set forth by the Children's Services Act (CSA) and its related policies.
- To facilitate compliance with CSA regulations and guidelines in the provision of services to children, youth, and families.
- To promote consistent and accurate communication of CSA requirements to trainees.

4.3.2 Communication Responsibilities:

4.3.2.1 CPMT:

- The CPMT shall be responsible for developing and disseminating information regarding CSA requirements to trainees.
- CPMT members shall ensure all appropriate staff from their respective agencies participate in mandated CSA training.
- CPMT shall ensure that communication is clear, comprehensive, and up to date.
- CPMT shall establish mechanisms to address questions and concerns, and provide ongoing support related to CSA requirements.

4.3.2.2 Individual Trainees:

- Trainees shall actively seek and engage with the communicated CSA requirements.
- Trainees shall comply with the communicated CSA requirements and adhere to established procedures and protocols.

4.3.3 Communication Methods:

4.3.3.1 Written Communication:

- CPMT shall provide written materials such as policy manuals, handbooks, guidelines, and memos to communicate CSA requirements.
- Written materials shall be accessible, concise, and organized to facilitate understanding and compliance.

4.3.3.2 Training and Workshops:

- CPMT shall conduct training sessions and workshops to educate trainees on CSA requirements.
- Training sessions and workshops may include presentations, group discussions, case studies, and interactive activities.
- Training topics shall include but are not limited to CSA New Case Manager Orientation, CSA Policy & Procedures, CSA Eligibility, CANS, FAPT Roles and Responsibilities, CPMT Roles and Responsibilities.

4.3.3.3 Digital Communication:

- CPMT shall utilize digital platforms such as email, intranet, or other electronic means to distribute CSA requirement updates, reminders, and clarifications.
- Digital communication shall be timely, reliable, and easily accessible to all relevant stakeholders.

4.3.4 Communication Content:

4.3.4.1 CSA Policies and Procedures:

- Trainees shall be provided with comprehensive information on CSA policies and procedures.
- Communication shall include information on eligibility criteria, service planning, documentation requirements, reporting, and any updates or changes to policies and procedures.

4.3.4.2 Case-Specific Requirements:

- Trainees shall receive communication regarding case-specific CSA requirements for the children, youth, and families they serve.
- Communication shall address specific service needs, treatment goals, service provider expectations, and any other pertinent information.

4.3.4.3 Timelines and Deadlines:

- Communication shall include clear timelines and deadlines for trainees to complete required tasks and submit documentation in compliance with CSA requirements.
- Timelines and deadlines shall be reasonable, feasible, and supportive of effective service delivery.

4.3.5 Documentation and Recordkeeping:

- CPMT shall maintain accurate and up-to-date records of all communication distributed to trainees regarding CSA requirements.
- Records shall include the date, content, and recipients of the communication, as well as any acknowledgments or confirmations of receipt.

4.3.6 Non-Compliance:

Non-compliance with this policy may result in corrective actions, including but not limited to verbal/written warnings, retraining, or other appropriate measures, in accordance with CPMT's policies and procedures.

4.3.7 Policy Review

This policy shall be reviewed in accordance with the established frequency of the Frederick County CSA Policy and Procedure Manual to ensure its effectiveness and compliance with changes in CSA regulations and guidelines. Any updates or amendments to this policy shall be communicated to relevant stakeholders in a timely manner.

4.4 Fiscal Procedures

Frederick County CSA adheres to a payment process that ensures the division of responsibility. These fiscal procedures provide the separation of duties to create “checks and balances” across systems.

4.4.1 Purchase of Service Order procedures

- Case Manager completes a budget sheet for requested services
- Budget sheets requests are approved by the MDT facilitator and supervisor or FAPT
- Copies of budget sheet forms are provided to CPMT for funding authorization
- CSA Account Specialist generates Purchase of Service Orders (POSO) and Vendor Invoices, which are signed off by the CSA Coordinator, case manager (not required for DSS cases), and DSS Administrative Manager
- POSOs are separated and distributed:
 - White copy to DSS Fiscal Assistant
 - Yellow copies are mailed to the vendors
- The vendor agrees to the POSO by checking the appropriate box, signing and returning the yellow copy
- Returned yellow copies of the purchase orders go to DSS Fiscal Assistant

Vendor invoices are not paid unless the purchase order is returned signed, indicating agreement in the checked box. At the end of each month, the vendor completes and returns the yellow copies of FC CSA invoices (vendors can send in their own as well, however FC CSA copy must be returned with it).

- Invoices are returned to the CSA Account Specialist. Returned invoices are compared against the approved Budget Request form to ensure the rate and amount billed are less than or equal to the signed POSO.
- Yellow copies are dated and initialed by the CSA Account Specialist and forwarded to the DSS Fiscal Assistant for payment processing.
- If there are discrepancies on the invoices, the CSA Account Specialist researches the issue and contacts the vendors. Discrepancies submitted on an invoice will be resolved by the CSA Account Specialist. The purchase order copies cannot be altered or modified by the vendor. Altered or modified POSOs will not be accepted.

4.4.2 Case Action Procedures

- Services paid on a Case Action are reviewed by the CSA Account Specialist to ensure CPMT funding authorization was approved.
- CSA Account Specialist will create a case action for authorized services from information on the vendor invoice. Copies of the vendor’s invoice are attached to each print of the case action.

- Case manager and CSA Coordinator (or just the CSA Coordinator if the worker is not available) will review and sign the case action.
 - Clerical copy is given to DSS Fiscal Assistant for payment
 - Case copy is given to the workers (DSS) or kept in the CSA Client file (non-DSS)
 - CSA Account Specialist keeps a copy for reference.

4.4.3 Pre-check List Procedures

All invoices and payments must be processed by noon approximately one week prior to the check run. Once processed, the DSS Fiscal Agent runs a report listing all checks to be paid (pre-check list).

- The pre-check list is reviewed by the CSA Account Specialist for payment accuracy.
- CSA Coordinator ensures appropriate mandate and service types codes are used and signs off as supervisor, and distributed to case managers.
- DSS case managers sign pre-check list upon review of accuracy of services and payments. Non-DSS case managers are not required to review and sign pre-check list. These are given directly to DSS Fiscal Assistant.
- After obtaining appropriate signatures, the pre-check list is returned to the DSS Fiscal Assistant.

Checks are printed twice per month around the 15th and 30th (adjusted for holidays or county closures).

4.5 Data Submission to OCS

Various sections of the COV and the Appropriation Act require that “using a secure electronic database,” the CPMT and FAPT shall provide the Office of Children’s Services with client specific data, including information from the mandatory uniform assessment instrument and the Local Expenditure Data Set Reimbursement System (LEDRS). Local governments meet these obligations when case managers complete the CANS assessment online in CANVaS and when the CSA data set and expenditure files, containing demographic, service and financial data for each child and youth are submitted. All client specific information shall remain confidential. Only non-identifying aggregated demographic, service and expenditure information may be made available to the public. Additionally, when communicating via e-mail, whenever any Personally Identifiable Information (PII) is included, such e-mail should be encrypted. (CSA User Guide Sec. 4.4.3)

In Frederick County, the CSA Coordinator is responsible for preparing the LEDRS report each month and uploading it to the OCS website. Once uploaded, the county Finance Department is notified, reviews the report against DSS information and their own. If no discrepancies are found, the fiscal agent submits the report to OCS for review and funding reimbursement.

4.6 Contract Administration

All treatment providers must have a current approved contract with Frederick County for the provision of services. A complete contract packet includes the Frederick County Agreement for Purchase of Services (FC APOS), relevant Addenda, Rate Sheet, License, and Certificate of Insurance meeting minimum standards specified in the FC APOS. The contract process is not complete until all required documentation is submitted and approved by CPMT. Approved contracts are maintained in the CSA Office.

Contract years run concurrently with the CSA fiscal year, from July 1 to June 30. Vendors may not increase their rates in the middle of a contract cycle. Any added services provided by the vendor must be approved by

CPMT prior utilization. The CSA Coordinator or case manager may negotiate rates less the contracted price. In such cases, the lower, negotiated rate should be provided in writing by the vendor.

Contract renewals are allowed for a maximum of 3 one year renewals. If Frederick County chooses to renew its contract, an agreement letter will be sent to each vendor outlining the details of the renewal. Each vendor must agree to the terms of the renewal by signing and returning the agreement letter. At the time of renewal, vendors who want to make rate or service adjustments may submit a new rate sheet. New rate sheets must be approved by the CPMT.

4.7 Records Management

4.7.1 Policy

The Frederick County CPMT maintains policies and procedures for management of the Individual Family Service Plans and other documentation consistent with minimum state and federal requirements. The original CSA documents are maintained in the agency file. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. Duplicate CSA documents are maintained in the CSA record. Duplicates ("copies" of convenience) of original records are not under the purview of the destruction schedule and therefore could be purged as long as the original records are maintained by the appropriate originating agency. This information can be found at the following website:

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

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

4.7.2 Procedure

- All records related to and all information about specific children and families obtained by FAPT/MDT, CPMT, and Frederick County CSA shall be confidential.
- FAPT/MDT, CPMT, and Frederick County CSA shall use a secure electronic database to provide the Office of Children's Services Act with client specific information from the mandatory uniform assessment and information in accordance with D 11 of 2.2-264.
- IFSP and other documentation shall be managed in accordance with state and federal requirements.
- Education records shall be handled in accordance with the Family Education Rights and Privacy Act and the Code of Virginia. Frederick County CPMT defines education records broadly as all child specific records maintained by or shared with CPMT from education agencies.
- Retention and destruction of original records shall be based on the agency of origin's retention and destruction policy based on the governing Library of Virginia (LVA) Records and Disposition Schedule.
 - The appropriate state record officers shall sign off on forms before destroying any public record.
 - Duplicates of original records may be purged as deemed necessary, however they shall not be maintained longer than specified by applicable LVA schedules for the original record in question.
- Only CANVaS Designated Super Users/Report Administrators (DSU/RA) or public agency case managers who are responsible for CANS assessments shall attempt to establish accounts or otherwise access this system.
 - All users of CANVaS shall sign a Users' Agreement.

- A case manager's supervisor and the DSU/RA or the Office of Children's Services as appropriate based on the user's role shall authorize all Users' Agreements.
- Case manager access shall be limited to the assessments they enter and the reports generated by those assessments.
- Passwords shall meet required minimum standards set by OCS.
- Case manager access shall be terminated, and the account deactivated should the case manager leave employment with the agency.
- DSU/RAs shall periodically check the listing of case managers with accounts to ensure accounts of those who have left employment have been deactivated.
- Certain Super Users shall be designated to serve as Report Administrators.
 - Report Administrators authorize case manager access to CANVaS and shall have access to our locality CANVaS data.
 - Requests to become or to no longer serve as the DSU/RA or RA for this locality shall be handled in accordance with Office of Children's Services requirements.
- Certification to use the Virginia Child and Adolescent Needs and Strengths (CANS) assessment shall be renewed annually.

4.8 Information Sharing/Confidentiality/Freedom of Information Act (CSA User Guide, Sec 4.4.2)

4.8.1 Public Meetings and the Freedom of Information Act (FOIA)

Conducting the business of the CSA is a matter of public interest. Certain activities are generally presumed to be open to the public and subject to the provisions on the Freedom of Information Act (FOIA). Other activities in which personal and/or protected information about individual children and families is shared are exempt from FOIA and considered "confidential." Specifically, FAPT, MDT and CPMT shall ensure that all discussions regarding the referral and provision of services and funding for specific children and families or review of such referral, services and funding are held confidential, unless a child and family requests in writing that their portion of the meeting be open to the public (§2.2-5210).

Family Assessment and Planning Teams are exempt from the provisions of the Virginia Freedom of Information Act (FOIA.) (§2.2-3700 et seq). Consequently, FAPT meetings are not open to the public "unless the child and family who are the subjects of the proceeding request, in writing, that it be open" (§2.2-5210).

Meetings of the Community Policy and Management Team are not exempt from the provisions of FOIA as the vast majority of the work of the CPMT relates to public information, such as surveying needs and gaps or barriers to services, procurement of services, management of public funds and long-range strategic planning for meeting the community's needs. These activities must be transparent and CPMT meetings are subject to the requirements of FOIA. However, when the CPMT reviews specific cases or approves funding for individual children and families, or needs to discuss other confidential issues, these proceedings shall be held confidential and not open to the public, again, "unless the child and family who are the subjects of the proceeding request, in writing, that it be open." For discussion of confidential matters, the CPMT should follow the process for a closed session outlined in §2.2-3711 and §2.2-3712.

4.8.2 Frederick County Community Policy and Management Team Remote Participation Policy

The Community Policy and Management Team (“CPMT”) adopts the following policy to permit individual members to participate via electronic communication means in CPMT meetings, as permitted by Virginia Code § 2.2-3708.2. Section 2.2-3708.2 states, with respect to such a policy: “The policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.”

A member may participate from a remote location when he or she experiences a personal matter or medical condition or disability that prevents attendance in person.

Whenever a member wishes to participate from a remote location, the following requirements apply:

- On or before the day of the meeting, the member must notify Chair or, if the member who wishes to participate remote is the Chair, the Chair must notify the Vice Chair, and indicate the nature of the matter necessitating remote participation, as set forth below.
- The member’s absence must be due to a personal matter or medical condition or disability that prevents attendance in person.
 - In the case of absence due to a personal matter (not medical/disability), the member may not participate remotely more than twice in one calendar year, and the member shall identify the personal reason, for inclusion in the CPMT's minutes to note remote participation for that reason.
 - In the case of absence due to medical/disability reason, the minutes must note the fact of remote participation for that reason, but minutes need not note the particular condition/disability. There is no limit on the number of times a member may participate remotely for medical/disability reasons.
- The member must identify the location of his participation (which itself need not be open to the public), for inclusion in the CPMT's minutes.
- The member 's voice must be audible to all persons attending the meeting in person.
- The CPMT must approve such participation on the particular occasion and note that fact in the minutes. If the CPMT denies participation, the CPMT also must note that fact in the minutes, with the reasons for disapproval. With respect to approval/denial, the CPMT must uniformly apply the policy (denial can only be for noncompliance with the policy).
- A quorum of the CPMT must be physically present at the meeting location.

4.8.3 Confidentiality and Information Sharing/Protecting Personally Identifiable Information

Members of all teams (FAPT/MDT/CPMT) shall keep confidential all information obtained about a specific child and family during the team process and while carrying out their responsibilities to the team. This information shall not be shared except as permitted by law.

The Code of Virginia (COV) places the responsibility of obtaining the consent to share client information on the agency making the referral to the FAPT. The statutory language also makes clear that all agencies are expected to cooperate with the team and “promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.”

Finally, all information contained in CSA-specific files should be maintained securely, in locked files and with appropriate access controls.

4.9 Risk Assessment Policy and Procedure

“Risk Assessment is the process of analyzing potential events and considering likelihood and impact to determine those events’ possible impact on achievement of objectives. Management must assess the risk of unexpected potential events and any expected events that could have a significant impact. Risk assessment is a continuous and repetitive interplay of actions occurring throughout an organization.” Source: Agency Risk Management and Internal Control Standards

In keeping with best practice standards, the Frederick County CPMT will regularly review its current policy and practices to avoid and/or reduce the impact of unexpected events on CSA operations. The CSA Coordinator and CPMT will annually review the local Continuity of Operations Plans (COOP) to ensure they are aligned with current levels of potential risk to CSA operations, and contain appropriate responses to the identified risk. The results of this review will be reported to the CPMT and any necessary revisions will be addressed as needed.

5 Appendix A- Special Education & CSA Documents

5.1 Residential Placement of Students with Disabilities

	CSA Placement	Parental Placement
Educational Purpose	IEP identifies residential placement as Least Restrictive Environment 1	Parent makes unilateral placement to meet student's educational needs 3
Non-Educational Purpose	IFSP identifies need for residential placement 2	Parent makes placement for treatment purposes 4

NOTES: A placement made through a signed Parental Agreement with a public child-serving agency is a CSA placement. A placement made through Adoption Assistance is a parental placement.

1. IEP identifies private residential placement as LRE
 - §2.2-5211.B1 – “Special Education Mandate” - CSA pays for IEP services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for placement. (Medicaid does not fund the educational portion of services.)
 - School division remains responsible for FAPE (IEP, re-evaluation, progress reporting).
2. IFSP developed by the FAPT identifies need for residential placement
 - §2.2-5211.B2 – “Special Education Mandate” - CSA pays for all services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for residential treatment services. (Medicaid does not fund the educational portion of services.)
 - School division of child's residence remains responsible for FAPE (IEP, re-evaluation, progress reporting).
3. Parent makes unilateral educational placement
 - Child gives up right to FAPE, i.e., child does not have access to public school services. Parent holds fiscal and oversight responsibilities for all services including educational services. (8 VAC 20-81150.C.7.c.)
4. Parent makes placement for treatment purposes
 - Child maintains right to FAPE – school division of child's residence is responsible to ensure student has services necessary to benefit from the residential facility's educational program.
 - School division identifies appropriate services in the IEP and how they will be delivered, e.g., may provide direct services, arrange with another school division to provide services, or negotiate with provider for purchase of appropriate services. See VDOE: SESS FAQ 014-11 for more information. Link: http://www.doe.virginia.gov/special_ed/regulations/state/faq_implementing_regulations/2011/014-11_parent_placement_of_student_residential.shtml.
 - If the least restrictive environment identified in the IEP is private day school, it is appropriate to utilize CSA funds for the services necessary to ensure the child's access to FAPE if such services are to be purchased from a private provider.

5.2 AT A Glance: Funding Under the Children’s Services Act (CSA) for Students with Disabilities

Service	Authority for Funding	FAPT Role	CPMT Role	What CSA Funds	Additional Requirements for School Divisions
Private Day IEP	COV §2.2-5211 B.1	Not required by statute or state policy.	Must authorize funding. CPMT requires from schools: 1. IEP as evidence of student’s eligibility. 2. Demographic data for CSA reporting and purchase order. 3. Progress reporting on IEP. 4. Uniform assessment instrument (e.g., CANS).	All special education and related services on the IEP except transportation.	1. Responsible for transportation. 2. Supply Student Testing Identifier (STI) to CSA. 3. Report tuition code “07” and placement code “03” on VDOE data collections.
Residential IEP	COV §2.2-5211 B.1	Not required by statute or state policy.	Must authorize funding. CPMT requires from schools: 1. IEP as evidence of student’s eligibility. 2. Demographic data for CSA reporting and purchase order. 3. Progress reporting on IEP. 4. Uniform assessment instrument (e.g., CANS).	1. All special education and related services on the IEP except transportation. 2. All costs associated with the residential placement including room and board. (Medicaid used as primary funding source when applicable.)	1. Responsible for transportation. 2. Supply STI to CSA. 3. Report tuition code “07” and placement code “05” on VDOE data collections.
Special education services when a student with an IEP is placed by CSA into a residential program for non-educational reasons	COV §2.2-5211 B.2	Residential placement is recommended by FAPT and included in the IFSP.	Authorizes funding.	All costs associated with the placement.	1. Supply STI to CSA. 2. IEP should note that student is placed in a residential program for non-educational reasons. (Do not change educational placement.) 3. Report tuition code “07” and placement code “05” on VDOE data collections. 4. Responsible for annual IEP review, triennial, etc.
Wrap around services	Policy of the State Executive Council	Determines services and develops IFSP.	Authorizes funding.	Non-residential services to the client and/or family in the home and community.	None

FAPT – Family Assessment and Planning Team

CPMT – Community Policy and Management Team

Virginia Department of Education: Division of Special Education and Student Services

March 2011

6 Appendix B- CSA Forms-Samples Only- DO NOT USE

6.1 Rights & Safeguards

DUE PROCESS OF COMPLAINTS AND APPEALS

Any child or family that disagrees with the action of the Frederick Family Assessment and Planning Team (FAPT) or Child and Family Team (CFT), including but not limited to assessment, planning or implementation of services may file a written request for review to the Community Policy and Management Team.

At the conclusion of the Family Assessment and Planning Team or Child and Family Team review meeting, the Case Manager shall provide the family with a copy of the Individual Family Service Plan or the Family Service Plan including the right to a review, within (10) calendar days of the meeting. Information will be provided in the youth/family's native language or mode of communication.

A review may be requested by the youth, the family for any action, including, but not limited to, dissatisfaction with the Family Assessment and Planning Team assessment, the Child and Family Team services as listed, planning or implementation activities, or improper notification of meetings and actions by the Family Assessment and Planning Team or the Child and Family Team.

The youth and family shall submit a written request addressed to the CPMT Chairperson for review to the CSA Coordinator within ten (10) calendar days of receipt of IFSP/Family Care Plan and right to review notice. The Community Policy and Management Team will then review the decision of the FAPT/CFT and provide a written answer whether it has been upheld or altered within 30 days of review at their next scheduled meeting.

The Community Policy and Management Team shall respond in writing to the youth and family's request for review. While mediation may be used to resolve the disagreement, it shall not be used to deny or delay a youth and family's right to review. The decision of the CPMT is final.

If the referring Case Manager disagrees with the FAPT/CFT recommended services and/or plan, he/she can address their concerns with their CPMT Agency Representative and/or Agency Director. If upon review by the CPMT Agency Representative and/or Agency Director, it is determined that the case needs to come before the CPMT, the Agency Director can request it in writing. The case will be placed on the CPMT agenda for review and discussion.

CHILD & FAMILY RIGHTS AND SAFEGUARDS

The Children's Services Act gives your eligible child and family certain rights and safeguards as you receive services. These procedural safeguards do not take the place of any other review procedures under existing state or federal law (ex. Special Education and Foster Care Law).

1. You will be notified before your child is assessed and/or offered services. This notice will tell you the procedures available to you.

2. You must consent in writing before beginning services listed on the Individual Family Services Plan (unless otherwise ordered by the court, upheld by the appropriate appeals process or authorized by law).
3. Unless otherwise prohibited by state law, you have the right to review, receive a copy of, and correct records concerning your child and to obtain an explanation about any information. You have the right to give permission before any other person or agency can see the records.
4. If you wish, you can have other members of your family, a friend, an advocate or support person, or any attorney present during Family Assessment and Planning Team and Child & Family Team meetings.
5. If you disagree with any of the recommendations about your child's assessment or service plan, you have the right to state your disagreement in writing within 10 calendar days of receipt of the plan and receive an answer in writing within 30 days of the review conducted by the Community Policy & Management Team (CPMT) at their next scheduled meeting. The CSA Coordinator can help you through this process.
6. You have the right to fully participate in the assessment, planning and implementation of services for your child and family.

All parties involved in the Family Assessment and Planning Team and Child & Family Team meetings have the responsibility to be full participants in team meetings.

If you have questions or need further clarification regarding your rights, please contact Jackie Jury, CSA Coordinator, 540-722-8395.

Acknowledgement of Receipt

Child's Name: _____ DOB: _____

I acknowledge that I have received a copy of the Due Process of Complaints and Appeals and Child & Family Rights and Safeguards.

Parent Signature Date

Case Manager Signature Date

6.2 Sample Authorization to Use & Exchange Information

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits. This includes allowing Frederick County CSA to provide pertinent information to a receiving locality in Virginia, should I move while receiving services.

I, _____, am signing this form for

FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS

FULL PRINTED NAME OF INDIVIDUAL

INDIVIDUAL'S ADDRESS

My relationship to the individual is: ☐ Self

☐ Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

Yes No

☒ ☐ Assessment Information

☒ ☐ Financial Information

☒ ☐ Benefits/Services Needed,
Planned, and/or Received

☒ ☐ Substance Abuse Records*

Other Information (write in): _____

INDIVIDUAL'S BIRTH DATE

☐ Parent ☐ Power of Attorney

☐ Guardian

Yes No

☒ ☐ Medical Diagnosis

☒ ☐ Mental Health Diagnosis

☒ ☐ Medical Records

☒ ☐ Psychological Records

INDIVIDUAL'S SSN

Yes No

☒ ☐ Educational Records

☒ ☐ Psychiatric Records

☒ ☐ Criminal Justice Records

☒ ☐ Employment Records

☒ ☐ All of the Above

I want the following entities to be able to use and exchange this information among themselves: Participants in the Child and Family Team meeting, CSA office of Frederick County or locality of residence, Frederick County CPMT, Frederick County FAPT, and/or

I want this information to be exchanged ONLY for the following purpose(s):

☐ Service Coordination and Treatment Planning

☐ Eligibility Determination

☐ Other: _____

I want this information to be shared by the following means: (check all that apply)

☒ Written Information ☒ In Meetings or By Phone ☒ Computerized Data ☒ Fax

I want to share additional information received after this authorization is signed: ☒ Yes ☐ No

This authorization is effective: _____
(DATE)

This authorization is good until: ☐ My service case is closed. ☐ Other: _____

For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specifies an expiration date, event or condition that will occur prior to one year from the date of signature.

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed. However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature: _____

Date: _____

PATIENT/CLIENT-Required for youth 14 yrs and older.

Signature(s): _____ Date: _____

AUTHORIZING PERSON OR PERSONS

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Witness (If Required): _____
(Signature) (Address) (Phone Number)

*NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: This information has been disclosed to you from records protected by

Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2.) The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

[Exchange Information – 12/01/11]

6.3 CSA Eligibility Determination

Frederick County Determination of Eligibility for CSA Funded Services

Child's Name: _____ DOB: _____

Parents/Guardians Name: _____ Date: _____

Has the child been court ordered to FAPT? ☐ Yes ☐ No

Is the child currently living with their parent/legal guardian? ☐ Yes ☐ No

To be eligible for CSA funding, the youth must meet one or more of the following criteria: Specific behaviors must be documented in the provided space below.

- ☐ 1. The child or youth has emotional or behavior problems that: *(Youth must meet all three criteria)*
- have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
- ☐ 2. The child or youth has emotional or behavior problems, or both, and currently is in, or at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.
- ☐ 3. The child or youth requires placement for purposes of special education in approved private school educational programs as indicated by the child's IEP.
- ☐ 4. The child or youth has been:
- ☐ Placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians *(CHINS Eligibility Checklist must be completed by FAPT and Parental Agreement must be signed)*
 - ☐ Entrusted to a local social services agency by his parents or guardian *(Non-Custodial Agreement)*; or
 - ☐ Committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized COV§63.2-900 *(DSS has Custody)*.
 - ☐ Determined to be in need of foster care prevention services because they are at risk of removal from the home or meets CHINS Interagency Guidelines *(as designated by the court or through FAPT- If FAPT, the Community Based Foster Care Prevention Eligibility Determination must be completed)*.
- ☐ 5. Child receives special education services within the public school and meets criteria for CSA wraparound services below. *(Documentation must show a clear connection between student's disability and behaviors exhibited in the home or community. Services cannot be provided in the school setting.)*
- The special education mandate cited in §2.2-5211 B1 may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her

disability extend beyond the school setting and threaten the student’s ability to be maintained in the home, community, or school setting."

IEP Disability(s): _____

Document Behaviors Exhibited: _____

Signatures

_____	_____
Team Chair/Facilitator	Date
_____	_____
Team Member	Date
_____	_____
Team Member	Date
_____	_____
Team Member	Date
_____	_____
Team Member	Date
_____	_____
Team Member	Date

6.4 Foster Care Prevention Eligibility Determination Form

Frederick County CSA

Community-Based Foster Care Prevention Eligibility Determination

Child Name: _____ DOB: _____

Please sign off on the appropriate eligibility, based on the criteria in each section:

Eligibility A: Foster Care Prevention – Abuse and Neglect

- ☐ *The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by COV §63.2-100. (Explain below)*
- or*
- ☐ *The child would come into foster care if the service(s) are not provided. (Explain below)*

Explain: _____

DSS Director/Designee Print Name

DSS Director/Designee Signature Date

Eligibility B: Foster Care Prevention – CHINS (Child in Need of Services)

The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to meeting all 4 CHINS criteria below.

Criterion 1 ☐ *The child meets the statutory definition of a “child in need of services,”: ☐ by Court or ☐ by FAPT*

- Specifically, “the child’s behavior, conduct, or condition presents or results in a serious threat to the well being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14 (COV, §16.1-228).

Criterion 2 ☐ *has **emotional and/or behavioral problems** where **either**:*

- a. the child’s problems:
 - have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
- or
- b. the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.

Criterion 3 ☐ *The child requires services:*

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

Criterion 4 ☐ *The goal of the family is to maintain the child at home.*

FAPT Chair Print Name

CSA Coordinator Print Name

FAPT Chair Signature

Date

CSA Coordinator Signature

Date

6.5 CHINS Eligibility Determination for Parental Agreement placement

Frederick County Eligibility Determination Checklist Specific Foster Care Services for Children in Need of Services Funded through the Children's Services Act (CSA)

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

Name of Child: _____

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

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

Criterion 1 (Check only one box)

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

- ☐ A court has found that the child is in "need of services" in accordance with §16.1-228;
Date of court finding/Name of Judge: _____
- ☐ The FAPT or approved multidisciplinary team has determined that the child's behavior, conduct, or condition meets the statutory definition above and is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.
- ☐ The child **does not** meet the statutory definition of a "child in need of services" or either of the two options above.

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

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

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

- a. the child's problems:
- have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
- or
- b. the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.

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

Criterion 3 (Check One)

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

- a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
- b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
- c. the child has been identified by the Team as needing:
- services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child
- or
- placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. The discharge plan for the child to return home is included in the IFSP.

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

Criterion 4 (Check One)

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

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

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

- ☐ This child should be referred to the local Department for Social Services.
- ☐ This child should be referred for evaluation for inpatient psychiatric treatment.
- ☐ Other: _____

Conclusion of Team (Check only one)

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

Signatures

_____ Team Chair	_____ Date
_____ Other Team Member	_____ Date
_____ Other Team Member	_____ Date
_____ Other Team Member	_____ Date
_____ Other Team Member	_____ Date
_____ Other Team Member	_____ Date

6.6 CSA Initial Referral Form

Frederick County CSA Initial Referral Form

Case Manager Assigned:

Agency:

Person Completing Referral (if different from above):

Date Referral Completed:

FAPT Date:

1. CHILD'S INFORMATION

Child's Name:

Sex: ☐ Male ☐ Female

Address:

Social Security Number:

Age:

D.O.B:

Race:

Latino: ☐ Yes ☐ No

School:

Grade:

IEP: ☐ Yes ☐ No

IEP Identified Disability:

Current DSM-V Diagnosis:

Current Medications:

Name:

Dosage:

Purpose:

CANS completed: ☐ Yes ☐ No Date entered into CANVAS:

Does youth have Medicaid? ☐ Yes ☐ No Medicaid #:

MCO Name:

Does youth have Private Insurance? ☐ Yes ☐ No Insurance Co Name:

ID#:

Is Child Adopted? ☐ Yes ☐ No

If Yes, from where?

Adoption Assistance Agreement? ☐ Yes ☐ No

Is Child eligible for Title IV-E federal funds? ☐ Yes ☐ No

2. BACKGROUND INFORMATION

Were Developmental Milestones met on time?

Child's History of Behaviors- include dates of occurrence:

Circumstances that Led to this Referral- include behaviors within 30 days:

3. TREATMENT PLANNING

****TIP-** To add rows to any chart, click anywhere in the chart, then hover your mouse just to the left of the chart in between rows.

Complete Chart Below to identify Child's Strengths and Successes:

CANS Strengths (0's & 1's):

Impact of Strength in Child's Life:

Complete Chart Below to Identify Treatment Goals:

CANS Need (2's & 3's):

Impact of Need in Child's Life:

Service(s) Being Requested

to Address Needs:

Identify Long Term Goals for the Child:

Identify Short Term SMART Goals for the Child (Relate goals to the most Urgent Needs above):

- 1.
- 2.
- 3.

4. FAMILY INFORMATION

Child's Mother:

Mother's Address:

Phone:

E-Mail:

SS#:

D.O.B:

Race:

In Household: ☐ Yes ☐ No

Is Residential Stability a concern (If yes, Explain)?

Employer:

Employment Stability:

Medicaid? ☐ Yes ☐ No Medicaid #:

MCO Name:

Private Insurance? ☐ Yes ☐ No Insurance Co Name:

ID#:

Child's Father:

Father's Address:

Phone:

E-Mail:

SS#:

D.O.B:

Race:

In Household: ☐ Yes ☐ No

Is Residential Stability a concern (If yes, Explain)?

Employer: Employment Stability:
Medicaid? ☐ Yes ☐ No Medicaid #:
Private Insurance? ☐ Yes ☐ No Insurance Co Name: ID#:

Other Legal Guardian: (Relationship:)

Address: Phone: E-Mail:

In Household: ☐ Yes ☐ No

Is Residential Stability a concern (If yes, Explain)?

Employer: Employment Stability:

Who has legal custody of Child(ren)?

Who has physical custody of Child(ren)?

Siblings/Other Household Members:

Name: DOB: Relationship to Child: Concerns:

5. CURRENT AND/OR PAST AGENCY INVOLVEMENT

DSS:

Date(s) of Involvement:

Reason for Involvement:

Family Services Specialist Name:

Phone: E-Mail:

SCHOOL:

Date(s) of Involvement:

Reason for Involvement:

Last school attended: Grade:

Contact Name: Contact Position:

Phone: E-Mail:

NORTHWESTERN CSB:

Date(s) of Involvement:

Reason for Involvement:

Case Manager Name:

Phone: E-Mail:

Mental Health Therapist Name:

Phone: E-Mail:

Psychiatrist Name:

Phone:

E-Mail:

COURT:

Date(s) of Involvement:

Reason for Involvement:

Past/Current charges:

Future Court Date:

Parent Criminal History:

Probation Officer Name:

Phone:

E-Mail:

PRIVATE PROVIDERS-Current & Past (add rows if needed):

Provider Name: Dates of Service: Reason for Involvement: Reason for Termination:

LEGAL REPRESENTATION:

Date(s) of Involvement:

Reason for Involvement:

GAL Name:

Agency Name:

Phone:

E-Mail:

6. Other Income/Funding

Does anyone in the household receive the following benefits?

Social Security: ☐ Yes ☐ No ☐ APPLIED Who?

Child Support: ☐ Yes ☐ No Which Parent: Amount:

Food Stamps (SNAP): ☐ Yes ☐ No

TANF: ☐ Current ☐ within last 24 months

Daycare Assistance:

Natural/Family Assistance (What/Amount):

6.7 FAPT Follow Up Form

Frederick County FAPT Follow Up Form

Child Name:

Report Date:

FAPT Date:

DOB:

Age:

Primary Mandate Type: Choose an item.

Date of Last CANS: Click or tap to enter a date.

Date entered into CANVAS: Click or tap to enter a date.

1. DOCUMENTS INCLUDED IN PACKET (Include if New Since Last FAPT):

- ☐ Recent Vendor Report
- ☐ Recent CANS
- ☐ Recent Social History
- ☐ Recent Assessment/Evaluation (ie-Psychological, Psychiatric, Parental Capacity, PsychoSexual, Substance Abuse, etc.)
- ☒ Current IEP
- ☐ Recent Educational Testing
- ☐ Record of Court Involvement

2. SERVICES UTILIZED IN THE PAST:

****TIP-** To add rows to any chart, click anywhere in the chart, then hover your mouse just to the left of the chart in between rows.

Dates of Service:

Service Provider:

Outcome:

3. CURRENT PLACEMENT INFORMATION (if not in home):

Child's Placement:

Date of Placement: Click or tap to enter a date.

Target Discharge Date: Click or tap to enter a date.

4. CHANGES IN OTHER FUNDING SOURCES:

IV-E: ☐ Yes ☐ No

Medicaid: Mother ☐ Yes ☐ No Father ☐ Yes ☐ No Child ☐ Yes ☐ No

GAP: Mother ☐ Yes ☐ No ☐ Applied Father ☐ Yes ☐ No ☐ Applied

5. PROGRESS UPDATE (Include progress about ALL CSA services)

Click to type

6. TREATMENT PLANNING:

Complete Chart Below to identify Child's Strengths and Successes:

CANS Strengths (0's & 1's):

Impact of Strength in Child's Life:

Complete Chart Below to Identify Treatment Goals:

CANS Need (2's & 3's):

Impact of Need in Child's Life:

Service(s) Being Requested

to Address Needs:

Identify Barriers to Meeting Treatment Goals:

Identify Plans to Address Barriers:

****Submit to CSA Office with Budget Request Form and updated documentation****

6.8 Emergency Funding Request Form

Frederick County CPMT Emergency Funding Request

**** See Emergency Funding Request Policy for Exclusions and Restrictions ****

Client Name:

DOB:

Case Manager:

Date:

Agency:

Currently Open to CSA? ☐ Yes

☐ No- Attach Eligibility Form

For CSA Office Use Only:

Date Received: _____

FAPT Date: _____

CPMT Date: _____

Funding Expiration: _____

List all services currently being provided to child/family, if any (include non-CSA funded services):

Please Check Appropriate Criteria and Provide Explanation Below:

- ☐ IEP Private Day School or Residential Treatment Facility and Ancillary Services
- ☐ Are assessed as High or Very High Risk through the Family Risk Assessment Tool
- ☐ Are At-Risk of Out of Home Therapeutic Placement or Disruption or Change of Placement
- ☐ Have exhibited behaviors within the past 30 days that place the youth or another person at imminent risk of harm
- ☐ Require services within the next 30 days to prevent removal, disruption, or additional harm to the youth or another person
- ☐ Exhibit acute and rapid onset of behavior which poses high risk to the safety of the child or another person
- ☐ Exhibit chronic needs where new behaviors have emerged which pose a high risk to the safety of the child or another person
- ☐ Have been placed into the custody of the Department of Social Services

Explanation: (**Include events leading to current situation and reason that immediate funding is necessary.)

Services for which funds are being requested: Emergency funding for children being placed in regular foster homes will receive both Basic Maintenance and Supplemental Clothing Allowance at the current established VDSS Rates below. Enhanced Payment rates are additional and require the administration of a VEMAT.

☐ **Family Foster Care Only:**

Date Placed: _____ Resource Family: _____
Address: _____

Age of Child:

- ☐ 0-4: Basic Maintenance \$471.00/Clothing Allowance \$315.00
☐ 5-12: Basic Maintenance \$552.00/Clothing Allowance \$394.00
☐ 13 and over: Basic Maintenance \$700.00/Clothing Allowance \$473.00

CSA Maintenance Code: 2E-FFCO-MB

CSA Clothing Code: 2F-CBS-MCS

☐ **Additional/Other Services including TFC:**

Service Name:	Provider:	Start Date:	Unit Cost:	Frequency:	CSA Code:

*Note: Emergency Funding may only be authorized through the end of the month that CPMT reviews the case.

Anticipated Length of Service:

Does a court order for this service currently exist? ☐ Yes- Attach Copy ☐ No

Authorized Signatures: For Family Foster Care Payments, only LDSS Director Signature is required. For one time payments less than \$200.00, only CSA Coordinator Signature required. All other funding requests shall be authorized by two (2) CPMT members, one of which must be the director of the requesting agency or his/her designee, if available.

Authorized Signature/Agency	Date
Authorized Signature/Agency	Date

****Please forward this form to the Frederick County CSA Office. This case will be evaluated by the Family Assessment & Planning Team (FAPT) within 14 days of this authorization.****

6.9 Budget Request Form

Budget Request Form

Client Name:				Choose an Item:			CPMT Date:			Next Meeting:		
DOB:		SSN:		Legal Guardian Address:								
Student Identification #:			Foster Care: <input type="radio"/> Yes <input checked="" type="radio"/> No			Name & Relation of Service Recipients:						
Oasis Case No./Client ID No:												
Primary Mandate Type:			Custody Date:									
Case Manager:				Agency:					Supervisor Name:			
New/ Change/ Extension	Provider Service (as written on rate sheet)	Provider Name (**Must be Contracted Provider**)	Dates of Service	# of Units	Unit Type	Frequency	Unit Cost	Funding Source	Total Cost per Month	Total Cost per Period	CSA Code	
Comments Below:									Total CSA Cost:		\$0.00	\$0.00
									Copies:		Initial & Date:	
									Given to Supervisor			
									Received by Supervisor			
									Received by CSA Office			
									Received by Aide			
Chair Signature:				Chair Print Name:				Date:				
Supervisor Signature:				Supervisor Print Name:				Date:				