FAIRFAX-FALLS CHURCH CSA SYSTEM OF CARE

LOCAL POLICY AND PROCEDURES MANUAL

EFFECTIVE: JULY 1, 2015

About this Manual

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

A list of CSA related forms is provided as an appendix to this manual. CSA forms may be accessed through the county's FairfaxNET at http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/default.aspx or by contacting the CSA program office at (703) 324-7938 if you do not have access to the FairfaxNET.

Part I

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

Part II

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

Review and Amendment of 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. CPMT delegates to the CSA Management Team authority to amend any section of the manual titled "procedures", "methodologies" or "responsibilities" through a majority vote at any regular meeting of the CSA Management Team. The CSA Management Team shall report such amendments at the following regular meeting of the CPMT.

Prior to recommending to CPMT a policy amendment, or to considering amending any section of the manual titled "procedures", "methodologies" or "responsibilities", the CSA Management Team shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts. A summary of that evaluation shall be included in the CPMT Item.

The CPMT is to review all local CSA policies and procedures every two years, with Local Manual Sections One and Two typically reviewed in alternating years. The CPMT may decide to delay a review, but shall ensure that all local policies and procedures are reviewed at least every three

Contents

About this Manual 2
Review and Amendment of the Policies and Procedures Manual 2
PART I – CSA System of Care Principles, Policies, and Procedures 8
Fairfax-Falls Church Community Policy and Management Team (CPMT) Philosophy and Principles 9
CSA System of Care Program and Practice Standards 10
Partnership with Families 11
Statement of Non-Discrimination 11
CSA Eligibility 12
Residence Requirements 12
Other Funding Sources 12
CSA Eligibility Criteria 12
Targeted Population and Mandated Service Population 14
CSA Non-Mandated Services 15
Non-Mandated Residential and other Out-Of-Home Placements 15
Non-Mandated Residential and Other Out-of Home Placement Procedures 16
Services to Prevent or Eliminate the Need for Foster Care Placement ("Foster Care Prevention Services") 17
Case Management and Case Support Services 19
Procedure for Assigning Lead Agency Case Management 19
Procedures for the Lead Case Manager in Accessing CSA-Funded Services through the FAPT and Multi-Disciplinary Team Processes 20
TEAM BASED PLANNING (TBP) 24
Intensive Care Coordination (ICC): 24
Family Partnership Meetings (FPM): 24
Family Resource Meetings (FRM): 25
Family Assessment and Planning Team (FAPT) 25
Referral for Team-Based Planning 25
Team-Based Planning Request and Referral Procedures 26
Procedures for Selecting Team Based Planning Processes 27
Scheduling Procedures for Team-Based Planning 28
Authorization Procedures for Team-Based Planning 28
Participation in Team Based Planning 29

Team Based Planning Participant Responsibilities 30
Service Planning Process 31
Accountability Standards for Team-Based Planning Participants 32
Out-Of-Home Treatment Recommendations (Not required for students placed by IEP) 32
Team Based Planning 33
Referring Worker or Case Manager shall 33
The Meeting Facilitator shall 33
MULTI-DISCIPLINARY TEAMS (MDT) AND FAMILY ASSESSMENT AND PLANNING TEAMS (FAPT) 34
Multi-Disciplinary Teams 35
FAMILY ASSESSMENT AND PLANNING TEAMS 36
Review and Authorization Process for the following Out of Home Placements: 36
MDT and FAPT Powers and Duties 37
MDT and FAPT Decision-Making 38
MDT and FAPT Membership 39
FAPT/MDT Parent Representatives 40
Family Participation in MDT and FAPT Process 40
FAPT Meeting Facilitator 41
FAPT Meeting Schedule 41
FAPT Attendance and Participation 42
FAPT Reviews For long-Term Residential Placements 42
Documentation required for CSA-funded Services 43
Consent to Exchange Information 43
Documentation requirements for IEP Services 43
INDIVIDUAL FAMILY SERVICE PLAN (IFSP) 43
Review and Approval of CSA-Funded Services Need to say that UR was designated by the CPMT to authorize funding 44
Mandatory Uniform Assessment Instrument 45
Procedures for reviewing documentation for CSA funding 47
Review and Approval Procedures 47
Procedures for Utilization Review approval of CSA funding 48
Approval Procedures 49
Decision Review Procedures 50

Services Eligible for Expedited FAPT Services Planning 51
Emergency Situations Eligible for Expedited FAPT Service Planning 52
Procedures for Flexible Response to Emergency Needs 53
Emergency Psychiatric Hospitalizations 54
Appeals of FAPT and Multi-Disciplinary Team Decisions 54
Appeal Procedures 55
PART II 58
THE FAIRFAX-FALLS CHURCH COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT) 59
Representation 59
CPMT Membership 60
CPMT Powers and Duties 60
CSA AND CHILD'S CHANGE OF LEGAL RESIDENCE 62
CSA AND ITS RELATIONSHIP TO SELECT FEDERAL PROGRAMS 62
Special Education and CSA 62
Role of the FAPT/CSA with respect to the IEP 62
Family Education Rights and Privacy Act (FERPA) 63
Foster Care and CSA 64
Statutory Mandate to Provide Foster Care Services 64
The IFSP and the Foster Care Service Plan 65
Medicaid and CSA 65
Federal Reimbursement Unit (FRU) Responsibilities 65
CSA Contracts Management Staff Responsibilities 66
CSA Manager Responsibilities 66
SERIOUS INCIDENT REPORTING PROCEDURES 66
Provider Responsibilities 67
Case Manager of Placing Agency Responsibilities 68
CSA Manager or Designee Responsibilities 68
CSA Contracts Staff Responsibilities 68
MANAGEMENT OF RECORDS AND DATA SECURITY 68
Thumb Drives, USB/Flash or Storage Drives 69
Laptops 69
Security of Records 70

Faxing 70
Secure E-Mail 70
Network Drives – For County Personnel 71
PARENTAL CO-PAYMENT BILLING AND COLLECTION 72
Billing Procedures 72
CSA Staff Responsibilities 72
DAHS/DFS Accounts Receivable Staff Responsibilities 73
Collection Procedures 73
Purpose: 73
Procedures: 74
Methodology: 74
STATE REQUIRED DATA REPORTING 76
CSA Data Set: 76
Mandatory Uniform Assessment Instrument: 76
ANNUAL COST ALLOCATION PLAN AND MANAGEMENT OF THE INTERAGENCY BUDGET 77
Disbursement Procedures 77
Supplemental Allocation Procedures 78
Overview 78
Requirements 79
Policy for Authorizing Expenditure of Pool Funds 80
Budget Management 80
DAHS Budget Analyst Responsibilities 80
Financial Management 81
CSA Case Manager Responsibilities 81
CSA & FCPS Finance Teams Responsibilities 82
CSA Finance Manager or Designee Responsibilities 83
CSA Program Manager Responsibilities 83
Local CPMT Fiscal Agent or Designee Responsibilities 83
Review of Case-Specific CSA Expenditures 83
Policy for Use of Administrative Funds 84
Procedures for Recovery of Funds From Other Sources 84
Responsibilities of DAHS Accounting Staff 85

Restrictions on Use of Pool Funding 85
Case Management 85
Supplanting of Funds 86
Administrative Costs 86
CONTRACTS MANAGEMENT 86
Categories of Approved Providers 86
Protocols for Becoming a System of Care Network Provider 88
Protocols for Becoming an Out-of-Network Provider 89
Items CSA Management Team May Consider In Deciding To Recommend a Contract With A Potential Provider 89
Provider Requirements that must Be Met before Proceeding with Contracting 89
Certifying Provider Qualifications 90
Providers with No Licensing/Certification Requirements 90
Identifying Providers for Child Specific Needs 90
Initiating Services from A Provider 90
Emergency Placements/Services 91
Selection of Providers 91
UTILIZATION MANAGEMENT AND UTILIZATION REVIEW 92
Responsibilities of Utilization Review Staff 93
- Review requests services developed by approved by FAPTs and MDTs and provide approval of services for those requests that meet state and local funding requirements; 93
- Conduct timely utilization reviews according to a schedule in the approved Utilization Management plan; 93
FORMS 94

PART I – CSA System of Care Principles, Policies, and Procedures

Passage of the Children's Services Act ("CSA") by the 1992 General Assembly dramatically altered the administrative and funding systems providing services to at-risk and troubled youth and their families. The CSA was initially codified as the "Comprehensive Services Act for At-Risk Youth and Families" and was renamed effective July 1, 2015.

The CSA establishes a collaborative system of services and funding that is child-centered, family-focused and community-based to assess and meet the strengths and needs of troubled and at-risk youths and their families in the Commonwealth.

The purpose of this law is to:

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

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

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

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

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

6. Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes.

Statutory Authority: § 2.2-5200 of the Code of Virginia.

Fairfax-Falls Church Community Policy and Management Team (CPMT) Philosophy and Principles

Philosophy: The most important community responsibility is the well-being of children. Children belong with families who nurture and protect them, children deserve healthy relationships, and families deserve to live in safe environments.

Program and Practice Standards: Approved by CPMT in December 2011, these standards are based on the CPMT mission, philosophy and principles, and form the basis of the CSA System of Care team-based planning process for serving at-risk youth and families. Standards are a benchmark of achievement based on a desired level of excellence. They articulate our common agreement on how at-risk youth and families should be served.

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

CSA System of Care Program and Practice Standards

Practice standards are guidelines used to determine what a human services professional involved with a youth with serious behavioral or emotional issues should or should not do. Standards may be defined as a benchmark of achievement which is based on a desired level of excellence. They are based on our values and principles, and articulate our common agreement on how youth and families should be served.

Scope of the Standards

The Standards were developed by an inter-agency team of practitioners who work with youth and families with behavioral and/or emotional issues or development disabilities with a significant behavioral component. Although most of the Standards may be applicable to children and families involved with public child-serving systems at all levels, they are specifically targeted to serving youth with significant behavioral or emotional challenges which are present in several settings, such as home, school and in the community and require services/resources that require collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies and programs. The Standards are consistent with the philosophy and practices of family partnership meetings and intensive care coordination and encompass the following areas:

- *Youth and Family Participation in Service Planning*
- *Service Integration and Care Coordination through Team-Based Planning*
- *Service Planning and Delivery Process*
- *Community-Based Care and Placement Decisions*
- *Cultural Competency*
- *Accountability*

Use of the Standards

Inter-agency: *The Standards directly inform the policies, procedures and practices of existing processes, such as CSA, for coordinating services for at-risk youth and families across agencies. They form the basis of an inter-agency training plan for staff serving youth with serious emotional and behavioral issues. They provide a framework for the implementation of evidence-based treatments.*

Intra-agency: *Public and private youth-serving agencies are asked to integrate the Standards into their policies, procedures and practices for serving youth and families with serious behavioral and/or emotional issues, including staff training and supervision. The Standards should be considered in the design and operation of agency programs.*

Public-private: *The Standards would be incorporated into contracts with private and public providers, and disseminated to private youth and family-serving agencies and organizations.*

Families: *The Standards would be disseminated to family advocacy and support organizations, and to families participating in public services, either "as is" or in a more family-friendly format.*

Partnership with Families

Family partnership is a cornerstone of the CSA. In Fairfax-Falls Church, to meet the requirements of Code of Virginia Section 2.1-752:3, Comprehensive Services Act as amended 1995, and Section 16.1-286, and to enhance the partnership with parents, the CPMT approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. The parents of the child or youth at risk will participate in the process with others included as appropriate. The youth at risk is also included in the aspects of planning and review of services as the youth's age and appropriateness of inclusion permit. Planning meetings are anticipated to be conducted in a spirit of partnership and collaboration.

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

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

Statement of Non-Discrimination

Fairfax-Falls Church CSA and its contractors shall be free of discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, political affiliation, disability, genetic information, veterans' status, or disabled veterans' status. Any contractors must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964 and its implementing regulations. Any contractor must further comply with Section 504 of the Rehabilitation Act of 1973, as amended and its implementing regulations; the Age Discrimination Act of 1973, as amended, and its implementing regulations, Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act.

CSA Eligibility

Residence Requirements

Youth who reside in the county of Fairfax and the cities of Falls Church and Fairfax are eligible for referral to the Fairfax- Falls Church CSA System of Care. The CPMT jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individual Family Service Plan.

Issues of legal residence should be addressed by the legal services assigned to the CPMT. In the event that the child/family's legal residence changes, see page 62 for procedures to transfer the case to the new CPMT jurisdiction.

Other Funding Sources

Prior to accessing CSA pooled funds, all other funding sources must be explored. State pool funds cannot be used to "supplant" federal or state funds supporting existing programs. Medicaid-funded services shall be used whenever they are available for the treatment of children and youth receiving services under the CSA. State 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. (See Medicaid requirements page 65) The FAPT/MDT should determine if another source can be used to pay for the service before recommending or approving it for CSA state pool funding. These sources can include, but are not limited to Medicaid, Title IV-E, State Mental Health Initiative funds (MHI-State), Adoption Assistance, and private insurance. The team should document all other sources explored and why that funding source is not available or appropriate for the service.

CSA Eligibility Criteria

In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the following criteria and shall be determined through the use of a uniform assessment instrument and process and by policies of the community policy and management team to have access to these funds." COV § 2.2-5212 A. Services eligible for CSA funding under the mandated categories two, three and four are not eligible for state Mental Health Initiative funding. Contingent on funding availability, services eligible for state Mental Health Initiative funding shall not be funded with CSA non-mandated funds (eligibility category one).

Eligible Non-Mandated 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 normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies."

Or

"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."

Age eligibility: up to age 18

Eligibility documentation procedure*:* CSA Eligibility Determination form completed and signed by a CSA Utilization Review Analyst.

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

Age eligibility: Placements will be funded until graduation from a secondary school, completion of a program approved by the Board of Education, or through the last day of the school year in which the student attains the 22nd birthday. If the 22nd birthday occurs between last day of the school spring semester and September 30th, services will terminate no later than September.

Eligibility documentation procedure: A current IEP services page documenting the need for a private special education placement.

"The child or youth requires foster care services as defined in § 63.2-905." (Code of Virginia § 2.2-5212).

Definition of Foster Care Services (**§ 63.2-905**)

> Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1.

Age eligibility: Up to age 18; individuals over the age of eighteen may be eligible for foster care services up to age 21, including services to prevent or eliminate the need for foster care placement, if they were initiated prior to the age of eighteen.

Eligibility documentation procedure: A DFS representative must complete and sign the CSA Eligibility Determination. A CSA Utilization Review Analyst may sign the CSA Eligibility Determination for children screened eligible for intensive care coordination.

For students who are eligible for special education and the Individualized Education Program (IEP) requires the student to receive education in a private or public special education day school, or residential school, and students with significant mental health or behavioral issues who are receiving homebound instruction, mandated services may be provided to address needs associated with his/her disability that extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

Age eligibility: Services may be funded until graduation from a secondary school, completion of a program approved by the Board of Education, or through the last day of the school year in which the student attains the 22nd birthday. If the 22nd birthday occurs between last day of the school spring semester and September 30th, services will terminate no later than September.

Eligibility documentation procedure: An FCPS or FCCPS representative must complete and sign the CSA Eligibility Determination. FCPS Multi-Agency Services staff may sign the CSA Eligibility Determination for students in private special education day or residential schools, and FCPS Senior Social Workers may sign it for students in public special education day schools or for students with significant mental health or behavioral issues who are receiving homebound instruction.

Targeted Population and Mandated Service Population

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

"The target population shall be the following:"

1. "Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;" See "DOE Appendix B" for further information

2. "Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special

education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;"

3. "Children and youth for whom foster care services, as defined by § 63.2-905;"are being provided;

4. "Children placed by a juvenile and domestic relations district court, in accordance with the provisions of §16.1-286, in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of § 16.1-284.1" See "DJJ Appendix C" Toolkit regarding non-mandated youth

5. "Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance § 66-14 ." COV § 2.2-5211 B.

CSA Non-Mandated Services

For access to CSA non-mandated services priority will be given to:

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

Non-Mandated Residential and other Out-Of-Home Placements

When the FAPT and the legal guardian agree on an out-of-home placement that is the most appropriate and least restrictive service, and non-mandated funding is available, the public case management agency, the legal guardian and the CSA Program must enter into a Parental Agreement. This Agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with CPMT policies and procedures. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP.

The Agreement must provide for:

- Family participation in all aspects of assessment, planning and implementation of services;
- Services to be provided as delineated in the individual family services plan;

- Payments to cover the cost of care by the family, their private health insurance, public or private agency resources, and CSA state pool funds;
- The requirement that the legal guardian apply for Medicaid, FOCUS, and/or other public or private resources if it may assist in funding services;
- Provisions for utilization management of the care provided;
- Provisions for resolving disputes regarding placements; and
- Conditions and method for termination of the agreement.

The CSA Program Manager of designee shall review the case for policy compliance before authorizing the placement through signing the Parental Agreement.

Non-Mandated Residential and Other Out-of Home Placement Procedures

FAPT reviews the case, recommends a placement outside the home and determines that the child meets the eligible population for CSA services.

1. After verification of availability of non-mandated funding, UR shall authorize CSA funding for the placement and document eligibility in the electronic record. CSA funding is contingent on receipt of the Co-Pay Agreement, IFSP, Medicaid application, current CANS and Certificate of Need (if appropriate).

2. After UR authorization the case management agency and legal guardian shall develop and sign a Parental Agreement, based on the state model and modified to the requirements of the specific case. The sections in the state model may not be deleted or modified.

3. The CSA Program Manager or designee signs the Parental Agreement confirming that the request is in policy compliance; CSA Utilization Review staff or others may be consulted as appropriate. Parental Agreements are not valid without the signatures of the parent/legal guardian, public agency representative and CSA Program Manager or designee.

4. CSA funding for the placement shall not begin prior to UR authorization and completion of the Parental Agreement.

5. The public agency case manager completes a CSA encumbrance form to generate a purchase order, after which placement can be made.

Procedure for Accessing Non-mandated Funding

The DAHS-CSA budget analyst will monitor the CSA non-mandated budget and keep the FAPTs and UR staff informed of the availability of funding for new and continuing service authorizations.

Services to Prevent or Eliminate the Need for Foster Care Placement ("Foster Care Prevention Services")

Foster Care Prevention Services are provided to families when intervention is needed to prevent long-term out-of-home and/or out-of-community placement of a child. The child must be at risk of removal from their home and placement into foster care due to abuse or neglect or due to a behavior, conduct or condition that presents or results in a serious threat to the well-being and physical safety of the child, or the well-being or physical safety of another person if the child is under the age of 14 (Child in Need of Services definition in Code of Virginia 16.1-228). The SEC-approved Interagency Guidelines on Foster Care Services for Specific "Children in Need of Services" funded through the Comprehensive Services Act (CSA) shall be followed in providing foster care prevention services for "children in need of services".

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

Non-Custodial Foster Care

These out-of-home services are funded with CSA mandated funds and are provided for a period of no more than six months with the goal of returning the child to his/her family. The out-of-home placement is made with the parent(s) retaining custody. These placements require a written agreement between the parent(s) and the CPMT (or its designee) to cover issues of child support, visitation, length of placement, notice needed to end placement, medical care, and services to be delivered. If temporary out-of-home placement is necessary to stabilize the family, the objective must be to return the child(ren) home, or to the community within six months through the delivery of intensive short-term services.

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

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

The SEC-approved Interagency Guidelines on Foster Care Services for Specific "Children in Need of Services" funded through the Comprehensive Services Act (CSA)("State Guidelines") shall be followed in providing foster care services mandated through CSA for "children in need of services" and their families. The State Guidelines are available on the OCS website,

http://www.csa.virginia.gov/. Specifically, the State Guidelines apply when "children in need of services:"

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

The Parental Agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with the CPMT's policies and procedures. Per CPMT decision the CSA Program must also be a party to the Parental Agreement. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP.

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

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

For children in need of services proposed for placement outside of their homes through a Parental Agreement the CSA Program Manager of designee shall review the case for compliance with the State Guidelines before authorizing CSA funding.

CHINS Parental Agreement Procedures

Steps in determining eligibility:

1. The FAPT develops a plan for placement outside the home, and determines that the child meets the eligible population for CSA services, and reviews for eligibility under CHINS- PA.

2. If the case is determined CHINS-PA eligible the case management agency, which per the State Guidelines cannot be DFS, and the parent develop and sign a Parental Agreement, based on the state model and modified to the requirements of the specific case, and submits it to the CSA Office. The sections in the state model may not be deleted or modified. For continuation beyond the projected discharge date a new Parental Agreement is developed and signed based on the new IFSP discharge date.

3. After verification of receipt of the Co-Pay Agreement, IFSP, Medicaid application, current CANS and Certificate of Need (if appropriate) the CSA Program Manager or designee shall authorize CSA funding for the placement, document eligibility in the electronic record, and sign the Parental Agreement confirming that the request is in compliance with the State Guidelines. Parental Agreements are not valid without the signatures of the parent/legal guardian, public agency representative and CSA Program Manager or designee.

4. CSA funding for the placement shall not begin prior to CSA Program Manager eligibility documentation and signing of the Parental Agreement, with the exception of emergency placements in short-term programs with a maximum length of stay of three months or less. For those placements the IFSP, Consent, Parental Agreement, Co-Pay Agreement, Medicaid application, current CANS and Certificate of Need (if appropriate) shall be completed and submitted to the CSA Office within five business days of placement and reviewed by FAPT within 14 calendar days of placement. CSA funding may be approved up to 14 calendar days retroactive from the date FAPT reviews the request determines CHINS-PA eligibility.

Case Management and Case Support Services

Procedure for Assigning Lead Agency Case Management

Assignment for lead agency case management for families of children/youth with issues present in several community settings or that require coordinated interventions by at least two agencies will be done through a team based planning process based on consideration of all of the following factors:

- Agency with services most responsive to prominent needs
- Strongest relationship between agency staff and youth and/or family
- Strengths, needs and choice of families
- Relevant skill sets and training

- Agency mandates and priority populations served

The CSA Management Team shall resolve case-specific disputes on assigning lead agency case management when they may prevent access to services and may develop guidelines to assist with that process.

Procedures for the Lead Case Manager in Accessing CSA-Funded Services through the FAPT and Multi-Disciplinary Team Processes

The lead case manager has numerous responsibilities in regards to the IFSP process. He /she shall:

- Ensure that the most current CSA forms and/or documentation are used to develop the IFSP (these can be found on the local CSA FairfaxNET site);

- Provide the family with a copy of the CSA parent handbook, A Guide for Parents in electronic format , or hard copies can be obtained by contacting the CSA program office at (703) 324-7938;

- Obtain a properly executed, signed Consent to Exchange Information , available in several languages, from the family;

- Determine if information to be shared about a client has been identified by a physician as potentially harmful to the health of a client if shared with that client(s), pursuant to the Code of Virginia, Section 8.01-413 prior to scheduling a Team Based Planning Meeting or referring to a FAPT. If such a determination has been made, exploring alternative ways to ensure participation of the client;

<u>Special Education</u>

- When placing a youth eligible for special education in a residential or group home placement, inform FCPS-Multi-Agency Services or FCCPS through the Other Agency Placed Information Form;

<u>Parental Co-Payment</u>

- Review financial and insurance resources with the family to determine their need for assistance with purchase of services to include asking if the family has been found eligible for Medicaid and encouraging the family to apply for Medicaid if the youth will be placed in RTC or Community-based Residential Treatment. Job aids are available on the CSA FairfaxNET site , to assist you. If the family has their own resources, CSA funds may not be appropriate or necessary;

- Explain the FAPT and UR process required for funding approval to the youth and family; the fee scale for parental co-payments and the family's responsibilities for providing the required income documentation;

- Complete the Parental Co-payment Referral and Agreement for services, having the parents or legal guardians sign, and obtaining documentation of family income for all cases, with the following exceptions:

    - Children who are in the custody of the Department of Family Services;

    - Children who are receiving only the specific educational services designated by the child's IEP for residential or private day placement

    - Children referred by Child Protective Services for CSA-funded community-based foster care prevention services may be considered for a time-limited waiver when necessary for the safety of the child.

- Complete the Request for CSA Consideration of Parental Co-payment Waiver or Reduction form if the parents state they cannot pay the co-payment assessed due to financial hardship such as bankruptcy, debt for medical expenses not covered by insurance, etc. Obtain the parents' or legal guardian's signature on the form, along with the necessary documents from the family that support the description of a financial hardship. Verification of income and the completed Parental Co-payment Referral and Agreement should be included with the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form;

- Upon the parent's request, ask for a waiver of the CSA parental co-payment when a family has more than one child receiving CSA funded services so that a co-payment is assessed for only one child and may be waived for other children in the same family. If services are discontinued for the child under whose name the co-payment is assessed, yet services continue for a sibling, then a co-payment shall be assessed for the sibling in receipt of services. The case manager should ask the parent/legal guardian to sign a new CSA Parental Referral and Agreement form with the sibling's name and submit it to CSA staff with the explanation for the change; the parent/legal guardian's signed Agreement is necessary for services to continue;

- Inform parents when they refuse to sign the Parental Co-payment Referral and Agreement that the Team Based Planning process may continue. CSA-funded services, however, cannot be approved by FAPT or UR without a signed Agreement;

- Forward the signed Parental Co-payment Referral and Agreement and/or the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form with verification of income and financial hardship with the FAPT review packet to CSA Administrative Support Staff;

- When notified by DAHS/DFS Accounts Receivable that a family's account is delinquent the case manager should then contact the family to facilitate payment of the amount owed.

Service Plan and Family Participation

- Document efforts made to involve family members on the IFSP. A parent or legal guardian must sign the IFSP. When present and appropriate, the youth involved will also sign. The IFSP cannot be implemented without the consenting signature of a custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate appeals process, or authorized by law, or where a youth over the age of fourteen (14) exercises his or her right to treatment without parental consent. The lack of a consenting signature of a parent on an IFSP will not interfere with procedures to provide immediate access to funds for emergency services and shelter care.

<u>Medicaid</u>

- Obtain the DSM-IV diagnosis of a youth in need of RTC or Community-based Residential Treatment in a group home enrolled with DMAS. If a complete DSM-IV diagnosis is not available, it is the responsibility of the case manager, in consultation with their supervisor and/or program manager to determine whether it should be pursued. A DSM-IV diagnosis should not be pursued solely to ensure eligibility for Medicaid reimbursement for RTC. Job aids are on the CSA FairfaxNET site .

- Obtain a Certificate of Need (CON) within 30 days of admission for services with a Medicaid enrolled provider of residential treatment or community-based residential treatment using the procedures as follows:

<u>Youth Located in the Community at the Time of Placement</u>

- Arrange to include a CSB Mental Health Resource (MHR) staff person on the Team Based Planning Meeting by contacting the Team Based Planning Coordinator at (703) 704-6810 or inviting the MHR staff already involved with family. The case manager brings the CON form to the Team Based Planning Meeting where it is completed by the MHR person. The MHR staff arranges for the CON to be signed by the Community Services Board (CSB) psychiatrist. If the youth is placed at Dominion Hospital, the hospital psychiatrist not treating the youth can sign the CON.

- For non-mandated youth, as of July 1, 2015, service requests will be submitted with the specific provider identified. The service authorization will include the provider and allow non-mandated funds to be released subject to availability, in a more timely fashion, resulting in reductions in Time to Service.

- For the first year of implementation of the restructured service authorization process, case managers will be allowed/ encouraged to identify the provider before funding request submitted. Training for team-based planning members will include emphasis on review of appropriate provider options in the planning discussion. During the implementation process, the CSA MT will address and resolve any questions or concerns that arise. After the first year, the CSA MT will review this practice change and make a final determination.

Youth Located in Detention at the Time of the Placement

- The physician who serves youth in Detention will see the youth and complete the CON in Detention.

- Encourage families whose child is placed through an IEP in a Medicaid enrolled residential facility to apply for Medicaid .

Administrative

- Prepare a Comprehensive Services Act Authorization form to encumber funds for payment and submitting it to CSA Finance staff if CSA funds are authorized.

- Complete a Case Status Change form if lead case management changes or there are changes in the child or family's information that need to be entered into the HARMONY information system such as change of address or admission of child into a different residential program

- Coordinate and monitoring delivery of service.

Foster Care Prevention Services

- Consult with the DFS case manager who has an active case regarding the family, if the Team Based Planning Meeting is considering recommending Foster Care Prevention services. Or, in cases where DFS does not have an active case, contacting the Team Based Planning Coordinator for DFS and requesting that a DFS staff member attend a Team Based Planning Meeting for the purpose of determining whether the requested services meet the criteria foster care prevention services.

Serious Incidents (refer to Part II for additional information)

- Assess risk to the child within twenty-four (24) hours of receiving a verbal serious incident report from a provider, and taking appropriate action to ensure the child's health, safety, and well-being; and following the placing agency's internal serious incident reporting guidelines.

- Send one copy of the written report submitted by the provider to the CSA program office. Information identifying the youth and/or provider staff member(s) shall be removed or blocked out. Effective July 1, 2006 the provider will send one copy of the serious incident report the Case Manager and one copy to the CSA Contracts Supervisor and it will not be necessary for the Case Manager to send a copy to the CSA program office.

TEAM BASED PLANNING (TBP)

The Fairfax-Falls Church CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. To this end, it is required that that Individual Family Service Plans (IFSPs) that request CSA funding for services be developed through such a team-based planning process, unless specifically exempted by this policy.

Beyond the requirements of CSA, CPMT identifies a team-based planning approach as best practice for serving youth with significant behavioral or emotional challenges which are present in several settings, such as home, school or in the community, and require services/resources that necessitate collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies. This policy establishes inter-agency processes for initiating team-based planning for these youth as well as children and youth served through CSA. As used in this policy, team based planning encompasses an array of structures and models in which service plans are developed through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. The models include, but are not limited to:

Intensive Care Coordination (ICC):

A facilitated team-based process targeted to youth at high risk of residential or group home placement or in placement and transitioning back to the community, which provides ongoing communication and collaboration with youth and families with multiple needs. The activity can include: facilitating communication between the family, natural supports, community resources, and involved child-serving providers and agencies; organizing, facilitating and participating in Youth and Family Team meetings at which strengths and needs are identified and safety planning occurs. The activity provides for continuity of care by creating linkages to and managing transitions between levels of care.

Family Partnership Meetings (FPM):

A structured, neutrally facilitated meeting that brings family members together, with the support of professionals and community resources, so the team can create a plan that ensures child safety and well-being and meets the family's needs. The Family Partnership Meeting was designed for children and

families involved with child welfare and in that system should be initiated for short term planning, high risk situations, prior to an out of home placement, a placement change for a child or prior to an initial court hearing in cases of imminent risk of out of home placement. Locally, FPMs are also used in situations where neutral facilitation would enhance the effectiveness of the tem-based planning process.

Family Resource Meetings (FRM):

A team-based planning approach for exploring resources and developing a service plan for youth and their families. FRMs may be appropriate for youth with issues that are present in multiple settings and/or require multi-agency involvement.

Family Assessment and Planning Team (FAPT)

FAPTs are standing teams that include representatives of the following community agencies who have authority to access services within their respective agencies: Community Services Board, Juvenile and Domestic Relations District Court, Department of Family Services, and Fairfax County or Falls Church City Public Schools. FAPTs also include parent and private provider representatives. FAPTs assess the strengths and needs of troubled youths and families, identify and determine the complement of services required to meet these unique needs, and develop an individual family services plan that provides for appropriate and cost-effective services.

Referral for Team-Based Planning

Staff from public child-serving agencies may make a referral for a team-based planning process by contacting the Team-Based Planning Coordinator, who shall make one of the following determinations based on youth and family needs, risk factors and need for multi-agency involvement:

a) If the youth is at risk of residential or group home placement then a referral shall be made for intensive care coordination, contingent on the capacity of that program to accept referrals.

b) If the youth is at risk of foster care placement, then a referral shall be made for a family partnership meeting, contingent on the capacity of that program to accept referrals.

c) If the youth's issues are present in multiple settings and/or require multi-agency involvement, a referral may be made for a family partnership meeting, contingent on the capacity of that program to accept referrals.

d) If the youth and family are not referred for an FPM or ICC, the family resource meeting shall be facilitated by the referring public agency staff member.

e) When other team-based planning processes have been unable to create a safe and effective community-based plan, or are unable to agree on a plan, then a referral shall be made to a FAPT. If parents/custodians disagree with the community-based plan created by an FPM, FRM or ICC Youth and Family Team, or if they decline to participate in developing a community-based plan and decide to request residential or group home placement, then a referral shall be made to a FAPT. Emergency situations, and certain service requests, are eligible for expedited FAPT service planning.

Families may directly contact the Team-Based Planning Coordinator to request a team-based planning meeting. If team based planning is indicated, the Team-Based Planning Coordinator will refer the family to the public agency currently serving them to request one. If the Team-Based Coordinator cannot identify a public agency, or the agency(ies) which serve them decline to initiate a team based planning process, the Team-Based Coordinator shall take the case to the CSA Management Team for resolution.

A protocol shall be implemented for referring children discharging from psychiatric hospitals, residential treatment centers and crisis stabilization services to public system team-based planning processes, when appropriate.

When the Team-Based Planning Coordinator identifies referrals where the risk factors and/or multi-agency involvement do not warrant team based planning, the family will be referred to the public agencies most appropriate to meet their needs.

At the time of the initial team-based planning meeting parents/custodians shall be provided a statement of their rights and responsibilities, including their appeal rights. Receipt of the statement shall be documented on the action plan developed at the meeting. Families who's request for team-based planning was not met, have standing to file an appeal under local CSA policy

Families may directly contact the Team-Based Planning Coordinator to request a team-based planning meeting. If team based planning is indicated, the Team-Based Planning Coordinator will refer the family to the public agency currently serving them to request one. If the Team-Based Coordinator cannot identify a public agency, or the agency(ies) which serve them decline to initiate a team based planning process, the Team-Based Coordinator shall take the case to the CSA Management Team for resolution.

A protocol shall be implemented for referring children discharging from psychiatric hospitals, residential treatment centers and crisis stabilization services to public system team-based planning processes, when appropriate.

When the Team-Based Planning Coordinator identifies referrals where the risk factors and/or multi-agency involvement do not warrant team based planning, the family will be referred to the public agencies most appropriate to meet their needs.

At the time of the initial team-based planning meeting parents/custodians shall be provided a statement of their rights and responsibilities, including their appeal rights. Receipt of the statement shall be documented on the action plan developed at the meeting. Families who's request for team-based planning was not met have standing to file an appeal under local CSA policy.

Team-Based Planning Request and Referral Procedures

a) Staff from public child-serving agencies may make a referral for a team-based planning meeting by sending a Team-Based Planning (TBP) Request to the Team-Based Planning Coordinator in

the CSA Office. The TBP Request includes a CSA Consent to Exchange Information and CSA Team-Based Planning Request form.

b) Requests will be reviewed for all TBP options and a recommendation for Intensive Care Coordination, Family Partnership Meeting or Family Resource Meeting will be made. Recommendations will be made in consultation with the referring worker and in consideration of family preference. Families may decline a particular TBP process.

c) The CSA office within 3 business days to complete TBP Requests. Team-Based planning Meetings shall take place within 30 calendar days of request (unless family requests a later meeting.)

d) Required public agency participants should be given at least five business days notice although in emergency situations they are encouraged to be available on shorter notice;

e) For families involved with DFS-CYF, the required time-frames to conduct FPMs at decision points identified in the DFS-CYF Family Partnership Program Policies and Procedures take precedence.

f) When ICC or FPM referrals exceed capacity, CSA staff will triage referrals and refer to the next best TBP option or community resource.

g) When a team concludes that another team-based planning approach would better address the needs of the youth and family, a request should be submitted to the CSA Office for consideration. CSA staff will assess for eligibility and capacity. As an example, should a Family Partnership Meeting recommend ICC as the preferred team-based planning process, then a request would be submitted to the CSA Office for consideration.

Procedures for Selecting Team Based Planning Processes

Intensive Care Coordination (ICC):

- Youth at risk of residential or group home placement, shall be screened for intensive care coordination. If ICC is recommended families have the right to decline such services in accordance with the provisions of the Termination of ICC section of the Intensive Care Coordination Procedures.
- If the youth and family meet ICC criteria and ICC capacity is unavailable, then *the* youth and family will be referred for a Family Partnership Meeting or Family Resource Meeting.
- Since ICC is a CSA-funded service, youth referred for ICC must meet criteria for CSA eligibility.

Family Partnership Meeting (FPM):

- Children and Families served by DFS-CYF participate in Family Partnership Meetings in accordance with Family Partnership Program Policies and Procedures.
- Youth at risk of foster care shall be referred for FPMs.
- Youth whose issues are present in multiple settings, require multi-agency involvement due to high-risk, significant behavioral needs may be referred for a FPM.
- Since FPMs are a CSA-funded service, youth referred for FPMs must meet criteria for CSA eligibility.

Family Resource Meeting (FRM):

- Youth whose issues are present in multiple settings and require multi-agency input and/or involvement in order to explore resources and develop a plan, may be referred for a FRM.

Scheduling Procedures for Team-Based Planning

Intensive Care Coordination (ICC):

- Youth and family teams are scheduled by the intensive care coordinator.

Family Partnership Meeting (FPM)

- FPMs for children and families served by the DFS Children Youth and Families Division are scheduled by FPM program staff within DFS-CYF.
- FPMs for children and families not served by the DFS Children Youth and Families Division are scheduled by the CSA Team-Based Planner Coordinator.

Family Resource Meeting (FRM):

- Initial FRMs are scheduled by the CSA Team-Based Planning Coordinator. Follow-up meetings may be scheduled by the lead case manager.

Authorization Procedures for Team-Based Planning

Intensive Care Coordination and Family Partnership Meetings

Individual Family Service Plans (IFSP):

To request an ICC service, or an FPM not initiated by the Department of Family Services (DFS), CSA program staff will generate an IFSP EZ. To request an FPM initiated by the DFS, DFS staff will generate an IFSP EZ.

Child Assessment Needs and Strengths (CANS):

For ICC cases, a CANS is required to be completed within 30 days of the referral to ICC.

For FPM cases, a CANS is required to be completed and submitted by the referring worker within 30 days of the FPM.

Encumbrance Forms:

For ICC:

CSA program staff shall complete and submit an encumbrance form.

For FPM:

For FPMs not initiated by DFS, CSA program staff shall complete an encumbrance form for a period of up to 60 calendar days, beginning with the date of FPM referral. The encumbrance shall be for five hours of service. For FPMs initiated by DFS, DFS staff shall complete an encumbrance form for a period of up to 365 calendar days, beginning with the date of FPM referral. The encumbrance shall be for up to 80 hours of service. Upon receipt of the encumbrance form DAHS-Finance will create POs and send them to DFS-Family Partnership Program (FPP). DFS-FPP will complete an invoice (based on the DFS billing system) with an attached action plan and send it to DAHS-Finance

For FRM:

FRMs are available at no cost, therefore no authorization is needed. No encumbrance form is needed for Family Resource Meetings.

Parental Co-pay:

ICC is not subject to a parental co-pay; however, a parental co-pay is required before the ICC initiates any community based services. FPMs and FRMs are not subject to parental Co-pay.

Funding /eligibility:

Funding eligibility shall be determined by CSA staff prior ICC and FPMs referrals being scheduled for a FAPT review.

Participation in Team Based Planning

The team based planning process includes the youth and family, extended family, representatives of youth-serving agencies that provide services to the youth and family, and others who are important in the family's life or know and can access potential resources. Family members, youth, and other supportive adults are prepared by the referring agency worker for effective participation in the meeting, including an orientation to all relevant programs, processes and policies and the CANS, and completion of a strengths/needs assessment to include cultural and language issues. All documents to be reviewed by the team at the meeting should be provided to the family before the meeting. Participation of youth and families in meetings is expected, absent documented clinical or safety concerns. While participation of younger children is encouraged as appropriate, youth aged 14 and over are expected to participate absent documentation on the action plan that it would likely be harmful to them. Youth will participate in a manner consistent with their cognitive and developmental abilities. When a participating youth dissents from the recommended plan, the reason should be noted on the action plan.

Whenever possible, team meetings shall take place at times and locations when families and youth can participate, specifically taking into account the family's work and school schedules, as well as those of other team members.

Whenever possible, team based planning is conducted in a language the family can understand. When that is not possible the referring public agency is to provide interpretation services.

When CSA funding for services will be requested, the team shall include participants with expertise on the needs to be addressed, contingent on the agreement of the family.

- When significant behavioral health, substance abuse and/or intellectual disability needs are to be addressed, and the youth has significant risk factors, CSB participation is required;
- When the youth or other family member is involved with the juvenile and domestic relations district court for delinquency or status offenses, JDRDC participation is required;

- When the family is being served by DFS Child, Youth and Family Services or has a history of involvement with public child welfare within the past year, DFS participation is required.
- When the youth has significant school behavior, achievement or attendance issues, school social worker participation is required;
- When the youth is in a private special education program FCPS Multi-Agency Services or FCCPS participation is required.

If during the course of an MDT meeting it is determined that access to a public agency representative would be useful in service plan development, a follow-up MDT shall be scheduled, with a representative of the identified agency present, within ten business days. If indicated an IFSP with services to be considered for CSA or MHI funding may be developed at the first MDT meeting, which may be modified at the second meeting and re-considered for CSA or MHI funding.

Public agencies required to participate in team-based planning processes shall plan for the availability of staff resources sufficient to meet the need. That planning shall include a commitment to participate in two standing FAPTs, and FPMs, FRMs and ICC youth and family teams at which their participation is required by policy, contingent on being provided the advance notice required by policy.

In situations where a particular public agency's participation is not required but may be useful, representatives shall be invited to participate in the meeting or otherwise provide input. School social workers may be requested to attend any team planning meeting as they will be able to provide the team and the family with information regarding the youth's school performance including academic and behavioral strengths and areas of need. Even in cases where school concerns are not the primary issue, it is often helpful to have information regarding school performance.

Team Based Planning Participant Responsibilities

The family, appropriate public agency representative(s) and service providers shall actively participate in team-based service planning and in the service delivery process. Active participation means:

- Identifying and accessing appropriate resources to meet youth and family needs
- Problem solving
- Participating and supporting team decision making
- Openly discussing how to resolve disagreements
- Decisions on staff transitions and service terminations should consider the consensus of the team, not be made unilaterally. Exceptions to existing agency policies on staff transitions and service terminations may be made on a case-by-case basis.

- Accepting and completing team roles and assignments
- Engaging, motivating, and encouraging families to understand their critical role in achieving desired outcomes

For family resource meetings the public agency case manager, in consultation with the Team Based Planning Coordinator, assists the family in selecting team members, and facilitates the team coming together.

Service Planning Process

The team based planning process is to engage families with the goal of safely meeting the needs while the youth lives with the family in the community. Participants are to be knowledgeable of the full range of relevant services and supports in the community. When youth cannot live safely with their families, the first consideration for placement is with extended family or a responsible adult with whom the youth has a significant relationship, and is capable of providing a safe and nurturing home, in consideration of the safety of the youth and community. Service planning shall solicit and honor families' cultural preferences within legal and regulatory limits.

Teams shall develop an individualized, realistic and sustainable action plan which includes:

- Description of the youth and family's needs;
- Identification of the youth and family's strengths;
- Plan for meeting identified needs that would typically involve both formal services and informal supports;
- identification and assignment of specific tasks, with target dates for completion, including tasks for the family;
- utilization of evidence-based or evidence-informed treatments if appropriate and when available;
- Significant needs and risk behaviors identified on the Team-Based Planning Request and/or most recent CANS. Plans submitted for CSA funding that do not address all significant needs and risk behaviors may be returned for further development. Any changes to the Action plan must be approved and signed by all required team-based planning participants.
- Documentation of active participation, consensus and commitment to follow through on assigned tasks through participant signatures. When consensus cannot be achieved, areas of disagreement shall be documented. With the exception of planning for youth in DFS custody, the action plan shall be signed by the parents/guardians after participation in the meeting. The participation and signature of youth is highly encouraged.
- Documentation of follow up meeting date and identification of required and recommended participants for that meeting.
- When indicated, the team shall develop a crisis plan which anticipates the most likely at-risk behaviors and develops plans to prevent, and/or effectively respond to them.

Accountability Standards for Team-Based Planning Participants

Parent/legal guardians, youth, public agency representatives and private provider members of the team are responsible to complete team roles and assignments, and make decisions in consultation with the team. The team will respect the youth and family's right to make their own decisions within legal and regulatory limits.

Participants in team based planning will be accountable for the prudent investment of public resources and will require families to contribute toward the cost of care through processes that assess their ability to pay, and through accessing their health insurance and other financial resources as appropriate.

Participants in team based planning will be accountable for the timely and accurate collection of standardized data elements, to include evaluation of the team bases planning process.

Participants in team based planning are accountable for team recommendations and will explain and support them in the court process or other decision-making processes, as needed. The case manager shall brief the guardian ad litem on the action plan developed by the team.

Out-Of-Home Treatment Recommendations (Not required for students placed by IEP)

FPMs, FRMs and ICC Youth and Family Teams are charged with creating community based plans. If they are unable to create a safe and effective community-based plan then a referral shall be made to a FAPT. If parents/custodians disagree with the community-based plan created by an FPM, FRM or ICC Youth and Family Team, or if they decline to participate in developing a community-based plan and decide to request residential or group home placement, then a referral shall be made to a FAPT.

Action plans developed by a FAPT for residential or group home treatment shall identify the needs that prevent the youth from being at home, and how those needs of youth, caregivers and family members will be met in preparation for a return home. In addition to the requirements in the Service Planning Process section, action plans that recommend out-of-home treatment or placement shall also document that:

- less restrictive alternatives were considered, and why needed services cannot take place with the youth living in the home;
- extended family or other responsible adults were unavailable and inappropriate to assume care of the youth;
- all appropriate resources were explored and no appropriate placement is available in Fairfax County or the cities of Fairfax or Falls Church;

- Services are targeted toward the safety and stabilization of the youth and reunification with the family or extended family in the minimum time period necessary to address the needs which required family separation. Other needs and issues continue to be addressed as part of discharge planning and after the youth is reunited with the family.

- the plan is for discharge in the minimum time period necessary to address the needs which required family separation;

- The family has committed to visit at least monthly and actively participate in treatment. Also document plan for case worker and/or public agency members of the team to visit at least quarterly and contact the youth, family and provider at least monthly.

Team Based Planning

Referring Worker or Case Manager shall

- Notify and invite persons with parental rights and persons with legal custody to the Team Based Planning Meeting and FAPT meetings. Invite foster parents if the youth is in foster care.
- Orient to the Team-based planning process and how it relates to accessing county service supports.
- Discuss benefits and need for family participation.
- Provide the date, time and location of the meeting.
- Discuss family strengths and needs in preparation for sharing at the meeting.
- Review importance of youth and families inviting and encouraging their supports to attend (family, friends, relatives, community supports, etc.) to assist with the needs of the youth and family.
- Provide a copy of the CSA Parent Handbook ~~a~~nd all documents to be reviewed by the team.
- Identify service providers, and others who are important in the family's life or know and can access potential resources and invite these individuals.
- Provide interpreter services for family members who are not proficient in English or who are deaf or hard of hearing. The agency that has been identified as providing lead case management services to the family will be responsible for arranging and paying for interpreter services.
- After the meeting, work with the youth, family and other members of the team to implement the action plan, through communication with individual team members, including home visits, and provider site visits as needed. Within the team-based planning process these tasks may be designated to team members other than the case manager.

The Meeting Facilitator shall

(for FPMs there will be a third party facilitator, for FRMs the worker will fulfill these responsibilities)

- Focus the group's attention on safely meeting the needs while the youth lives with the family in the community.
- Assure that the purpose of the meeting is understood, and that all participants have an opportunity to be involved.
- Guide the group discussion toward determining the plan for addressing the needs of the youth and family.
- Protect individuals and ideas from attack or from being ignored. Provide a safe, supportive environment to permit open and honest communication.
- Assure a thorough discussion of the safety concerns and risks, and assure that family resources and supports are fully identified to establish the ground work for quality decision making and planning.
- Act as an information resource for your particular agency by being knowledgeable of laws, agency policies and procedures, community services, and best practices. Solicit the expertise of the other agency participants.
- Move the group through the problem-solving/decision making process, while maintaining reasonable timeframes.
- Manage the process and structure of the meeting, recognizing that the family is the expert on themselves.
- Assist the meeting participants in developing a consensus decision.
- Review plan with participants to ensure that it:
- Is in compliance with legal and policy requirements for least restrictive environment and,
- Addresses the safety of youth, family and community.
- If consensus is not reached, encourage the team to accept the youth and family's right to make their own decisions within legal and regulatory limits and to remain available to support the youth and family.
- Complete the Action Plan, review it with the group, have all members sign it, and distribute copies to all who participated in the meeting.
- Facilitate reviewing CSA and other program eligibility criteria when public services are recommended.

MULTI-DISCIPLINARY TEAMS (MDT) AND FAMILY ASSESSMENT AND PLANNING TEAMS (FAPT)

The Fairfax-Falls Church CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. To this end, it is required that that Individual Family Service Plans (IFSPs) that request CSA funding for services be developed through such a team-based planning process, unless specifically exempted by state code.

Multi-Disciplinary Teams

The Virginia Office of Comprehensive Services has approved Family Partnership Meetings, Family Resource Meetings and ICC Youth and Family Teams as Multi-Disciplinary Teams to develop IFSPs for the following CSA-funded services:

- Community-based services such as home-based interventions, respite, evaluations, and outpatient services
- Treatment Foster Care
- Supervised apartment programs for young adults (ages 18 – 21)

The MDT includes the youth and family, extended family, representatives of youth-serving agencies that provide services to the youth and family, and others who are important in the family's life or know and can access potential resources. Families are partners in decision-making around the assessment and delivery of services for their children. In accordance with the legislative intent of the Comprehensive Services Act, each MDT meeting will provide a collaborative process to "assess the strengths and needs of troubled youths and families" and " identify and determine the complement of services required to meet these unique needs". When CSA funding for services will be requested, the MDT shall include participants with expertise on the needs to be addressed.

- When significant behavioral health, substance abuse and/or intellectual disability needs are to be addressed, and the youth has significant risk factors, CSB participation is required;
- When the youth or other family member is involved with the juvenile and domestic relations district court for delinquency or status offenses, JDRDC participation is required;
- When the family is being served by DFS Child, Youth and Family Services or has a history of involvement with public child welfare within the past year, DFS participation is required.
- When the youth has significant school behavior, achievement or attendance issues, school social worker participation is required;
- When the youth is in a private special education program FCPS Multi-Agency Services or FCCPS participation is required.

Every effort will be made to identify a Parent Representative from the family's informal support system to participate in the MDT meeting. Every effort will also be made to identify a Youth Representative from the family's informal support system to participate in the MDT meeting. If the family is unable to identify a Parent Representative they will be offered the participation of a Parent Representative trained to serve on a FAPT. Prior to the MDT the family shall be informed in writing of their right to Parent Representative participation in the MDT, but may decline. When a parent declines participation of a Parent Representative it shall be documented on the IFSP.

Parent representatives shall meet with the family, in-person or by phone, prior to the meeting to explain the meeting process and the family's role in service planning, and to remind the family of their rights and responsibilities. During the meeting the parent representative ensures that the family is supported to actively participate, and that their voice and choice are elicited and considered.

FAMILY ASSESSMENT AND PLANNING TEAMS

When the MDT planning process is unable to develop or to agree upon a safe and effective community based plan of care, long-term residential or group home treatment may be considered via a referral to the FAPT. IFSPs for these placements shall be developed during the FAPT meeting, with the full participation of the case manager, family and FAPT members. If an IFSP is developed for residential or group home treatment, the subsequent funding approval shall be for no more than 3 months at a time, and can be for less. This FAPT may also authorize community based services and interventions deemed necessary and appropriate for the youth's transition back to the community.

FAPTs shall also develop plans for short-term crisis stabilization placements, as well as FPM and ICC services. These services shall be requested via submission of the IFSP-EZ form and required supporting documentation to the CSA office.

Review and Authorization Process for the following Out of Home Placements:

- Cases in which the team is unable to create a safe and effective community-based plan during the FPM/FRM process
- Cases in which the parents/custodians disagree with the community-based plan created by the FPM/FRM/YFT, or if they decline to participate in developing a community-based plan and insist on pursuing a residential placement
- Cases in which the youth requires out of home short-term stabilization on an emergency basis
- Out-of-home placements through adoption assistance (subsidy) requiring CSA pool funds to pay for special education as per state DFS policy *(www.localagency.dss.state.va.us/divisions/dfs/ap/files/manual/Adoption_Manual-Chptr_C-Agency_Placement.)*

There are two Family Assessment and Planning Teams for the primary purpose of reviewing long- and short-term out of home placements. These FAPTs provide initial and ongoing service plan development, utilization review and monitoring/oversight for each youth placed in a long-term residential program, as well as service planning for short-term crisis stabilization programs, FPM and ICC services, and those services eligible for expedited FAPT Services Planning.

MDT and FAPT Powers and Duties

The FAPT/MDT shall "assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs." (Code of Virginia) § 2.2-5208. Every such team shall:

1. Review referrals of youths and families to the team.

2. Provide for family participation in all aspects of assessment, planning and implementation of services. (Code of Virginia § 2.2-5208). This includes full participation by the family during the team meeting when their child's case is being presented. In Fairfax-Falls Church, due to the large size of the county and population served, it is not possible for FAPT teams to both create and review service planning; therefore, the CPMT established team-based planning processes so that the legal mandate would be met and individualized teams can be created based upon each youth and family's needs to include parent/guardian participation in the service planning process. A Team Based Planning Meeting is not required for IEP-required private special education placements.

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

4. Develop an individual family services plan for youths and families reviewed by the team that provides for appropriate and cost-effective services;

5. Identify children who are at risk of entering, or are placed in residential care through the Comprehensive Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, the FAPT, in collaboration with the family, shall

    a) Identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument;

    b) Identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;

c) Implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and family during transition to community-based care and

d) Provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

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

6. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard sliding fee scale, based upon ability to pay, to contribute financially to the cost of services to be provided and provide for appropriate financial contribution from parents or legal guardians in the individual family services plan;

7. Refer the youth and family to community agencies and resources in accordance with the individual family services plan. The FAPTs and MDTs of Fairfax-Falls Church have the authority to review the service needs of children and families who fall within these jurisdictions. The FAPT/MDT brings to all its deliberations the considerations that all available public and community resources have been utilized. FAPT/MDT agency representatives shall have the authority to access services within the established operating procedures of their respective agencies. FAPT/MDT recommendations for services by specific agencies must be consistent with those agencies' mandates.

8. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies.

MDT and FAPT Decision-Making

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

2. Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the FAPT/MDT within 14 days of admission and the emergency placement is approved at the time of placement. (COV 2.2-5209). For

purposes of defining cases involving only the payment of foster care maintenance, the definition of foster care maintenance used by the Virginia Department of Social Services for federal Title IV-E shall be used. (CSA Appropriations Act B11).

3. In the event a group home or residential facility has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed by CSA in the facility must be assessed to determine whether it is in the best interests of each child to be removed from the facility and placed in a fully licensed facility and additional placements are prohibited until full licensure status has been restored.

4. The FAPT/MDT must determine that the family's financial resources have been reviewed and accessed, that the services are provided in the least restrictive setting, and that the services are appropriate and cost-effective, and that services are conducive to family preservation.

5. FAPT/MDT procedures and recommendations cannot supersede state or federal statutes. Federal and state requirements prohibit any entity from changing the services or placement specified on the IEP for private special education placements. The FAPT/MDT and the CPMT are likewise prohibited from changing the IEP, including services and placement specified.

6. Whenever possible, FAPT/MDT decisions will be made by consensus. If consensus cannot be reached, a vote will be taken and a simple majority will rule. Dissenting opinions may be noted on the IFSP.

7. Prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.

MDT and FAPT Membership

Persons who serve on the FAPT/MDT shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act. (VA Code § 2.2-5207)

Each FAPT shall include representatives of the following community agencies who shall have the authority to access services within their respective agencies: Community Services Board (CSB), Fairfax County-Falls Church City Juvenile Court Service Units (JDRC), Department of Health (HD) when appropriate, a program manager from the Department of Family Services (DFS), Fairfax County Public Schools (FCPS), Falls Church City Schools (FCCPS) and a parent representative who is not an employee of any public or private program which serves children and families. Additionally, the Northern Virginia Coalition of Private Providers (NOVACO) shall be invited to nominate a private provider representative.

Persons serving on the FAPT/MDT shall recuse themselves from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in Sec. 2.2-3101 of the State and Local Governmental Conflict of Interests Act, or a fiduciary interest, or the perception of a personal or fiduciary interest.

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAPT/MDT and whose case is being assessed by this team or reviewed by the community management and planning team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. (VA Code § 2.2-5210) FAPT/MDT members shall sign a statement affirming their commitment to respect the confidentiality of children, youth and families served by CSA.

When a Falls Church City youth or family is to be assessed by a FAPT/MDT, a representative from the Falls Church City schools and/or Falls Church Court Service Unit will substitute for the Fairfax County counterpart on the FAPT/MDT.

The CPMT appoints members of the FAPTs and their substitutes upon recommendations from the designated agencies and completion of FAPT training.

FAPT/MDT Parent Representatives

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

The parent representatives will relinquish duties to an alternate parent representative should a conflict of interest arise or if they have personal knowledge of the family and their situation. If there is some question as to whether a conflict of interest exists, the parent representative will notify their FAPT leader and leave the meeting during the case review and discussion.

Family Participation in MDT and FAPT Process

When a long-term residential placement is being considered, families and youth shall be fully involved in the FAPT process. They shall be informed about the benefits and risks associated with out-of-home care and provided with information about community-based alternatives. All plans for long-term residential placements shall be developed with the family's participation during the FAPT meeting. The parent(s)/ legal guardian will be required to attend the FAPT and the case manager will be required to assist with securing transportation assistance if necessary. If the parent /legal guardian is absent, a subsequent review to consider the request and develop the plan will be scheduled.

When necessary, interpreter services will be arranged by the case manager for the FAPT/MDT meeting for family members who are not proficient in English or who are deaf or hard of hearing. In accordance

with the Americans with Disabilities Act, accommodations will be provided to individuals to assure access to the FAPTs/MDTs. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

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

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

FAPT Meeting Facilitator

- Each FAPT shall select a facilitator from among its members and notify the FAPT Coordinator promptly of any changes in FAPT leadership.
- FAPT facilitators shall meet periodically for purposes of communication, coordination and training. CPMT is to be informed of the FAPT facilitator meeting schedule. FAPT facilitators shall meet quarterly with the CSA Management Team. FAPT facilitators who are unable to attend a FAPT Facilitator or CSA Management Team meeting shall designate another FAPT member to attend.
- FAPT facilitators shall prepare a semi-annual report to CPMT, reflecting the input of all FAPT members.

FAPT Meeting Schedule

Each FAPT will meet once per a week for a maximum of four hours at a designated time and place to review and conduct its business. FAPT scheduling shall accommodate parents/guardians who are unable to participate in person or by phone during regular business hours by maintaining the ability to schedule a FAPT meeting each month to be held either before or after regular business hours. This meeting time shall be utilized on an as-needed basis only. FAPT members will be provided a minimum of five business days advance notice when such a time is being scheduled.

Each FAPT will meet once a week for a maximum of four hours at a designated time and place to review and conduct its business. FAPT scheduling shall accommodate parents/guardians who are unable to participate in person or by telephone. FAPT meetings are not open to the public. All information about specific children and families obtained by team members shall be confidential. In the event of inclement weather, scheduled FAPT meetings are automatically canceled and rescheduled under the following circumstances:

- Morning FAPT meetings are canceled and rescheduled when Fairfax County Public Schools have a late opening;

- Afternoon FAPT meetings are canceled and rescheduled when Fairfax County Public Schools have an early closing;
- All FAPT meetings are canceled and rescheduled when Fairfax County Public Schools are closed (including for holidays and spring break).
- At least one FAPT meeting shall take place during weeks when FCPS is closed and meetings would not otherwise be scheduled.

FAPT Attendance and Participation

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

FAPT Reviews For long-Term Residential Placements

When an initial plan for residential or group home treatment has been created by the FAPT the initial funding approval period shall be for no more than 4 months, and subsequent funding approval periods shall be for no more than 3 months.

1. A review date shall be set at the FAPT meeting at least 14 calendar days prior to the end of the current funding period.
2. An updated Case Manager Report to FAPT and other required documents shall be submitted to the CSA office at least 10 business days prior to the review. The complete and correct packet shall be provided to UR immediately upon receipt for use in completion of the UR report.
3. The FAPT must review the most recent (within 30 days) provider report and consult with the provider either in person or via telephone.

Documentation required for CSA-funded Services

Consent to Exchange Information

Consent signed by youth who are aged 18 +

Consent signed by each custodial parent if residing in separate households

Consent signed by adults/parents/caregivers receiving services

Documentation requirements for IEP Services

Youth receiving IEP services shall have all required CSA documents with the exception of the Parental Copayment Agreement and the CHINS Parental Agreement for residential school placements. School divisions are responsible for submitting the IEP Services Page and the PLOP, if appropriate – updated annually to the CSA program and also updating the CSA required data elements annually.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

The Fairfax-Falls Church CPMT recognizes that individualized service planning required by CSA is best accomplished through assembling teams of people who work directly with the youth and family, and others who are important in the family's life, or who have knowledge of and can access potential resources. To this end, it is required that that Individual Family Service Plans (IFSPs) that request CSA funding for services be developed through a team-based planning process as described in the Team-Based Planning section of this manual. The IFSP is a written assessment of the youth and family's strengths and needs and recommends a plan for the provision of services.

Action plans for community based services developed through team-based planning processes are submitted for review to the CSA office when CSA pool funds or Mental Health Initiative Funds are needed to purchase services. A UR analyst will review the action plan and required supporting documentation for consistency with the CSA practice standards and compliance with CPMT policies and state and federal laws and policies. Upon review and approval the action plan becomes the CSA IFSP.

Funding for short-term crisis stabilization placements, as well as FPM and ICC services, shall be requested via submission of the IFSP-EZ form and required supporting documentation to the CSA office. These requests will be reviewed by one of the two standing FAPTs who are responsible for the authorization of such services.

When the team-based planning process is unable to develop or to agree upon a safe and effective community based plan of care, long-term residential or group home treatment may be considered via a referral to the FAPT. IFSPs for these placements shall be developed during the FAPT meeting, with the full participation of the case manager, family and FAPT members. If an IFSP is developed for residential or group home treatment, the subsequent funding approval

shall be for no more than 3 months at a time, and can be for less. This FAPT may also authorize community based services and interventions deemed necessary and appropriate for the youth's transition back to the community.

The IFSP and the Court

In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to §§ 2.2-5209 and 2.2-5212, refer the matter to the community policy and management team for assessment by a local family assessment and planning team/MDT authorized by policies of the community policy and management team for assessment to determine the recommended level of treatment and services needed by the child and family. The family assessment and planning team/MDT making the assessment shall make a report of the case or forward a copy of the individual family services plan to the court within 30 days of the court's written referral to the community policy and management team. The court shall consider the recommendations of the family assessment and planning team/MDT and the community policy and management team. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the family assessment and planning team/MDT, the court shall request the community policy and management team to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section. (2.2-511E) In Fairfax-Falls Church,

Only plans that were developed FAPTs or state-approved multi-disciplinary teams with funding subsequently authorized by UR shall be submitted to the court as representative of the CPMT.

The IFSP and the Foster Care Plan

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

Review and Approval of CSA-Funded Services

Utilization Review Analysts review the IFSP developed by FAPT or MDT, as well as supporting documents, and approve CSA funding, if legal and policy requirements are met and requested services are consistent with the CPMT-approved CSA SOC Practice Standards.

Mandatory Uniform Assessment Instrument

State CSA policy requires the administration of a uniform assessment instrument for every child in receipt of CSA funding. The Child and Adolescent Needs and Strengths (CANS) instrument is to be rated for all children and youth. Raters must be certified to administer the CANS and use the CANS appropriate for the youth's age group. Online training and certification is available free of charge at www.CANSTraining.com. Two CANS assessments (0-4 years and 5+ CANS) are accessible on the CSA FairfaxNET. Every child receiving CSA funds shall receive comprehensive CANS assessment initially, with reassessments determined based on the needs of the child and family and the intensity of services provided as described below. A comprehensive assessment is required annually and when the child is discharged from CSA.

Type of CSA Service	CANS Requirements*		Type of CANS Form to Use
	For CSA Funding	For Medicaid Funding	
Family Foster Care	Beginning, Annually, and Discharge	n/a	Comprehensive
Non-Residential:			
Community-Based Services, Home-Based Services, and Intensive Care Coordination (ICC). (See Leland requirements below.)	Beginning of Service	n/a	Comprehensive
	Every 6 Months (ICC every 3 months)	n/a	Reassessment
	Change/Addition of Service	n/a	Reassessment
	End of CSA Services	n/a	Comprehensive***
IEP-Required, Private Day Education Placements and Non-Medicaid Enrolled Residential Schools	Beginning of Service	n/a	Comprehensive
	Annually	n/a	Comprehensive
	Change/Addition of Service	n/a	Reassessment
	End of CSA Services	n/a	Comprehensive
Treatment Foster Care	Beginning of Service	Beginning of Service**	Comprehensive
	Every 90 Days	Every 90 Days	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA services	n/a	Comprehensive***
Supervised Apartment Programs	Initially, Annually, and End of CSA services.	n/a	Comprehensive
Residential:			
Group Homes	Beginning of Service	Beginning of Service**	Comprehensive
	Every 90 Days	n/a	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA Services	n/a	Comprehensive***
Residential Treatment Centers and Medicaid Enrolled Residential Schools	Beginning of Service	Beginning of Service**	Comprehensive
	Every 90 Days	Every 90 Days	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA Services	n/a	Comprehensive***
Leland House-Crisis Stabilization	Beginning of Service	Beginning of Service**	Comprehensive
	End of Leland House-Crisis Stabilization service.	n/a	Reassessment
	End of CSA Services	n/a	Comprehensive***

Procedures for reviewing documentation for CSA funding

A complete referral packet to request CSA funding for services is comprised of the following:

- Consent(s)
- Completed parental copayment assessment
- Current CANS
- IFSP and supporting documentation of need such as current provider reports
- Eligibility Determination Form

Within two business days of receipt of a referral packet, the FAPT Coordinator shall review the packet for accuracy, enter the case into a tracking spreadsheet and respond to the case manager via memo indicating that either the case is ready to proceed for FAPT or UR review, or that specified elements are missing or incomplete. If required elements are missing or incomplete, the case manager will have 10 business days to submit the required information; after 10 business days submission of a new, complete packet will be required. Upon receipt of a complete packet requesting community-based services, not including requests for FPM or ICC services, the FAPT coordinator will have 1 business day to submit the packet to UR for review. Upon receipt of a complete packet requesting FPM or ICC services or a residential placement, the FAPT coordinator will have up to 10 business days to schedule the case for a FAPT review.

Review and Approval Procedures

Intensive in-home services, in-home services, intensive family preservation services, intensive care coordination, mental health skills building, monitored supervision, therapeutic supervision and applied behavior analysis are typically approved for a period of up to six months and 150 hours of service, which equates to two to three home visits per week. Utilization review is required when over 150 hours of service are requested, to assure that an intervention of such atypical intensity is necessary to preserve the family structure and maintain the child in his/her own home. Service planning and approval and utilization review shall be individualized processes based on the needs of the child and family being served.

- Approval of interventions exceeding six months, or one hundred and fifty hours of intensive in-home services, in-home services, intensive family preservation services, family preservation services, therapeutic mentoring, behavior therapy/management, day treatment, supervised visitation, and mental health supports, or the equivalent in other community-based services, requires a utilization review report to determine that additional services are essential to prevent out of home placement.
    - When approving CSA funding for Medicaid-covered services, specifically Intensive In-home services, Day Treatment or Mental Health supports, UR Analysts shall ensure that documentation reflects that the child or youth meets the criteria established by DMAS

regulations. This documentation shall include the signature and written approval of a licensed mental health professional.

- For children in foster care, respite services can be provided as per the VDSS policy section 13.6 for up to 30 days per year. If more than 30 days per year is needed for a child with special needs, the reasons for the need for additional respite care should be documented. Respite care should not extend beyond 60 days per year.
- For children who are not in foster care, in-home and out of home respite services may be approved for up to $5,000 **and no more than 15 calendar days** over a period of six months. Out of home respite may not exceed 14 consecutive days.

- CSA permits family-based interventions where services and supports may be offered to caregivers and siblings in support of and documented in the identified youth's Plan of Care as approved by the Youth and Family Team. However, when a sibling has specific behavioral health care needs and requires intervention targeted for those needs, such as individual therapy, medication management, home-based treatment, and therapeutic supports such as out of home respite, CSA funding must be requested and authorized for that specific youth. All CSA requirements for eligibility and documentation must be met.

Procedures for Utilization Review approval of CSA funding

1. The FAPT coordinator will distribute requests directly to UR Analysts for review and service authorization according to current procedures. Every attempt will be made for the same analyst to review sibling groups for a comprehensive view of the family's package of services.

2. The review process may include:
    a. Review of the complete packet of documentation/ IFSP
    b. Review of the record of services in Harmony and in the CSA central files
    c. Contact with the case manager and any other relevant collateral sources to obtain any updates or additional information, as needed, and to discuss questions, issues and concerns

3. UR Analysts will have a maximum of 5 business days to complete the service authorization process. For requests requiring a written utilization report, UR Analysts will have a maximum of 10 business days from receipt to complete their review and determination about authorization.

Approval Procedures

1. If the requested services are **approved** by UR, UR analysts will document in Harmony the service authorization, and send copies of the authorization to the case manager via secure email as well as to the CSA central file. A service authorization consists of a specific start and end date, the name of the approved service type(s), and units of service necessary to generate purchase orders. Approvals will be designated in the following ways:
    a. **Status: Approved**
    b. **Status: Approved with comments/recommendations** – The current request is approved, but in the notes, UR staff may offer resources, suggestions and/or consultation about the service request. The comments may include directions that are relevant for any future requests. For example, application for a Medicaid waiver may be a required action step before any additional CSA funded services will be approved.
    c. **Status: Approved with amendments** – UR staff will work collaboratively with the CM and/or supervisor to adjust/refine some aspect of the request such as number of hours, type of service. The decision about the service authorization, however, is made by the UR Analyst and is subject to an administrative appeal based on the criteria below.

2. For non-mandated youth, UR Analysts will verify the availability of funding for the services via the budget analyst for CSA who maintains and tracks the funding availability.

3. If the requested services are **not approved** based on the information provided, the UR analyst must respond in a secure email to the case manager and supervisor one of the following ways:
    a. **Status: Pending** – Ex. if additional information is needed (report, documentation), if the CANS needs to be updated/corrected. Timely response from the case manager/supervisor or other agency designee who can provide the information is necessary for disposition of the request. The case manager will have up to 5 business days from time of notification to provide the requested information or communicate a plan for getting the information along a different timeline. If the information is not received or the case manager has not communicated in that timeframe, UR will change the determination to "Status: Not approved", and notify the worker and supervisor via secure email that the request is no longer under consideration. The request itself will be securely shredded. The CSA program will not keep copies nor return it to the worker.

b. **Status: Not approved** - UR staff will document the reasons for not approving the service citing SOC practice standards, level of care, CANS, missing information, etc.
c. **Status: Not eligible** – for situations where CSA law and/or state and local policy does not allow the service such as Medicaid reimbursable expenses where no justification or inadequate justification has been provided to support "unavailable" or "inappropriate"

Decision Review Procedures

1. **Parent Notification**: Case managers shall advise all parents/legal guardians of the existing appeal process as well as the administrative reconsideration process and provide them with the written appeal procedure as part of their orientation to CSA, as per current policy.
2. **Administrative Reconsideration**: The UR Analyst will provide the case managers/supervisors with the reason that the service request was "Not approved," "Not eligible" or "Approved with Amendment." The category of UR decision will determine the most appropriate type of decision review process:
   a. For "Not eligible": Administrative reconsiderations are reviewed by the CSA Program Manager within three business days of CM written request. The CM's CSA MT member, or Falls Church CPMT member for Falls Church residents, may request a reconsideration of the CSA Program Manager decision by the SOC Division Director, which will be rendered within three business days of a written request. In the absence of the CSA Program Manager the Youth Behavioral Health SOC Program Manager will review reconsideration requests. The CPMT Chair will review reconsideration requests in the absence of the SOC Division Director."
   b. For "Not approved" and "Approved with Amendment": A three member panel, consisting of the CM's CSA MT member, or Falls Church CPMT member for Falls Church residents, the CSA Program Manager, and a third CSA MT member from an agency that is not serving the child, respond to written requests from the CM for administrative reconsideration within five business days. When reconsidering a decision of the UR Analyst to not approve a service identified on the IFSP, or to approve a service while amending the volume or duration of services specified on the IFSP, the panel shall invite the participants in the FAPT or MDT that developed the IFSP, and the UR Analyst that made the decision, to participate in its deliberations.

   If the IFSP does not specify the number of hours or duration of a service, but the service authorization by UR defines those parameters, the worker may only request an administrative reconsideration; it is not eligible for a CPMT appeal. Decisions made

through the administrative reconsideration process are final, unless otherwise covered under the local appeal policy.

3. **CPMT appeal process**: Any youth, parent, legal guardian/custodian, or representative of the agency holding legal custody of the youth has the right to follow the appeal process as outlined in the procedures and local policy manual for any services that are not approved or are amended. Case managers are encouraged to utilize the administrative reconsideration process first, when appropriate.

Services Eligible for Expedited FAPT Services Planning

The following services may be requested through an expedited service planning process. All requested services must address needs of the youth and family identified on the IFSP. Services eligible for expedited service planning may be requested using a proposed IFSP-EZ. IFSP-EZs shall be completed by the referring worker, with the participation of the parent/guardian and youth when appropriate, and include supervisor approval. Participation of others who are important in the family's life or know and can access potential resources is encouraged but not required.

Informal services and supports should be considered before purchase of services, in order to most efficiently use resources and link families to resources that will continue after the CSA intervention terminates.

1. Child care, camps, socialization and recreational programs and activities;
2. Summer youth employment programs
3. Youth and family travel costs for visitation, appointments and training related to the IFSP or foster care service plan;
4. Parenting and anger management classes;
5. Respite services may be approved on an annual (fiscal year) basis with a $10,000 maximum expenditure for all respite services, including a maximum 30 nights out-of-home respite;
6. Family partnership meetings;
7. Evaluations and assessments.

For children in DFS custody and children at-risk of entering foster care served by DFS Child Protective Services (CPS) and Protection and Preservation Services (PPS) the following additional services may be requested through an expedited service planning process. For these children, the services *listed above and below* may be requested with standard language incorporated in the *IFSP.* Evaluations and assessments shall not be requested *with* standard language incorporated in the IFSP except for those court-ordered for children in foster care. The use of standard language incorporated in the IFSP to request services for children at-risk of

entering foster care served by DFS CPS and PPS is limited to six months after the initial CSA service approval.

1. Translation/interpretation services;
2. Legal fees for immigration issues;
3. Court testimony
4. Non-Medicaid reimbursable medical expenses excluding behavioral health services *(limited to $1,000 annually for children at-risk of entering foster care served by DFS CPS and PPS) ;*
5. Independent living stipends; *(children in DFS custody only)*
6. Summer school; *(children in DFS custody only)*
7. Sports and cultural events; *(children in DFS custody only)*
8. Driver's education; *(children in DFS custody only)*
9. School-related fees (excluding private school tuition); *(children in DFS custody only)*
10. Out-of-state public school tuition; *(children in DFS custody only)*
11. Foster/adoptive home studies; *(children in DFS custody only)*
12. Tutoring; *(children in DFS custody only)*

Emergency Situations Eligible for Expedited FAPT Service Planning

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

When a child has been has been determined in need of immediate services to prevent foster care placement, documented by a DFS workers' signature on the CSA Eligibility form, community-based services may be approved by FAPT for up to sixty days through an expedited service planning process. Services beyond sixty days require development of an action plan by an FPM or FRM.

When a child in DFS custody must be placed in treatment foster care on an emergency basis, treatment foster care services may be approved by FAPT for up to sixty days through an expedited service planning process. Services beyond sixty days require development of an action plan by an FPM or FRM.

Children requiring residential or group home placement on an emergency basis shall be placed in a short-term program, with a maximum length of stay of 90 days or less, which may be approved by FAPT for up to ninety days through an expedited service planning process. When a short-term program is not available or appropriate in responding to an emergency, DFS may place in a long-term program, with DFS responsible for scheduling a briefing at the next CSA

Management Team meeting following placement to discuss why prior FAPT and utilization review were not possible. When long-term residential placements are made on an emergency basis a Consent, Case Manager Report to FAPT and CANS must be submitted to the CSA Office within 2 business days and a FAPT review must occur within 14 calendar days after services have commenced. The FAPT review shall be scheduled at least five business days following receipt of a correct Consent, Case Manager Report to FAPT and CANS to provide time for a UR Report to be completed.

Per Virginia Code Medicaid providers must be used when available and appropriate, but UR approval is not required to use a non-Medicaid provider for a short-term, emergency placement. Providers under contract shall be used when available and appropriate.

Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore FAPT approval must be granted and non-mandated funds must be available prior to commencing services for non-mandated youth. When an emergency as defined above occurs, the lead case manager may proceed to obtain the needed services.

The agency taking the emergency action assumes the role of case manager. If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible.

Procedures for Flexible Response to Emergency Needs

An IFSP-EZ must be submitted to the CSA Office within 2 business days after community-based services, treatment foster care services, and short-term residential or group home placements (maximum length of stay of 90 days or less) have commenced on an emergency basis. A FAPT review must occur within 14 calendar days following the onset of services in an emergency, or within 14 days of submitting the IFSP if services have not yet commenced. The CANS must be submitted within 10 calendar days of services commencing.

FAPT may approve funding for transportation and other short-term/emergency needs that are necessary to support the youth and family in meeting IFSP goals. Before considering CSA funding the case manager and FAPT shall assess the family's ability to meet their needs without CSA funding, and the availability of other community resources. For families needing support to drive to services or placements, gas cards may be issued, with the amount determined according to this scale:

- less than 100 miles/month: $10/month
- 100-150 miles/month: $15/month
- 150-200 miles/month: $20/month

For each additional increment of 50 miles, an addition $5 is provided.

Gas cards may be issued prior to the first month of driving, but thereafter actual travel to services placements in the previous month must be verified prior to issuing a card for the next month.

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children must be evaluated, and prescreened if appropriate, by CSB Mental Health Services. The purpose of this process is to explore alternatives to hospitalization; determine whether voluntary or involuntary status is appropriate if hospitalization is necessary; assist in securing a bed and to facilitate the hospitalization; and make use of public resources, to include Medicaid. Evaluations and pre-screenings can be arranged through the local CSB Mental Health Resource Team member from the office located in the area where the youth resides. Psychiatric Hospitalizations are typically funded through private insurance or Medicaid and are generally not a CSA-funded service. If you have a questions regarding funding, please call the CSA program office at (703) 324-7938.

Appeals of FAPT and Multi-Disciplinary Team Decisions

Any youth, parent, legal guardian/custodian, or representative of the agency holding legal custody of the youth, who is dissatisfied with the recommendations of the FAPT/MDT, including but not limited to the denial of access to the Team, may file a written request for appeal to the CPMT. Existing state due process systems supporting special education, foster care, mental health, intellectual disability and substance abuse services will not be impacted by the Act. Nothing in this Policy and Procedures Manual will confer any right upon a youth or family to receive services from a FAPT/MDT. There shall be no appeal of a decision by the FAPT to authorize services that are approved pending the availability of funding. The state required criteria for CSA eligibility as presented herein shall not in itself provide sufficient grounds for due process review.

At the conclusion of the FAPT/MDT meeting the FAPT/MDT facilitator will provide the youth and family with a document that includes notice of meetings and recommendations/approvals of the FAPT/MDT, and a Notice to Families Regarding Right to Appeal containing the CPMT-approved appeal policy[1]. The appellant must submit a written request for FAPT/MDT appeal review within fourteen (14) calendar days of receipt of the FAPT authorization, to the CPMT Chair at the following address: Chair, the Fairfax-Falls Church CPMT, c/o CSA Staff, 12011 Government Center Parkway, 5th Floor, Fairfax, Virginia 22035 FAX: (703) 324-7929. The CPMT or designee shall respond in writing to the person requesting the appeal.

The appellant may decide whether the appeal will be heard by a panel of the full CPMT or a three member CPMT panel, including at least one parent representative, appointed by the CPMT Chair. The Appeal Panel must hold a review within twenty-one (21) calendar days after

[1] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Right_to_Appeal/Right_to_Appeal.doc

receiving a request for appeal. If the appellant chooses a panel of the full CPMT, the hearing shall be heard at a regularly scheduled CPMT meeting. Appeal panel members will be trained on the appeal policy and procedures. CPMT shall hear the appeal in executive session.

The appeal panel may uphold or alter the FAPT/MDT's decision. A decision in writing shall be rendered within five (5) business days of the appeal, to the person requesting the appeal, the case manager, and the FAPT/MDT facilitator.

During the appeal process, all authorized services will remain in place and active until which time the CPMT appeal process has concluded. If the current authorization for services is due to expire within 30 days an expedited appeal will be heard by a three member panel, made up by designated members from the CPMT.

If new information that may have impacted the FAPT/MDT decision becomes available from other sources prior to the appeal review, with the concurrence of the appellant the case may return to the FAPT/MDT for re-review.

Appeal Procedures

Information available to the Appeal Panel

1. IFSP
2. Any other information that was given in writing to the FAPT/MDT
3. Any information the appellant requests

Required Attendance

1. Person requesting the appeal
2. Parent/legal custodian of youth under 18
3. Parent of youth over 18, if the parent has legal guardian/custodianship
4. Youth under age 18, if requested by the parents/legal custodian
5. Youth over age 18, if desired by the youth
6. The case manager, or designee, with the case record available
7. The person who assumed the facilitation role at the FAPT/MDT meeting when the decision under appeal was made or another FAPT/MDT member who attended the meeting if the FAPT/MDT facilitator is unavailable
8. CSA staff person to take notes for the panel

Optional Attendance

1. The appellant, parent/legal guardian/custodian or youth may invite others to provide support or information, recognizing that meeting time is limited to one hour.

2. Legal counsel for the appellant, parent/legal guardian/custodian or youth, in which case the County Attorney may also attend The CSA Office shall be provided five business days' notice if legal counsel to be present.

Required Notice

1. All persons listed under required attendance

2. All parents, legal guardian/custodians or custodians

3. Foster parents

4. Guardian/custodians ad litem

5. Attorney representing the youth

6. Court appointed special advocate (CASA)

Appeal panel dispositions

- FAPT/MDT re-review

- Uphold the decision of the FAPT/MDT

- Alter the decision of the FAPT/MDT

Meeting format

- Appeal meetings are limited to one hour.

- The panel designates one member to serve as Chair.

- The Chair of the appeal panel opens the meeting welcomes the family and explains the process of the review. All those present are asked to sign a confidentiality statement.

- The FAPT/MDT representative explains how the FAPT/MDT arrived at their decision.

- The person requesting the appeal presents the reason for appeal and any other information that will help the panel understand the youth's needs.

- The parent(s) (if not the appellants) present their position on the issue under appeal.

- Questions and discussion

- Closing remarks by Chair, to include when the decision will be rendered and how the parents, case manager, and FAPT/MDT will be notified.
- CSA staff confirms decision i n writing within 5 business days to parents, case manager, and FAPT/MDT facilitator

PART II

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

THE FAIRFAX-FALLS CHURCH COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT)

The mission of the CPMT is to provide leadership in the development of new concepts and approaches in the provision of services to at-risk youth and families of Fairfax County and the Cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective and efficient services for the youth already or at risk of experiencing emotional/behavioral problems, especially those at risk of or in need of out of home placements, and their families. Legal services for the CPMT shall be provided by the Fairfax County Office of the County Attorney.

Representation

The Fairfax-Falls Church Community Policy and Management Team (CPMT) is appointed by the local governing bodies of Fairfax County, the City of Fairfax, and the City of Falls Church. This Team has the responsibility for implementing the policies, procedures and requirements of the Comprehensive Services Act (CSA). Its membership is comprised of:

- The Deputy County Executive
- The Directors of the following Human Service Agencies:
    - Community Services Board
    - Department of Neighborhood and Community Services
    - Department of Family Services
    - Health Department
    - Juvenile and Domestic Relations District Court
    - Department of Administration for Human Services
- Representatives from:
    - Fairfax County Public Schools
        - Office of Intervention and Prevention Services
        - Office of Special Education Procedural Support
        - Department of Special Services
    - The City of Fairfax
    - The City of Falls Church
    - The City of Falls Church Public Schools
- Four parent representatives

- Two private provider representatives
- One community representative

The Deputy County Executive for Human Services shall be the Chair of the CPMT. The CPMT meets on a regular schedule, normally one time per month. There may be other meetings of the full Team or of sub-groups of the Team as needed. Notice of meetings, agendas and minutes shall be distributed to CPMT, CSA Management Team and FAPT members.

CPMT Membership

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

CPMT Powers and Duties

- Develop local interagency policies and procedures to govern the provision of services to children and families in its community. Revisions will be made on an as needed basis. Changes or revisions to policies and procedures will be communicated in writing to the CSA Management Team and FAPT members prior to the effective date of the change;

- Coordinate long-range, community-wide planning which ensures the development of resources and services needed by at-risk youth and families in its community. The CPMT considers long-range planning activities using data from local outcome and fiscal reports, OCS management reports, Team Based Planning Meetings (TBP), Family Assessment and Planning Teams (FAPTs), Case Managers and other available sources. Data are collected in order to coordinate development of community-wide goals, objectives, strategies, and resources for service

enhancement and cost effective service delivery. The CPMT, or its designee, reviews data provided by the agencies and teams involved in service delivery, out of home placements and efforts to prevent foster care. Such data includes financial expenditures and service utilization. The CPMT uses fiscal and programmatic data reports to evaluate service delivery. The budget oversight process allows for evaluation of budgetary issues.

- Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care. Manage funds in the interagency budget allocated to the community from the state pool of funds.
- CPMT authorizes the CSA utilization review staff to approve expenditures according to local and state CSA policies and procedures. CPMT authorizes Fairfax County Public Schools and Fall Church City Public Schools to approve expenditures for IEP-required private special education placements according to local and state CSA policies and procedures. CPMT shall monitor the expenditure of funds by FAPTs, FCPS and FCCPS.
- Because the funding for services to non-mandated CSA-eligible youth is insufficient to meet the needs of the non-mandated population approved for services by FAPTs, CPMT appoints the inter-agency Prioritization Committee and authorizes it to prioritize the waiting list for non-mandated services and approve non-mandated CSA expenditures.
- Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services, and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay.
- Appoint the members, alternates and substitutes to the FAPTs and ensure that those representatives of the public human service agencies and the public schools are invested with the ability to commit specific agency resources, when appropriate.
- Establish policies governing referrals to, and reviews of, children and families by the FAPTs and a process to review the teams' recommendations and requests for funding.
- Develop a process to hear FAPT appeals;
- Review, in the aggregate, on a quarterly basis, financial and program data in order to Identify and address gaps and barriers to service to respond to needs of at-risk youth and families, and to develop or re-direct service delivery resources.
- Establish procedures for obtaining bids on the development of new services.
- Have authority to submit grant proposals which benefit its community to the state and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies.

- Serve as its community's liaison to the state Office of Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system.
- Collect and provide data and other information to the State Executive Council or its designee, on but not limited to, expenditures and number of youth served in specific CSA activities.
- Establish quality assurance and accountability procedures for program utilization and funds management.
- Maintain a Utilization Management Plan with the state Office of Comprehensive Services (OCS) that provides monitoring to facilitate program audits and maintain system accountability and quality assurance.
- The CPMT may delegate responsibility for the above functions.

CSA AND CHILD'S CHANGE OF LEGAL RESIDENCE

State policy holds the CPMT jurisdiction where the child/youth legally resides responsible for payment for the services identified in the IFSP. If the legal residence should change to another jurisdiction, the state requires the former CPMT jurisdiction to notify the new CPMT jurisdiction in writing that the child/youth/family's legal residence has changed. A copy of the current IFSP/IEP for private day or residential school must be forwarded to the new CPMT jurisdiction. The former CPMT jurisdiction is responsible for payment of services authorized in the current IFSP/IEP for 30 days from the date the new CPMT jurisdiction receives the written notice of the transfer.

CSA AND ITS RELATIONSHIP TO SELECT FEDERAL PROGRAMS

Special Education and CSA

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

Role of the FAPT/CSA with respect to the IEP

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

access to funds for eligible children, i.e., students with IEP's directing placement into private education programs.

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

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

Those provisions cover:

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

Family Education Rights and Privacy Act (FERPA)

- The procedural safeguards afforded to parents regarding involvement in placement decisions apply to CSA team decisions about services. Local CSA polices and procedures should ensure that the following rights are afforded to the parents of all children with disabilities for whom the FAPT is making an educational decision.

- The parents of a child with a disability shall be afforded the opportunity to participate in the determinations of any FAPT/CPMT when that entity makes decisions on the educational placement of their child.

- The parents shall be informed of the purpose, time and location of any FAPT/CPMT meeting when their child's placement will be discussed, as well as who will be in attendance and of their

right to bring other individuals with knowledge or special expertise regarding the child, to the meeting.

- If neither parent can participate in a meeting when a decision regarding educational placement is made, other methods shall be used to ensure participation, such as an individual or conference telephone call or video conferencing, if requested.

- The CSA team without involvement of the parents may make a service decision, if the team is unable to obtain the parents' participation. If this is the case, the team must have a record of its attempts to ensure the parents involvement. These must include efforts to find a mutually agreed upon time and place for the meeting.

- The locality shall make reasonable efforts to ensure that the parents understand and are able to participate in any group discussion relating to the educational placement of their child. This includes arranging for an interpreter for parents with deafness or whose native language is other than English.

- Federal confidentially requirements give parents the authority over their student's educational records, including participants at the meetings in which their child's education record is discussed. Schools must inform parents whenever any non-school employee participates in the IEP meeting (including any representative of CSA who is not a school employee). In the absence of parental consent, the schools cannot share information with relevant CSA entities. Generally, with sufficient explanation of the value of the CSA process, parents provide the necessary information because they realize that, in order for the FAPT/CPMT to authorize needed services and the funding for these services, they must be privy to adequate child specific information upon which to make decisions.

State Testing Identifier (STI)

- The State Testing Identifier (STI) will be collected for all IEP placed children. FCPS will then be responsible for maintaining a database of these STIs along with the services the student received at the time of authorization for funding of services. STI numbers will be collected for all CSA funded students placed through their IEPs who attend private day schools and those students placed in residential school settings who receive Medicaid or non-Medicaid funding. The information is to be maintained jointly by the CPMT and FCPS-MAS.

Foster Care and CSA

Statutory Mandate to Provide Foster Care Services

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

- Children who are "abused or neglected" as defined in §63.2-100; and

- "Children in need of services" as defined in §16.1-228.

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

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

The IFSP and the Foster Care Service Plan

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

Medicaid and CSA

Federal Reimbursement Unit (FRU) Responsibilities

The Virginia Polytechnic Institute and State University (VA Tech) operates the FRU to assist Fairfax-Falls Church to facilitate a centralized process to pursue Medicaid funding for certain Medicaid eligible services for CSA funded youth placed out of their homes, in addition to assessing child support for children entering foster care, applying for Social Security benefits on behalf of children in foster care and making an initial recommendation for eligibility of such youth for Title IV-E maintenance expenditures.

The FRU has designated one individual to coordinate collection and submission of case documentation to providers for youth that may be eligible for Medicaid reimbursement for Residential Treatment (RTC), Community-based Residential Treatment (CBRT) and Treatment Foster Care (TFC). The FRU staff will ensure the completion of a demographic face sheet for each youth, and will obtain supporting documentation to include: FAPT authorization, IFSP, DSM-IV diagnoses, current CANS rating, placement assessment for CBRT and Certificate of Need (CON).

The FRU will communicate with the provider directly regarding questions about information that is needed for Medicaid funding approval for RTC, CBRT and TFC. The provider is then responsible for submitting the documentation to the designated Department of Medical Assistance Services (DMAS) subcontractor for the utilization review or, in the case of CBRT, maintaining the case file documents required for Medicaid coverage. For RTC and TFC claims submitted by the provider, the DMAS subcontractor will advise the provider as to whether the child is eligible to receive services through

Medicaid. The provider is asked to notify the FRU directly of the status of Medicaid approvals and denials, and to fax a copy of the written communications from WVMI regarding the status. A facsimile line (FAX) is designated to receive information from providers regarding Medicaid status.

The FRU maintains data regarding the submission of all documentation of youth to providers for RTC, CBRT and TFC Medicaid services while the case is open to CSA funded services. When the case is closed, the FRU will forward the documents to CSA staff for integration in the CSA file. The FRU provides reports to CSA and Finance staff regarding Medicaid submissions, approvals and denials.

DMAS will reimburse providers for the covered services for RTC, CBRT and TFC for each eligible child at a daily rate agreed upon between the CPMT and the provider. This negotiated rate cannot exceed a maximum established by DMAS for these services. For TFC and CBRT services, Medicaid reimburses only for case management.

For RTC services, Medicaid provides a per diem rate for residential treatment. The per diem rate should include room and board and combined residential, however, if the youth is Title IV-E eligible and the RTC placement is Title IV-E reimbursable, then room and board is not included in the Medicaid per diem rate. The education expenses may be paid by CSA pool funds. The psychiatric, professional, and pharmacy, as well as the occupational therapy, physical therapy, and speech and language therapy services provided by an outside agency may all be billed to Medicaid separately by the enrolled provider. Reimbursement for RTC will be at the rate agreed upon between the CPMT and the RTC provider, subject to an upper limit set by the Medicaid agency.

CSA Contracts Management Staff Responsibilities

- Negotiate rates with providers, including the agreed upon rate for Medicaid reimbursement, and obtain CPMT approval of all contracts
- Maintain a listing of Medicaid enrolled providers who have a current, approved contract with the CPMT. The information is included in the local CSA Provider Manual Medicaid Directory which is maintained electronically on County FairfaxNET[2].

CSA Manager Responsibilities

- Prepare Medicaid rate certification letters on behalf of the CPMT and send them directly to the provider. Case managers are not responsible for obtaining rate certification letters/documentation for or submitting them to providers.

SERIOUS INCIDENT REPORTING PROCEDURES

- It is the policy of the CPMT to obtain and maintain information on all serious incidents, including alleged incidents, involving youth placed through the CSA for the purpose of ensuring safe and healthy service delivery environments.

[2] http://csadirectory.fairfaxcounty.gov:7040/

- A serious incident, actual and alleged, is one which is related to youth placed with CSA funds and involves one or more of the following:

  - Abuse or neglect,
  - Criminal behavior,
  - Death,
  - Emergency treatment,
  - Facility related issues, such as fires, flood, destruction of property,
  - Food borne diseases,
  - Serious illnesses, (communicable diseases such as such as TB, meningitis, influenza, etc.),
  - Serious injury (accident or otherwise),
  - Sexual misconduct/assault,
  - Substance abuse,
  - Suicide attempt, and
  - Other incidents which jeopardize the health, safety, and well-being of the youth.

- All Fairfax-Falls Church public and private providers delivering services to youth placed through the CSA shall have an internal standardized process in place for responding to and reporting serious incidents, and shall report all serious incidents to the placing agency within 24 hours of occurrence as outlined in the following procedures. All public agencies participating in the CSA shall provide serious incident information involving youth placed, to the local CSA program as outlined in the following procedures.

Provider Responsibilities

- Notify the proper authorities, consistent with state regulation, and shall take appropriate action to re-establish the health, safety, and well-being of the youth.

- Report the incident, within 24 hours of the incident, via telephone, to the case manager of the placing agency of each youth involved.

- Complete and submit within 48 hours of the incident, a written report, for each youth involved, to the case manager of the placing agency, and effective July 1, 2006, to the local CSA Contracts Supervisor. The written report should give a factual, concise account of the incident and include, minimally, the following information:

  - Name of facility,
  - Name of person completing form,
  - Date and time of incident,
  - Date of this report,
  - Youth's name, age, gender, race, reason for placement, disability,
  - Placing agency,
  - Placing agency Case Manager's name,
  - Where the incident occurred,
  - Description of incident: (including what happened immediately before, during and after the incident),

    - Names of witnesses,
    - Action taken by staff in response to incident,
    - Names and agency of others notified (family, legal guardian, child protective services, medical facility, police),
    - Resolution of incident,
    - Signature of person completing report, and
    - Facility director's signature and date.
- Separate reports should be completed and submitted for each youth involved. The
- Provider should not disclose the identity of other persons involved in the incident in each individual report.

Case Manager of Placing Agency Responsibilities

- Assess the risk to the child within 24 hours of receiving a verbal serious incident report, and take appropriate action to ensure the child's health, safety, and well-being; and follow the placing agency's internal serious incident reporting guidelines.

CSA Manager or Designee Responsibilities

- In concert with the CSA Contracts Administrator, monitor all serious incident reports.

CSA Contracts Staff Responsibilities

- Collect, collate and monitor serious incidents occurring at each facility and utilize this data, as well as reports from state licensing agencies when processing provider contracts for renewal. The Contract Work Group will periodically review serious incident reporting with the CSA Management Team and/or the CPMT.

MANAGEMENT OF RECORDS AND DATA SECURITY

1. CSA client records shall be retained for three years after CSA case closure. These include, but are not limited to the documents listed on the Virginia Office of Comprehensive Services CSA Uniform Documentation Inventory Form. Child specific team documents are also included in this requirement.

2. CSA client records shall be destroyed with six months of the end of the above three-year period, according to the process set forth in Va. Code Ann. § 42.1-86.1, Disposition of public records.

3. CSA contract records shall be retained according to the GS-2 fiscal schedule for five years after contract expiration or until audit, whichever is longer, and then destroyed within six months according to the process set forth in Va. Code Ann. § 42.1-86.1.

4. CSA purchase of service records shall be retained according to the GS-2 fiscal schedule for three years after the end of the fiscal year in which services were purchased or until audit, whichever is longer, and then destroyed within six months according to the process set forth in Va. Code Ann. § 42.1-86.1

5. Each participating public agency shall retain documents that are required for its records according to the records retention schedule appropriate to its agency and programs.

Thumb Drives, USB/Flash or Storage Drives

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

- Therefore copying any kind of information, whether confidential or not, onto a thumb drive compromises the security of Department data.
- To ensure the integrity of confidential information, data which is deemed confidential in nature, must NOT be copied onto a Thumb drive unless:
- There is an absolute business need for transporting confidential client information from one location to another
- The thumb drive has been procured and supplied by the County (engraved with a County logo) and has password protection and data encryption features. In case of loss or theft, the information will remain encrypted and can only be accessed by anyone having the correct password.
- After use, the document should be deleted from the thumb drive.

Laptops

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

To ensure the integrity of confidential department information:

- Do NOT copy Confidential data to the hard disk drive (C :) or any other laptop drives. This includes data containing sensitive or personally identifying information regarding clients
- Confidential information may be accessed by retrieving the relevant files from the county network and should not be downloaded to the laptop drives. In situations where the network connection is not available and files are needed to be accessed, files may be downloaded to the laptop after approval from the supervisor and should be password protected. However, after they have been worked on, the files should be deleted and the recycle bin on the desktop should be emptied out.
- Do NOT write down any passwords on the laptop itself or store any password information in a laptop drive.
- When traveling or not in use, County laptops must be stored in a secure location in order to safeguard them against theft or unauthorized access
- Never leave the laptop unattended in public places like the car, parking lot, conventions, conferences and the airport.
- To use a laptop for the first time, plug the laptop into a network connection and log in. User ids and passwords are cached for 45 day. After that time, your user id and password will be

automatically removed from the laptop. You will have to network the laptop again and login.

Security of Records

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

Generally, case records are to remain on the premises; however there are circumstances when case records will be taken out of the office (e.g., records of clients being transferred to other programs, records that have been requested by a written or verbal court order, records required for an administrative hearing, or records necessary for the Team Based Planning meeting, home visits and other client related meeting). When a record is taken out of the office, a charge out card shall be placed in the file drawer documenting who has the record, the date the record was removed from the file and the purpose for taking the record out of the office.

Records must be returned to the secured room or container at the end of each day unless being used in a formal setting such as Team Based Planning meeting, court hearing, school meeting, etc.

Faxing

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

Secure E-Mail

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

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

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

The county has an Information Technology Security Policy that can be accessed on the Information Technology Department's FairfaxNet site. According to county security policy, communication sent by email may be considered public record and be subject to requests by the public (Freedom of Information Act requests).

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

1. Secure e-mail is provided by the County Government's enterprise Public Key Infrastructure (PKI). PKI provides various types of digital certificates which are used as a means to provide security for enterprise infrastructure services. Digital certificates are documents that authenticate the certificate owner to the network, verify the integrity of the data sent, and sometimes encrypt data intended for the certificate owner. Usage of secure e-mail is subject to the following policies:

- Secure email should only be used as a vehicle for secure delivery of information, not for retention of protected information.
- Secure email should be clearly identified in the subject line. Exclusion from FOIA requests may be accomplished if this guideline is followed.
- Secure email should not be forwarded.
- Information contained in secure e-mails should be either transferred to the appropriate information system (ADAPT, Child Care Management System (CCMS, Harmony, OASIS) or copied and filed in the client's paper file.
- As soon after having been read as possible, the secure e-mail should be deleted.
- If a secure e-mail is saved, it must be saved in a personal folder or a password protected public folder.

2. The Voltage SecureMail Client™ enables users to send secure email like standard email, with no additional steps required. Voltage SecureMail Client places a "Send Secure" button in Microsoft Outlook so it appears as standard options on the user's email client.

Network Drives – For County Personnel

Sensitive information must be protected by restricting its access to those whose jobs require it. Therefore, in order to ensure the security of confidential information we must add and exercise additional layers of security to ensure only appropriate personnel have access to the confidential information.

All network drives (H:, J:, S: and L:) sit inside a firewall on the secure county network. However, when saving our work files and data on the county network, we must choose between the drives on the county network and determine the best place to store data depending on the scope of information.

1. The H: Drive on the network is the personal storage space on the network allocated to every employee on the county network. The information stored in this folder is only accessible by the user themselves, has no levels of shared access and cannot be accessed by others.
2. The J: Drive is the shared network drive for all of Human Services and allows employees to store files/folders on the county network which can be accessed by others in all county regions and should be used when information needs to be shared with other department staff.

3. The S: Drive is the shared network drive for each of the respective county regions for Human Services. There are four county regions and if information pertaining to a specific region does not need to be accessed by members of another region, the S: drives permit the ability to do so.
4. The L: Drive is the shared network drive dedicated to save database and any other confidential information (e.g. Quarterly reports, Point in Time Counts, CANS, Annual report) and is accessible to all of Human services.

- Do NOT save any confidential information on the hard disk drive (C :) of a computer connected to the network as its security could be compromised in case of theft.
- Confidential information must be stored on the H: Drive as a first choice.
- If data has to be shared, it should be stored on the J: Drive on the county network as a password protected.
- For documents that need to be shared within specific county regions, the S: or I: Drives are additional locations to save them, provided confidential files are password protected.
- To save a database containing confidential information, it has to be password protected or placed in restricted folder on the L: Drive.
- Confidential data MUST be password protected on the shared network drives.
- The document should be placed in a password or active directory protected network folder when possible. These can be set up by your program area's Security officer.
- In addition to not being secure, Information stored on the C: Drive is not automatically backed up as in the case of the network drives and will be lost in case of a computer hardware failure.

PARENTAL CO-PAYMENT BILLING AND COLLECTION

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

Billing Procedures

Bills for parental co-payments are sent to the parent within the first two weeks of each month. Payment in full is due by the date given on the bill. Parents are charged a full monthly co-payment if services were purchased at any time during the month for which the co-payment is assessed. For example, if services were purchased each month for three months, the parent is billed for the full co-payment for each of three months. Parents shall not be charged more for services in a month than CSA paid for services in that month. Payments are to be made to the County of Fairfax-CSA and mailed to the address noted on the bill.

CSA Staff Responsibilities

1. Enter into a Co-payment Referral and Agreement with families with amount based on documentation of income and family size provided by the family and reviewed by the case manager.

2. Enter the family's gross annual income and assessed co-payment amount in the case financial section of CSA information system.
3. Forward the signed CSA Parental Co-payment Referral and Agreement with documentation of gross annual income attached and a copy of the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form with supporting documentation, if applicable, to CSA Accounts Receivable staff.
4. Forward a monthly report from CSA information system of the youth for whom services were purchased during the month to Accounts Receivable staff.
5. Respond to telephone inquiries from case managers regarding policy and procedures.
6. Respond to telephone inquiries from parents regarding parental co-payment policies as applicable to their account.
7. Upon receipt of notification that delinquent account has been forwarded for collection, notify parent/guardian of service termination and initiate cancellation of the purchase order.

DAHS/DFS Accounts Receivable Staff Responsibilities

1. Receive from CSA staff the signed CSA Parental Co-payment Referral and Agreement with documentation of gross annual income attached and the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form with supporting documentation if applicable and establish an account in the name of the responsible parent.
2. Establish a file for the CSA parental co-payment for each family for all correspondence and documentation of all telephone contacts, to include: account number, parent and child names, billing information, service dates, notes, assessed amount and co-payments made.
3. Review CSA information system report monthly to verify that a Purchase Order has been established and determine the start and ending date of the authorization so that billing for the parental co-payment can be based upon the purchase of services.
4. Assure correct billing each month by making sure all pertinent data is entered into the appropriate information system prior to the "cut-off date" for the monthly bills.
5. For active accounts, adjust account to extend or waive payments, when indicated, with written approval by CSA staff.
6. Respond to telephone inquiries from parents regarding their account status.
7. Post payments when received, as an expenditure credit in county financial system.
8. Reconcile collections to county financial system after the month-end reports arrive.
9. Respond to phone calls and correspondence from parents regarding their account.
10. Update billing address when notified of a change and communicate information to the CSA Program.

Collection Procedures

The DAHS-CSA Finance Manager is authorized to pursue collection of delinquent parental co-pay amounts in accordance with the County's Accounting Technical Bulletin (ATB) 036, "Billing and Collection Procedures for Billable Revenues." ATB 036 is the financial and accounting policy that governs all County procedures for billing and collection of revenues. Specific billing and collection procedures approved by the Fairfax-Falls Church CPMT comply with the County's ATB 036. The DHS-CSACSA Finance Manager is the designated Set-Off Debt Coordinator (SODC) for Fairfax-Falls Church.

Purpose:

The purpose of the policy is to outline the procedures to be followed in the collection of copayments from delinquent customers. The Department of Administration for Human Services is tasked with the billing and collection of all CSA Parental Copayments. It is our goal to achieve the full collection of all current and delinquent copayments. The CSA program has adopted policies to work with its customers

to collect all delinquent accounts and the program will take necessary actions to collect the debts, which will include using a collection agency.

Procedures:

Active Accounts:

1. If an account balance is unpaid after 30 days, an active CSA account shall be considered delinquent. If no payment is made within a 30-day period, a reminder letter will be sent notifying parents of the delinquency and requesting payment of the past due amount.
2. If an account balance is unpaid after 60 days, a letter is sent to parents alerting them that CSA services are in jeopardy if payment is not received, per the CSA Parental Copay Agreement.
3. If an account balance is unpaid after 90 days, a warning of possible service termination letter is sent notifying parents of possible termination of CSA services if payment is not received by the end of that month. This notice will indicate that the account may be forwarded to a collection agency, if payment is not received.
4. If full payment is not received after 120 days forward account to collection agency, with notice to the CSA Program.

Inactive Accounts:

1. CSA accounts with an unpaid balance that are inactive (no longer receiving services) and have made no payment within the past 30 days shall be considered delinquent.
2. Letters will be sent to the account holders, notifying them that their accounts may be forwarded to a collection agency unless the balance is paid in-full within 30 days or they contact the Accounts Receivable (A/R) unit within 10 days to set up a payment plan.
3. If an account has been sent to a collection agency, staff will note the account as sent for collection, and the date sent.

Methodology:

Delinquent Letter Preparation/Mailing

I At the beginning of the month:

1. A/R representative will run the Aged Delinquency Report in QuickBooks for activity the previous month.
2. A/R representative will review the accounts that appear on the report to determine if a letter needs to be sent, and which letter.
3. A/R Supervisor will ensure that all delinquency letters are generated and mailed to the customers in a timely fashion, and that a copy of the letters is maintained for reference in the CSA Central file area by month.

11. Throughout the month:

a) A/R representative will note which parents call to arrange a payment plan and will follow the payment plans on these accounts.
b) A/R representative will review the letters for those who do not call to see if a payment was made during the month
c) A/R representative will alert A/R Supervisor of those accounts that are 60 or more days without a payment but still receiving services.

III. Returned Mail:

a) Any invoices or letters that are returned by the post office will be coordinated with CSA staff to determine if a better address is available.

b) If invoices are being returned for accounts that are currently receiving services, CSA staff will pursue a better address with the case workers, etc.
c) If invoices are being returned for accounts where services are no longer being provided, and no better address is available, then these accounts will be considered for referral to the collection agency.

Delinquency Review Prior to Possible Termination of Services

At the end of each month:

1. A/R representative and A/R Supervisor will meet to review those accounts delinquent 60 or more days.
2. A/R staff will present to CSA staff a list of the above accounts so CSA management can initiate service termination
3. CSA staff will forward a copy of the 60 day delinquent letter to the case manager as notification of non-payment on the account and possible termination of services after 30 days, if the account is 90 days delinquent.
4. The parent may make a written request for consideration of a parental co-payment reduction**,** waiver, or suspension at any time, but not later than 30 (thirty) calendar days following receipt of the 90 (ninety) day termination letter. CSA staff shall render a decision in writing within five (5) business days of receipt of a request. The CSA staff decision may be appealed by the parents per local "Appeals of FAPT Decisions" policy.
5. CSA staff will inform the case manager prior to termination of services.
6. CSA staff will notify the provider(s) of impending purchase order termination.
7. CSA staff will notify Finance staff to terminate the purchase order as of the 15th day after the 90 day delinquent letter is mailed to the parent/guardian.
8. CSA staff will notify FAPT that services will be terminated by placing a note in Harmony that services will be terminated as of the 30th day after the 90 day delinquent letter is mailed to the parent/guardian. Further CSA funded services may not be approved until full payment has been received.

I After CSA staff review, a list of accounts that should be sent to collections of inactive delinquent accounts will be compiled and may be forwarded to a collection according to policy.

Collection Agency Services (under a separate agreement with a collection agency as to specifics of the contract/agreement)

1. Active delinquent accounts may be referred to a collection agency, per the above policies and procedures.
2. Inactive delinquent accounts may be referred to a collection agency, per the above policies and procedures.
3. A collection agency will utilize resources unavailable to DFS-CSA in an attempt to collect on delinquent accounts.
4. A collection agency will forward 100 percent of the money collected and A/R staff will post the payments to the customers' accounts.
5. A/P staff will remit a percentage up to 20 percent of the collections back to a collection agency, per the contract.
6. A collection agency will notify A/R management when an account is deemed uncollectible for consideration to be written-off the books, at which time the "Uncollectible Accounts" section of ATB036 will be followed.

7. Collection efforts are halted when a Bankruptcy Notice is received, as required by law. Should the bankruptcy result in the debtor being released of his/her obligations, A/R staff will credit the account for the portion that is released from the bankruptcy (per the bankruptcy filing date).
8. Payments received by Fairfax County for accounts that were referred for collection will be coordinated with a collection agency per contract/agreement. Fairfax County will alert a collection agency of the payments received directly and a collection agency will note the payment on the collection agency books, and bill Fairfax County the 20% share due on that payment.

STATE REQUIRED DATA REPORTING

In order to comply with Virginia Code, the child-specific data required by Virginia Comprehensive Services Act Policy Manual sections 4.6.1 and 4.6.2 (in italics below) must be provided to the Fairfax-Falls Church CSA Program for timely submission to the Virginia Office of Comprehensive Services, as a CPMT condition of access to the state pool of funds by the eligible populations. The CSA Management Team is authorized to develop and implement procedures to meet this requirement.

CSA Data Set:

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

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

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

All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public;" COV§2.2-2648 D. 16.

Mandatory Uniform Assessment Instrument:

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

"After a period of discussion, a motion was made…..and carried to adopt CANS as the new assessment instrument and to move forward with tailoring the instrument to meet the needs of Virginia, and contracting for web-based training." December 18, 2007 SEC Minutes

"The CANS work group and SLAT recommended that localities should begin implementing CANS once their caseworkers are trained and certified, with localities completing the transition to CANS for all children served through CSA by July 1, 2009. The SEC approved this timeframe…with a motion…carried." May 12, 2008 SEC Minutes

ANNUAL COST ALLOCATION PLAN AND MANAGEMENT OF THE INTERAGENCY BUDGET

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

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

The CPMT has centralized the CSA Pool fund budget, financial management and reporting functions in the Department of Family Services. These functions are to be administered by the Department of Administration for Human Services (DAHS). Expenditures and encumbrances of CSA Pool funds for individual eligible children are to be maintained by DFS through combined utilization of the County's CSA information and financial management systems.

Supplemental Requests for CSA State Pool Funds for the unanticipated costs of the mandated/targeted populations will be prepared by the DAHS Budget Analyst and subsequently submitted through the Local CPTMT Fiscal Agent to the State Fiscal agent after receiving CPMT approval.

Disbursement Procedures

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

reimbursements may be made after the locality has filed and the state has approved a supplemental allocation request.

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

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

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

Supplemental Allocation Procedures

Overview

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

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

be apparent from Data Set or Pool Fund Reporting for the locality. Reports will be evaluated and prioritized based on funding need.

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

Requirements

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

a. A known cost has been, or will be, incurred for a specific child or children in the MANDATED TARGET population.

b. Any amount of the allocation for the non-mandated population (NON-MANDATED TARGET + OTHER ELIGIBLE in the Allocation Plan) which, 1) exceeds the protection level established for that year and 2) is not yet expended or obligated, may be re-allocated for use with the MANDATED TARGET population. For this purpose, obligations are unpaid purchase orders, contracts, or any other agreements, which bind the CPMT to pay for goods or services to be delivered to specific children, at a specified cost, over a defined period of time.

c. Localities requesting supplemental funds must also demonstrate that they are in compliance with all provisions of the Comprehensive Services Act including, but not limited to, instituting and operating effective cost control measures as recommended by the State Executive Council.

d. Requests for supplemental allocations are filed electronically via the CSA web-site http://www.csa.virginia.gov/. The requests will be reviewed, and the local fiscal agent will be notified upon approval. From the local government reporting web page, localities may also access an Excel spreadsheet from their latest CSA Data Set submission as well as a local Transaction History Report to assist them in filing their supplemental allocation requests.

e. It is no longer necessary to submit a hard copy of the Request for Supplemental Allocation form to the Office of Comprehensive Services; however, a hard copy containing all necessary signatures should be maintained by the local CPMT.

f. A Word document containing instructions for filing a Request for Supplemental Allocation form is available on the local government reporting page and has also been included in the Supplemental State Allocation Toolkit of the state CSA Policy Manual. Localities are strongly encouraged to review the instructions prior to filing their supplemental allocation requests. A sample Supplemental Allocation Request form may also be accessed on the local government reporting page under the "CSA Supplemental Allocation Request" link.

g. Documentation to support the supplement allocation request may be requested by OCS following receipt of the supplemental allocation request. Staff from the Office of Comprehensive Services may also conduct a site visit to review information and supporting documentation prior to the approval of a supplemental request.

h. Localities whose mandated expenditures have increased more than 10% over the previous year's total mandated expenditures will be required to complete the "Comment" portion of the Supplemental Allocation Request form. (NOTE: Any locality submitting a Request for Supplemental Allocation may provide comments in this area that they feel will assist OCS in processing their request.) These comments should provide additional information related to locality trends that are affecting CSA costs. It is not necessary to restate the financial information already submitted in other portions of the report.

Policy for Authorizing Expenditure of Pool Funds

Family Assessment and Planning Teams are authorized by CPMT to approve expenditures according to local and state CSA policies and procedures. Fairfax County Public Schools and Fall Church City Public Schools are authorized by CPMT to approve expenditures for IEP-required private special education placements according to local and state CSA policies and procedures. The Department of Family Services is authorized by the CPMT to approve the payment of foster care maintenance according to local and state CSA policies and procedures.

Budget Management

DAHS Budget Analyst Responsibilities

- Monitor and report CSA Pool fund expenditures to the CPMT (or its designee) on a monthly basis. Report additional data as requested by the CPMT and FAPTs on expenditures and encumbrances.
- Ensure the availability of CSA State Pool funds for monthly reimbursement.
- Prepare the CSA Pool Reimbursement Request report on a monthly basis for the local CPMT Fiscal Agent's review and final submission to the State.
- Report to the state CSA Fiscal Agent the expenditure refunds on the Pool Reimbursement Request form by the amount and type of service expenditure credited;
- Provide expenditure and encumbrance data to the Prioritization Committee for Non-Mandated cases on a weekly basis, giving the unencumbered balance.
- Serve as the principal liaison to the local Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
- As needed, prepare the Supplemental Allocation request and coordinate the process for obtaining CPMT approval of Supplemental State Pool funds.

- Communicate to the CSA Program Manager and DAHS Finance Manager the approval of supplemental requests and new appropriations.
- Prepare the CPMT approved Administrative Funds Budget Plan for the state's share of the Administrative Funds allocation. The sheet is then reviewed and submitted to the State CSA Fiscal Agent by the local CPMT Fiscal Agent.
- Ensure that all Administrative Funds expenditures are tracked so they are clearly identifiable in the County's financial system.
- Ensure that CSA Pool funds are not used for administrative expenses that may be incurred for support services to the CPMT and the FAPTs.

Financial Management

The Finance Teams are the CPMT's or its designee's liaison with service providers regarding invoices and payments. Team members are assigned to support specific program units in the human service agencies in the local CSA structure to ensure consistency and familiarity with each unit's case manager and consumer's particular needs. In addition, FCPS has its own team of staff dedicated to processing FCPS case-managed cases.

- Fairfax County and Fairfax County Public Schools (FCPS) both maintain a Finance Team to process encumbrances, issue purchase orders (PO), and process invoices for payment.
- CSA cases that are case managed by FCPS school case managers have their encumbrances and payments processed by the FCPS Finance Team.
- FCPS Finance PO's are reviewed and mailed by the Fairfax County Finance Team to ensure the PO has been properly created.
- Fairfax County Finance Team issues all payments for CSA.
- FCPS Finance payment batches are reviewed by Fairfax County Finance Team when check runs are set up to ensure the payments are correct and proper.

CSA Case Manager Responsibilities

- Provide to the CSA or FCPS Finance Team a CSA Authorization to Encumber in hard copy or electronically within five business days of the FAPT authorization.
- For IEP-required services, in lieu of a FAPT review the FCPS CSA case manager shall enter the state-required data elements into the MIS, provide a current CANS according to the CPMT-approved administration schedule, and a current IEP services page documenting the need for a private special education placement. Provide to the FCPS Finance Team a CSA Authorization to Encumber in hard copy or electronically within five business days of completion of an IEP for private special education placement.

- Report to the CSA Office within five working days the initiation or termination of the following services: residential treatment; group home placement; therapeutic foster care placement; home-based services; and intensive care coordination.

CSA & FCPS Finance Teams Responsibilities

The CSA Finance Teams will:

- Maintain financial records related to CSA reimbursable expenditures.
- Receive from the CSA case manager requests to encumber funds and verify that the encumbrance complies with CSA policy and procedures.
- Encumber funds and process invoices for authorized providers for services delivered to children and their families who are eligible to receive services funded from CSA Pool funds.
- Within five business days of receipt of a complete and accurate encumbrance request with all required case documentation, create a Purchase Order (PO) containing appropriate codes to allow for the service to be tracked to the correct funding category for reporting purposes and send it to the identified service provider. If the encumbrance request is not complete and accurate, or does not nor include all required case documentation, inform the case manager within three business days of receipt.
- At the time of PO creation, also create an enrollment for all CSA-funded services, not including those listed as exceptions to the requirement for an IFSP developed through a team-based planning process in the Team-Based Planning section of this manual. Treatment foster care and respite services are also to be enrolled. Receive invoices from the service providers for services authorized by the case managers. Invoices for FCPS clients are transferred electronically by the CSA Finance Team to the FCPS Finance Team.
- Respond to provider questions about payment of invoices, verifying FAPT authorization of the service and current contract with the provider for the service.
- Throughout the fiscal year, terminate purchase orders upon the request of a case manager indicating that services are completed, so as to release unused encumbered funds.
- Terminate all previous year purchase orders (POs) by November 1st. Note: Previous year's expenses cannot be paid after September 30th.
- Work with case managers, assigned workers, supervisors, and CSA Contracts staff and CSA staff.
- CSA Finance Team only: Verify with Self-Sufficiency staff that purchase orders for IV-E services are eligible for IV-E reimbursement. Verify with the FRU unit staff youth eligibility for Medicaid reimbursement.

CSA Finance Manager or Designee Responsibilities

- Oversee all CSA financial management activities.
- Ensure that the local CSA payment data interfaces with the County's financial system within the established accounting structure. Serve as the principal liaison to independent auditors.
- Serve as primary liaison to FCPS Finance Team.

CSA Program Manager Responsibilities

- Ensure that CSA Pool funds are not used to supplant federal or state funds supporting existing programs.
- Authorizes use of CSA administrative expenses for program use.

Local CPMT Fiscal Agent or Designee Responsibilities

- The local representative (for Fairfax/Falls Church, it is the Deputy Director of the Department of Finance) is assigned by the CPMT to be locality's fiscal agent.
- Serve as the CPMT liaison with the State CSA Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
- Approve and file the monthly CSA Pool Reimbursement Request as well as any Supplemental Allocation requests and the Administrative Funds Budget Plan to the State Fiscal Agent.

Review of Case-Specific CSA Expenditures

1. Every other month (6 times a year) CSA will provide packets of the Service Summary to the CSA Management Team (MT) members for distribution to case managers within their respective programs/agencies. Service summaries shall include the service types, number of units and expenditure amounts for all services provided in the previous two months.
2. Case managers will review the Service Summary and return signed copies to the CSA Office via e-mail or FAX. Case managers will have 14 calendar days from receipt of the Service Summaries to return signed copies to the CSA Office.
   Reasonable steps should be taken to verify the service amounts. Sources used to verify services may include:
   - Provider reports and/or notes.
   - Contact with family members
   - Any additional information provided by the client.
3. CSA will document Service Summaries that have not been received. CSA will send to the relevant CSA Management Team member(s) (CPMT members for Falls Church) a report ("Delinquent Summaries Report") of all Service Summaries that have not been received within the 14 calendar days.
4. Fourteen calendar days after sending the Delinquent Service Summaries report to the relevant CSA Management Team or CPMT members, the CSA Program will enter unresolved problems

and missing Service Summaries into the Harmony system as PO Notes, with the "alert" function noted. The CPMT and CSA Management Team members of the CSA case management agency will be informed immediately (same day) after entering such a note.

5. CSA Finance staff will not pay invoices that have these unresolved notes until the "alert" has been removed or they are directed to do so by the CSA Finance Manager in order to comply with contract requirements.
6. Depending on the type of issue, CSA UR staff or DAHS Contracts staff will investigate unresolved items reported on the Service Summaries. When these items are resolved, CSA Program staff will remove the "alert" status from the Harmony record and append the note, allowing payments to resume.
7. If summaries have not been returned within 14 calendar days of receipt by relevant CSA Management Team or CPMT member of the Delinquent Summaries Report, CSA Pool Funds cannot be used for future invoices, until receipt of the delinquent Service Summary. The department/program accessing services remains responsible for ensuring payment for services provided, in compliance with contractual requirements.
8. The CSA MT will be provided a report of the unreturned and unresolved questions on a case-specific basis.

Policy for Use of Administrative Funds

The CPMT will make decisions on specific uses of Administrative Funds available to the CPMT for the added costs incurred by the CPMT in implementing the CSA. An Administrative Funds Budget Plan will be prepared in accordance with CPMT decisions. State administrative funding shall be used to support the cost of a local CSA Program Manager and other staff to administer the CSA program as necessary.

Procedures for Recovery of Funds From Other Sources

- The CPMT designates DAHS to receive and disburse funds recovered and paid to the CSA pool from individual clients.
- The Special Welfare Fund ledger is the designated control ledger for all funds recovered and paid to the pool for individual client accounts i.e., Social Security, Supplemental Security Income, Veterans Administration benefits, client trusts, and other funds collected for specific CSA eligible children.
- CSA case managers provide the DAHS Accounting Team Supervisor with a Funds From Other Sources Card (in development) that instructs DAHS/DFS Accounting staff to anticipate receipt of funds from other sources for a CSA eligible child and provides details on the child, CSA eligible category, funding source, anticipated duration of funding, and CSA case manager.
- CSA case manager requests that benefits and support payments be made payable to Fairfax County.
- CSA forms and billing direct checks and money orders to be mailed to Fairfax County Department of Family Services, P.O. Box 3406, Fairfax, Virginia 22035.

- Funds are deposited into the Special Welfare Fund per the County's Accounting Technical Bulletin on cash/check handling.

Responsibilities of DAHS Accounting Staff

- Establish a special welfare account, unless an account already exists, in the name of the CSA eligible child for whom funds were deposited. The child-specific account is the ledger sheet on which all receipts and disbursement are recorded. Disbursement of funds from other sources (i.e. Social Security, SSI, Veterans Administration benefits, client trusts,) are expenditure refunds in the CSA Pool Funds reporting and are in accordance with existing State policy and are tracked in the County's financial information system. These expenditure refunds and a breakdown of their sources must be reported on the Reimbursement Request form.

- Determine what funds from other sources can be refunded to the CPMT cost center for expenditures made on behalf of the CSA eligible child.

- Refund the CPMT cost center for expenditures made on behalf of children in foster care in accordance with State Policy Manual Volume VII, Section III, Chapter B, 14 a-f, pp. 403-41.

- Refund the CPMT cost center for expenditures made on behalf of children placed by the Juvenile and Domestic Relations District Court or the State Division of Youth and Family Services.

- Special welfare account balances are disbursed after the child leaves foster care custody. An accumulated special welfare account balance is disbursed to the parent, guardian or foster child at age of maturity when the child leaves foster care custody.

- If, after due diligence, DAHS staff cannot locate the responsible parent, guardian or foster child at age of maturity, return the child-specific SSA/SSI savings or other investments and interest earned on the funds to the Social Security Administration. The LDSS must seek written approval from the SSA to disburse these funds to a new payee rather than returning it to SSA. Disburse the remaining special welfare account balance to the State Treasurer in accordance with "*The Uniform Disposition of Unclaimed Property Act", Title 55, Chapter 11.1, Sections 55-210.2.10, Code of Virginia.*

Restrictions on Use of Pool Funding

Case Management

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

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

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

    - Review Referrals;
    - Provide for family participation;

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

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

Supplanting of Funds

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

Administrative Costs

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

CONTRACTS MANAGEMENT

All Fairfax-Falls Church agencies purchasing services from *public and* private providers serving at-risk youth and families under the CSA will utilize standard umbrella agreements for services. These agreements contain general terms and conditions including indemnification language of the County, insurance requirements, process for resolution of disputes and reporting requirements. Providers are required to sign an Agreement for Purchase of Services to do business with the CPMT. The CSA Program Manager has been delegated signature authority for agreements entered into by the CPMT. The CSA Management Team has delegated authority to approve Open access and Child Specific Contracts with providers for non-congregate care services located in the State of Virginia. All Out Of State Residential Treatment Center and Group Home contracts MUST be approved by the CPMT.

There are two types Agreements for Purchase of Services, one issued to individual outpatient therapists and the second to all other service providers. These Agreements serve as the basic agreement between the CPMT and the provider and must be signed by both parties before actual services can be rendered.

The providers fall into three categories of System of Care Providers: Tier I, Tier II, and Tier III. Such agreements do not represent any specific request for service. Rather, as each child specific requirement for service arises, an individual Purchase Order is issued pursuant to the Agreement for Purchase of Services specifying the service(s) required, the rate(s) of the services and the unit number of services being contracted for the specific client. The purchase order must be signed by both the provider and the CPMT designee. The CPMT signature authority on the purchase order is delegated to the CSA Fiscal Administrator or designee.

Categories of Approved Providers

Tier I Providers: Are approved as "open access," or "In-Network Providers" are listed on the CSA Provider Directory and are accessible by CSA Case Managers for purchases on behalf of CSA eligible

clients. Case Managers are responsible for meeting CSA requirements including but not limited to acquiring FAPT authorization and submitting encumbrances and Utilization Management

These providers are:

- Located in the State of Virginia or close proximity to the Washington DC Metro area.
- Enrolled with the Department of Medical Assistance Services (DMAS) as a Medicaid Provider, as appropriate per type of service
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services by the State of Virginia or the jurisdiction for the provider location.
- Accept the SOC Practice Standards.
- Accredited by Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Virginia Association of Independent Specialized Educational Facilities (VAISEF) when appropriate.
- The provider must be in the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates, with the exception of individual outpatient therapy providers.

Tier II: Are approved as restricted access and are not listed on the CSA Provider Directory. They are accessible on a Child Specific basis. The providers have a signed contract in place and all required documentation is current. CSA Case Managers and Team-Based Planning Teams may access these providers after additional review and approval by the CSA Management Team. Case Managers are responsible for acquiring FAPT authorization, submitting the Request for Out Of Network Provider Form to the CSA Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team.

These Providers:

- May or May not be located in the State of Virginia
- Commit to working with DMAS as a Medicaid Provider for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) as appropriate for the services to be provided.
- Are insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services for the jurisdiction of their location.
- Accept the SOC Practice Standards.
- The provider must be listed in the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates, with the exception of individual outpatient therapy providers prior to providing services.

Tier III: Are Residential Treatment Center and Group Home Providers located outside of the State of Virginia. They are not approved by as an approved In-Network and Approved Out of Network Provider and are not listed on the CSA Provider Directory. The providers do not have a signed contract in place and Contracts & Procurement Management must gather and review all required documentation. CSA Case Managers and Team-Based Planning Teams may access these providers after additional review and approval by the CSA Management Team and CPMT approval. Case Managers are responsible for acquiring FAPT authorization, submitting the Request for Out Of Network Provider Form to the CSA

Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team.

These previously unknown or unapproved providers are:

- Not located in the State of Virginia
- Commit to working with DMAS as a Medicaid Provider for EPSDT when appropriate
- Are insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services for the jurisdiction of their location.
- Accept the SOC Practice Standards.
- Have completed a site visit done by Contracts and CSA/Agency Staff for potential In-Network Providers and potential Out-of-Network as appropriate. (if reasonable to complete prior to award of APOS)

Protocols for Becoming a System of Care Network Provider

Before entering into any agreements with a service provider, the CPMT has tasked the CSA Management Team with screening potential providers and approving appropriate providers for the necessary services. New providers, or new services with existing providers, will be considered during a bi-annual "Open Application Period."

Potential New Providers Applications are evaluated during one of two two-month periods each calendar year. During these "Open Application Periods," potential providers may submit the Fairfax-Falls Church CSA System of Care Network Application to the CSA Contracts Team with all of the required supporting documentation. Once all required documentation is received, the CSA Contract Analyst for the service category will review the application, documentation, contact reference and engage staff from the CSA Work Group or Single Agency Liaison for presentation of the application.

During the two-month application period, potential providers will be contacted if additional documentation is needed.

If the provider meets the minimum requirements for the service category, the application will presented to the CSA Management Team for review and recommendation to the CPMT. Once approved by the CSA Management Team, the award of a new provider contract will be presented to the CPMT in the Quarterly Contract Activity Report.

Minimum Standards for Tier I System of Care Network Provider enrollment:

- Located in the State of Virginia
- Enrolled with the Department of Medical Assistance Services (DMAS) as a Medicaid Provider**
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services by the State of Virginia.
- Accept the SOC Practice Standards.

Ability to provide services and treatment modalities asserted by the SOC Evidence Based Practice Work Group to be accepted by the SOC and ability to provide verification of certification in requested treatment modalities.

Protocols for Becoming an Out-of-Network Provider

* Child Specific agreements can only be requested by a case manager from a child serving public agency.

Case Managers are responsible for acquiring FAPT authorization, submitting the Request for Out Of Network Provider Form to the CSA Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team and CPMT.

When a service is needed for a CSA eligible youth that is not currently provided by an In-Network Provider.

All Out of State providers of Residential and Group Home Services must be approved by the CPMT prior to entering into a Child Specific Contract.

Items CSA Management Team May Consider In Deciding To Recommend a Contract With A Potential Provider

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

Provider Requirements that must Be Met before Proceeding with Contracting

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

Certifying Provider Qualifications

Per Code of Virginia 2.2-2648: enacted by the 2011 Virginia General Assembly revised the Code of Virginia § 2.2-2648 to read:
20. Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Comprehensive Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2-5211;
Licensed/ Certified Providers: Those providers requiring state licensing need to adhere to established state licensing procedures and have a current state license. Providers need to maintain state established operating standards. The providers must provide the following information in order for the CSA Management Team to consider recommending approval to the CPMT:

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

Providers with No Licensing/Certification Requirements

There are providers for which there are no licensing requirements. These providers must provide the following information in order for the CSA Management Team to consider recommending approval to the CPMT:

- Each potential provider will complete and sign the Agreement for Purchase of Services, pertinent Addenda indicating the specific services provided, and Rate Sheets indicating the breakdown of service costs;
- Each provider, where appropriate, will complete and sign an information sheet requesting a listing of all degrees, accreditation, three references, and insurance coverage.

Identifying Providers for Child Specific Needs

Agency case managers will follow the procurement process under the CSA. Such procedures include the purchase of goods and non-specialized service.

The local Provider Directory will be updated by CSA Contracts staff as updates occurs. The Provider Directory identifies all Tier I Providers with whom the CPMT has contracted to provide client services.

Initiating Services from A Provider

Authorized case management staff will complete a CSA Authorization form to initiate a purchase order for services by selecting the provider from the Provider Directory. The Authorization form will be routed

to the CSA Financial Management Unit to verify that a valid agreement exists; that when required, FAPT approval has been obtained; and to issue a child specific purchase of service order, complete with purchase of service invoices. Routine services or purchases shall not be initiated until an agreement has been signed and a purchase of service order issued.

Emergency Placements/Services

There may be circumstances when the emergency placement of a child will occur after hours or on weekends. Case managers are authorized to secure emergency services for up to 14 days without prior FAPT approval, with the agreement of their supervisor. These cases will then be reviewed according to FAPT procedures.

There are other circumstances when the case manager requests the services of a provider with whom the CPMT does not have an agreement. In those instances the case manager submits a completed Fairfax-Falls Church Request for Child Specific/Out of Network CSA Contract form30 to the CSA Contracts Management staff. This form must be signed by the requesting case manager's agency director or, as designated by the requesting agency director, the CSA Management Team agency representative, prior to the CSA Contracts Management staff initiating procedures to pursue an agreement with the proposed provider. The Provider Information Sheet must be completed, signed and submitted to CSA Contracts Management staff requesting approval of a Child Specific Contract.

The agency director or a designated agency CSA Management Team representative must sign the form to indicate that:

- All local resources and existing approved providers were explored and are unable to meet the youth's current needs. (The Interstate Compact Approval of an out-of-state placement indicates that such efforts have been made);
- In order to expedite placement of commencement of services, The requesting agency may accept responsibility for payment of the cost of the service if the child is placed without an existing agreement, should the CPMT not approve the proposed Agreement.
- Case managers should consult with the agency director or CSA Management Team agency representative to determine the procedures to follow to obtain written approvals regarding any services which are requested on a child specific basis from a provider with whom the CPMT does not have an existing agreement.
- For Residential and Group Home services, Utilization Management must be sent the request per CSA policy.

Selection of Providers

The CSA Provider Directory serves as a resource reference. All In-Network providers of services who have signed an Agreement for Purchase of Services with the Fairfax-Falls Church CPMT are listed in the local CSA Provider Directory. This Directory is in an electronic format on the CSA web site on the county FairfaxNet under Online Services, CSA Provider Directory at: http://csadirectory.fairfaxcounty.gov:7040/.

The database is current. Case managers are instructed to reference this Directory first and use those providers listed. Contracts Analysts on the CSA team are available for consultation regarding the

contracts for which they are responsible. Contact list is located on the Home page for the Provider Directory.

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

UTILIZATION MANAGEMENT AND UTILIZATION REVIEW

Beginning July 1, 1999 the General Assembly modified CSA legislation to require that each locality receiving funds for activities under the CSA shall have a utilization management process, approved by the State Executive Council, covering all CSA services.

Utilization Management is a set of techniques used by purchasers of health and human services to manage the provision and cost of services through a systematic, data-driven process. Utilization Review (UR) is a set of procedures for determining how well a program is meeting its stated outcomes. The review is a formal assessment of the necessity, efficiency, and appropriateness of the services and treatment plan for an individual. UR also provides a method for assessing quality of services, performance improvement, and tracking of provider treatment outcomes across the CSA system.

Utilization Management occurs at a variety of levels within the CSA System of Care. Data about cost, types of services utilized, Medicaid funding, number of youth served, for example, are reviewed at the program level, CSA Management Team, and CPMT on a quarterly and annual basis. Components of UR of child-specific service plans are conducted by case managers, agency supervisors, team-based planning meeting members, and and Intensive Care Coordinators (ICC).

In December, 2004, the Fairfax-Falls Church CSA began a new UM/UR initiative with dedicated internal staff whose role is to conduct child-specific reviews and to collect additional data for system-level analysis of utilization practices. Utilization reviews are conducted for the following service requests:

- Long-term residential and group home requests – at admission and every three months thereafter prior to discharge
- Treatment foster care services
- Intensive in-home services, in-home services, intensive family preservation services, intensive care coordination, mental health skills building, monitored supervision, therapeutic supervision and applied behavior analysis every six months and when request exceeds 150 hours.
- Out of home respite for greater than 30 days, not to exceed 60 days, or $10,000 annually
- The IEP Team shall provide utilization review for IEP-required special education placements, to include a review of the child's progress toward the annual goals on the IEP and the extent to

which that progress is sufficient to enable the child to achieve the goals by the end of the year. (Regulations Governing Special Education Programs for Children with Disabilities in Virginia, as cited in March 10, 2009 VA DOE FAQ #9)

The CPMT approved in September, 2014 a restructured FAPT and UR process. UR analysts have been delegated authority by the CPMT to approve funding for CSA services, for those requests that meet state and local policy and are in compliance with local practice standards. Acting as agents on behalf of the CPMT, the utilization review staff in the CSA program are extended the immunity from liability as described in § 2.2-5205. 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.

Responsibilities of Utilization Review Staff

- Review requests services developed by approved by FAPTs and MDTs and provide approval of services for those requests that meet state and local funding requirements;
- Conduct timely utilization reviews according to a schedule in the approved Utilization Management plan;
- Contact lead case manager to review pertinent case history
- Conduct necessary record review and attend Team Based Planning Meetings, treatment team meetings, site visits, as needed to collect data and assess the service plan. Contact other agency members for additional information and for coordination of care;
- Prepare a written report regarding the results of the UR. Distribute the report to the lead agency case manager, the FAPT, and the CSA record;
- Participate in Contracts workgroups activities such as meetings, contract renewal discussions, and site visits;
- Prepare summaries and analyses of utilization for the Management Team and CPMT;
- Review and render decisions on case-by-case requests for use of non-Medicaid providers for residential and group home services.
- Review and certify that the criteria for Intensive In-Home services are met for non-Medicaid enrolled youth
- Review referrals for Intensive Care Coordination services and manage the utilization of available service capacity

FORMS

- To obtain copies of the forms referenced in this Policies and Procedures Manual, please see the local CSA FairfaxNet