FAIRFAX-FALLS CHURCH
Comprehensive Services Act
for
At Risk Children, Youth and Families

LOCAL CSA POLICIES AND PROCEDURES MANUAL

Revised October 1, 2014

Introduction

This 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 administrative 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.

REVIEW AND AMENDMENT OF THE POLICES 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 years.

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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.

PART I – CSA Teams and Best Practices

Part I provides information about the 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.

WHAT IS THE COMPREHENSIVE SERVICES ACT (CSA)?

CSA is a Virginia law designed to help troubled and at-risk youth and their families. Passed in 1992 by the Virginia General Assembly, the Act is intended to improve efforts to meet the needs of families with children and youth who have, or are at risk of having, serious emotional or behavioral difficulties. State and local human service agencies, parents and private service providers work together to plan and provide services. In each community, local teams decide how this will be accomplished. In the Fairfax-Falls Church community, these teams are: Team Based Planning Process (TBP), Family Assessment and Planning Team (FAPT), and Community Policy and Management Team (CPMT).

WHO IS ELIGIBLE TO ACCESS POOLED FUNDS UNDER CSA?

Eligibility for CSA Non-Mandated Pool Funds

To the extent that non-mandated pool funds and state and local mental health initiative funds remain available, priority will then be given to the following:

First priority for non-mandated pool funds:

- 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.

Second priority for non-mandated pool funds:

- Youth aged 14 or over whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person, who are not CHINS adjudicated.
- Children or youth at risk for out-of-home placement, as indicated by problems that are significantly disabling and present in multiple community settings, e.g., home, school, with peers, and for whom, with sufficient support, placement may be avoided, who are not abused or neglected as defined in § 63.2-100 and do not meet the statutory CHINS definition (§ 16.1-228;

Prioritization Committee for Non-Mandated Funds

Because the funding for services to non-mandated youth is insufficient to meet the needs of the total potential non-mandated population, FAPTs approve the level and type of service, and authority to access the CSA funds, but not the specific funding, for each youth. Rather, a five-member committee (Prioritization Committee) decides final authorization for the actual funds to be expended. This Committee prioritizes the waiting list of these non-mandated youth.

The Prioritization Committee receives information about the services authorized from the FAPT on the Criteria Rating for Non-Mandated Youth form. If non-mandated funds are available, the Committee meets and reviews information about each youth and prioritizes access based upon the needs of the youth, the priority categories listed above, the amount of funds available and whether or not services are in progress and/or require an extension of time. The Committee is chaired by the Director of Juvenile Court Services. Membership on the Committee includes a FAPT Parent Representative, a Department of Family Services representative, a Fairfax-Falls Church Community Services Board Representative, a Juvenile Court Representative, and a Fairfax County Public Schools representative. The CSA FAPT Coordinator and CSA Budget Analyst attend the meetings as non-voting members. When the Prioritization Committee approves funds, one of the members notifies the Case Manager immediately and sends them the FAPT Authorization with the authorizing signature of the Prioritization Committee. After each meeting, the convener of the Committee forwards the minutes of the meeting to the FAPT Coordinator, who serves as point of contact for case managers awaiting Committee actions on a specific child.

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 the Prioritization Committee identifies available funding, the public case management agency and the legal guardian must enter into an 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 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;
- 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. The Prioritization Committee reviews the recommendation and its priority for available non-mandated funding. After verification of receipt of the Co-Pay Agreement, IFSP, Medicaid application, current CANS and Certificate of Need (if appropriate) the PC shall authorize CSA funding for the placement and document eligibility in the electronic record.

2. If non-mandated funding is available the case management agency and legal guardian 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 PC 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..

Eligibility for CSA Mandated Pool Funds

Children and youth who are at risk of or already experiencing emotional/behavioral problems, but especially those at risk of or in need of out-of-home placement, and their families, are -eligible to access CSA pool funds under the CSA.

The eligible population includes a child or youth who is:

Less than eighteen years of age; and is:

- In the custody of a parent who resides, or an agency that is located, within the Fairfax-Falls Church jurisdiction (Fairfax County and the Cities of Fairfax and Falls Church); or

- A child who moves into the jurisdiction of the Fairfax-Falls Church CPMT with an active Individual Family Service Plan (IFSP); and

- Has emotional or behavioral problems which:
- 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 through other resources, or that are beyond the regular agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies; or

- Place the child or youth at imminent risk of entering purchased residential care.

Less than twenty-one years of age if:

- Residing in the Fairfax-Falls Church jurisdiction (Fairfax County and Cities of Fairfax and Falls Church
- Youth moved into the jurisdiction of the CPMT with an active IFSP; and

Is eligible for foster care services. Individuals over the age of eighteen may be eligible for foster care services if they were initiated prior to the age of eighteen.Through age 21 if:

- Residing in the Fairfax-Falls Church jurisdictions (Fairfax County and the Cities of Fairfax and Falls Church); or

- Youth moved into the jurisdiction of the Fairfax-Falls Church CPMT; and

- Youth is eligible for special education and the Individualized Education Program (IEP) requires the youth to receive education in a private day or residential school. 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 30th; or

- 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. 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 Documentation Procedure: An FCPS or FCCPS representative must sign the CSA Eligibility Determination Form prior to or during the FAPT review. FCPS Multi-Agency Services staff may sign the Eligibility Determination Form 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.

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.

Priority access to CSA pool funds is given to the following populations:

- Children or youth requiring special education private tuition school placements as identified in a youth's IEP;
- Children for whom services are provided to prevent foster care placements, and children entrusted or committed to the Department of Family Services (DFS) by their parent(s) or guardians or committed to DFS by any court of competent jurisdiction for purposes of placement in suitable family, child-caring institutions, residential facilities or an independent living arrangement, as authorized by Code of Virginia 63.1-56;
- Children or youth in residential facilities as of July 1, 1993 whose placements must be continued according to an IFSP or IEP.

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". The focus of services should be on maintaining and strengthening the family unit while ensuring the safety of the individual family members. These services are purchased with Mandated CSA Pool Funds.

The philosophy guiding foster care prevention services requires a community-based, family-focused, child-centered approach to service delivery. Its foundation is the belief that the family is, and should continue to be, the central structure around which a caring and self-sufficient society must be built. The family is the best environment for raising children and caring for vulnerable members. Accordingly, the family must be able to provide the necessary nurturance, protection, shelter, and education for its members.

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.

Services provided to the child and family will generally be short-term and intensive in order to preserve and/or strengthen the family while ensuring the safety of the child and other persons, or return the child home as soon as is appropriate

Community-Based Foster Care Prevention and Non-Mandated Services

These services are provided for a period of up to six months in order to preserve the family structure and maintain the child in his/her own home. 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 utilization review and a FAPT determination that additional services are essential to prevent out of home placement. When approving CSA funding for intensive in-home services, day treatment or mental health supports the FAPT shall maintain documentation 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.

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 of out-of-home respite. Approval of additional respite services of up to a total of 60 nights annually requires utilization review and a FAPT determination that the additional services are essential to prevent out of home placement. Out-of-home stays of over 60 continuous nights are subject to the relevant policies and procedures for out-of-home placements.

Various services may be provided directly, provided through referral to other community resources, or purchased through CPMT approved providers. Any service may be purchased to prevent out-of-home placement and/or to stabilize the family situation, provided the need for the service is documented in the service plan, and it is not available through other public resources. A representative of the Department of Family Service (DFS) must recommend the purchase of in- home community-based Foster Care Prevention Services.

Documentation Procedure

A DFS representative must sign the Community-Based Foster Care Prevention Eligibility Determination prior to or during the FAPT review. Per CPMT decision UR may sign the authorization for children screened eligible for intensive care coordination.

Non-Custodial Foster Care (Out-Of-Home Services)

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.

The provision of out-of-home placement services will not extend beyond six months under the Fairfax-Falls Church CPMT policy.

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 in the first two situations listed above. 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 between the parents or legal guardians and the LDSS or the public agency designated by the CPMT where legal custody remains with the parents or legal guardians.

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 the CPMT's policies and procedures. 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 an agreement between the parents or legal guardians and a public agency designated by CPMT where legal custody remains with the parents or legal guardians, the CSA Program Manager of designee shall review the case for compliance with the State Guidelines before authorizing CSA funding.

CHINS Foster Care Services Procedures

Steps in determining eligibility:

1. FAPT reviews the case, recommends a placement outside the home and determines that the child meets the eligible population for CSA services. For placement continuation beyond the projected discharge date FAPT approves a new discharge date on the IFSP.

2. The CSA Program Manager reviews FAPT long-term (planned length of stay of more than three months) residential recommendations for eligibility under CHINS; PA in completing the review the CSA Program Manager shall consult with CSA Utilization Review staff and may consult with other staff as appropriate. The Prioritization Committee or CSA Program Manager reviews short-term residential recommendations for CHINS-PA eligibility.

3. After verification of receipt of the Co-Pay Agreement, IFSP, Medicaid application, current CANS and Certificate of Need (if appropriate) the PC shall authorize CSA funding for the placement and document eligibility in the electronic record.

4. If the case is determined CHINS-PA eligible, the CSA Program Manager shall inform the Prioritization Committee (PC) and the referring worker, who shall initiate completion of a Parental Agreement.

5. If the case is not determined CHINS-PA eligible, the CSA Program Manager shall inform the PC and the referring worker. The PC then reviews the FAPT recommendation and prioritizes it for non-mandated funding.

6. 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. 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.

7. The CSA Program Manager or designee signs 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.

8. CSA funding for the placement shall not begin prior to PC authorization and completion 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 Parental Agreement, Co-Pay Agreement, IFSP, 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 PC within 14 calendar days of placement. CSA funding may be approved up to 14 calendar days retroactive from the date PC determines CHINS-PA

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

MEDICAID COVERAGE FOR SERVICES AUTHORIZED BY A FAPT

Community Policy and Management Teams shall use Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services under the Comprehensive Services Act for At-Risk Children and Youth. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child. (CSA Appropriations Act 5E)

The Department of Medical Assistance Services (DMAS) reimburses providers for certain components of residential psychiatric treatment (RTC), community-based residential treatment (CBRT) and treatment/therapeutic foster care (TFC) case management. Services must be provided by a Medicaid enrolled provider with whom the CPMT has an approved contract for services. A list of such providers is available on the local CSA FairfaxNET site[1]. DMAS uses a subcontractor as the utilization review provider to determine Medicaid approval for RTC, CBRT, and TFC placements. The subcontractor (Keypro effective 7-1-06) receives information about the youth from the enrolled provider. The CPMT has designated the Federal Reimbursement Unit (FRU) in the DFS to coordinate the collection and mailing of case information about eligible youth to the providers. The Psychiatric Services Manual and the Community Mental Health Rehabilitative Services Manual which outline DMAS policies can be viewed online at *www.dmas.virginia.gov*.

At the time of review of any case for which CSA funds are sought, the FAPT should ascertain whether Medicaid coverage for services has been explored by the case manager prior to approving CSA funds. The FAPT is responsible for approving the Residential Treatment Care (RTC), Community-based Residential Services (CBRT) or Treatment Foster Care (TFC) level of service. FAPT members sign the FAPT authorization indicating their approval. A FAPT review should be requested based upon the chart in the FAPT Scheduling Procedures section; however, the FAPT may request a review at any time, as long as the recommended time frame for reviews is not exceeded.

Utilization Review approval is required for use of non-Medicaid providers for residential and group home services ,with the exception of providers identified on the IEP for private special education placements (VDOE FAQs 3/10/09)**.**. FAPT may re-consider the UR decision upon request of the parent/legal guardian, case manager or GAL.

The Department of Medical Assistance Services (DMAS) requires a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) on all 5 axes for all youth placed in RTC and CBRT. If a complete DSM-IV diagnosis is not available to the case manager, it is the responsibility of the case

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

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.

A Certificate of Need (CON) is required to determine medical necessity for certain types of placements reimbursed by Medicaid. According to the Commonwealth of Virginia DMAS Psychiatric Services Manual, located electronically at http://websrvr.dmas.virginia.gov/manuals/IPSY/chapterIV, "Federal regulations (42 CFR § 441.152) require certification by an independent team that inpatient psychiatric services are needed for any recipient applying for Medicaid reimbursed admission to a freestanding inpatient psychiatric facility or residential treatment facility. The certification must be current, within 30 days prior to placement. The independent team must include mental health professionals including a physician. The independent team will be from the Community Services Board (CSB) serving the area in which the individual resides (or the area in which the individual is located). Pre-screenings are not reimbursable by Medicaid. For residential treatment for Comprehensive Services Act [funded] children (CSA), the independent team will be the local Family Assessment and Planning Team (FAPT) or a collaborative, multidisciplinary team approved by the State Executive Council consistent with § 2.1-753-755 of the Code of Virginia. The majority of the team and the physician must sign the certification. Team members must have competence in the diagnosis and treatment of mental illness (preferably in child psychiatry) and have knowledge of the individual's situation. The justification for certification must be child-specific. The team must indicate what less restrictive community resources have been accessed and failed to meet the individual's needs or why community resources will not meet the individual's current treatment needs.

A Medicaid-reimbursed admission to an acute care facility, a freestanding psychiatric facility, or a residential treatment facility can only occur if the independent team can certify that:

- Ambulatory care resources (all available modalities of treatment less restrictive than inpatient treatment) available in the community do not meet the treatment needs of the recipient;
- Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

Also, according to the Community Mental Health Rehabilitative Services Manual, Chapter IV, page 14, "Community Based Residential Services for Children and Adolescents under 21 are a combination of therapeutic services rendered in a residential setting…Only programs/facilities with 16 or fewer beds are eligible to provide this service." A CON is also required for this type of service.

For information about the CON used in Fairfax-Falls Church, please go to the following CSA FairfaxNET site[2]. Detailed instructions for completion can also be found on the local CSA FairfaxNET site[3]. The CON form is obtained by the case manager from the CSA FairfaxNET site and sent to the Fairfax-Falls Church Community Services Board (CSB) Mental Health Resource Team to complete and obtain the signature of a CSB psychiatrist. The completed, signed CON is then forwarded by the case manager to the FAPT Coordinator for submission to the FAPT for signature. The FAPT Coordinator forwards the CON to the Federal Reimbursement Unit staff member who will submit it to the appropriate service provider so that Medicaid can be claimed for the service.

A current CANS, CON and other required Medicaid documents are to be submitted by the case manager to the FRU prior to placement in a Medicaid-enrolled residential or group home provider. Recognizing that the emergency nature of some placements prevents submission of Medicaid documents prior to placement, for all placements required Medicaid documents shall be submitted to the FRU within 15 business days following the date of placement, with the exception of IEP-required placements. If required Medicaid documents are not submitted within 15 business days of placement, CSA funding may begin on the date when all they are submitted, but not before. Therefore the case manager's public agency will be responsible for the payment of services at 100% local cost because the CSA state match will not be accessible.

When an IEP has identified the educational placement to be a Medicaid enrolled residential provider, FCPS or FCCPS shall ensure that the parents/guardians review a statement informing them of their child's potential eligibility for Medicaid, and to sign it indicating whether they consent to being contacted by the Department of Family Services to explain Medicaid benefits, eligibility requirements and the application process. If the parent/guardian declines to review or sign the statement, FCPS or FCCPS is to document that on the statement. FCPS or FCCPS is to complete and provide the Statement to the CSA Office within 15 business days of placement. When the statement is not provided on a timely basis FCPS or FCCPS will be responsible for the payment from the initiation of services to the date it is provided to the CSA Office at 100% local cost to the relevant local school system.

Procedures for Approval of Non-Medicaid RTC/GH Providers

Case Manager[4]

1. Contact VA Medicaid providers with programs appropriate to meet the youth's needs; utilize current information about provider programming and consult with other staff such as Contracts,

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[2] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Harmony/CON_Form.doc

[3] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/JobAids/CON_Instructions.pdf

[4] IEP – residential placements are not subject to UR. All legal requirements for IEP residential placements are the responsibility of the IEP committee and FCPS.

UR, DFS resource unit placement coordinators, MH resource team, and others familiar with residential providers so that all options are considered.

2. Document any admission denials, stating the reason the youth was not accepted.

3. If the case manager determines that no appropriate Medicaid providers are available, then apply to in-state non-Medicaid programs, out-of-state contracted providers, and other non-contracted providers in that order.

4. If the case manager selects a non-Medicaid provider, the case manager will need to submit a written request for approval to UR along with justification for the request. The request should include information about denials to Medicaid programs, reasons why the case manager is not selecting a Medicaid program for which the youth has been accepted, and a justification why the non-Medicaid provider is requested.

5. Placements with non-Medicaid RTC and GH providers that do not have written UR approval may not be eligible for CSA reimbursement, subject to review for policy compliance by the CSA manager. Emergency placements in long-term RTCs and group home programs also require UR approval.

Agency Supervisor

1. Verify UR approval of non-Medicaid program before signing encumbrance form.

Utilization Review

1. Review request for non-Medicaid provider along with supporting documentation and provide a written approval or denial documented in Harmony within 10 business days of receipt. Provide the case manager with a copy of the decision.

2. In circumstances where placement decisions need to be expedited, UR staff will make every effort to respond within the timeframes required (e.g., CCCA discharge date, JDC end date).

Finance

1. Finance staff will review documentation in Harmony to confirm approval of a non-Medicaid provider prior to generating a purchase order.

Non-Medicaid programs that do not require UR approval are short-term programs like RYS Hickory Grove and Alternative House. IEP placements are exempt from this local policy because of federal requirements.

Utilization Review Staff Instructions

For any CSA youth who has been approved by UR for a non-Medicaid RTC/GH program, add an entry into the Medicaid tab indicating the approval. Sample language: UR has approved the request to use a non-Medicaid program and agrees that a Medicaid-enrolled program is unavailable/or inappropriate.

Finance Staff Instructions

Before setting up a purchase order for non-Medicaid RTC/GH programs, check the Medicaid tab to see if the program has UR or FAPT approval. If the approval is not present, email the case manager, the supervisor and the UR manager requesting clarification. UR staff will respond within 48 hours with clarification.

FAPT review process

1. If the case manager or parent/guardian disagrees with the decision of UR, they may appeal to the FAPT by making a written request to the FAPT Coordinator explaining why a Medicaid provider is unavailable or inappropriate.

2. The appeal will be scheduled for a modified review by the FAPT with notification of the date/time to the UR manager so that UR may attend.

3. If the FAPT approves a non-Medicaid provider, the FAPT will need to ensure that the justification is sufficient to explain why a Medicaid provider is inappropriate or unavailable.

4. FAPT will then add the note to the Medicaid tab in Harmony providing notification to finance staff.

Federal Reimbursement Unit (FRU)

The FRU is staffed by Virginia Polytechnic and State University (VA TECH) employees located in the Department of Family Services. The FRU has responsibilities to assist in accessing federal funds and child support for children in foster care and Medicaid for CSA pool funded services. Please refer to Part II of this Policy & Procedures Manual for detailed information regarding the role of the FRU.

PARENTAL CO-PAYMENTS

It is the desire of the CPMT that human services staff implementing the parental co-payments process embrace the spirit of the CSA philosophy of partnership with families. Included in the philosophy are understanding, cooperation, and encouragement of family involvement.

To meet the requirements of the Code of Virginia Section 2.1-752.3, (Michie 2000 Cum. Supp.), Comprehensive Services Act, as amended 1995, and Section 16.1-286 (Michie 2000 Cum. Supp.), and to enhance the partnership with parents, 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. The amended legislation calls for parental participation in both the treatment aspects of services and financial responsibility for payment for certain services.

All families accessing CSA pool funds shall be assessed a co-payment for services using a CPMT-approved sliding fee scale, with the following exceptions:

- Children who are in foster care with 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.

In assessing co-payment, the income shall be considered of all adults and children in the household living together as a family who share income and expenses. When legal guardians or custodians are the caregivers instead of the parents, their income shall not be considered in assessing co-pay for community-based services.

The CSA Program Manager or designee may waive or reduce the co-payment amount based upon documentation of financial hardship. In the absence of such a waiver or reduction parents/legal guardians are required to pay the assessed co-payment amount in order for their children to receive CSA-funded services.

Families of youth who are 18 years old or older are not required to be assessed, but may do so on a voluntary basis.

When a family has more than one child receiving CSA funded services that require a parental co-payment, the co-payment shall be assessed for the child subject to the highest co-pay unless the family is granted a co-pay waiver based on the above-listed exceptions. Co-pay may be waived for the other children. If services are discontinued for the child for whom the co-payment is assessed, then the co-payment shall be assessed on behalf of a sibling receiving CSA services.

Parents are responsible for promptly reporting to the case manager changes in income or household size, which shall be used to re-assess co-payment amount. The co-payment amount shall be reviewed at least annually; in the absence of an annual review the existing co-pay amount remains in effect.

CONFIDENTIALITY/INFORMATION SHARING AND STATEMENT OF NON-DISCRIMINATION

All information about specific children and families obtained in discharge of CSA responsibilities shall be confidential and not open to the public, unless the youth and family request, in writing to the case manager, that it be made available. After obtaining the proper consent from all persons about whom information will be disclosed, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or youth as are necessary for a full and informed assessment by the team. Copies of written information contained in agency records may be shared with parent(s), legal guardians, or youth, according to specific agency policies.

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.

FAMILY PARTNERSHIP

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.

TEAM BASED PLANNING (TBP)

The Family Assessment and Planning Team (FAPT) has the power and duty to "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", "review referrals of

youths and families to the team" and "provide for family participation in all aspects of assessment, planning and implementation of services. The Code specifies that at a minimum FAPTs must include representatives from the Community Services Board, Juvenile and Domestic Relations District Court, Department of Social Services [in Fairfax-Falls Church, this is known as the Department of Family Services], and local school division, as well as a parent representative (Virginia Code Sections 2.2-5208 to 5212).

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. IFSPs developed through team-based planning processes are to be reviewed by FAPTs for consistency with the CSA practice standards and compliance with CPMT policies and state and federal laws and policies.

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 process-oriented activity, 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 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. During the FPM, the team, with the family having significant input, seeks consensus in decision making regarding the identified child safety and well-being issues. The Family Partnership Meeting 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.

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.

Exceptions to the Requirement for an IFSP Developed through a Team-Based Planning Process to Access CSA Services

The following services may be approved by FAPT without a team-based planning process. All approved services must address needs of the youth and family identified on the IFSP. 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; and
7. Evaluations and assessments

For children in DFS custody the following additional services may be approved by FAPT without a team-based planning process:

1. Independent living stipends;
2. Summer school;
3. Sports and cultural events;
4. Driver's education;
5. Translation/interpretation services;
6. Legal fees for immigration issues;
7. School-related fees (excluding private school tuition);
8. Out-of-state public school tuition;
9. foster/adoptive home studies;
10. Non-Medicaid reimbursable medical expenses (excluding behavioral health services);
11. Tutoring;
12. Court testimony; and
13. Treatment Foster Care.

Procedures for Accessing Services That May Be Approved by FAPT without a Pre-FAPT Team-Based Planning Process

All CSA funded services requested must be accompanied by a proposed IFSP. Services that do not require a team-based planning process to develop the IFSP 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. 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.

   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 Coordinator will refer the family to the public agency which is 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. Families who cannot access FAPT because their request for team-based planning was not met, or because the team did not recommend CSA services, have standing to file an appeal under local CSA policy.

   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.

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.
b) Team-Based Planning Determination. 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 based on the TBP Criteria guidelines located in Section II. Recommendations will be made in consultation with the referring worker and in consideration of family preference. Families may decline a particular TBP process. Families may appeal denial of access to CSA funded ICC and FPM-through the CPMT-approved CSA appeal process. Families denied a Family Resource Meeting may submit a written request for reconsideration to the CSA Program Manager.

c) Scheduling Time-frame. Complete TBP Requests will be responded to by the CSA office within 3 business days. 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) Capacity. When ICC or FPM referrals exceed capacity, CSA staff will triage referrals and refer to the next best TBP option or community resource.
g) Transitions. 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. 5 (See ICC eligibility Criteria.) 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 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. 6 (See criteria for foster care prevention.)
- 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.

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[6] See the Foster Care Prevention Section

FAPT Authorization Procedures for Team-Based Planning

Intensive Care Coordination and Family Partnership Meetings:

Individual Family Service Plans (IFSP):
To initiate an ICC service, or an FPM not initiated by the Department of Family Services, an IFSP-EZ form shall be submitted to FAPT by CSA program staff.

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:
An encumbrance form shall be completed and submitted by CSA program staff.

For FPM:
An encumbrance form shall be completed by the CSA program staff and be for a period of 30 calendar days, beginning with the date of FPM referral. The encumbrance shall be for five hours of service. FAPT approval for FPM services shall not exceed 30 calendar days. 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 the CSA office. After verifying that the FPM took place, CSA staff will review the action plan and then authorize and send the invoice to DAHS –Finance, which will process payment.

For FRM:
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 and by CSA staff prior ICC and FPMs referrals being scheduled for a FAPT review.

Family Resource Meetings:
FAPT approval is not required for FRMs.

Family and Youth Participation in Team Based Planning 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 youth 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.

Public Agency and Service Provider Participation in Team Based Planning

The appropriate public agency representative(s) will 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. The case manager works 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 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. 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.

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.

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.

Assignment for lead agency case management for families with multiple agency involvement for service provision will be 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

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.

Procedure for Assigning Lead Agency Case Management

Through a team based planning process, a public human service agency representative is designated as *Lead Case Manager* to coordinate and ensure the delivery of services.

Service Planning and Delivery Process

Service planning shall solicit and honor families' cultural preferences within legal and regulatory limits.

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.

Teams shall develop an individualized action plan through a team-based process which includes the family's strengths and fits the unique needs of the youth and family. Plans must be realistic and sustainable - reflect practical accessible services in a timely manner.

Required elements of the action plans include:

- description of the youth and family's needs;
- 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;
- identify evidence-based or evidence-informed treatments if appropriate and available;
- Schedule a follow-up meeting if necessary, to include only participants with a reason to be there.
- Signatures on the action plan document active participation, consensus and commitment to follow through on assigned tasks. When consensus cannot be achieved, areas of disagreement shall be documented.

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.

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.

Procedures for Developing Action Plans

Action plans shall be developed in accordance with Team-Based Planning Policy[7]. Specific requirements include:[7]

Active participation shall be documented by signatures on the action plan. Participants include; parents/guardians, youth aged 14 and over, and required public agency participants.

Required elements of the action plans include:

- Description of the youth and family's needs;
- 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;
- utilize evidence-based or evidence-informed treatments if appropriate and when available;
- Action plans must address 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.
- Signatures on the action plan document active participation, consensus and commitment to follow through on assigned tasks. When consensus cannot be achieved, areas of disagreement shall be documented.
- Plans should include a follow up meeting date and identification of required and recommended participants for that meeting.

[7] See Team-Based Planning Section

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

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.

Action plans that recommend residential or group home treatment will 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.

- The action plan needs to document consideration of least restrictive alternatives, use of parent resources, and why needed services cannot take place with the youth living in the home.
- If the youth cannot remain at home, action plans are to specifically address availability and appropriateness of extended family or other responsible adults.

Placement services should be 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.

When the action plan recommends residential or group home treatment, it shall also document the family's commitment to visit at least monthly and participate in treatment, and the commitment of the case manager and/or other public agency members of the team to visit at least quarterly and contact the youth, family and provider at least monthly.

Planning Procedures for Out-of-Home Treatment or Placement

In addition to the requirements above, action plans that recommend out-of-home treatment or placement shall also comply with Team-Based Planning Policy sections eighteen through twenty-one, including completion of a restrictiveness of living assessment documenting the following:

- Why needed services cannot take place with the youth living in the home.
- Availability and appropriateness of extended family or other responsible adults.
- Plan for discharge in the minimum time period necessary to address the needs which required family separation.
- Document the family's commitment to visit at least monthly and actively participate in treatment. 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.

Accountability

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.

Team Based Planning Meeting Responsibilities

Before the Meeting - Preparation

Worker Responsibilities:

Schedule and convene periodic meetings with the family and members.

Schedule and allow adequate time for the meeting. Meetings are generally scheduled for 1 ½ -2 hours when no interpreter is needed and up to 3+ hours if an interpreter is engaged. This time does not include the pre and post meeting discussions.

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.

In preparation for the meeting, provide the following information to the parent, caregiver or custodian, and to the youth (14 years and older):

- Orientation 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.
- Who the worker believes should be in attendance from the service community and why.
- Provide a copy of the CSA Parent Handbook, (if applicable) the FPM Brochure, the CANS, Action plan outline, and 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.

For FPMs meet with the facilitator at least 15 minutes before the FPM meeting to discuss any process issues or relevant updates that may impact the quality of the meeting.

Supervisor Responsibilities:
Ensure the worker is prepared to succinctly and clearly present a summary of the current situation to include; youth and family strengths, safety concerns, risk behaviors and how they impact the well-being of the youth and family. Preparation of the worker to be able to share his/her concerns is critical to an effective process.

Team-Based Planning Coordinator Responsibilities
When meetings are being scheduled through TBP Coordinator, he/she: Confirms the meeting date, time, and meeting location to the worker. Contacts required and recommended participants, including public agency staff and service providers.

Youth and Family Responsibilities
In consultation with the referring worker, prepare a list of strengths and needs to share at the meeting. Invite extended family and other informal supports as appropriate.

During the Meeting

Facilitator Responsibilities
(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.

Youth and Family Responsibilities:

- Introduce extended family and/or informal resources in attendance.
- Actively participate by sharing strengths, needs and concerns, engaging in problem solving, and identifying solutions.
- Complete team roles and assignments and make decisions in consultation with the team.

Worker Responsibilities:

- Present the case information, and relevant history;
- Present any safety concerns using behavioral and impact language (e.g. how does the behavior impact the safety, protection, well-being of the youth, family and community?)
- In an organized manner, present a summary of the situation. Come prepared with ideas and a recommendation while remaining open to the opinions and ideas of the family and other participants.
- Be mindful that the goal is to make a decision with the assistance of the youth's family and family supports that addresses the youth's need for safety in the least restrictive placement.
- Demonstrate full disclosure, sharing all of the information that will impact decision making and planning. Discussion should be strength-based.
- Assist as a team member in keeping the group focused and productive. Invite others to share their perspectives, information and opinions.
- Discuss the family strengths and supports and be open to considering how these can be used to address the needs of the youth.
- Act as an information resource for the group. Be knowledgeable of laws, agency policies/procedures, community services, and best practice.
- Remain for the writing, reviewing, signing and distributing of the written plan; adjourn.

Team Member Responsibilities:

- Actively participate in team-based planning and in the service delivery process. See TBP Policy Section for active participation description.

- DFS team member is to consult with the other members when the team is considering Foster Care Prevention Funds for services in the IFSP and applying the criteria for Foster Care Prevention Services approval to the IFSP information to determine if such funding is appropriate.

Worker Responsibilities:

- Follow through on the decision and plan developed at the meeting and assist the family in doing the same.
- Regularly review action plans in supervision and in team-based planning meetings.

Team-member Responsibilities:

- Explain and support team recommendations in the court process or other decision-making processes, as needed.
- Work to implement action plan.
- Communicate with youth, family and other team members, which may include home visits and provider site visits as needed.

Youth and Family Responsibilities:

- Follow through on plans and decisions made at the meeting
- Communicate with members regarding issues, concerns and any changes with youth and family.

Facilitator Responsibilities:

- Complete any required documentation.

Supervisor Responsibilities:

- Ensure your worker follows through on the decision and plan that was made at the meeting.
- Regularly review action plans in supervision and staffing.

Intensive Care Coordination

Purpose of Intensive Care Coordination

The purpose of intensive care coordination (ICC) is to safely and effectively maintain, transition, or return the child home or to a relative's home, family like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and beyond the regular case management services provided within the normal scope of responsibilities for the public child serving systems.

Services and activities include:

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

- Identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths;
- Implementing a plan for maintaining the youth in or returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care;
- Implementing a plan for regular monitoring of the services for the child to determine whether the services continue to provide the most appropriate and effective services for the child and his family.

Definition of Intensive Care Coordination

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

Population to be Served by Intensive Care Coordination

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

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

Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Emergency shelter (when placement is due to child's MH/behavioral problems)
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)

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

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.

- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:

    - Crisis Intervention
    - Crisis Stabilization
    - Outpatient Psychotherapy
    - Outpatient Substance Abuse Services
    - Mental Health Support

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

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

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

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

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master's degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children's mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or

Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of "High Fidelity Wraparound" as required for supervisors and management/administrators

Training for Intensive Care Coordination

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

Intensive Care Coordination Services and Supports

To facilitate access to enhanced services, supports and treatments to build capacity for access to services in the community, and ultimately to prevent residential and group home placements, that CPMT permits FAPT to authorize up to $60,000 over 15 months for a combination of community-based and short term out-of-home (60 days or less) interventions for children and their families entering ICC. In developing ICC service plans, informal services and supports should be considered before purchase of services, in order to most efficiently use resources and to link families with resources that will continue after the ICC/CSA intervention terminates. When purchasing services, evidence-based and evidence-informed treatments and practices should be utilized when available and appropriate. Purchase of services under this policy would be subject to all existing local policies and procedures.

ICC is not subject to parental co-pay. Other CSA services provided during the ICC intervention are subject to co-pay, with the exception of services provided during the 14 day pre-FAPT emergency period.

Intensive Care Coordination Procedures

Screening and Assessment

The screening process may be completed by a public agency staff person otherwise eligible to refer and manage CSA cases, a FAPT or CSA program staff using an instrument based on the CANS and a list of recent significant incidents. All children for whom residential is being requested shall be considered for ICC.

Youth in the community

Screening is required for all youth who are considered at-risk of a residential/ group home level of care and shall be documented by UR in Harmony prior to FAPT review of residential requests. Case managers and Team Based Planning Teams are encouraged to screen all youth for referral to ICC when one of the significant incidents listed on the ICC screening form has occurred within the past 60 days.

Based on background information provided by the case manager, Utilization Review (UR) staff determines whether screening criteria were met and can initiate a request for FAPT approval of funding for ICC. CANS scores and background information will be used jointly by UR to decide on the initial referral. If a CSA-mandated youth meets ICC screening criteria and ICC is at capacity, UR staff may

approve other community-based services to begin on an emergency basis, with CSA funding contingent on a FAPT review within 14 calendar days of the beginning of services."

To meet screening criteria for ICC, at least one significant incident listed on the ICC Screening Tool must have occurred within the past 60 days, and the youth must have serious behavioral/emotional needs and/or risk behaviors, as documented by a total rating of 6 or above (not counting one's) on those CANS domains or one Risk Behavior rated a "3." If the youth appears to meet ICC criteria, the referral process described in section below is completed by the referring staff person or FAPT.

Youth in residential/ group homes

FAPT, CSA program staff or case managers may screen and refer youth in residential for an ICC screening. The FAPT will screen all youth in residential/group home placements for ICC no later than three months after placement, and every three months thereafter, to coincide with the quarterly FAPT review, and approve ICC when indicated.

Prioritization of Referrals

If the number of valid referrals exceeds ICC capacity CSA-UR staff will prioritize them for access to ICC according to the guidelines below. The individualized needs of the youth and families will also be considered in assessing whether ICC is the most appropriate response.

Youth in residential placements:

If the number of valid referrals exceeds ICC capacity priority will be given to referrals of youth who will be discharged from residential in the next 2 – 3 months back to a community setting in the northern Virginia region where it is anticipated that the after-care plan will require significant coordination and management. Significantly lower total scores on the CANS Behavioral/ Emotional Needs and Risk Behaviors, and longer length of stay, shall *also* be factors to be considered in prioritizing youth in residential placement for approval.

Youth in the community:

If the number of valid referrals exceeds ICC capacity, youth with significantly higher total scores on the CANS Behavioral/ Emotional Needs and Risk Behaviors will have priority for approval.

Referral process

To make a referral, case managers (CM), CSA program staff or FAPTs send a complete referral packet to utilization review staff (UR) in the CSA office. The complete packet consists of the ICC Screening Tool, a valid Consent to Exchange Information for all current providers and the CSA participating agencies, and the Team Based Planning Meeting / Service Request From for all new CSA cases. A recent (<sixty days) CANS may substitute for the CANS section on page 2 of the Screening Tool. Background information or other pertinent documents (not to exceed 15 pages) that describe the youth's recent behavior, the caregiver and family situation, and current/prior interventions may be submitted to assist in completing the referral and reducing processing time for UR.

Based on the referral information, UR staff determines whether screening criteria were met and the category of CSA funding eligibility which is documented on the ICC Screening and Referral assessment in

Harmony. UR maintains updated information about the capacity and current openings for ICC services. When referrals exceed capacity, UR will prioritize referrals. The status of referrals will be communicated to the case manager within two working days of receipt of a complete referral.

Youth who are screened out by UR for the ICC assessment may be referred to the Team Based Planning coordinator for the standard Team Based Planning assessment and planning process. Youth who receive the initial ICC assessment and are not recommended for additional ICC will be referred back to their agency case manager and supervisor for follow up by the standard Team Based Planning process. The Team Based Planning Teams may only refer a case back for re-screening or assessment if they identify significant new information that had not been previously considered. It is expected that Team Based Planning Teams incorporate wraparound principles and practices in developing and implementing community-based plans.

FAPT Approval and Review

FAPT Approval

1. The IFSP for initial FAPT reviews shall be submitted by CSA program staff or the CSA case manager. A CANS is not required since it will be completed within 30 days by ICC.

2. As the entity identified in the State Executive Council Guidelines for Intensive Care Coordination as having responsibility for provision ICC services, CSB ICC staff shall be responsible for requesting FAPT re-authorizations, with notice given to family and case manager." When ICC is provided by a private agency the CSA case manager is responsible for requesting FAPT re-authorizations.

3. Initial FAPT approval for ICC shall not exceed six months, and may be for a shorter duration.

Funding Eligibility

1. Residential cases mandated through Foster Care or CHINS-FC may be approved to fund ICC assessment and intervention in the mandated FC-prevention category.

2. Residential cases mandated through Individualized Education Plan (IEP) placement may be approved to fund an ICC assessment and intervention in the mandated least restrictive (Special Education) SPED placement category.

3. Non-mandated residential cases may be approved by FAPT/Prioritization Committee for ICC assessment and intervention in the non-mandated, MHI state or MHI local categories. Prioritization Committee shall not approve funding for an ICC assessment unless funds for an ICC intervention are also available.

4. Referrals for youth in the community shall be considered against the CSA foster care prevention and least restrictive SPED placement categories as appropriate. There may be instances when CSA non-mandated or MHI funding must be considered for youth who meet neither of the above mandated categories. Budget planning for those funds should anticipate the need to fund ICC referrals.

FAPT Review

1. FAPT paper reviews shall take place at least every six months. It is the responsibility of ICC to forward the initial 30 day assessment and monthly progress reports to the CSA program and to the case manager. Reports shall include information about services purchased and the status of the remaining funds allotted for community-based supports. These reports will be included in the FAPT paper reviews.

2. CANS administrations shall take place quarterly and will be completed by the ICC with the involvement of the youth and family team.

3. IFSPs for ICC shall include language authorizing an array of community-based and short-term out-of-home (60 days or less) services, to be subsequently selected by the ICC youth and family team, subject to the procedures in section "d" below.

4. The IFSP shall authorize the community-based service array only if a parental co-pay assessment has been completed. ICC may be approved without the accompanying services array, pending completion of the co-pay assessment.

CSA Parental Co-pay Requirement

ICC is not subject to parental co-pay. Other CSA services provided during the ICC intervention are subject to co-pay. It is the responsibility of the case manager to obtain the signed completed parental copayment forms and supporting documents from the parents.

Termination of ICC

During the initial three months ICC may only be terminated at the written request of the parent/guardian/custodian. ICC shall inform FAPT and UR of ICC terminations within five business days. After three months ICC may be discontinued by the parent/guardian/custodian or the FAPT.

Finance and payment documentation

A. The encumbrance form shall be completed by UR or the CSA case manager and includes ICC services beginning with the date ICC was initiated and continuing for up to six months thereafter.

B. Upon receipt of the encumbrance form DAHS-Finance will create POs and corresponding invoices and send them to CSB-Finance. CSB-Finance will complete the invoices (based on the CSB billing system) and send them to DAHS–Finance, which will initiate a Transfer Voucher in FOCUS.

C. The beginning and final month of ICC is paid on a pro-rated amount. The PO amount shall not exceed the contracted rate for a six month period. Community-based and short term out-of-home (60 days or less) interventions may be accessed by the intensive care coordinator through the approved encumbrance process. Total expenditures for such services shall not exceed $20,000 in the first six months of the ICC intervention.

D. If ICC is approved by FAPT for continuation beyond the first six months, expenditures for community-based and short term out-of-home interventions shall not exceed $10,000 for the subsequent three month period.

E. The total ICC intervention shall not exceed 15 months and total expenditures for community-based and short term out-of-home services shall not exceed $60,000.

F. The types and amounts of services that may be selected by the ICC Youth and Family Team and encumbered by the CSB intensive care coordinator or CSA case manager include:

    a. In-home and residential respite for caregivers- up to $18,000
    b. Home-based counseling, mentoring, behavior management, psychotherapy and psychiatric services, up to $20,000
    c. In-home and residential crisis intervention/stabilization in a short-term program with a planned length of stay of 60 days or less - up to $20,000
    d. Supervised activities for non-school time - up to $10,000
    e. Transportation - up to $3,000
    f. Basic needs/flexible funds - up to $5,000
    g. Family partnership services – up to $6,000

    The CSA case manager must complete the encumbrance form for any CSA-funded services to be provided by the ICC provider's own agency.

G. CSA Management Team approval is required to authorize expenditures in excess of the limits for each subcategory above. ICC shall present a written request for signed approval by the CSA Management Team,

H. The intensive care coordinator is responsible for monitoring expenditures to ensure that they remain within authorized limits.

I. Types or amounts of services not included in the above package must be requested from and approved by FAPT.

ICC child-specific progress reports

The written initial 30 day assessment report is due to case manager and CSA Office within 45 days after initiation of ICC. The CANS is due to the CSA Office within 30 days after initiation of ICC.

Crisis/safety plan is due to case manager within 14 days after initiation of ICC, or for community placement for youth stepping down from residential. The Individualized Care Plan is due to case manager within 45 days after initiation of ICC.

Monthly written progress reports are due to case manager and CSA Office thereafter, to include a summary of services provided.

CANS re-assessments are due to the CSA Office every three months and at the termination of ICC.

Note: Date of initiation of ICC is defined as the date ICC receives the referral packet referenced in Section IIA, after FAPT has approved an ICC intervention.

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 action plans developed through team-based planning processes are submitted for review to a FAPT when CSA pool funds or Mental Health Initiative Funds are needed to purchase services. FAPT reviews these actions plans for consistency with the CSA practice standards and compliance with CPMT policies and state and federal laws and policies. Upon FAPT review and approval the action plan becomes the CSA IFSP.

The IFSP is a written assessment of the youth and family's strengths and needs and recommends a plan for the provision of services. The IFSP is legally binding to the extent the FAPT has offered specific services to the client in connection with the IFSP. The FAPT is obligated to authorize such services, to the extent feasible. If the client fails to cooperate in obtaining such services, the FAPT cannot compel such cooperation.

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 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 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 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, 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)

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.

Roles and Responsibilities

Lead Case Manager Responsibilities

- Ensuring 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[8]

- Providing the family with a copy of the CSA parent handbook, A Guide for Parents in electronic format[9], or hard copies can be obtained by contacting the CSA program office at (703) 324-7938.

- Obtaining a signed Consent to Exchange Information[10]; also available in several languages) from the family.

- Determining 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.

Special Education

- 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.

Parental Co-Payment

- Reviewing 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[i], [ii] to assist you. If the family has their own resources, CSA funds may not be appropriate or necessary.

- Explaining the FAPT/Prioritization Committee service plan review 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.

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[8] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/Forms.aspx

[9] http://www.fairfaxcounty.gov/csa/CSA_Local_Parent_Handbook.pdf

[10] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Consent_forms/Consent_to_Exchange_Information.doc

- Completing 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.
- Completing 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. Obtaining 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, asking 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.

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

- Forwarding 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

- Documenting 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.

Medicaid

- Obtaining 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[11].

- Obtaining a Certificate of Need (CON)[12] 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:

Youth Located in the Community at the Time of Placement

- Arranging 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.

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.

- Encouraging families whose child is placed through an IEP in a Medicaid enrolled residential facility to apply for Medicaid[13].

Behavioral Assessment

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[11] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/Medicaid/Foster_Care_FAPT_assessment_IFSP_Job_Aid_for_Medicaid.pdf and http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/Medicaid/Case_Manager_Checklist_for_RTC_Placements.pdf

[12] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/JobAids/CON_Instructions.pdf and

http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Harmony/CON_Form.doc

[13] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/Medicaid/Information_for_Families_about_Medicaid_Coverage_for_RTC.pdf

State CSA policy requires the administration of a uniform behavioral 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. Training is provided by CSA program staff. Two CANS assessments (0-4 years and 5+ CANS) are accessible on the CSA FairfaxNET. See **Case Types Requiring a FAPT Review** section below for required administration frequency.

Administrative

- Preparing a Comprehensive Services Act Authorization form to encumber funds for payment and submitting it to CSA Finance staff if CSA funds are authorized.
- Completing a Case Status Change form[14] 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
- Coordinating and monitoring delivery of service.

Foster Care Prevention Services

- Consulting 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)

- Assessing 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.
- Sending 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.

FAMILY ASSESSMENT AND PLANNING TEAM (FAPT)

Powers and Duties

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[14] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Harmony/CSA_Case_Status_Change_Form.doc

The FAPT shall "assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs." (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 of Fairfax-Falls Church have the authority to review the service needs of children and families who fall within these jurisdictions. The FAPT brings to all its deliberations the considerations that all available public and community resources have been utilized. FAPT agency representatives shall have the authority to access services within the established operating procedures of their respective agencies. FAPT recommendations for services by specific agencies must be consistent with those agencies' mandates.

8. Authorize expenditures from the local allocation of the CSA state pool of funds as delegated by the CPMT and approve the type and projected length of service on the IFSP.

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

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 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 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 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. Prior to placing a child outside Fairfax County or the cities of Fairfax and Falls Church, the FAPT must also explore all appropriate community services for the child, document that no appropriate placement is available in the locality, and report the rationale for placement to the CPMT; in the case of IEP-required private special education placements these activities are accomplished and documented by the IEP Team.

5. The FAPT 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.

6. FAPT 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 and the CPMT are likewise prohibited from changing the IEP, including services and placement specified.

7. Whenever possible, FAPT 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 FAPT Authorization.

8. Prior to the 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.

Case Types Requiring a FAPT Review

- All cases accessing CSA pool funds and Mental Health Initiative Funds, except for foster care maintenance only cases as defined by state DFS policy (www.localagency.dss.state.va.us/divisions/dfs/fc/files/manual/fcchapterfinal.pdf.)

- 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.)

Frequency of FAPT Review

The table below summarizes the FAPT, CANS and Medicaid Certificate of Need (CON) review schedule. Assessments and reviews must take place no later than required below, but may take place more frequently.

Type of Service	FAPT *FREQUENCY*	*FAPT* *TYPE*	*CANS*	CON
Family Foster Care	At service initiation	paper	Initial Comprehensive	N/A
Non-residential:				
Community and home-based services, intensive care coordination	at service initiation, & at 6 months for continuation	Paper Modified	Initial comp. 6 month re-assessments at service end	N/A
Family Partnership	Initial, annually		Initial, annually, at service end	
Ongoing Respite	Initial, annually	Paper	Annually	
IEP-required Private Day Placements	Not required	NA	Initial comp. Annually	N/A
Residential:				
Treatment Foster Care	at service initiation	Paper	Initial comprehensive 3 month re-assessments	N/A
Group Homes	At service initiation: Every 3 months: Pre-discharge:	Full Paper Modified	Initial comp 3 month re-assessments at service end	N/A
Supervised apartment programs for young adults 18-21 in FC	initial annually	Paper	Annually	NA

Residential Treatment Centers	At service initiation: Every 3 months: Pre-discharge:	Full Paper Modified	Initial comp. 3 month re-assessments at service end	Prior to placement (if provider is Medicaid enrolled)
Leland crisis stabilization placements	At service initiation:	Paper	Initial comp. re-assessment at service end	At placement
IEP-Required Residential Placements	Not required	NA	Initial comprehensive Annual re-asses	N/A (unless Medicaid funded)

FAPT Scheduling Procedures

FAPT Reviews to Initiate New Services

1. FAPT reviews to initiate new services shall be scheduled by the CSA Office for a date within 10 business days of receipt by the CSA Office of a complete and correct FAPT packet, which includes a proposed IFSP less than 90 days old and other required documents.
2. FAPT reviews requiring a UR Report shall be scheduled at least five business days following receipt of a complete and correct FAPT packet.
3. The CSA Office shall inform the case manager that the packet is complete and correct, and of the date of the FAPT review.

FAPT Reviews of Emergency Placements for Children in Foster Care

The intent of this procedure is to expedite FAPT reviews in time-sensitive situations in which placement services may be necessary prior to FAPT review.

1. An IFSP-EZ must be submitted to the CSA Office within 2 business days after community-based services and short-term residential or group home placements (maximum length of stay of three months 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. The CANS must be submitted within 10 calendar days of services commencing. (From “Emergency FAPTs” Section)
2. FAPT reviews to initiate new residential treatment center or group placements of more than 90 days may be scheduled prior to submission of a proposed IFSP, if authorized by the Foster Care Program Manager, but will not be reviewed by FAPT without receipt of a complete and correct proposed IFSP and other required documents.

3. Such requests are made by submitting a Case Manager Report to FAPT to the CSA Office, along with a current CANS and Consent Form, and any recent provider reports, evaluations and assessments that are available. For new cases a Team-Based Planning Request with Parts One and Two completed is also required. Upon receipt the Case Manager Report to FAPT and all other material shall be provided to UR in order to complete a report.
4. The FAPT review shall be scheduled at least five business days following receipt of a Case Manager Report to FAPT to provide time for a UR Report to be completed. UR shall be invited to the Family Partnership Meeting (FPM) and provided at least two business days' notice of the meeting date.
5. Following the FPM, the proposed IFSP, an updated Case Manager Report to FAPT, and other required documents shall be submitted to the CSA Office as soon as possible, but at least two business days prior to the scheduled FAPT review; if not, the FAPT review shall be delayed until the next FAPT meeting after all required material is received.

FAPT Reviews of Current Services

When a review date has been scheduled by FAPT:

1. The FAPT review date shall be set by FAPT at least 20 calendar days prior to the end of the service funding period.
2. The proposed IFSP, an updated Case Manager Report to FAPT, and other required documents shall be submitted to the CSA Office as soon as possible, but at least five business days prior to the scheduled FAPT review; if not, the FAPT review shall be delayed until the next FAPT meeting after all required material is received. If a UR report is required the FAPT review shall be scheduled at least five business days after all material is received. The complete and correct FAPT packet shall be provided to UR immediately upon receipt by the CSA Office.

When a Review Date has <u>not</u> been scheduled by FAPT:

1. For FAPT reviews at which an extension is requested for service authorizations due to expire, the case manager must request the review, including submission of a proposed IFSP and other required documents, at least 15 business days prior to the service expiration date in order for the review to be scheduled before service expiration.
2. FAPT reviews of current services which have not been scheduled by FAPT shall be scheduled by the CSA Office for a date within 15 business days of receipt by the CSA Office of a complete and correct FAPT packet, which includes a proposed IFSP and other required documents.
3. FAPT reviews of current services requiring a UR Report shall be scheduled for a date at least five business days following receipt of a complete and correct FAPT packet.

Family Participation in FAPT Process

The FAPT review will be scheduled, when possible, at the location closest to the family's home. The case manager will provide the parent(s) or legal guardian with a copy of the IFSP. The parent(s) legal guardian will be invited to attend the FAPT; however, their attendance is not required. If the parent or legal guardian/custodian requesting services is not present, the FAPT may authorize the requested services. The FAPT may not deny requested services in the absence of the parent/legal guardian/custodian. Rather, a subsequent review, with parental participation, is to be scheduled to

consider the request. If a parent or guardian decides to attend the FAPT meeting, interpreter services will be arranged by the case manager for the FAPT 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. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

Parent(s)/legal guardians shall be invited and encouraged to attend (in person or by telephone) FAPT reviews at which residential or group home placement is being considered, and at which target discharge dates are being established or considered for revision. FAPT may decline to review the case in the absence of the parent/legal guardian. Family members in attendance at a FAPT meeting will have the opportunity to ask questions.

If a parent/family member wishes to bring an attorney to the FAPT 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 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 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 to make a recording of the proceedings and to arrange for appropriate equipment.

Appeals of FAPT 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, 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. 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 meeting, if the family is present, the FAPT Leader will provide the youth and family with a document that includes notice of meetings and recommendations/approvals of the FAPT, and a Notice to Families Regarding Right to Appeal containing the CPMT-approved appeal policy[15]. The appellant must submit a written request for FAPT 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

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

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 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'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 Leader.

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 decision becomes available from other sources prior to the appeal review, with the concurrence of the appellant the case may return to the FAPT 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
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 leadership role at the FAPT meeting when the decision under appeal was made or another FAPT member who attended the meeting if the FAPT leader 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 re-review
- Uphold the decision of the FAPT
- Alter the decision of the FAPT

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 representative explains how the FAPT 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 will be notified.
- CSA staff confirms decision i n writing within 5 business days to parents, case manager, and FAPT leader

Types of FAPT Reviews

- Written FAPT assessment and reassessment (Paper Review): only FAPT members are present to review the IFSP and supporting documents.
- Modified FAPT assessment and reassessment: lead case manager *or designee* must be present (in person or by telephone) and other parties, such as parent(s)/guardian(s) have declined to attend.
- Full FAPT assessment and reassessment: lead case manager *or designee* must be present (in person or by telephone) with the parents(s) or guardian(s) and any other family members the family wishes to invite. Private providers and other human service agency representatives may also be present if agreed upon by the family and recommended by the Team Based Planning Meeting.

Current CSA service providers shall be invited and encouraged to attend (in person or by telephone) modified and full FAPT reviews. FAPT may decline to review the case in the absence of the provider.

Emergency FAPTs

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 an out-of-home 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.

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 three months or less. When a short-term program is not available or appropriate 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. 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 working days after community-based services and short-term residential or group home placements (maximum length of stay of three months 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. The CANS must be submitted within 10 calendar days of services commencing. When long-term residential placements are made on an emergency basis a full IFSP and CANS must be submitted to the CSA Office within 2 working days and a FAPT review must occur within 14 calendar days after services have commenced.

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.

FAPT Membership

Persons who serve on the FAPT 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, Department of Family Services (DFS), Fairfax County Public Schools (FCPS), Falls Church City Schools (FCCPS), a parent representative who is not an employee of any public or private program which serves children and families, and a private provider selected from among and representing the Northern Virginia Coalition of Private Providers (NOVACO).

Persons serving on the FAPT 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 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) FAPT 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, 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.

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

<u>All those serving on a FAPT shall demonstrate the following characteristics:</u>

- Commitment to the philosophy of the CSA;
- Respect for the beliefs and traditions of individuals coming from a wide variety of cultural, religious, and ethnic heritages;
- Experience in coordination and provision of services across agencies;

- Knowledge about services offered within their agencies and authority from their agencies to access those services;
- Willingness to participate in training and skill development programs as required;
- Flexibility in their work schedule in order to accommodate needs of families; and
- Willingness to maintain the ethics of confidentiality.

FAPT Member Responsibilities

- Attending scheduled orientation and training sessions.
- Requesting an alternate team member from their agencies at FAPT meetings, when unable to attend a regularly scheduled FAPT meeting.
- Consulting with and assisting the case manager from the agency represented in implementing the IFSP.
- Relinquishing their duties to alternate team members should a conflict of interest *or perception of conflict of interest* arise.
- Signing the Fairfax-Falls Church CSA FAPT Confidentiality Statement.
- Reviewing referrals to the team by assessing the strengths and needs of youth and families.
- Identifying and determining the complement of services required to meet these unique needs.
- *Reviewing discharge plans to ensure that appropriate planning and resource*

  Services, by type and expected length are identified to support the youth and family during transition to community-based care.
- Authorizing expenditures from the local allocation of the CSA state pool of funds as delegated by the CPMT and approving the type and projected length of service on the IFSP.
- Encouraging family participation in the aspects of assessment, planning and implementation of services.
- Allowing a parent with legal custody to decide whether their minor child will attend the FAPT meeting. A youth who has reached the age of majority (18 years of age) may choose whether his parents attend the meetings, provided that the IFSP does not contemplate participation by the parents.
- Reviewing and determining that less restrictive alternatives have been assessed and ruled out prior to approving the decision to make a residential placement to be funded by CSA pool funds or adoption subsidy funds for children and youth who receive adoption assistance (subsidy) payments who are referred for residential placement.

- Assisting in the development or revision of the IFSP for youth and families reviewed by the team so as to provide for appropriate and cost-effective services.
- Signing the CON if the FAPT authorizes RTC or Community-based Residential Treatment.
- Reviewing the UR report and considering it in decision-making
- Reviewing written case materials and either: approving, in writing, as initially requested, or requesting a modified or full FAPT reassessment.
- Recommending referrals for the youth and family to community agencies and resources in accordance with the IFSP and, if requested, assisting the case manager in accessing services.
- Designating the time frame and the specific type of FAPT reassessment for the recommended services.
- Notifying the lead case manager, if not present at the FAPT review, of the FAPT's decision by forwarding the FAPT Authorization through the FAPT member from the lead case manager's agency.
- Storing all case information distributed to the FAPT in the locked FAPT records file. Periodically reviewing these files and referring closed cases to the CSA program Administrative Assistant for archiving or destruction, as prescribed by local CSA policy.

FAPT 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.

Parent Representative Responsibilities

- Inform the FAPT leader if there is some question as to whether a conflict of interest exists so that the case manager can discuss the situation with the family to see if the family would prefer that another parent representative serve on the team to review the case. The parent representatives provide a unique perspective of a parent who has negotiated the system or is willing to assist others in the process, maintaining sensitivity to parents and family members during the FAPT meeting. Parent representatives are not County employees, but volunteers who are appointed by the CPMT after completed background checks and interviews and they

must sign a confidentiality statement prior to serving with a FAPT. Parent representatives are selected because they demonstrate the ability to listen objectively, communicate clearly, respect the traditions of individuals from diverse cultural, religious, and ethnic backgrounds, and they must respect confidentiality. FAPT parent representatives in Fairfax-Falls Church must be Fairfax County, City of Falls Church or Fairfax City residents.

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 (if present), and FAPT Leader. When a FAPT is convened and the family requests to participate in the FAPT meeting 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 Leadership

Each FAPT shall select a leader from among its members and notify the FAPT Coordinator promptly of any changes in FAPT leadership.

FAPT leaders shall meet periodically for purposes of communication, coordination and training. CPMT is to be informed of the FAPT leader meeting schedule. FAPT leaders shall meet quarterly with the CSA Management Team. FAPT leaders who are unable to attend a FAPT Leader or CSA Management Team meeting shall designate another FAPT member to attend.

FAPT leaders shall prepare a semi-annual report to CPM, reflecting the input of all FAPT members.

FAPT Leader Responsibilities

- Ensuring compliance with CSA regulations and local policies and procedures.
- Serving as point of contact for the FAPT Coordinator.
- Conducting team meetings in an efficient manner, consistent with the operational procedures, ensuring that all scheduled agenda items are addressed.
- Serving as the FAPT liaison to the CSA Management Team and CPMT and attending other meetings when *necessary to include, but not limited to participating a quarterly meetings with the CSA Management Team and assisting in a semi-annual FAPT report to CPMT.*
- Ensuring that information is shared with FAPT members.
- Postponing the FAPT meeting until the County Attorney can be present in situations where the family wishes to bring an attorney to the FAPT meeting.
- Outlining the meeting process to the participants.
- Informing the family, if present, of their right to appeal the recommendations of the FAPT and giving them written information about the process.

- Allowing for introduction of parent(s), other Team Based Planning Meeting representatives and others present.
- Explaining the purpose of the attendance of the non-FAPT members (observers and consultants) to the family, if present.
- Ensuring that all persons present at the meeting sign a confidentiality statement and explaining the importance of keeping information disclosed in the FAPT meeting confidential. A guest invited by the parent(s) need not be required to sign a confidentiality statement if the parent(s) object. This shall be done prior to the meeting and any discussion of the case.
- Allotting sufficient time for presentation, review and discussion when a full or modified FAPT is conducted.
- Allowing an overview of the case presented by parent(s) and case manager, when present (to include actions already taken, history/needs/dynamics of family and youth, areas of concern that need to be resolved and recommendations for discussion.)
- Facilitating discussion of alternatives, formulation of recommendations and development of the IFSP. Identifying major issues and attempting to resolve areas of disagreement.
- Re-capping, at the close of the case discussion, the FAPT Authorization for clarification of goals and responsibilities.
- Referring issues that arise during the FAPT meeting that may require a legal opinion, to the FAPT Coordinator.
- Facilitating the FAPT meeting and ensuring that the parent(s) or legal guardian(s), when present, have an opportunity to ask questions and to participate in the discussion.
- Ensuring that there is no deviation from the standard process of the FAPT meeting due to the presence of an attorney or any other invited participant. An attorney may not use the meeting as a contested hearing or as a forum for cross-examination.
- Reviewing and signing the FAPT Authorization approving funds for type and length of services, ensuring that all appropriate parties also sign the form.
- Taking a vote of the participants if consensus cannot be reached on a decision.
- Scheduling a case reassessment date in consultation with the Case Manager and parent(s) if present at the meeting. Asking if there are other agency or mandated review dates to be considered in the setting of the FAPT review date.
- Facilitating the preparation of a memo to the Appeal Panel regarding the rationale for the FAPT's decision and sending it to CSA Staff when requested, if there is an appeal.

- Attending an Appeal Panel Hearing on behalf of the FAPT to explain the rationale for the FAPT's decision, if there is an appeal.

Number of Teams

FAPTs serve families living within each of the five designated regional areas within Fairfax County including the cities of Fairfax and Falls Church.

- FAPT #1 East County
- FAPT #2 South-Central County
- FAPT #3 South County
- FAPT #4 North County
- FAPT #5 West County
- Prioritization Committee serves as FAPT for Leland referrals, reviewing requests for community step-down services, and determining CSA eligibility under the CHINS-FC eligibility category.

Should the needs of the population change, the number of FAPTs will be adjusted to accommodate demand. The CSA Management Team will determine the need for establishment of additional teams.

FAPT Meeting Schedule

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 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:

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

Lead Case Manager Responsibilities

Family Participation

- Informing the family of the types of FAPT review available and obtaining the parents' concurrence about the type of FAPT assessment that will occur.

- Informing families about the review process. Families must be advised of the date, time and place of the FAPT review and invited to attend. Efforts made to involve the family members are documented by the parent signature(s).

- Informing families about the FAPT cancellation policy if there is inclement weather.

- Arranging for interpreter services during the FAPT meeting so that written and oral communication is in a language that the family understands. If interpreter services must be purchased, it is the lead case manager's agency's responsibility to pay for the service.

- Arranging for accommodations to individuals, in accordance with the Americans with Disabilities Act, to assure their access to the FAPTs. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

- Determining if there is a need for the FAPT to make a recording of the proceedings and to arrange for appropriate equipment if the family indicates their intent to record the meeting.

Consent to Exchange Information

- Ensuring prior to scheduling the FAPT, that all persons about whom information will be disclosed have signed the interagency Consent to Exchange Information form, (and where appropriate Interagency Consent to Release Confidential Information for Alcohol or Drug Patients[16].

- Ensuring that the FAPT is specifically noted as being able to share information.

- Ensuring that the expiration date of the Consent to Exchange Information Form is within two (2) years of the date of signature of the consenting person. Updating the Consent form is necessary to keep it current. No information (even with identifying data removed) may be forwarded to the FAPT if the parent(s) or legal guardian has not signed the Consent to Exchange Information form. In the event that the parent(s) or legal guardian do not wish to authorize the exchange of information between agencies (i.e., sign the Consent to Exchange Information Form), the case manager will document the attempts made to obtain this authorization.

Case Documentation for FAPT Review

- Ensuring that the parents or legal guardians and youth involved (if present at the Team Based Planning Meeting) have signed the IFSP prior to submitting it to the CSA program office for a FAPT review.

- Preparing and copying (8 copies) the FAPT packet of documents and submitting it to CSA administrative support staff. The most current CSA forms are located on the CSA FairfaxNET

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[16] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/Consent_forms/ADS_Consent_to_Exchange_Information.pdf

site[17]. The FAPT packet includes the IFSP, the Consent to Exchange Information form, CSA parental co-payment form with documentation of income or financial hardship if a waiver or reduction is requested (where appropriate), and the current CANS rating.

- Ensuring that the CON[18] is complete and signed by an appropriate physician and is forwarded to the FAPT Coordinator prior to initiating RTC or Community-based Residential Treatment (CBRT) placement, except in an emergency.

- Ensuring that information is updated by completing the CSA Status Change Form[19] when necessary (e.g., change of lead case manager, case closure) and forwarding it to CSA staff.

Scheduling a FAPT

- Submitting an emergency IFSP within two (2) working days if services have commenced on an emergency basis.

- For FAPT reviews at which an extension is requested for service authorizations due to expire, requesting the review, including submission of a proposed IFSP and other required documents, at least 15 working days prior to the service expiration date in order for the review to be scheduled before service expiration.

- Notifying the County Attorney and the CSA program office about situations where, because of significant disagreement, a parent/family member wishes to bring an attorney to the FAPT meeting.

- Failure to complete FAPT reviews on a timely basis renders the FAPT IFSP authorizing purchase of services null and void effective the last day of the month in which the FAPT review was due.

Preparing for the FAPT Review

- Bringing relevant information (social, educational, psychological, health, mental health, and delinquency/court histories) regarding the child and family to the FAPT meeting and being prepared to present this information at a modified or full FAPT review.

After the FAPT Review

- Forwarding a copy of the FAPT Authorization to the parents within ten (10) days of the review if they were not present to receive it at the FAPT review meeting.

- Advising the family of their right to appeal a FAPT decision and providing them with the Notice to Families of Right to Appeal[20], also available in Spanish[21].

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[17] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/Forms.aspx

[18] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/pdf/Medicaid/CERTIFICATION_OF_NEED.pdf

[19] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Harmony/CSA_Case_Status_Change_Form.doc

- Notifying CSA program staff in writing within ten (10) days of the FAPT review of an intent to appeal the decision by the agency, the parents or legal guardians.

- Appearing at an appeal hearing if requested by the CPMT designee and presenting case information to the appeal panel.

Non-Mandated Funds

- Keeping the Prioritization Committee aware of the status of the case by completing the Update for Prioritization of Non-Mandated Youth form[22] weekly and sending it via fax by Thursday of each week to the chair of the Committee (Fax Number (703) 385-5964; phone number for problems: (703) 346-3416).

- Arranging for the youth's interview at a residential facility and selection of services while the Prioritization Committee determines the availability of non-mandated funding.

Change of Family Residence

- Advising the family of the option of receiving services from the new CPMT jurisdiction and notifying CSA program staff in writing when families move out of Fairfax-Falls Church by sending a signed Consent to Exchange Information with the new jurisdiction CSA program office, the family's new address and phone number, and a copy of the most recent IFSP and or IEP to CSA Staff so that the case can be transferred. Payment for FAPT authorized services continues for thirty (30) days from the date the receiving locality receives the written notice of the transfer from the Fairfax-Falls Church CSA program office.

- Informing the service provider of the change in the family's residence.

- Notifying DAHS, Accounts Receivable staff at (703) 324-8108 when services end prior to the original ending date so that billing can be adjusted.

Emergency FAPT Reviews

- Submitting an emergency IFSP within two (2) working days following initiation of any service in an emergency, to the FAPT Coordinator, followed by a submission of the FAPT packet so that a FAPT review can be held by the fourteenth calendar day after the start of services.

- Making every effort to have the Consent to Exchange Information form signed by all appropriate parties.

After the Emergency FAPT review

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

[21] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Right_to_Appeal/Right_to_Appeal-Spanish.doc

[22] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Priortization/Prioritization_CSA_Form.doc

- Ensuring that services are secured, and that those services are consistent with the recommendation of the FAPT. This responsibility includes identifying appropriate providers, sending applications to providers, arranging interviews for youth, and once accepted, determining the appropriate services to be delivered by the provider. The provider must be listed in the local CSA Provider Directory and under current contract with the Fairfax-Falls Church CPMT[23].

- Completing and signing the CSA Authorization form[24]. The FAPT Authorization along with the CSA Authorization form is then sent immediately to Finance staff. The case manager must be sure to indicate the projected length of services, including any transitional resources which may be required when returning a youth to the community from a residential placement.

- Encumbering non-mandated funds **only** after the Prioritization Committee has approved funding.

- Seeking and gaining approval before a child is placed out-of-state. Contact the Deputy Compact Administrator, Interstate Compact Office, Virginia Department of Social Services, 730 E. Broad Street, 2nd Floor, Richmond, Virginia, 23219.

- Communicating with the FAPT for further direction if a service provider cannot be secured within the parameters of the FAPT approval.

- Continuing to have periodic meetings and/or consultations with the parent(s) and other Team Based Planning Meeting members to review progress on the IFSP. The membership of the Team Based Planning Meeting remains flexible as the needs of the child and family evolve.

- Ensuring that all reassessment requirements of the FAPT are met, including the next FAPT review.

- For cases not requiring a FAPT review (FAPT Scheduling Procedures Section), the lead case manager will complete the CSA Authorization Form, obtain supervisory approval and submit the form to Finance. The lead case manager will utilize the CSA Authorization form and the CSA Case Status Change Form to keep information updated.

Case Manager Supervisor Responsibilities

- Reviewing case documents with the case manager to determine that they are complete and up-to-date and then signing the IFSP when ready for FAPT review.

- Providing oversight of the Team Based Planning process.

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

[24] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/Harmony/Harmony_Encumbrance.docx

- Signing the CSA Authorization form completed by the case manager after ensuring it reflects the FAPT authorization.
- Reviewing and signing Requests for CSA Consideration of Parental Co-payment Waiver or Reduction forms. Ensuring that the case manager has obtained the verification of family gross annual income and financial hardship prior to signing the form.

FAPT Coordinator Responsibilities

- Serving as a point of contact for policy and procedural questions regarding FAPT referrals and reviews.
- Receiving referrals for case reviews from the CSA program Administrative Assistant.
- Developing the schedule for all FAPTs and making every effort to schedule case reviews within two weeks of referral with priority being given to: emergencies, time frames related to court dates and other special requests for expedited review.
- Ensuring that the FAPT Leader is aware of any special circumstances regarding each review.
- Serving as a point of contact for case managers requesting information regarding the prioritization listing for non-mandated funds.
- Notifying the lead case manager of the date, time and location of the FAPT review if a modified or full FAPT review is needed.
- Disseminating each team's schedule and all referral and consent forms to FAPT members.
- Disseminating case materials to be reviewed, to include the CON when RTC or CBRT is planned, to the FAPT teams.
- Forwarding the completed CON signed by the FAPT to the Federal Reimbursement Unit (FRU) for submission to the provider.
- Facilitating the written documentation of authorizations made by the FAPT.
- Attending Prioritization Committee meetings to provide information about the youth to be considered and to answer questions about CSA procedures and policy.
- For emergency reviews, scheduling the FAPT review within fourteen (14) calendar days of initiation of services after receiving necessary documentation from the case manager using the following criteria: When is the first available FAPT meeting most accessible to the family; when can essential parties meet; and when will sufficient case documentation be made available from the case manager.

CSA Administrative Assistant Responsibilities

- Receiving the IFSP and supporting documents from the case manager when a FAPT review is requested.

- Verifying that the expiration date of the Consent to Exchange Information Form is within two years of the date of signature of the consenting person.
- Determining that the FAPT packet (see the Case Documentation Section) submitted for FAPT review is complete and that all necessary CSA forms are included and complete. A case will not be scheduled until the CSA program office has received the complete FAPT packet.
- Contacting the case manager to request documents, forms, or other information which are incomplete or missing from the FAPT packet.
- Forwarding the FAPT packet to the FAPT Coordinator when it is complete.
- Maintaining the CSA central files, including filing and archiving closed cases.

FAPT Reassessments

Cases for which the FAPT has authorized services and funding will have periodic reassessments to ensure that public funds are used effectively for appropriate services. The FAPT can request reassessments more frequently or less frequently dependent on various factors, which include: stability of the situation, restrictiveness of the service, and cost of the service. *Procedures for initial FAPT reviews apply to FAPT reassessments with the following additional Case Manager responsibilities:*

- The Case Manager, in consultation with the parent(s) and other Team Based Planning Meeting members, will complete and update the Youth and Family Meeting Action Plan[25], update the consent forms if necessary, and forward them to the CSA program Administrative Assistant.
- For FAPT reviews at which an extension is requested for service authorizations due to expire, requesting the review, including submission of a proposed IFSP and other required documents, at least 15 working days prior to the service expiration date in order for the review to be scheduled before service expiration.

CSA-System of Care (SOC) Training Requirements

1. CSA Case Managers are required to complete a minimum of 12 hours of CSA-SOC training within the first year of employment with Fairfax County and Fairfax County Public Schools. Intro to SOC, Team-Based Planning, Accessing CSA and CANS training are mandatory sessions to be completed within 12 months. A case manager must complete the remaining SOC foundational sessions within 36 months of employment.

CSA-SOC Sessions (Required within 12 months of employment)

- Introduction to Systems of Care (3 hrs.)
- Team-Based Service Planning (3 hrs.)

[25] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Documents/doc/TBP/Action_Plan.docx

- Accessing Services through the Comprehensive Services Act for At-Risk Youth and Families (CSA) (3 hrs.)
- Child and Adolescent Needs and Strengths (CANS) certification (3 hours)

SOC Foundational Sessions (Required within 36 months of employment)

- Family Engagement
- Risk Assessment
- Trauma Informed Care
- Worker Safety and Crisis Intervention

Note: Agency/system required training may substitute for CSA-SOC training on the same topic as long as it is consistent with the relevant CPMT-approved SOC practice standards and accurately presents CSA policies and procedures.

2. Supervisors of CSA Case Managers, FAPT Members and CSA Program staff are required to complete CSA Case Managers required trainings and 3 hours of CSA Law and Policy, according to the same time schedule as case managers.

Note: Current supervisors and FAPT members as of December 14, 2012 are exempted from these training requirements, with these exceptions:

- Team-Based Service Planning
- CANS Certification
- CSA Law and Policy

3. CPMT and CSA Management Team Members are required to complete the following SOC training:
   - Introduction to Systems of Care (3 hours)
   - CSA Law and Policy (3 hours)

   Note: Current CPMT and CSA Management Team members as of December 14. 2012 are exempt from these training requirements.

4. Provider training requirements are in their contracts and purchase of service agreements with the county. However, provider staff are to be invited to participate in CSA-SOC training events to the extent logistically and fiscally possible.

5. Based on this policy, each year the CSA Management Team is to develop and implement a CSA-SOC training plan to be presented to the CPMT as an information item.

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 Family Assessment and Planning Teams 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[26].

CSA Manager Responsibilities

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

- 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.

- 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. For example, the Core Standards for Interdepartmental Licensure and Certification of Residential facilities for Children (CORE) continue to apply to Virginia providers and are enforced by the child serving agencies of Virginia including the Departments of Youth and Family, Education, Mental Health, and Intellectual Disabilities, and Social Services. For those Virginia facilities subject to CORE, a state interdepartmental licensure/certification team continues to conduct a review at the time of initial licensure application and upon its subsequent renewal. 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

In 1996, concerns about increases in gross costs for CSA, a lack of noticeable reduction in residential placements, and a continued desire to improve the overall quality of service delivery prompted the General Assembly to authorize a study of the application of utilization management principles to the CSA population. Following two independent reviews, the General Assembly modified CSA legislation to include utilization management in local practices, beginning July 1, 1999 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. 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 FAPT members.

In December, 2004, the Fairfax-Falls Church CSA began a new UM/UR initiative with dedicated internal staff whose role is to conduct more comprehensive child-specific reviews and to collect additional data for system-level analysis of utilization practices. Specific cases, child-specific contract requests for treatment services, and/or treatment providers are selected for utilization reviews depending on a variety of factors:, to include, but are not limited to: management directive, complaints/concerns/serious incidents, Medicaid denial, length of stay, poor progress, FAPT/Case manager/Other Request, total cost to county per year, and children with specific types of disabilities.

A protocol for a full utilization review of an individual service plan includes assessment across important areas of functioning such as diagnostic history, service history, medications, educational functioning, family history and involvement in treatment, CANS score, medical/health issues, cost service, Medicaid reimbursement status, and youth and family strengths. Assessments are conducted by reviewing pertinent records both in the CSA office and in the agency as well as interviewing relevant staff such as the lead case manager, service providers, and FAPT members. The review may include site visit, provider record reviews, and attendance at Team Based Planning Meetings and FAPTs. Some requests for UR may only necessitate a focused review of a particular service rather than a comprehensive assessment.

Responsibilities of Utilization Review Staff

- Conduct timely utilization reviews according to a schedule established by the CSA Management Team; not required for Leland placements;

- Review reason and purpose for utilization review. Read the youth's CSA record and other fiscal data. Determine the components necessary to address the purpose of the request (full or focused review.) Determine the review time-frame based on the FAPT or Management Team schedule;
- Contact lead case manager to discuss the referral, components of the review, and pertinent case history as well as schedule time to review the agency record;
- Conduct necessary record review and attend Team Based Planning Meetings, treatment team meetings, site visit, FAPT meetings 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;
- Provide on-going follow- up and monitoring of the youth's service plan as appropriate;
- 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. 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)

FORMS

To obtain copies of the forms referenced in this Policies and Procedures Manual, please see the local CSA FairfaxNet site[27] or call the Fairfax-Falls Church CSA program office at (703) 324-7938.

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[27] http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/Forms.aspx