

MEMO TO THE CPMT

December 8, 2017

**Information Item A - 1:** Approval of Proposed CSA Policy Manual Revisions

**ISSUE:** That Part I of the CSA Policy Manual requires updating and revisions as part of the CSA program's plan to review each section in alternating years.

**BACKGROUND:** Part I of the manual was revised extensively when the CSA program restructured the service authorization process for FY16. The proposed changes reflect the need to revise sections about procedures to access Medicaid authorization for residential placements, use of Mental Health Initiative funds, and procedures for documentation such as the residential Placement Agreements required by licensure. In addition, a section for Part II is proposed to define the roles and function for the CSA Management Team.

**ATTACHMENT:** Summary of changes, Proposed policy manual changes

**STAFF:**

Janet Bessmer, CSA

<b>Location in attachment</b>	<b>Description of Change</b>
throughout	Language updates - Comprehensive Services Act to Children's Services Act; Parental Copay to Parental Contribution (Copayment); Remove references to Certificate of Need (CON) for Medicaid, add IACCT inquiry form if appropriate; clarify that FAPT does not provide funding authorization but are a service planning body. Service authorization is the term used rather than FAPT approval.
pg 1	Added #5 to instruct CM about how to complete a facility Placement Agreement and who is legally required to sign it
pg 1 -2	Need a description of how parents self-refer to CSA and how case managers are assigned when a family is not already involved with an agency
pg 2	CSA no longer produces a bound Handbook, but has a series of resources online for parents
pg 4	Describes procedures for CM when they learn parent account delinquent
pg 5	CM to complete encumbrance within 5 business days of a service authorization
pg 6	Update CM SIR responsibility to reflect current contract
pg 6-7	Policy change request: FAPT has requested that at a minimum the youth and family have had at least one face to face meeting with the case manager prior to the FAPT. Currently families are "allowed" to go to FAPT without an FRM or any other meeting. Families will be offered an FRM as an initial step before attending the FAPT.
pg 8	Update of FAPT procedures. Three agency managers and two CSA staff who attend FAPT weekly are members of the CSA MT. The section has been revised to eliminate a FAPT facilitators' meeting and streamline reporting requirements. The new monthly UR/FAPT report to CPMT is described as a substitute for previous requirements.
pg 9	Procedure for when a parent rep is not available for the FAPT; Parent rep is required by Code but many localities have difficulty with recruiting.
pg 12	Policy change request: Allow access to funding legal fees for youth in foster care only using "boilerplate" language
pg 15	Add section describing the role, function and delegated authority of the CSA MT
pg 16	Add reference to CSB reporting, approved by CPMT on 6/26/15
pg 17	Insert procedures for quality assurance/compliance regarding Consents, CANS and other documents.

## CHINS Parental Agreement [CHINS PA] Procedures

### Steps in determining eligibility:

1. The FAPT develops a plan for placement outside the home, and determines that the child meets the eligible population for CSA services, and reviews for eligibility under CHINS- PA.
2. If the case is determined CHINS-PA eligible the case management agency, which per the State Guidelines cannot be DFS, and the parent develop and sign a Parental Agreement, based on the state model and modified to the requirements of the specific case, and submits it to the CSA Office. The sections in the state model may not be deleted or modified. For continuation beyond the projected discharge date a new Parental Agreement is developed and signed based on the new IFSP discharge date.
3. After verification of receipt of the Parental Contribution (Co-Pay ) Agreement, IFSP, Medicaid application, and the current CANS and Certificate of Need (if appropriate) the CSA Program Manager or designee shall authorize CSA funding for the placement, document eligibility in the electronic record, and sign the Parental Agreement confirming that the request is in compliance with the State Guidelines. Parental Agreements are not valid without the signatures of the parent/legal guardian, public agency representative and CSA Program Manager or designee.
4. CSA funding for the placement shall not begin prior to documentation of eligibility by the CSA Program Manager eligibility documentation and signing of the Parental Agreement, with the exception of emergency placements in short-term programs with a maximum length of stay of three months or less. For those placements the IFSP, Consent, Parental Agreement, Parental Contribution (Co-Pay) Agreement, Medicaid application, and current CANS and Certificate of Need (if appropriate) shall be completed and submitted to the CSA Office within five business days of placement and reviewed by FAPT within 14 calendar days of placement. CSA funding may be approved up to 14 calendar days retroactive from the date FAPT reviews the request and determines CHINS-PA eligibility.
- 4-5. Case managers should be aware and inform parents that the CHINS Parental Agreement is a CSA required form which is different from the Placement Agreement, required by licensure, that parents, legal guardians, and child-placing agencies (i.e., DFS) must sign with the residential facility. The CSA program is not a party to the agreement and copies shall be retained in the agency record, if applicable. See job aids for guidance on how the Placement Agreement can be completed and how the form relates to the CSA contract and purchase orders.

Formatted: Font: (Default) Arial

## Case Management and Case Support Services

*Families may self-refer for case management services according to the local CSA self-referral policy.*

*Insert brief description of the process for families who contact the CSA program directly and those who request assistance from an agency. Case Management vs. Lead CSA Case management*

#### Procedure for Assigning CSA Lead Agency Case Management

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

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

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

Insert Case Support Procedures approved by CPMT

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

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

- Ensure that the most current CSA forms and/or documentation are used to develop the IFSP (these can be found on the local CSA FairfaxNET site );
- Provide the family with links to the Parent Resource Guides or hard copies of with a copy of the CSA parent handbook, A Guide for Parents in electronic format , or hard copies can be obtained by contacting the CSA program office at (703) 324-7938; information and resources from the CSA website;
- Obtain a properly executed, signed Consent to Exchange Information-, available in several languages, from the family;
- Determine if information to be shared about a client has been identified by a physician as potentially harmful to the health of a client if shared with that client(s), pursuant to the Code of Virginia, Section 8.01-413 prior to scheduling a Team Based Planning Meeting or referring to

a FAPT. If such a determination has been made, exploring alternative ways to ensure participation of the client;

#### 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 Financial Responsibilities Co-Payment

- Review financial and insurance resources with the family to determine their need for assistance with purchase of services to include asking if the family has been found eligible for Medicaid and encouraging the family to apply for Medicaid if the youth will be placed in RTC or Community-based Residential Treatment. Job aids are available on the CSA FairfaxNET site, to assist you. If the family has their own resources, CSA funds may not be appropriate or necessary;
- Explain the FAPT and UR process required for funding approval to the youth and family; the fee scale for parental contributions (co-payments) and the family's responsibilities for providing the required income documentation;
- Complete the Parental Contribution (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:
  - o Children who are in the custody of the Department of Family Services;
  - o Children who are receiving only the specific educational services designated by the child's IEP for residential or private day placement
  - o Children referred by Child Protective Services for CSA-funded community-based foster care prevention services may be considered for a time-limited waiver when necessary for the safety of the child.
- Complete the Request for CSA Consideration of Parental Co-payment Waiver or Reduction form if the parents state they cannot pay the co-payment assessed due to financial hardship such as bankruptcy, debt for medical expenses not covered by insurance, etc. Obtain the parents' or legal guardian's signature on the form, along with the necessary documents from the family that support the description of a financial hardship. Verification of income and

the completed Parental Co-payment Referral and Agreement should be included with the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form;

- Upon the parent's request, ask for a waiver of the CSA parental co-payment when a family has more than one child receiving CSA funded services so that a co-payment is assessed for only one child and may be waived for other children in the same family. If services are discontinued for the child under whose name the co-payment is assessed, yet services continue for a sibling, then a co-payment shall be assessed for the sibling in receipt of services. The case manager should ask the parent/legal guardian to sign a new CSA Parental Referral and Agreement form with the sibling's name and submit it to CSA staff with the explanation for the change; the parent/legal guardian's signed Agreement is necessary for services to continue;
- Inform parents when they refuse to sign the Parental Co-payment Referral and Agreement that the Team Based Planning process may continue. CSA-funded services, however, cannot be approved by FAPT or UR without a signed Agreement;
- Forward the signed Parental Co-payment Referral and Agreement and/or the Request for CSA Consideration of Parental Co-payment Reduction or Waiver form with verification of income and financial hardship with the FAPT review packet to CSA Administrative Support Staff;
- When notified by DAHS/DFS Accounts Receivable that a family's account is delinquent the case manager should then contact the family to discuss barriers to payment, determine if the family may benefit from requesting a reduction or waiver or contact finance to develop a payment plan ~~facilitate payment of the amount owed.~~

#### Service Plan and Family Participation

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

#### Medicaid

- Obtain the DSM-IV diagnosis of a youth in need of RTC or Community-based Residential Treatment in a group home enrolled with DMAS. If a complete DSM-IV diagnosis is not available, it is the responsibility of the case manager, in consultation with their supervisor and/or program manager to determine whether it should be pursued. A DSM-IV diagnosis

should not be pursued solely to ensure eligibility for Medicaid reimbursement for RTC. ~~Job aids are on the CSA FairfaxNET site.~~

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

Youth Located in the Community at the Time of Placement

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

- For non-mandated youth, as of July 1, 2015, service requests will be submitted with the specific provider identified. The service authorization will include the provider and allow non-mandated funds to be released subject to availability, in a more timely fashion, resulting in reductions in Time to Service.
- For the first year of implementation of the restructured service authorization process, case managers will be allowed/ encouraged to identify the provider before funding request submitted. Training for team-based planning members will include emphasis on review of appropriate provider options in the planning discussion. During the implementation process, the CSA MT will address and resolve any questions or concerns that arise. After the first year, the CSA MT will review this practice change and make a final determination.

Youth Located in Detention at the Time of the Placement

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

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

Administrative

- Prepare a Comprehensive Children's Services Act Authorization form to encumber funds for payment and submitting it to CSA Finance staff if CSA funds are authorized within five days of the service authorization.

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

Foster Care Prevention Services

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

Serious Incidents (refer to Part II for additional information)

- Assess risk to the child within twenty-four (24) hours of receiving a verbal serious incident report from a provider, and taking appropriate action to ensure the child's health, safety, and well-being; and following the placing agency's internal serious incident reporting guidelines.
- ~~Send one copy of the written report submitted by the provider to the CSA program office. Information identifying the youth and/or provider staff member(s) shall be removed or blocked out. Effective July 1, 2006 the provider will send one copy of the serious incident report the Case Manager and one copy to the CSA Contracts Supervisor and it will not be necessary for the Case Manager to send a copy to the CSA program office.~~

Participate in inquiries and monitoring activities related to serious incidents with UR and Contracts staff

Formatted: Indent: Left: 0", First line: 0", Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

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

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

*If the parent/guardian declines participation in a team-based planning meeting, they must at a minimum participate in a face-to-face meeting with their CSA case manager prior to the initial FAPT*

Formatted: Not Highlight



meeting for purposes of receiving an orientation to all relevant programs, processes, policies, practice standards, and the CANS, and completion of a strengths/needs assessment to include cultural and language issues.

Formatted: Not Highlight

Commented [YS1]: Add this highlighted language

Formatted: Not Highlight

## FAMILY ASSESSMENT AND PLANNING TEAMS

When the MDT planning process is unable to develop or to agree upon a safe and effective community based plan of care, long-term residential or group home treatment may be considered via a referral to the FAPT. There are two Family Assessment and Planning Teams for the primary purpose of reviewing long- and short-term out of home placements. These FAPTs provide initial and ongoing service plan development, utilization review and monitoring/oversight for each youth placed in a long-term residential program, as well as service planning for short-term crisis stabilization programs, FPM and ICC services, and those services eligible for expedited FAPT Services Planning.

IFSPs for these placements shall be developed during the FAPT meeting, with the full participation of the case manager, family and FAPT members. If an IFSP is developed for residential or group home treatment, the subsequent funding approval shall be for no more than 3 months at a time, and can be for less. This FAPT may also authorize community based services and interventions deemed necessary and appropriate for the youth's transition back to the community.

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

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

- Cases in which the team is unable to create a safe and effective community-based plan during the FPM/FRM process
- Cases in which the parents/custodians disagree with the community-based plan created by the FPM/FRM/YFT, or if they decline to participate in developing a community-based plan and insist on pursuing a residential placement. If the parent/guardian declines participation in a team-based planning meeting, they must at a minimum participate in a face-to-face meeting with their CSA case manager for purposes of receiving an orientation to all relevant programs, processes, policies, practice standards, and the CANS, and completion of a strengths/needs assessment to include cultural and language issues.
- Cases in which the youth requires out of home short-term stabilization on an emergency basis

Formatted: Not Highlight

Commented [YS2]: Adding this here

Formatted: Not Highlight

Formatted: Normal, No bullets or numbering

- 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](http://www.localagency.dss.state.va.us/divisions/dfs/ap/files/manual/Adoption_Manual_Chptr_C_Agency_Placement).)

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

#### FAPT Meeting Facilitator

- Each FAPT shall select a facilitator from among its members and notify the FAPT Coordinator promptly of any changes in FAPT leadership.
- FAPT facilitators shall meet periodically for purposes of communication, coordination and training. CPMT is to be informed of the FAPT facilitator meeting schedule. FAPT facilitators shall meet quarterly with the CSA Management Team. FAPT facilitators who are unable to attend a FAPT Facilitator or CSA Management Team meeting shall designate another FAPT member to attend.
- FAPT facilitators shall prepare a semi annual report to CPMT, reflecting the input of all FAPT members.
- Each FAPT shall select a facilitator from among its members; if the facilitator is unable to attend a scheduled meeting, an alternate will be selected by the team for the purposes of that meeting
- FAPT facilitators shall communicate regularly with the FAPT coordinator, and participate along with all FAPT members in regularly scheduled trainings
- FAPT facilitators shall provide input to the quarterly FAPT report presented to the CSA MT by the FAPT coordinator
- FAPT facilitators shall provide input to the monthly FAPT report presented to the CPMT by the FAPT coordinator

Formatted: Indent: Left: 0.5", No bullets or numbering

#### FAPT Meeting Schedule

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

Each FAPT will meet once a week for a maximum of four hours at a designated time and place to review and conduct its business. FAPT scheduling shall accommodate parents/guardians who are unable to

participate in person or by telephone. FAPT meetings are not open to the public. All information about specific children and families obtained by team members shall be confidential. In the event of inclement weather, scheduled FAPT meetings are automatically canceled and rescheduled under the following circumstances:

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

Each FAPT will meet once a week for a maximum of four hours at a designated time and place to review and conduct its business. FAPT scheduling shall accommodate parents/guardians who are unable to participate in person or by telephone. FAPT meetings are not open to the public. All information about specific children and families obtained by team members shall be confidential. All scheduled FAPT meetings are automatically canceled and rescheduled when either the Fairfax County Public Schools or the Fairfax County Government are closed due to inclement weather.

#### FAPT Attendance and Participation

"At each regularly scheduled FAPT meeting there shall be a trained and certified FAPT member from each child-serving agency. All mandated members and their substitutes should be in attendance at regularly scheduled or emergency FAPT meetings. If any agency members are not present, the option to proceed with the meeting is available at the discretion and concurrence of the case manager, family, and FAPT facilitator. When a FAPT is convened and the scheduled parent representative is unavailable due to an emergency, if the parent(s) of the youth agree, the FAPT meeting may proceed without the FAPT parent representative. When a FAPT is convened and a parent representative is unavailable, the meeting may proceed with the parent's agreement. This agreement to proceed without the parent representative will be documented on the meeting action plan."

#### FAPT Reviews For long-Term Residential Placements

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

1. A review date shall be set at the FAPT meeting at least 14 calendar days prior to the end of the current funding period.
- 2.1. For extension requests, An updated Case Manager Report to FAPT and other required documents shall be submitted to the CSA office at least 10-15 business days

prior to the review end of the authorization. The complete and correct packet shall be provided to UR immediately upon receipt for use in completion of the UR report.

~~3.2.~~ The FAPT must review the most recent (within 30 days) provider report and consult with the provider either in person or via telephone.

## Documentation required for CSA-funded Services

### Consent to Exchange Information

Consent signed by youth who are aged 18 +

Consent signed by each custodial parent if residing in separate households

Consent signed by adults/parents/caregivers receiving services

### Documentation requirements for IEP Services

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

### Services Eligible for Expedited FAPT Services Planning

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

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

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

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

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

Formatted: Not Strikethrough

### **Emergency Situations Eligible for Expedited FAPT Service Planning**

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

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

When a child in DFS custody must be placed in treatment foster care on an emergency basis, treatment foster care services may be approved by FAPT for up to sixty days through an

expedited service planning process. Services beyond sixty days require development of an action plan by an FPM or FRM.

Children requiring residential or group home placement on an emergency basis shall be placed in a short-term program, with a maximum length of stay of 90 days or less, which may be approved by FAPT and authorized by UR for up to ninety days through an expedited service planning process. When a short-term program is not available or appropriate in responding to an emergency, DFS may place in a long-term program, with DFS responsible for scheduling a briefing at the next CSA Management Team meeting following placement to discuss why prior FAPT and utilization review were not possible. When long-term residential placements are made on an emergency basis a Consent, Case Manager Report to FAPT and CANS must be submitted to the CSA Office within 2 business days and a FAPT review must occur within 14 calendar days after services have commenced. The FAPT review shall be scheduled at least five business days following receipt of a correct Consent, Case Manager Report to FAPT and CANS to provide time for a UR Report to be completed.

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

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

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

#### **Procedures for Flexible Response to Emergency Needs**

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

~~FAPT~~ UR 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.

### Appeal Procedures

#### Information available to the Appeal Panel

1. Individual Family Services Plan (IFSP)/ Meeting Action Plan (MAP)
2. Any other information that was given in writing to the FAPT/MDT
3. Any information the appellant requests

## 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.

The CPMT may delegate responsibility for the above functions.

### CSA MANAGEMENT TEAM

The purpose of the CSA Management Team is to organize and coordinate a network of services and supports for children, youth and their families with significant behavioral or emotional challenges who may require coordinated interventions by multiple agencies and programs. The team is comprised of program managers from the stakeholder human services agencies and school programs that utilize the CSA process to meet their agency mandates and goals in service to children, youth and families. Working with the CSA Manager and CSA program staff, agency members of the CSA Management Team advise the CPMT on the procedures and management of the CSA program to ensure efficient processes, best use of resources, and monitoring and oversight of the service delivery of CSA funded services across the system.

### Powers and Duties:

The CSA Management Team advises the CPMT on the management of the CSA program, including, but not limited to:

- Local policy development
- Compliance with state law and policy
- Budgeting and budget management
- Provider contracting, selection and evaluation, to include youth and family participation in the evaluation of services provided
- Review of reports provided by CPMT-sponsored programs such as ICC, Case Support, UR, and Family Partnership meeting facilitation
- State-required data reporting
- Utilization management and utilization review
- Gaps analysis and needs assessment
- Recommending policies and developing procedures to ensure family and youth involvement in service delivery

In addition the CSA Management Team is the decision-making body for the following actions:

1. Review and Amendment of the Policies and Procedures Manual
  - a. 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.

- b. 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.
2. Review of Serious Incident Reports and determination of an appropriate response including but not limited to: temporarily suspending new referrals to the provider until a final disposition, requiring a corrective action plan, placement on probation with additional county oversight for a period of time, and termination of contract if concerns not remediated.
  3. Resolution of 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.
  4. Review and Authorization of ICC expenditures in excess of the limits for each subcategory above and for extensions of ICC services beyond the 15 months. ICC shall present a written request for signed approval by the CSA Management Team.
  5. Annually, in collaboration with the SOC Training Committee, Development and implementation of a CSA-SOC training plan to be presented to the CPMT as an information item.

Membership shall include the CSA Manager and representatives of the Community Services Board, Family Services, Juvenile and Domestic Relations District Court, Administration for Human Services and Fairfax County Public Schools. The meetings are convened by the CSA Manager and scheduled regularly throughout the year. The typical meeting frequency is twice per month.

CSA Management Team decision-making is by consensus, with the following exception: CPMT delegates to the CSA Management Team authority to amend any section of the local policy manual titled "procedures", "methodologies" or "responsibilities" through a majority vote at any regular meeting of the CSA Management Team. The quorum for making such decisions shall be attendance by representatives from three of these public agency systems: Community Services Board; Department of Family Services; Fairfax County Public Schools; and the Juvenile and Domestic Relations District Court.

(6/26/15)

COMMUNITY SERVICES BOARD

The CSB shall report quarterly to the CPMT on all CSB activities and services funded by CSA, MHI-State, MHI-Local, and Resource Team activities funded through CSB general funds, in a jointly agreed format.

CSB changes in the use of CSA, MHI-State and MHI-Local funds shall be jointly agreed upon by the CSB and CPMT.

*Evaluation of Providers*

*The performance of CSA providers shall be evaluated according to a process developed by the CSA Management Team and approved by the CPMT. The process shall include youth and family participation in the evaluation of services provided.*

*The performance of Children's Behavioral Health Collaborative (CBHC) providers shall be evaluated according to a process developed by the CBHC Management Team and approved by the CPMT. The process shall include youth and family participation in the evaluation of services provided.*

Insert quality assurance and compliance procedures here for CANS and Consents