Policy and Procedures Manual

Fairfax-Falls Church Children's Services Act

February 2024

About this Manual

The local policy and procedures manual defines the procedures for case managers and supervisors engaged in direct service delivery and the administrative processes and legal mandates that support or regulate them.

CSA forms may be accessed through the county's SharePoint site at https://fairfaxcounty.sharepoint.com/sites/DFS/csa/SitePages/Forms.aspx, the CSA public County site at https://www.fairfaxcounty.gov/healthymindsfairfax/childrens-services-act/forms or by contacting the CSA program office at (703) 324-7938.

Disclaimer

The policies, procedures, and standard practices described in this manual are reviewed periodically, in part or as a whole, to ensure that they continue to reflect current practice as well as any changes required by the Virginia Office of Children's Services.

This manual is intended for use by county, city, and school division staff who are providing case management services as part of the Children's Services Act. **Every family needing assistance is connected to a case manager who is responsible for helping the family navigate the CSA process and fulfilling all administrative requirements.** County, city, and school division staff are responsible for following all relevant state, county and city requirements that may not be fully specified in this manual but are implied and embedded in the work of staff such as procurement, financial procedures, etc.

Accessing Children's Services Act funding is contingent on the child/youth meeting eligibility criteria and adherence to the Commonwealth and local requirements. Individuals interested in receiving Children's Services Act funding should contact their child's case manager or the CSA office for assistance.

Review and Amendment of the Policies and Procedures Manual

These policies and procedures may be amended at any regular meeting of the Community Policy and Management Team (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 the evaluation shall be submitted to the CPMT for review.

The CPMT is to review all local CSA policies and procedures every two years, with Local Manual Sections One, Two and Three 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.

Commonly Used Acronyms

Acronym	Description	Definition
CANS	Child and Adolescent Strengths and Needs Assessment	A mandatory state assessment tool for children and youth participating in CSA-funded services.
CHINS	Child in Need of Services	A type of court petition.
CPMT	Community Policy and Management Team	The local governing board for CSA; includes department heads and senior managers from the county, FCPS, FCCPS and City of Falls Church.
CPS	Child Protective Services	A program within the Department of Family Services (DFS), a public child welfare agency, that helps ensure the safety and well-being of children in our community.
CSA	Children's Services Act	A Virginia law that helps children and families have access to intensive services and supports when children struggle with unmet behavioral health care needs.
CSB	Community Services Board	A public agency that provides services for mental health, substance use disorders, and intellectual/developmental disabilities.
DFS	Department of Family Services	The county's child welfare agency also known as social services.
DPMM	Department of Procurement and Materials Management	CSA Agreements for Purchase of Service (APOS) are managed by dedicated DPMM staff who serve on the CSA Management Team.
DTA	Department of Tax Administration	Overdue CSA Parental Contribution accounts are referred to DTA for collections by the DFS Finance team.
EBT/EBP	Evidence-based Treatments/ Evidence-Based Programs or Practices	An Evidence-based Treatment is one where studies have been conducted and extensive research has been documented and it has proven to be successful. Sometimes the term uses practices or programs instead of treatment.
FAPT	Family Assessment Planning Team	A multidisciplinary group of professionals who represent public agencies, private organizations and a parent representative. 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.
FC&A	Foster Care & Adoption	A program within the county's Department of Family Services.
FCPS	Fairfax County Public Schools	The local public school system for Fairfax County.
FCPS-MAS	Fairfax County Public Schools Multi-Agency Services	Program within FCPS; works with youth IEP-placed in private day and residential school settings.
FFCPS	Falls Church City Public Schools	The local public school system for Falls Church City residents.
FPM	Family Partnership Meeting	Family meeting facilitated by a neutral 3rd party.
FRM	Family Resource Meeting	Family meeting facilitated by the family's CSA lead case manager.
FRU	Federal Reimbursement Unit	Provides administrative support to DFS and CSA including processing assessments of parental contributions (copayment) for CSA services.

Acronym	Description	Definition
HMF	Healthy Minds Fairfax	A county initiative to address the behavioral health care needs of youth and their families to include services for mental health, substance use, and developmental disabilities in our community.
IACCT	Independent Assessment, Certification, and Coordination Team	A team process instituted by Medicaid (Department of Medical Assistance or DMAS) to authorize Medicaid funding for residential treatment services.
ICC	Intensive Care Coordination	Program that works with youth who are at risk of out-of-home placement and their families, helping them get needed services so the youth can continue to live at home. If placement outside the community is necessary, the ICC team helps the family develop the supports needed to ensure their child's safe, successful return home.
IEP	Individual Education Program	Developed under federal regulations; IEPs for private day and residential services are funded by CSA.
IFSP	Individual Family Service Plan	An IFSP is required for CSA funding. Our local program typically uses the Meeting Action Plan (MAP) as the IFSP.
JDRDC	Juvenile & Domestic Relations District Court	County agency that serves youth for delinquency and status offenses. Offers diversion, probation and parole services.
MAP	Meeting Action Plan	Document created during meetings to lay out strengths and needs of the youth and family and develop action steps required to meet identified needs.
NCS	Department of Neighborhood and Community Services	County agency offering an array of county recreation services and prevention outreach/programs.
PPS	Protection and Preservation Services	Program within the Department of Family Services to preserve and strengthen families who are involved with the child welfare system.
RT	CSB Resource Team	Community Services Board's Resource Team provides case management and case support services to youth with intensive behavioral health care needs.
RTC	Residential Treatment Center	A facility that provides short-term shelter, supervision and treatment for youth that cannot remain safely in their home or community.
SOC	System of Care	A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs; to ensure that all children, youth and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental and behavioral health.
STBH	Short-term Behavioral Health program	Youth referred from select schools to contracted mental health providers allowing for immediate but time-limited access to outpatient therapy services.
TBP	Team-based Planning	A multi-disciplinary team consisting of family members, community members, relevant agencies and providers that come together to develop a family Meeting Action Plan (MAP).

Acronym	Description	Definition
UR	Utilization Review	A state mandated process for CSA-eligible cases to review the appropriateness and effectiveness of services and provide authorization for services.

Contents

1. What is a System of Care?

A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels. The core values of the system of care philosophy specify that services should be community based, child centered, family focused, and culturally and linguistically competent.

2. System of Care in Fairfax-Falls Church

In 2001, a System of Care (SOC) initiative was undertaken by the Fairfax-Falls Church Community Policy and Management Team (CPMT) to enhance the community's ability to meet the needs of youth and families with the most complex issues and highest risk factors. In 2017, the system of care efforts in Fairfax-Falls Church was renamed "Healthy Minds Fairfax".

The **vision** of the System of Care in Fairfax is to provide a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, so that all children and youth in the Fairfax-Falls Church community are socially, emotionally, mentally and behaviorally healthy and resilient.

The **mission** of the System of Care in Fairfax is to collectively ensure all children, youth and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental and behavioral health.

System of Care principles represent the shared values and beliefs on how to best serve children, youth, young adults, and their families in the Fairfax-Falls Church communities.

2.1 System of Care Principles

1. Our System of Care supports families so they can provide care and safety for their children, youth and young adults in an environment in which they can grow and succeed.
2. Our System of Care strives to effectively serve all children, youth and young adults in our community.
3. Our System of Care strives to provide services for our children, youth, young adults and families that are racially, culturally and linguistically responsive.
4. Our System of Care strives for racial and social equity in the access and provision of services to our children, youth, young adults and families.
5. Our System of Care is youth-guided and family-driven to promote the well-being of the children, youth and young adults in our community.
6. Public agency staff, service providers and the family support network partner with the family to make optimum use of resources in order to meet the needs of our children, youth, and young adults.
7. Flexible and individualized services are offered and provided based on the identified strengths and needs of the children, youth, young adults and families.

8. With an integrated System of Care, children, youth, young adults and families are served and assisted through a comprehensive array of community based services and supports.
9. Working collaboratively, public agency staff, service providers and families are accountable for achieving measurable outcomes, addressing children/youth/young adults, family and community safety and the efficient use of resources.

2.2 System of Care Program and Practice Standards

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

Scope of the Standards

The standards are consistent with the philosophy and practices of family partnership meetings, intensive care coordination and the service continuum of prevention, early intervention, intervention and intensive intervention services. The practice standards will be implemented within the current funding and resource capacity. The CPMT is committed to continue to secure the resources necessary to fully implement the standards.

The 23 Practice Standards that guide the CSA work are encompassed within the following areas:

- **Participation in Service Planning:** Our system supports families to fulfill their primary responsibility for the safety, the physical and emotional health, and the financial and educational wellbeing of their children. Voices of youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.
- **Service Integration and Care Coordination:** Our system embraces the concepts of shared resources, decision making and responsibility for outcomes. All stakeholders work collaboratively with each other and the family to gain maximum benefits from available resources.
- **Service Planning and Delivery Process:** Service planning is highly individualized to reflect the strengths, needs, and preferences of the family. Such plans address the most critical needs across all life domains and are more effective than system-specific plans.
- **Community-Based Care and Placement Decisions:** Public agency representatives and private providers engage families with the goal of safely meeting the needs of all youth while living with their families in the community.
- **Equitable Access & Cultural Competency**: County, community and private agencies embrace and value the diverse cultures of children, youth and families. Youth and families will have equitable access to services that support their family.
- **Accountability:** We are accountable at the individual youth and family, system, and community levels for desired outcomes, safety and cost effectiveness.

For a complete listing of the practice standards, please see the Fairfax-Falls Church System of Care "Principles, Program and Practice Standard" document at, https://www.fairfaxcounty.gov/healthymindsfairfax/principles-and-practice-standards.

Use of the Practice Standards

Inter-agency: The practice standards directly inform the policies, procedures and practices of existing processes, such as the Children's Services Act (CSA), for coordinating services for children, youth, young adults and families across agencies. They form the basis of an inter-agency training plan for staff serving youth with emotional and behavioral issues. They provide a framework for the implementation of evidence-based treatments.

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

Public-private: The practice standards are incorporated into contracts with private and public providers and disseminated to private youth and family-serving agencies and organizations.

Families: The practice standards are disseminated to family advocacy and support organizations, and to families participating in public services, either "as is" or in a more family-friendly format.

2.3 Family Engagement in Systems of Care

Building meaningful partnerships with families and youth is fundamental to our collective effort to ensure that all children, youth, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental, and behavioral health.

Partnering with families and youth in service delivery is achieved through processes such as family partnership meetings, family resource meetings, intensive care coordination and family support partner services. Partnering with families in the management of our local system of care is achieved by the involvement in coordinating a network of services and supports, selecting and evaluating contracted providers, and identifying family needs and evaluating system responsiveness. Partnering with families in the governance of our local system of care is achieved through parent representation on and meaningful participation in the Community Policy and Management Team.

Participation in CPMT and FAPT

To include parents and caregivers who can constructively participate in the leadership and governance of the Fairfax-Falls Church system of care, supporting the mission, values, and principles by offering the parent perspective and voice of the consumer in decision-making at various levels, the CPMT established the following criteria to consider in the selection process for both Community Policy and Management Team (CPMT) and Family Assessment and Planning Team (FAPT) representatives:

- Parents of youth with behavioral health issues, developmental disabilities and/or intellectual disabilities who are or were involved in public child serving systems;
- Parents associated with a parent advocacy/support group with whom they can liaison in fulfilling their parent representative role;
- Parents with knowledge of and experience with the CSA system of care;
- Parents who reflect the cultural and racial diversity of families and youth in the Fairfax-Falls Church community.

Potential parent representatives for the FAPT and CPMT are recruited from our community through information about the roles and responsibilities distributed to various behavioral health care organizations and non-profit entities. Interested parents and custodial caregivers who reside in the Fairfax-Falls Church community are invited to apply.

Applicants will be interviewed by a nominating committee with a minimum of three CPMT members with at least one (1) parent representative. After interviewing the candidates, the nominating committee will forward the list of possible candidates to the CSA staff. The CSA staff will contact the CPMT and CSA Management Team member of the agency involved with the family to determine if there are any known barriers to constructive participation at the CPMT. Any concerns will be forwarded back to the nominating committee to be considered in making their final decision about nomination of a candidate to the CPMT for approval. Parent will be informed and indicate agreement in their application that this information exchange is part of the interview and selection process.

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 if 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 daily with children. Foster parents may serve as parent representatives.

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.

Youth Participation and Engagement

Youth participation in service planning and engagement in services is valued in our system of care. County and human service agency as well as school division policies regarding practice standards for youth engagement, equity and inclusion will be implemented. CSA specifically requires the following:

1. The youth's legal name will be used on legal documents such as the Consent form. On other documents, the youth's preferred name and pronouns will be utilized.

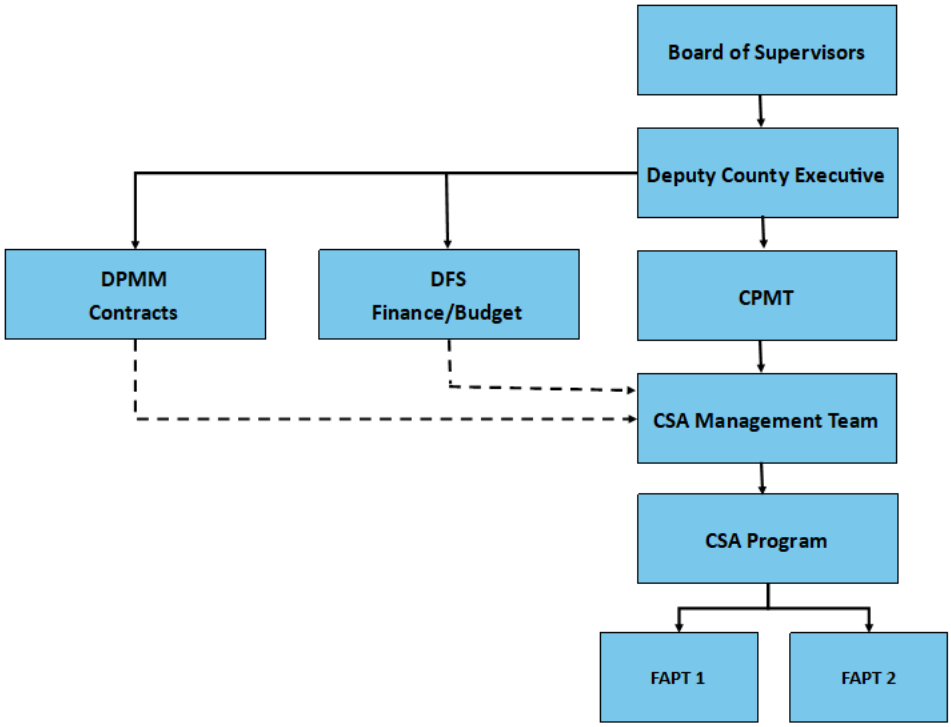
2. Gender neutral options will be added on forms and documents where possible when state reporting requirements are not impacted.

3. Youth served by CSA will receive gender-affirming programming and placements consistent with their gender identification, whenever possible.

4. Contract language will include provisions for gender-affirming care by providers when possible.

5. Training for case managers in youth engagement practices will be provided.

3. Local Management



3.1 Fairfax-Falls Church Community Policy and Management Team

The mission of the Fairfax-Falls Church Community Policy and Management Team (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. Powers, duties, and membership of the CPMT are governed by the Bylaws of the Fairfax-Falls Church Community Policy and Management Team, which supersede the information found in this manual.

Representation

Members of the CPMT are appointed by the local governing bodies of Fairfax County, the City of Fairfax, and the City of Falls Church. The CPMT has the responsibility for implementing the policies, procedures and requirements of the Children's Services Act (CSA). The Deputy County Executive for Health and Human Services shall be the Chair of the CPMT.

Its membership is comprised of:

- The Deputy County Executive, Health and Human Services;
- 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; and

As well as representatives from:

- Fairfax County Public Schools;
- Office of Intervention and Prevention Services;
  - Office of Special Education Procedural Support; and
  - Department of Special Services;
- The City of Fairfax;
- The City of Falls Church;
- The City of Falls Church Public Schools;
- Five parent representatives;
- Three private provider representatives; and
- One community representative.

CPMT Membership

1. 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 COV § 2.2-3117 of the State and Local Government Conflict of Interests Act (COV § 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. (COV § 2.2-5207) (See Section 28 for filing procedures.)
2. 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 COV § 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest. (COV § 2.2-5207)
3. 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 (FAPT) and whose case is being assessed by this team or reviewed by the Community Management and Planning Team (CPMT) 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. (COV § 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

1. Develop interagency policies and procedures to govern the provision of services to children and families;
2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;
3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law, provide

for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

4. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;
5. Establish Family Assessment and Planning Teams (FAPT) and/or collaborative, multidisciplinary teams (MDT) as needed;
6. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;
7. Establish quality assurance and accountability procedures for program utilization and funds management;
8. Establish procedures for obtaining bids on the development of new services and enter into contracts for the provision or operation of services in accordance with the Fairfax County Purchasing Resolution;
9. Manage funds in the interagency budget allocated to the community from the state pools of funds, the trust fund, and any other source;
10. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;
11. Submit grant proposals that benefit this community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;
12. Serve as the community's liaison to the Office for Children's Services, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;
13. Collect and provide uniform data to the State Executive Council as requested by the Office for Children's Services in accordance with subdivision D 16 of §2.2-2648;
14. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program, review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures, and track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;
15. Administer funds pursuant to § 16.1-309.3;
16. Have authority upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services, provided that funds described as the state pool of funds under § 2.2-5211 are not used;
17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and
18. Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

The CPMT may delegate responsibility for the above functions.

CPMT Meeting Procedures

The CPMT follows the Virginia Freedom of Information Act (FOIA) rules for public meetings at the direction of the Board of Supervisors (BOS). The CPMT meets on a regular schedule, normally one time per month. There may be other meetings of the full Team or of subgroups of the Team as needed. Notice of meetings, agendas, and minutes shall be distributed to CPMT, CSA Management Team, and FAPT members. Meeting shall occur in person unless alternative platforms are approved. The CPMT has approved the following policies as alternatives to in person meetings:

1. The County's remote participation policy allows members to attend virtually in specific circumstances. Members may provide a written request to the Chair to participate remotely. Documentation of the written request and approval shall be maintained in the CSA program office.
2. The County's virtual meeting policy permits up to 25% of meetings in a calendar year to be held virtually. The CPMT is permitted to schedule two virtual meetings per year.
3. When the County or State initiates an emergency ordinance permitting virtual participation for public BACs.

3.2 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 CSA Management 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 Program Director 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.

Additionally, 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. Monitoring and oversight of the service delivery of CSA funded services across the system. This includes but is not limited to:
    a. Review of Serious Incident Reports to ensure safety and well-being of children and youth;
    b. Review of contract compliance issues and concerns;
    c. Determination of an appropriate response to a and b above, including but not limited to: issuing Notices of Deficiency, requiring a Corrective Action Plan, temporarily suspending new referrals to the provider until a final disposition, placing provider on probation with additional county oversight for a period of time, and termination of contract if concerns are 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 Intensive Care Coordination (ICC) expenditures in excess of the limits specified in Section 15.10 of this manual and for extensions of ICC services beyond the 15 months.
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.
6. Approval of in-state and out-of-state residential Agreements to Purchase Services (APOS).

CSA Management Team Membership

Membership shall include the CSA Manager and representatives of the Community Services Board, Family Services, Juvenile and Domestic Relations District Court, Department of Procurement and Materials Management (DPMM) 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.

3.3 Community Services Board

The CSB shall report quarterly to the CPMT on all CSB activities and services funded by CSA, Mental Health Initiative-State (MHI-State), Mental Health Initiative-Local (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.

4. Children's Services Act

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

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

The purpose of this law is to:

1. Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;
2. Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;
3. Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;
4. Increase interagency collaboration and family involvement in service delivery and management;
5. Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families; and
6. Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes.

Statutory Authority: COV § 2.2-5200

4.1 Statement of Non-Discrimination

One Fairfax is a joint racial and social equity policy adopted by the Fairfax County Board of Supervisors and School Board. It commits the county and schools to intentionally consider equity when making policies or delivering programs and services. It's a declaration that all residents deserve an equitable opportunity to succeed—regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income or where they live. 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.

4.2 Partnership with Families: Rights and Responsibilities

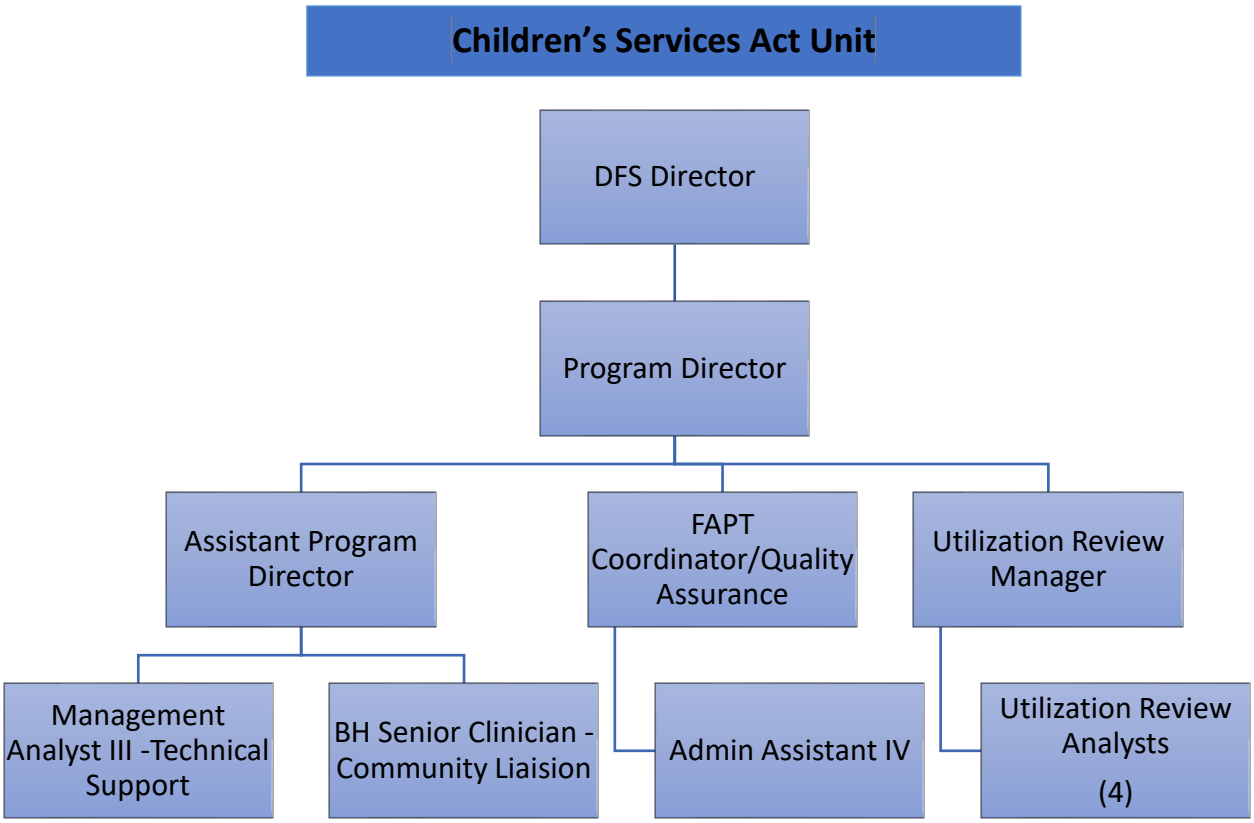
Family partnership is a cornerstone of CSA. In Fairfax-Falls Church, to meet the requirements of the Children's Services Act, COV § 2.2-5200 *et seq,* and to enhance the partnership with parents, the CPMT approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. The parents of the child or youth will participate in the process with others included as appropriate. The child or youth 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 and at-risk 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);
- Provide feedback on any reports prepared by a Utilization Review analyst;
- 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, except for a closed session as proscribed by law; and
- Provide feedback on the CSA process or CSA funded services through client satisfaction surveys or direct communication to CSA staff or case manager.

4.3 Children's Services Act Program Administration

The daily operations of the CSA program are administered by a team of 11 staff with the support of budget, finance, and contract staff designated by partner agencies. The CSA Program Director is administratively supervised by the Department of Family Services Agency Director under the authority and direction of the Deputy County Executive for Human Services.



The CSA program is managed within the Department of Family Services for physical resources, administrative procedures and requirements as well as budgetary functions. The Program Director and Assistant Program Director program administration and operational functions. The Assistant Program Director supervises a Management Analyst III and the Team-based Planning Coordinator. The UR Manager supervises four UR analysts who complete service authorizations. The FAPT Coordinator manages incoming service requests and provides quality assurance of required documentation in alignment with state and local policy with the support of the Administrative Assistant.

CSA is supported by budget and finance analysts from partner agencies who perform accounts payable functions for CSA-funded services, accounts receivable for CSA parental contributions and other recoveries, budget management and state reporting of expenditures, and provider contracting for all CSA-funded services. Finally, CSA utilizes the contracted services of Virginia Tech's Federal Reimbursement Unit (FRU) to perform certain required functions such as assessing parental contributions, centralized submission of documents to providers needed to obtain Medicaid authorization, and processing of the Child & Adolescents Needs & Strengths (CANS).

4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams

The Fairfax-Falls Church CPMT recognizes that the 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 Individual Family Service Plans (IFSPs) (referred to as Meeting Action Plans (MAPs) in Fairfax-Falls Church CSA) (detailed in Section 4.5) that request CSA funding for services be developed through such a team-based planning process, unless specifically exempted by state code.

Multi-Disciplinary Teams

The Virginia Office of Children's Services has approved Family Partnership Meetings (FPMs), Family Resource Meetings (FRMs) and Intensive Care Coordination (ICC) Youth and Family Teams (YFTs) as Multi-Disciplinary Teams to develop Meeting Action Plans for the following CSA-funded services:

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

Therefore, for the purposes of this manual, it is understood that references to multi-disciplinary teams is inclusive of the above stated FPMs, FRMs, and ICC YFTs and the team-based planning process. For more information on multi-disciplinary teams and the team-based planning process, see Section 6.

Family Assessment and Planning Teams (FAPTs)

When the MDT planning process is unable to develop or to agree upon a safe and effective community-based plan of care, 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 out-of-home placements. These FAPTs provide initial and ongoing service plan development, utilization review, and monitoring/oversight for each youth placed in a 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.

Review and Recommendation Process for Out-of-Home Placements:

- Cases in which the team is unable to create a safe and effective community-based plan during the FPM/FRM process;
- Cases in which the parents/custodians disagree with the community-based plan created by the FPM/FRM/YFT, or if they decline to participate in developing a community-based plan and insist on pursuing a residential placement.
- Cases in which the youth requires out of home short-term stabilization on an emergency basis;
- Out-of-home placements through adoption assistance (subsidy).

MDT/FAPT Powers and Duties

The MDT/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." COV § 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. 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 the youth of the time and place of all assessment and planning meetings related to the youth. 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 youth 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 Children's 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 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 family, building upon the identified strengths;
    c. Implement a plan for returning the child home, to a relative's home, a family-like setting, or the community at the earliest appropriate time that addresses the child's needs, including identification of public or private community-based services to support the child and family during transition to community-based care; and
    d. Provide regular monitoring and utilization review of the services and residential placement for the youth to determine whether the services and placement continue to provide the most appropriate and effective services for the child and family.

    (For IEP-required private special education placements, activities (a) through (d) 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 child and family to community agencies and resources in accordance with the Individual Family Services Plan. The FAPTs and MDTs of Fairfax-Falls Church have the authority to review the service needs of children and families who fall within these jurisdictions. The FAPT/MDT brings to all its deliberations the considerations that all available public and community resources have been utilized. FAPT/MDT agency representatives shall have the authority to access services within the established operating procedures of their respective agencies. FAPT/MDT recommendations for services by specific agencies must be consistent with those agencies' mandates;

8. Recommend to the CPMT expenditures from the local allocation of the state pool of funds;
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 child and family, such reports to be made to the team or the responsible local agencies.

MDT and FAPT Recommendation Making

1. Except for cases involving only the payment of foster care maintenance that shall be at the discretion of the Community Policy and Management Team, cases for which service plans are developed outside of the FAPT/MDT process shall not be eligible for state pool funds. There is no statutory or CSA policy requirement that IEPs be reviewed by a FAPT. The educational services in an IEP are not the same as treatment services referenced in COV § 2.2-5209 that requires a child and family be assessed by the FAPT/MDT to be eligible for CSA-funded treatment services.
2. Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the FAPT/MDT within 14 days of admission and the emergency placement is supported 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 because of multiple health and safety or human rights violations, all children placed by CSA in the facility must be assessed to determine whether it is in the best interests of each child to be removed from the facility and placed in a fully licensed facility and additional placements are prohibited until full licensure status has been restored.
4. The FAPT/MDT must determine that the family's financial resources have been reviewed and accessed, that the services are provided in the least restrictive setting, and that the services are appropriate and cost-effective, and that services are conducive to family preservation.
5. FAPT/MDT procedures and recommendations cannot supersede state or federal statutes. Federal and state requirements prohibit any entity from changing the services or placement specified on the IEP for private special education placements. The FAPT/MDT and the CPMT are likewise prohibited from changing the IEP, including services and placement specified.
6. Whenever possible, FAPT/MDT recommendations will be made by consensus. If consensus cannot be reached, a vote will be taken and a simple majority will rule. Dissenting opinions may be noted on the IFSP/MAP.
7. Prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CPMT through quarterly reports about residential admissions.

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 COV § 2.2-3117 of the State and Local Government Conflict of Interests Act (COV § 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. (COV § 2.2-5207) (See Section 28 for filing procedures.)

Each FAPT shall include representatives of the following community agencies who shall have the authority to access services within their respective agencies: Community Services Board (CSB), Fairfax

County-Falls Church City Juvenile Court Service Units (JDRC), Department of Health (HD) when appropriate, a program manager from the Department of Family Services (DFS), Fairfax County Public Schools (FCPS), Falls Church City Schools (FCCPS), and a parent representative who is not an employee of any public or private program which serves children. Additionally, the Northern Virginia Coalition of Private Providers (NOVACO) shall be invited to nominate a private provider representative.

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 child or family or both who have been referred to the FAPT 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. (COV § 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.

Family Participation in FAPT Process

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

When necessary, interpreter services will be arranged by the case manager for the FAPT meeting for family members who are not proficient in English or who are deaf or hard of hearing. In accordance with the Americans with Disabilities Act, accommodations will be provided to individuals to assure access to the FAPTs/MDTs. Accommodations will include, but are not limited to, facility accessibility, communication media, and adaptive or assistive devices.

If a parent/family member wishes to bring an attorney or anyone employed by 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.

FAPT Meeting Facilitator

- 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 Management Team by the FAPT coordinator.
- FAPT facilitators shall provide input to the quarterly FAPT report presented to the CPMT by the FAPT coordinator.

FAPT Meeting Schedule

Each FAPT will meet once a week 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 may be held using a secure, HIPAA-compliant video conferencing platform. 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 Fairfax County government is closed and may be cancelled and rescheduled when Unscheduled Leave status is implemented.

FAPT Attendance and Participation

At each regularly scheduled FAPT meeting there shall be a trained and certified FAPT member from each child-serving agency. If 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. However, a minimum of three agency representatives is required for a meeting to be held. 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 Residential Placements

When FAPT develops a plan for residential or group home treatment, the initial funding approval period is recommended to be for no more than 4 months, and subsequent funding approval periods are recommended to be for no more than 3 months. The FAPT may also support community-based services and interventions deemed necessary and appropriate for the youth's transition back to the community.

1. For extension requests, an updated Case Manager Request for FAPT Meeting and other required documents *should* be submitted to the CSA office at least 15 business days prior to end of the authorization. A gap in funding may result if the case manager does not allow adequate time for utilization review and FAPT scheduling.
2. The FAPT must review the most recent (within 30 days) provider report and consult with the provider either in person or via telephone.

Appeals of FAPT and Multi-Disciplinary Team Recommendations

Any parent, legal custodian, or eligible youth who is dissatisfied with the recommendations in the Meeting Action Plan (MAP) developed by the Family Assessment and Planning Team (FAPT) or Multi-

Disciplinary Team (MDT) for reasons including but not limited to denial of access to the team, family participation in assessment, planning and implementation of services, or improper notification of meetings and actions, may file a written request for appeal to the Community Policy and Management Team (CPMT). No appeal of FAPT or MDT recommendations for services shall occur unless funding is available for such services.

At the conclusion of the FAPT/MDT meeting, the Team will provide the parent, legal custodian, or eligible youth with the Notice to Family Regarding Right to Appeal which contains the CPMT-approved appeal policy and procedure.

To appeal FAPT/MDT recommendations, the parent, legal custodian, or eligible youth must file a written request for appeal within fourteen (14) calendar days after the applicable FAPT/MDT meeting to the CPMT Chair at the following address:

Chair – Fairfax-Falls Church CPMT, c/o CSA Staff
12011 Government Center Parkway, 4th Floor
Fairfax, Virginia 22035
FAX: (703) 653-1369
EMAIL: DFSCSA@fairfaxcounty.gov

The CPMT or designee shall respond in writing to the person who has appealed within 3 business days informing him/her of the option to have the appeal heard by the full CMPT or a 3-member panel. The 3-member panel will include one parent representative appointed by the CPMT Chair. The CPMT must hold a hearing on the appeal within twenty-one (21) calendar days from receiving the written request for appeal. If the parent, legal guardian, or eligible youth chooses the full CPMT, the hearing shall be heard at a regularly scheduled CPMT meeting in executive session. All authorized services shall continue until the CPMT appeal process has concluded.

At the conclusion of the appeal hearing, the CPMT may uphold or alter the FAPT/MDT recommendation. The CPMT shall communicate its decision in writing to the person who appealed within five (5) business days of the appeal hearing. This decision shall be provided to the person who appealed, the case manager, and the FAPT/MDT leader.

If new information that may have had an impact on the FAPT/MDT recommendations becomes available from other sources prior to the appeal hearing, the case may be returned to the FAPT/MDT for review if the parent, legal guardian, or eligible youth agrees.

Appeal Procedures

The information below details the procedures that are followed during the appeals process:

- Notice to Persons listed under attendance;
- Parents, legal guardian/custodians or custodians;
- Foster parents;
- Guardian/custodians ad litem;
- Attorney representing the youth;
- Court appointed special advocate (CASA).
- Attendance-Person requesting the appeal;
- Parent/legal custodian of youth under 18;
- Parent of youth over 18, if the parent has legal guardian/custodianship;
- Youth under age 18, if requested by the parents/legal custodian;

- Youth over age 18, if desired by the youth;
- The case manager, or designee, with the case record available;
- 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;
- CSA staff person to take notes for the panel;
- The person requesting the appeal, parent/legal guardian/custodian or youth may invite others to provide support or information, recognizing that meeting time is limited to one hour;
- Should the person requesting the appeal, parent/legal guardian/custodian, or youth choose to bring legal counsel then the County Attorney (or Assistant County Attorney) will also attend. The CSA office shall be provided five business days' notice if legal counsel will be present.

Information Available to the Appeal Panel

- Individual Family Service Plan/Meeting Action Plan
- Any other information that was given in writing to the FAPT
- Any information the appellant requests

Appeal Panel Dispositions

- FAPT/MDT re-review.
- Uphold the recommendation of the FAPT/MDT.
- Alter the recommendation of the FAPT/MDT.

Meeting Format

- Appeal meetings are limited to one hour.
- The panel designates one member to serve as Chair.
- The Chair of the Appeal Panel opens the meeting, welcomes the family, and explains the process of the review. All those present are asked to sign a confidentiality statement.
- The FAPT/MDT representative explains how the FAPT/MDT arrived at their recommendation.
- The person requesting the appeal presents the reason for appeal and any other information that will help the panel understand the youth's needs.
- The parent(s) (if not the appellants) present their position on the issue under appeal.
- Questions and discussion.
- Closing remarks by Chair, to include when the decision will be rendered and how the parents, case manager, and FAPT/MDT will be notified.
- CSA staff confirms CPMT decision in writing within 5 business days to parents, case manager, and FAPT/MDT leader.

4.5 Individual Family Service Plans (IFSP) /Meeting Action Plans (MAPs)

Individual Family Service Plans (IFSPs) (referred to as Meeting Action Plans (MAPs) in Fairfax-Falls Church CSA) that request CSA funding for services must be developed through a team-based planning process as described in the Team-Based Planning section of this manual (Section 6). The IFSP/MAP is a written assessment of the youth and family's strengths and needs and recommends a plan for the provision of services.

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

policies and state and federal laws and policies. Upon review and approval, the action plan becomes the CSA IFSP/MAP.

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

When the team-based planning process is unable to develop or to agree upon a safe and effective community-based plan of care, long-term residential or group home treatment may be considered via a referral to the FAPT.

The IFSP/MAP 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 COV § 2.2-5209 and 2.2-5212, refer the matter to the Community Policy and Management Team (CPMT) for assessment by a local Family Assessment and Planning Team authorized by policies of the CPMT for assessment to determine the recommended level of treatment and services needed by the child and family. The FAPT 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 CPMT. The court shall consider the recommendations of the FAPT and the CPMT. 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 FAPT, the court shall request the CPMT 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. (COV § 2.2-5211E) In Fairfax-Falls Church, only plans that were developed by FAPTs or state-approved multi-disciplinary teams with funding subsequently authorized by UR shall be submitted to the court as recommendations of the CPMT.

The IFSP/MAP 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/MAP supports the Foster Care Plan.

4.6 Mandatory Uniform Assessment Instrument

State CSA policy requires the administration of a uniform assessment instrument for every child in receipt of CSA funding. The Child and Adolescent Needs and Strengths (CANS) instrument is to be rated for all children and youth. Raters must be certified to administer the CANS and use the CANS appropriate for the youth's age group. Online training and certification is available free of charge at https://www.schoox.com/login.php. CANS assessments (general and DSS specific versions) are accessible on the SharePoint site. Every child receiving CSA funds shall receive a comprehensive CANS assessment initially, with reassessments determined based on the needs of the child and family and the

intensity of services (for a list of CANS requirements, please see Section 14). A comprehensive assessment is required annually and when the child is discharged from CSA.

4.7 Review and Approval of CSA-Funded Services

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

4.8 Utilization Management and Utilization Review

Each locality receiving funds for activities under the CSA shall have a utilization management process, covering all CSA services. Utilization Management (UM) 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 and his/her family**.** UR also provides a method for assessing quality of services, performance improvement, and tracking of provider treatment outcomes across the CSA system.

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

The Fairfax-Falls Church CSA has a dedicated internal UM/UR staff whose role is to conduct child-specific reviews and to collect additional data for system-level analysis of utilization practices.

The Individualized Education Program (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 (State User Guide for the Children's Services Act).

Utilization Review analysts have been delegated authority by the CPMT to authorize funding for CSA services, for those requests that meet state and local policy and follow local practice standards. Acting as agents on behalf of the CPMT, the utilization review staff in the CSA program are extended the immunity from liability as described in COV § 2.2-5205. Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent**.**

Responsibilities of Utilization Review Staff

1. Review requests for services developed and supported by FAPTs and MDTs and provide service authorizations for those requests that meet state and local funding requirements;

2. Conduct timely utilization reviews according to a schedule in the approved Utilization Management plan;
3. Contact lead case manager to review pertinent case history**;**
4. Conduct necessary record review and attend Team-based Planning Meetings, treatment team meetings, site visits, as needed to collect data and assess the service plan. Contact other agency members and providers for additional information and for coordination of care;
5. Prepare a written report regarding the results of the UR. Distribute the report to the lead agency case manager, ICC facilitator when applicable, the FAPT, and the CSA record;
6. Participate in Contracts**'** workgroups activities such as meetings, contract renewal discussions, and site visits;
7. Prepare summaries and analyses of utilization for the Management Team and CPMT;
8. Review and render decisions on case-by-case requests for use of non-Medicaid providers for residential and group home services.
9. Review and ensure that the criteria for Intensive In-home, Mental Health Skill Building, and Therapeutic Day Treatment/Partial Hospitalization services are met for non-Medicaid enrolled youth;
10. Review serious incident reports and follow-up with DPMM contracts' staff, lead case manager, providers, and other team members as needed.
11. Provide system feedback through regular communication with teams and through written reports regarding evaluation of the effectiveness and efficiency of purchased treatment services.
12. Evaluate facility and service quality compared to current best practices and licensure standards, encouraging the use of trauma-informed and evidence-based practices in written and verbal reports.
13. Monitor progress of services through comparison of CANS scores over time. Serve as CANS Super Users offering training and support to the system to enhance the reliable and valid use of the state mandatory uniform assessment tool.

Billing for Utilization Review Reports

CPMT policy authorizes and permits pool fund reimbursement for UR reports completed in accordance with CPMT approved policies for utilization review. Local policy outlines for which services UR reports are to be completed and at what frequency. These UR Reports are eligible for CSA pool fund reimbursement without a specific authorization. The same standard fee is charged for each of the three types of completed UR report. Three service types require a written UR report: residential/group home, treatment foster care, and specific home-based services. The requested service determines which type of report is prepared and the mandate type to fund the report is based on the most recent eligibility determination.

The CSA information system provides a monthly list of all completed UR reports and generates an individual invoice per case. Only completed reports are eligible for reimbursement. Reports are available in the youth's CSA record and provided to the case manager and family. UR reports are also provided to the FAPT when reviewing initial requests and extensions for residential/group home services. An invoice for each report is generated for a flat fee per completed report. The UR Manager submits invoices to CSA Management Team members for their signature. Signed invoices are submitted to the DFS Fiscal Team for pool fund reimbursement. Pool fund reimbursement supports the utilization review positions in the CSA program support operating budget.

4.9 CSA System of Care Training Requirements

CSA Case Managers and Supervisors are required to complete CSA SOC training within the first year of employment with Fairfax County and Fairfax County and Falls Church City Public Schools. Intro to System of Care, Accessing CSA Services, Facilitating a Family Resource Meeting and CANS training are mandatory sessions to be completed within 12 months of employment. Annual CANS recertification is required for CSA case managers.

CSA SOC Sessions – Part 2 must be taken prior to participation in Part 3.

- Part 1: Introduction to Systems of Care
- Part 2: Team-Based Planning & Facilitating Family Resource Meetings*
- Part 3: Accessing Services through the Children's Services Act
- Annual Child and Adolescent Needs and Strengths (CANS) certification

*DFS-CYF staff are not required to attend FRM training because they attend state required training on the topic.

Agencies provide training in foundational areas and agree to offer training to SOC partner agency staff, when possible. Case managers are encouraged to complete SOC foundational sessions during employment. Ongoing training efforts will be supported and sponsored by CSA to effectively implement Systems of Care using both in person and virtual platforms. A biannual calendar of training events will be posted on the CSA website of SOC agency trainings opportunities.

Case managers, supervisors, FAPT members, and CSA staff are encouraged to develop a foundational knowledge and understanding in the below:

SOC Foundational Sessions (Recommended)

- Family Engagement;
- Risk Assessment: Screening and Prevention/Intervention Strategies;
- Trauma-Informed Care;
- Equitable Access to Behavioral Health Care
- Worker Safety;
- Safety Planning/Crisis Intervention.

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

1. FAPT Members and CSA Program staff are required to complete CSA Case Manager required trainings according to the same time schedule as case managers.

   Note: FAPT members are exempt from these training requirements, with these exceptions:
   - Intro to Systems of Care;
   - CANS Certification;

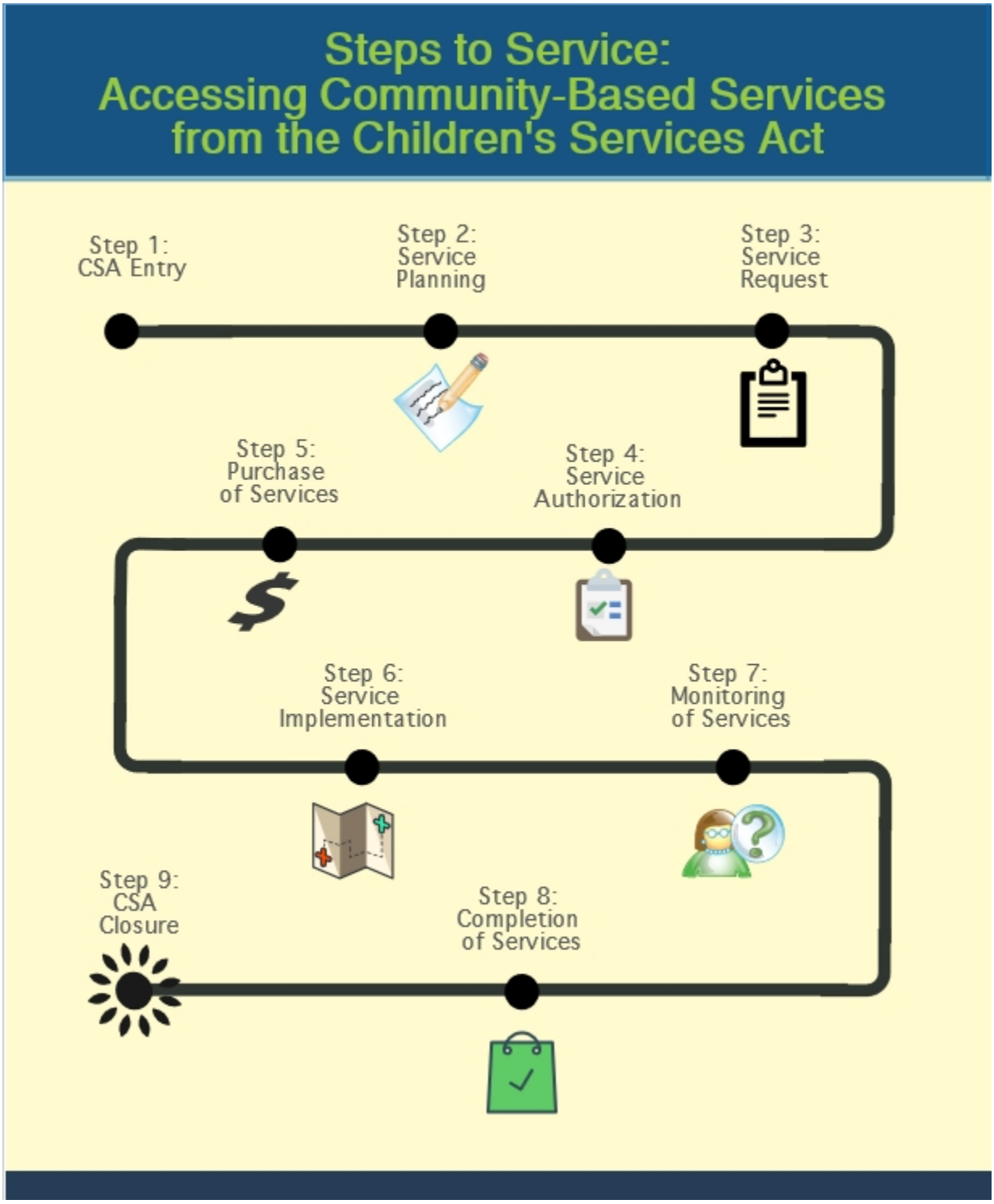
2. CSA Law and Policy CPMT and CSA Management Team Members are required to complete the following SOC training:

- Introduction to Systems of Care;
- CSA Law and Policy.

3. 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.
4. 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 – Steps to Service

Part II of the manual includes policies and procedures that affect the various steps to acquiring services through CSA. The information is laid out in the way case managers would encounter it as they're navigating the system.



5. Step 1 - CSA Entry

5.1 CSA Eligibility

Residence Requirements

Youth who reside in the county of Fairfax and the cities of Falls Church and Fairfax are eligible for referral to the Fairfax-Falls Church CSA. The CPMT jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individual Family Service Plan (IFSP)/Meeting Action Plan (MAP). Issues of legal residence should be addressed by the legal services assigned to the CPMT.

State policy holds the CPMT jurisdiction where the child/youth legally resides responsible for payment for the services identified in the IFSP/MAP. If the legal residence should change to another jurisdiction, the state requires the former CPMT jurisdiction to notify (with the proper release to exchange information) 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.

Other Funding Sources

Prior to accessing CSA pooled funds, all other funding sources must be explored. State pool funds cannot be used to "supplant" federal or state funds supporting existing programs. Medicaid-funded services shall be used whenever they are available for the treatment of children and youth receiving services under the CSA. State pool funds shall not be spent for any service that can be funded through Medicaid (for Medicaid-eligible children and youth) except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child (See Medicaid requirements Section 16.6). In service planning process, team members should determine if another source can be used to pay for the service before recommending or approving it for CSA state pool funding. These sources can include, but are not limited to Medicaid, Title IV-E, State Mental Health Initiative funds (MHI-State), Adoption Assistance, and private insurance. The FAPT should document all other sources explored and why that funding source is not available or appropriate for the service.

CSA Eligibility Criteria

To be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 of COV § 2.2-5212A and shall be determined through the use of a uniform assessment instrument and process and by policies of the CPMT to have access to these funds. Services eligible for CSA funding under the mandated subdivision categories two, three, and four are not eligible for state Mental Health Initiative funding. Contingent on funding availability, services eligible for state Mental Health Initiative funding shall not be funded with CSA non-mandated funds.

Eligibility A: Foster Care Prevention – Abuse and Neglect

The child is eligible for Foster Care Prevention Services because he/she is at risk of removal from his/her home and placement in to foster care due to abuse or neglect as defined by COV § 63.2-100.

Eligibility documentation procedure: CSA Eligibility Determination form completed and signed by DFS representative.

Eligibility B: Community-Based Services for Special Education Student - Private and Public

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 and students who are being served at a comprehensive services site, mandated services may be provided to address needs associated with his/her disability that extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

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

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

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

The child is eligible for Foster Care Prevention Services because he/she is at risk of removal from his/her home and placement in foster care due to meeting all four of the following criteria:

1. The child meets the statutory definition of a child in need of services. Specifically, the child's behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child, or the well-being and physical safety of another person if the child is under the age of 14. (COV § 16.1-228).
2. The child has emotional and/or behavioral problems where either:
   a. the child's problems:
      - have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
      - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
      - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies

      OR

   b. the child:
      - is currently in, or at imminent risk of entering, purchased residential care; and
      - requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and

- requires coordinated services by at least two agencies.

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

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

Eligibility D: Non-Mandated

The child has emotional and/or behavioral problems where either:

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

OR

b. the child:
   - is currently in, or at imminent risk of entering, purchased residential care; and
   - requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and
   - requires coordinated services by at least two agencies.

Age eligibility: Up to age 18.

Eligibility documentation procedure: CSA Eligibility Determination form completed and signed by a CSA FAPT Leader or designee.

Eligibility E: Foster Care

This child is in Foster Care as authorized by COV § 63.2-900.

> Definition of Foster Care Services (COV § 63.2-905)
>
> Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the Community Policy and Management Team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1.

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

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

Fostering Futures (See *§63.2-917 – §63.2.923 for the relevant statutes)*
Youth in foster care who turn 18 years of age may remain in foster care placement and continue to receive foster care services as appropriate (e.g., treatment foster care case management) under *Fostering Futures* until the individual turns 21 if certain conditions are met. Only certain types of placements are allowable under the Fostering Futures program. Youth served under *Fostering Futures* **may not** be placed or reside in group homes or residential treatment facilities. VDSS defines the range of allowable (and non-allowable) services under the Fostering Futures program. For more information about these services, please refer to the *Virginia Department of Social Services Foster Care Manual (Guidance Manuals).* If the youth remains in a foster home placement, the foster parent continues to receive maintenance payments (basic and enhanced, if determined appropriate by the VEMAT) and the youth is considered to be "in foster care." However, the youth may also select another living arrangement and receive the basic maintenance payment directly. All youth in the *Fostering Futures* program are eligible and "sum-sufficient" for CSA.

Youth in foster care before age 18 but then committed to the Department of Juvenile Justice are also eligible for Fostering Futures. Youth that turn 18 while under commitment to DJJ are eligible for the Fostering Futures program when they are released and until they turn 21 as if they had never left foster care. (*COV § 63.2-919*)

Eligibility documentation procedure: The youth must sign a voluntary entrustment agreement that must meet at least one of five criteria regarding attaining self-sufficiency. As this is considered a

new foster care episode, the youth's eligibility for IV-E must be re-determined based on the youth's income.

Kinship Guardianship Assistance Program (KinGap)

The 2018 General Assembly enacted legislation establishing the Virginia Kinship Guardianship Assistance Program (KinGap) with implementation effective July 1, 2018 (COV *§63.2-1305*, *§63.2-100* and *§63.2-905*). KinGap is an agreement between the Department of Family Services and the relative caregiver. KinGap facilitates the placement of children with relatives and provides a supported permanency option for foster children for whom return home or adoption are not appropriate goals. KinGap assistance includes the basic maintenance and enhanced maintenance payment and if additional services are needed, KinGap children, youth and families will be referred to the Family Assessment and Planning Team (FAPT).

The funding source for the KinGAP agreements follows the youth's financial determination while in foster care. If the youth was Title IV-E eligible in foster care, the youth is automatically Title IV-E eligible for KinGAP. If the youth was non-Title IV-E while in foster care, CSA state pool funds are used for the basic maintenance and enhanced maintenance payments in the KinGAP agreement. The KinGAP agreement begins on the date of custody transfer and continues until the youth's 18th birthday, but it may continue until the youth's 21st birthday if the youth has a physical or mental disability and requires ongoing treatment or intervention.

Eligibility F: Private School Educational Programs

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

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

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

Targeted Population and Mandated Service Population

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

The target population shall be the following:

1. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;
2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of

Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;
3. Children and youth for whom foster care services, as defined by COV § 63.2-905, are being provided;
4. Children and youth placed by a juvenile and domestic relations district court, in accordance with the provisions of COV § 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 COV § 16.1-284.1; and
5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance COV § 66-14.

5.2 Prioritization of CSA Non-Mandated Services

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

- Children placed by a juvenile and domestic relations district court, in accordance with the provisions of COV § 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 COV § 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 COV § 66-14. COV § 2.2-5211 B.

5.3 Non-Mandated Residential and Other Out-Of-Home Placements

Parental Agreement for CHINS and Non-Mandated Placements

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

Parental Agreements

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

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, FAMIS, 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.

Parental Agreement Procedures for CHINS and Non-Mandated Placements

1. The FAPT develops a plan for placement outside the home, determines that the child meets the eligible population for CSA services, and reviews for eligibility.
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/MAP discharge date.
3. After verification of receipt of the Parental Contribution Assessment, IFSP/MAP, Medicaid application, and the current CANS, the CSA Program Director 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 and CSA Program Director or designee.
4. CSA funding for the placement shall not begin prior to documentation of eligibility by the CSA Program Director and signing of the Parental Agreement.
5. Case managers should be aware and inform parents that the 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 party to the placement agreement and copies shall be retained in the agency record, if applicable. See job aids on the CSA website for guidance on how the Placement Agreement can be completed and how the form relates to the CSA contract and purchase orders.

Non-Custodial Foster Care

These out-of-home services are funded with CSA mandated funds and are provided for a period of no more than six months with the goal of returning the child to his/her family. The out-of-home placement is made with the parent(s) retaining custody. These placements require a written agreement between the parent(s) and the Department of Family Services (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 the initial Foster Care Service Plan be completed within sixty (60) days of placement and adopted by the court. (COV § 16.1-281) The service plan must be in the agency case record.

Non-Mandated Residential and CHINS

When FAPT recommends a placement outside the home and determines that the child meets the eligible population for CSA services, the following process shall be followed:

1. After verification of availability of non-mandated funding, UR shall authorize CSA funding for the placement and document eligibility in the electronic record. CSA funding is contingent on receipt of the Parental Contribution Assessment, IFSP/MAP, Medicaid application, and current CANS. If youth has active Medicaid at time of placement, the IACCT process must be completed prior to service authorization.
2. The case management agency and legal guardian shall develop and sign a Parental Agreement, based on the state model and modified to the requirements of the specific case. The sections in the state model may not be deleted or modified.
3. The CSA Program Director or designee signs the Parental Agreement confirming that the request is in policy compliance. Parental Agreements are not valid without the signatures of the parent/legal guardian, public agency representative and CSA Program Director or designee.
4. CSA funding for the placement shall not begin prior to UR authorization.
5. The public agency case manager completes a CSA encumbrance form to generate a purchase order, after which placement can be made.

Procedure for Accessing Non-Mandated Funding

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

5.4 Case Management and Case Support Services

All youth served in CSA have an identified Lead Agency Case Manager who has specified duties and responsibilities described in this manual. Youth who are served in more than one agency will have an identified case manager in each agency, with one of them being deemed the “lead CSA case manager” for purposes of CSA functions. The case manager for children in foster care is the foster care specialist assigned to them.

Families who do not have current agency involvement may contact the CSA program directly to self-refer. (See Section 6.3 for more information.) The Team-based Planning Coordinator will accept these self-referrals, obtain a consent to exchange information, screen for CSA eligibility, and gather basic information about the youth’s needs before connecting the family with an appropriate case manager for the initial team-based planning meeting.

Youth are served by whichever entity first identifies the case and brings the youth forward for service funding. The broad access (i.e., no wrong door) approach has been helpful in gaining access for all families but presents challenges regarding the match of case manager skills and system role with youth needs. The state’s funding category of Case Support presents an opportunity to match youth who are served in the CSA system of care who have behavioral health care needs with staff from our public behavioral health care agency, the Community Services Board (CSB), which will become the primary service provider of case management/case support.

The CPMT has approved the CSB Resource Team to provide Case Support Services for up to 75 youth. The CPMT has also approved expansion of Case Support to school division social workers and private community-based agencies. Families who self-refer who have no current agency involvement will be referred to the CSB for CSA case management/case support services or to another appropriate

agency/provider. Other youth who qualify for mental health case management based on needs and risks may also be referred to the CSB or an identified private provider for case management/case support services.

Service Definition for Case Support Service

The Case Support Service may be purchased from the CSB, FCPS or identified private provider organizations and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include:

- Administration of the CANS
- Assisting individuals and their families with access to services and supports
- Collection and summary of relevant history and assessment data and representation of such information to the FAPT
- Development of the IFSP/MAP for community-based services to include natural supports and transition planning as appropriate
- Liaison between the family and service providers
- Attendance and provision of behavioral health care expertise at any necessary FRM's and FPM's
- Quality assurance of service provision by monitoring direct service providers, and progress towards goals by maintaining regular contact with clients and team members
- Documentation of activities in agency electronic health care record in compliance with State Performance Contract, team practice and contract agreements
- Completion of the responsibilities assigned to CSA case managers and TBP participants in local CSA policy

Needs-based Criteria for Case Management/Case Support

Using the state mandatory uniform assessment instrument, the CANS, youth can be matched to the appropriate case management entity based on their needs rather than how they were referred to the system of care.

Criteria for Mental Health Case Management/Case Support

Youth who meet the CANS criteria on the Behavioral/Emotional and Risk Behavior subscales are eligible for Case Management/Case Support provided by the CSB. Other funding supports for the CSB provide for additional capacity to provide case management and serve as the lead case manager for CSA.

CANS criteria to define significant Actionable level of need by domain:

Behavioral/ Emotional Domain = Two 2s or two 3s

Risk Behavior Domain = One 2 or One 3 (exception: Intentional Misbehavior is excluded due to scoring concerns)

CANS criteria for CSB case management/case support:

Youth with significant Actionable needs under Risk Behavior with significant Actionable needs under the Behavioral/Emotional domain

Of the youth who are eligible, the CSB will provide Case Management/Case Support within agreed upon caseload and capacity data, except for:

- Youth who are currently in foster care
- Youth who are currently placed in residential for purposes of meeting their IEP (Res IEP only)
- Youth who are currently being served in the community by Child Protective Services (CPS), Protection and Preservation Services (PPS) and the DFS Kinship Unit
- Youth who are currently on probation

The CSB will prioritize acceptance of the following CSA-eligible cases that a) meet the CANS eligibility criteria for Case Support, 2) are not served by an agency listed above, and 3) meet at least one of the circumstances below listed in order of priority:

1. Youth who require discharge planning from mandated, state-funded psychiatric hospitalization.
2. Youth who are under consideration for residential treatment or a group home level of care and will be referred to FAPT who are currently receiving lead CSA case management from a school social worker, DFS PPS or kinship care staff, DFS court liaisons, or court diversion staff.
3. Youth who have been served by a mandated agency listed above, but the agency's involvement is scheduled to end and the youth will require ongoing behavioral health care supports. (Examples: diversion or probation is ending, CYF PPS is closing the case).
4. Youth who do not have any current system involvement. (Examples: direct parent referrals to CSA, private psychiatric hospital referrals) Youth who are receiving private day IEP services and require case management for community-based, ancillary services for clinical, non-educational needs occurring in the home and community.

When decisions about lead case management cannot be resolved by the parties involved within 5 business days, the matter shall be brought to the CSA Management Team for review and resolution within 3 business days of notification to the CSA Manager. The CSA Manager will convene a 3 member subcommittee for a phone/video conference if the regularly scheduled full meeting of the team would not allow for a timely response.

Criteria for Transfer of Lead Case Management Back to non-CSB Agency

If a youth enters foster care during the course of CSB case management, CSA lead case management shall be transferred to DFS. If other agencies become involved such as court or PPS, discussion will occur about lead case management for CSA. Depending on the best interest of the youth and their needs as well as CSB capacity, the youth may remain with the CSB but may not be eligible for Case Support reimbursement.

For youth who continue to require CSA services but their needs have stabilized such that they no longer meet the criteria for CSB case management/case support, the case may be transferred to another agency such as the schools based on the consensus of the team-based planning members.

For youth who have completed their service plan and are ready for termination from CSA, transition planning should occur in the team-based planning meeting. The school social worker may be tasked as the informal monitor once purchased services have ended.

Reporting Procedures

Program Reporting and Oversight

The CSB will provide quarterly reports to the CSA Management Team and the CPMT summarizing the following information about case management activities for each month within the quarter for case-carrying staff:

- Number of case-carrying staff
- Number of team-based planning meetings attended
- Number of cases of discharge planning from acute care facilities
- Number of cases with lead CSA case management
- Description of other duties with frequency and average hours per task (example: Leland House assessments)

The CSB will also monitor and track the number of cases referred for Case Support in coordination with the UR Manager. Each quarter, the CSA program will provide a monthly PIT count of cases that list the CSB Resource Team as the lead case manager and provide it to the RT manager as well as the CSA Management Team and CPMT.

Case-specific Reporting and Oversight

The CSB staff will prepare a written quarterly report for each youth receiving CSA-funded case support services, summarizing the specific activities provided during the quarter as part of the case support service and send the report to CSA staff. See Agreement to Purchase Services for details on report requirements.

Service Authorization Procedures

Case support activities may not be billed by the CSB until the Case Status Change form is received in the CSA program with notification that the youth is served by the CSB.

- New CSA referrals
  - Referrals from CSA will be responded to by CSB within 3 business days
  - Meeting facilitation at first TBP meeting is conducted by CSB resource team staff
  - The CSA TBP coordinator will complete the IFSP EZ and referral to the FAPT along with the encumbrance form for Case Support services

- Cases Transferring from Another Agency
  - CSB/RT staff will be aware of capacity and availability so that they can provide a response about acceptance of LCM role at the TBP meeting. Confirmation of the assigned CSB/RT staff member will occur within 3 business days.
  - The CSB case manager will complete the IFSP EZ requesting Case Support services to the FAPT on the consent agenda and if approved, complete the encumbrance form for Case Support services.
  - Administrative and/or financial issues unresolved before CSB/RT assumes CSA lead case management, which are identified within the first 90 days after transfer, are the responsibility of the referring/prior agency.

Within 5 business days of transfer request, the current case manager will:

- brief the CSB/RT staff about the family needs and provide relevant background information; this information can be conveyed at a scheduled team meeting
- provide copies of all relevant, available CSA paperwork, which would include team based planning request form, IFSP-EZ, CM Report, MAP, Parental Agreement, current parental contribution assessment, most recent CANS (within 60 days), encumbrance for current services
- provide copies of any private provider reports, i.e. from CSA funded providers, and any reports of evaluations privately provided by family (if available).
- provide copies of agency specific reports that are legally permissible to release, i.e. social history, psychological testing, case closing documentation, etc.

5.5 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; and
- Agency mandates and priority populations served.

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

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

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

- Ensure that the most current CSA forms and/or documentation are used to develop the IFSP/MAP (these can be found on the local CSA SharePoint site);
- Provide the family with links to or hard copies of 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, explore 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

- Review financial and insurance resources with the family to determine their need for assistance with purchase of services. This includes 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 Residential Treatment Center. 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 and the family's responsibilities for providing the required income documentation;
- Complete the Parental Contribution Assessment for services, having the parents or legal guardians sign, and obtaining documentation of family income for all cases, explain that families will be responsible for a monthly co-payment if they receive services, with different rates for Community-based and Residential. (See also Section 15.4 CSA Parental Contribution Requirements.) However, there are cases where services are provided at no charge to families, including:
  - 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 and Protection and Preservation 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 waiver or reduction section of the Parental Contribution Assessment form if the parents state they cannot pay the contribution amount assessed due to financial hardship such as bankruptcy, debt for medical expenses not covered by insurance, etc. Obtain the necessary documents from the family that support the description of a financial hardship and verification of income;
- Upon the parent's request, ask for a waiver of the CSA parental contribution when a family has more than one child receiving CSA funded services so that a parental contribution 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 contribution (co-payment) is assessed, yet services continue for a sibling, then a parental contribution 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 UR without a signed Agreement;
- Forward the signed Parental Contribution Assessment with verification of income and financial hardship with the FAPT review packet to CSA Administrative Support Staff;
- When notified by DFS Accounts Receivable that a family's account is delinquent the case manager should contact the family to discuss barriers to payment and determine if the family may benefit from requesting a re-assessment which could result in a reduction or waiver. This should be conducted quickly, as delinquent accounts are referred to DTA for collections after 60+ days of non-payment. See section 26.8 – Collection Procedures.

Service Plan and Family Participation

- Document efforts made to involve family members on the IFSP/MAP. A parent or legal guardian must sign the IFSP/MAP. When present and appropriate, the youth involved will also sign. The IFSP/MAP 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/MAP will not interfere with procedures to provide immediate access to funds for emergency services and shelter care.

Medicaid

- Obtain the DSM diagnosis of a youth in need of RTC or Community-Based Residential Treatment in a group home enrolled with DMAS. If a complete DSM 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 diagnosis should not be pursued solely to ensure eligibility for Medicaid reimbursement for RTC.
- Encourage families whose child is placed through an IEP in a Medicaid enrolled residential facility to apply for Medicaid.

Administrative

- Prepare a Children's Services Act Authorization form to encumber funds for payment and submit 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 CSA information system such as change of address or admission of child into a different residential program.
- Coordinate and monitor 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, contact the Team-based Planning Coordinator for DFS and request 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

- Assess risk to the child within twenty-four (24) hours of receiving a verbal serious incident report from a provider, 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.
- Participate in inquiries and monitor activities related to serious incidents with CSA and Contracts staff.

Refer to Section 17 for additional information on Serious Incidents reporting.

6. Step 2 - Service Planning

6.1 Team-Based Planning

Care coordination and a team-based planning process shall be offered to all children and youth with significant behavioral or emotional challenges who require services/resources that necessitate collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies and programs. 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 IFPS 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.

Family Resource Meetings (FRMs)

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

Family Partnership Meetings (FPMs)

A structured, neutrally facilitated meeting that brings family members together, with the support of professionals and community resources, so the team can create a plan that ensures child safety and well-being and meets the family's needs. The Family Partnership Meeting was designed for children and families involved with child welfare and in that system should be initiated for short term planning, high risk situations, prior to an out of home placement, a placement change for a child or prior to an initial court hearing in cases of imminent risk of out of home placement. Locally, FPMs are also used in situations where neutral facilitation would enhance the effectiveness of the team-based planning process.

Family Assessment and Planning Teams (FAPTs)

FAPTs are standing teams that include representatives of the following community agencies who have authority to access services within their respective agencies: Community Services Board, Juvenile and Domestic Relations District Court, Department of Family Services, and Fairfax County or Falls Church City Public Schools. FAPTs also include parent and private provider representatives. FAPTs assess the strengths and needs of troubled youths and families, identify and determine the complement of services required to meet these unique needs, and develop an individual family services plan that provides for appropriate and cost-effective services. (For more information on FAPTs, see Section 4.4.)

Intensive Care Coordination (ICC)

A facilitated team-based process targeted to youth at high risk of residential or group home placement or in placement and transitioning back to the community, which provides ongoing communication and collaboration with youth and families with multiple needs. The activity can include: facilitating communication between the family, natural supports, community resources, and involved child-serving providers and agencies; organizing, facilitating and participating in Youth and Family Team meetings at which strengths and needs are identified and safety planning occurs. The activity provides for continuity of care by creating linkages to and managing transitions between levels of care. For more information on ICC, see Section 15.

6.2 Participation in Team-Based Planning

The team-based planning process includes the youth and family, extended family, representatives of youth-serving agencies that provide services to the youth and family, and others who are important in the family's life or know and can access potential resources. Family members, youth, and other supportive adults are prepared by the referring agency worker for effective participation in the meeting, including an orientation to all relevant programs, processes, policies, practice standards, and the CANS, and completion of a strengths/needs assessment to include cultural and language needs.

Participation of youth and families in meetings is expected, absent documented clinical or safety concerns. While participation of younger children is encouraged as appropriate, youth aged 14 and over are expected to participate absent documentation on the action plan that it would likely be harmful to them. Youth will participate in a manner consistent with their cognitive and developmental abilities. When a participating youth dissents from the recommended plan, the reason should be noted on the action plan.

Team meetings shall take place at times and locations when families and youth can participate, specifically considering the family's work and school schedules, as well as those of other team members. Team meetings may be held using a secure, HIPAA-compliant video conferencing platform. 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. Onsite interpretation is recommended as funding is available.

If a parent/family member wishes to bring an attorney or anyone employed by an attorney to a team-based planning 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 or anyone employed by an attorney. The team-based planning 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.

Every effort will be made to identify Parent and Youth Representatives from the family's informal support system to participate in team-based planning meetings. If the family is unable to identify a Parent Representative, they will be offered the participation of a Parent Representative trained as a family support partner. Prior to the team-based planning meeting, the family shall be informed in writing of their right to Parent Representative participation in the team meeting but may decline. When a parent declines participation of a Parent Representative it shall be documented on the IFSP/MAP.

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

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

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

If during a team-based planning meeting it is determined that access to a public agency representative would be useful in-service plan development, a follow-up meeting shall be scheduled, with a representative of the identified agency present, within ten business days. If indicated, an IFSP/MAP with

services to be considered for CSA or MHI funding may be developed at the first team-based planning meeting, which may be modified at the second meeting and re-considered for CSA or MHI funding.

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

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

Participant Responsibilities

The team will respect the youth and family's right to make their own decisions within legal and regulatory limits. All team members are also accountable for team recommendations and will explain and support them in the court process or other decision-making processes, as needed.

Teams, case managers, and care coordinators are accountable to their own agencies and to inter-agency bodies such as FAPT and CPMT for the prudent investment of public resources and for the timely and accurate collection of standardized data elements, to include evaluation of the team-based planning process, and other steps necessary to achieve desired outcomes.

Families shall 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.

Teams, case managers, and care coordinators shall brief the guardian ad litem on the action plan developed by the team.

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

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

6.3 Referral for Team-Based Planning

Upon a request for a team-based planning meeting, the Team-Based Planning Coordinator shall make a determination of which team-based planning model is best suited for the youth and family, taking into account the youth and family needs, risk factors, and need for multi-agency involvement.

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.

Family Partnership Meeting (FPM)

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

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

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

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

Family Self-Referrals

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

6.4 Team-Based Planning Request and Referral Procedures

1. Staff from public child-serving agencies may make a referral for a team-based planning meeting by sending a Team-Based Planning (TBP) Request to the Team-Based Planning Coordinator in the CSA Office. The TBP Request includes a CSA Consent to Exchange Information and CSA Team-Based Planning Request form.
    - If an agency is requesting an FPM, the referring agency must submit a recent (within 30 days of request) CANS assessment before a meeting date can be selected.

2. Requests will be reviewed for all TBP options and a recommendation for a Family Partnership Meeting or Family Resource Meeting will be made. Recommendations will be made in consultation with the referring worker and in consideration of family preference. Families may decline a particular TBP process.
3. Once CSA has consent to exchange information and has consulted with the family on their current needs, a recommendation for lead case management will be made within three business days. Team-Based planning Meetings shall take place within 30 calendar days of request (unless family requests a later meeting).
4. When the selected lead CM (LCM) has been given the referral from CSA, the LCM will contact the family within three business days.
5. 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.
6. 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.
7. When FPM referrals exceed capacity, CSA staff will triage referrals and refer to the next best TBP option or community resource.
8. 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. For example, should a Family Partnership Meeting recommend ICC as the preferred team-based planning process, the case manager will submit a packet to CSA for authorization of ICC services.

6.5 Scheduling Procedures for Team-Based Planning

Family Resource Meeting (FRM)

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

Family Partnership Meeting (FPM)

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

Intensive Care Coordination (ICC)

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

6.6 Authorization Procedures for Team-Based Planning

Intensive Care Coordination and Family Partnership Meetings

Individual Family Service Plans (IFSP) / Meeting Action Plans (MAPs)

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

Child Assessment Needs and Strengths (CANS)

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

Encumbrance Forms

Encumbrance forms, signed by the case manager and unit supervisor, must be completed in their entirety, to initiate a Purchase Order. Case managers can use the second page of the form for guidance while consulting the Provider Directory. Incomplete forms, or forms with incorrect information, will be sent back to the submitting case manager for correction.

Family Resource Meetings

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

Family Partnership Meetings

For FPMs not initiated by DFS, CSA program staff shall complete the IFPS-EZ, CANS, and Eligibility forms. For FPMs initiated by DFS, DFS staff shall complete the IPFS-EZ, CANS, and Eligibility forms. The IFPS-EZ will include a period of up to six months; finance staff will verify the service via the CSA information system. DFS-FPP will complete an invoice (based on the DFS billing system) with an attached action plan and send it to Finance.

Intensive Care Coordination

The Lead Case Manager shall complete and submit an encumbrance form.

Parental Contribution

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

Funding /Eligibility

Funding eligibility shall be determined by CSA staff prior to FPM referrals being scheduled for a FAPT review.

6.7 Service Planning Process

Through the team-based planning process public agency representatives and private providers shall engage families with the goal of safely meeting their needs while the youth lives with the family in the community. Participants are to be knowledgeable of the full range of relevant services and supports in the community. When youth cannot live safely with their families, the first consideration for placement is with extended family or a responsible adult with whom the youth has a significant relationship who can provide a safe and nurturing home, in consideration of the safety of the youth and community.

Service planning shall honor the youth and families' identity in regards, including but not limited, to: race, ethnicity, disability, age, sex, sexual orientation, gender identity, neighborhood of residence, socioeconomic status, religious and cultural preferences, and language, within legal and regulatory limits.

For example, consideration will be given to:

- Learning styles, communication levels and language assistance needs and where possible, involved professionals will provide supportive accommodations so that the youth and family can actively and fully participate.
- Transportation/geography, presence or lack of financial resources and insurance constraints, age (transition age youth or young children) and time access (time of meetings/length of meetings), so that they do not create access barriers to the youth and family. When any are present, all participating members will work to mitigate the impact on providing support and services.

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

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

6.8 Team-Based Planning Process

Referring Worker/Case Manager Responsibilities

The referring worker or case manager shall:

- Notify and invite persons with parental rights and persons with legal custody to the Team-Based Planning Meeting and FAPT meetings. Invite foster parents if the youth is in foster care;
- Orient youth and family to the Team-based planning process and how it relates to accessing county service supports;
- Discuss benefits and need for family participation;
- Provide the date, time and location of the meeting;
- Discuss family strengths and needs in preparation for sharing at the meeting;

- Review importance of youth and families inviting and encouraging their supports to attend (family, friends, relatives, community supports, etc.) to assist with the needs of the youth and family;
- Provide a copy of all documents to be reviewed by the team;
- Identify and invite service providers, and others who are important in the family's life or know and can access potential resources;
- Provide interpreter services for family members who are not proficient in English or who are deaf or hard of hearing. The agency that has been identified as providing lead case management services to the family will be responsible for arranging and paying for interpreter services;
- After the meeting, work with the youth, family and other members of the team to implement the action plan, through communication with individual team members, including home visits, and provider site visits as needed. Within the team-based planning process these tasks may be designated to team members other than the case manager.

Meeting Facilitator Responsibilities

For FPMs there will be a third-party facilitator; for FRMs the CSA case manager will fulfill these responsibilities. The meeting facilitator shall:

- Focus the group's attention on safely meeting the needs while the youth lives with the family in the community;
- Ensure 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;
- Ensure a thorough discussion of the safety concerns and risks, and ensure 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 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:
  - Follows 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.

7. Step 3 - Service Requests

7.1 Procedures for Documentation Review for CSA Funding

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

- Consent(s);
- Completed Parental Contribution (copayment) Assessment;
- Current CANS;
- IFSP/MAP and supporting documentation of need such as current provider reports; and
- Eligibility Determination Form.

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

7.2 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; and
- Consent signed by adults/parents/caregivers receiving services.
- Consent for Substance Use Disorder by youth receiving assessment and treatment

Documentation Requirements for IEP Services

Youth receiving IEP services shall have all required CSA documents except for the Parental Contribution (Copayment) Agreement and the CHINS Parental Agreement for residential school placements. Annually, school divisions are responsible for submitting the IEP Services Page to CSA program and updating the CSA required data elements.

7.3 Review and Approval Procedures

CSA has adopted a local utilization standard for the typical duration and types of services provided. These standards represent historical data and recommended episodes of care. These standards are reflected in requests and authorizations. Requests that exceed the standards will be considered based upon the documentation and justification provided.

Prior to approving a service authorization, Utilization Review Analysts consult and connect with the lead case manager and providers to provide an independent review inclusive of case conceptualization, assessments, treatment planning and goal progress, and recommendations. Family members may provide written information to the UR Analyst to prepare the report or a response to the report in writing that will be included in the youth's record. Families are not charged a parental contribution for the UR report.

Utilization reviews are conducted for the following service requests when meeting the:

- Long-term residential and group home requests when services are requested prior to initial placement and for extensions
- Treatment foster care services- review frequency based on level; and

in-home services, intensive family preservation services, mental health skills building, evidence-based practices provided in home to address family functioning, in-home respite, and therapeutic mentoring.

Although service planning and utilization reviews are individualized processes intended to meet the specific needs of a youth and family, the standard authorization for most community-based interventions is typically for a period of up to six months and 150 hours. Applied Behavioral Analysis (ABA) authorizations are often for up to 300 hours in a six-month period.

Any initial request for more than the standard duration per service, or any initial request for multiple home-based services that exceed 300 hours total should have a written UR report. The following types of service requests are appropriate for written utilization review reports, contingent upon staff capacity:

- Home-based interventions exceeding six months and 150 hours individually or 300 hours in combined interventions to determine that these additional services are essential to prevent out-of-home placement.
- For children in foster care, respite services that exceed the VDSS policy section 13.6 up to 30 days per year. If more than 30 days per year is needed for a child with special needs, the reasons for the need for additional respite care should be documented. Respite care should not extend beyond 60 days per year.
- For children who are not in foster care, in-home and out-of-home respite services that exceed $5,000 and more than 15 calendar days over a period of six months. Out-of-home respite may not exceed 14 consecutive days.
- Any extension of home-based services after the initial authorization; exception: transitioning from a non-EBP to any EBP (except ABA).
- ABA request(s) greater than 300 hours, either standalone or in conjunction with another in-home service.
- If a family-centered in-home intervention (i.e. FFT or FSS-IFPS) is in place via a sibling, that service is factored into generating a report if a subsequent sibling request for in-home is received

7.4 Service Authorizations for Family Members

CSA is a child-specific funding source. Service plans are intended to be comprehensive, family-focused, and child-centered to address the unique needs of the youth and family. Services can be offered to parent/caregivers and siblings in the team-based planning process if deemed appropriate, financially necessary, and to benefit the treatment planning for the identified child. Documentation that these conditions have been met is required, as CSA is a child-specific funding source. Service plans are intended to be comprehensive, family-focused, and child-centered to address the unique needs of the

youth and family. Services can be offered to parent/caregivers and siblings in the team-based planning process if deemed appropriate, financially necessary, and to benefit the treatment planning for the identified child. Documentation that these conditions have been met must be included in service requests.

- CSA funding can be used for family-based interventions where services and supports may be offered for caregivers and siblings in support of and documented in the identified youth's IFSP/MAP developed through the team-based planning process.
- Services and supports provided directly to the parent/caregiver can be provided under the identified child's name for purposes of foster care prevention as documented in the IFSP/MAP.
- When a sibling has specific behavioral health care needs and requires intervention targeted for those needs, (e.g., individual therapy, medication management, home-based treatment, and therapeutic supports such as out-of-home respite), CSA funding must be requested and authorized for that specific youth. All CSA requirements for eligibility and documentation must be met. be included in service requests.

7.5 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 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 needs.

Out-of-home placements will be made with full parental involvement and knowledge of their responsibilities, including but not limited to:

- Family participation in service planning and treatment;
- Family visits with the youth placed out-of-home;
- Family responsibility to contribute to the cost of care, and to access funding resources such as health insurance, Medicaid, and CSA.

To support timely and successful reunification, youth placed in residential facilities will be supported in visiting at least monthly by their family, and at least quarterly by the case manager or other public agency member of the youth's team. The case manager shall work proactively to identify barriers to visitation by the family and shall assist and support the family in overcoming them.

Action plans developed by a FAPT for residential or group home treatment shall identify:

- Needs that prevent the youth from being at home;
- Needs of caregivers and family members that have an impact on readiness for the youth to return home, with a statement of how they will be addressed;

- Services are targeted toward the safety and stabilization of the youth and reunification with the family or extended family in the minimum time period necessary to address the needs which required family separation;
- Services offered by the out-of-home placement which will stabilize and/or prepare the youth and family for the youth's transition home;
- Any other needs or issues related to discharge planning/returning the youth to their family.

Action plans that recommend out-of-home treatment or placement shall also document that:
- Less restrictive alternatives were considered, and why needed services cannot take place with the youth living in the home;
- Extended family or other responsible adults were unavailable and inappropriate to assume care of the youth;
- All appropriate resources were explored and no appropriate placement is available in Fairfax County or the cities of Fairfax or Falls Church;
- The family has committed to visit at least monthly and actively participate in treatment. Also, document plan for case worker and/or public agency members of the team to visit at least quarterly and contact the youth, family and provider at least monthly.

A CHINS Parental Agreement and a Residential Facility Placement Agreement (see guidance document on CSA website for further information) must be completed for each child entering a residential placement.

Care Coordination

Care coordination and a team-based planning process will be offered to all youth with significant behavioral or emotional challenges and who require services/resources that necessitate collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies and programs. The intensity of care coordination will be based on:

- Youth's behavioral/emotional needs;
- Youth's risk behaviors;
- Caregiver and family strengths and supports;
- Cultural considerations; and
- Community supports.

Fairfax-Falls Church CSA SOC Practice Standards (Section 2.2) state that:

> ❖ Public agency representatives and private providers engage families with the goal of safely meeting the needs of all youth while living with their families in the community; and
>
> ❖ Service planning is highly individualized to reflect the strengths, needs, and preferences of the family. Such plans address the most critical needs across all life domains, and are more effective than system-specific plans.

To support this practice, the service of Intensive Care Coordination was implemented. 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. (For more detailed information on ICC and target population, see Section 15.)

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.

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 SharePoint 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 information is available on the CSA Provider Directory home page.

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.

8. Step 4 - Service Authorization

8.1 Procedures for Utilization Review Approval of CSA funding

Incoming service requests are forwarded to the UR Manager or designee who will then assign the requests to UR Analysts for review and service authorization per current procedures. Every attempt will be made for the same analyst to continue with and review the same child/youth over the course of their requests with CSA and to review sibling groups for a comprehensive view of the family's package of services.

The review process may include:

• Review of the complete packet of documentation/IFSP/MAP;

• Review of the record of services in the CSA information system and in the CSA central files; and

• Contact with the case manager and any other relevant collateral sources to obtain any updates or additional information, as needed, and to discuss questions, progress, barriers to progress and concerns related to treatment and service needs.

CSA funding for Medicaid-covered services (i.e., Intensive In-home services, Therapeutic Day Treatment/Partial Hospitalization Program (PHP) or Mental Health Skills Building supports) to ensure that documentation reflects that the child or youth meets the criteria established by DMAS regulations. This documentation shall include the signature and written approval of a licensed mental health professional.

Once provided to the UR Analysts, the UR Analysts have five business days to complete the service authorization process. If the review requires additional information, then the review may be pended. (see Approval Procedures for further details). For requests requiring a written Utilization Report, UR Analysts will have a maximum of 10 business days from receipt to UR complete their review and recommendations about authorization.

Approval Procedures

1. If the requested services are approved by UR, UR analysts will document in the CSA information system the service authorization in Harmony and the authorization to the case manager, copying the case manager's supervisor, via secure email. A service authorization consists of a specific start and end date, the name of the approved service type(s), the eligibility funding criteria for which the service is met, and units of service necessary to generate purchase orders. Approvals will be designated by one of the following statuses:

    a. Status: Approved

    b. Status: **Approved with comments/recommendations** – The current request is approved, but in the notes UR staff may offer resources, suggestions and/or consultation about the service request. The comments may include directions that are relevant for any future requests. For example, application for a Medicaid waiver may be a required action step before any additional CSA funded services will be approved.

    c. Status: **Approved with amendments** – UR staff will work collaboratively with the CM and/or CM supervisor to adjust/refine some aspect of the request such as number of hours, type of service. However, the decision about the service authorization, is made by the UR Analyst and is subject to an administrative appeal based on the criteria below.

2. For non-mandated youth, UR Analysts will verify the availability of funding for the services via internal CSA tracking procedures.

    a. 3. If the requested services are not approved based on the information provided, the UR Analyst must respond in writing to the case manager and supervisor one of the following statuses:

    b. a. Status: **Pending** – Ex. if additional information is needed (report, documentation, approved copay, updated/corrected CSA consent), if the CANS needs to be updated/corrected, follow-up with the family-based team about the most appropriate type of home based service, etc. Timely response from the case manager/supervisor or other agency designee who can provide the information is necessary for disposition of the request. The case manager will have up to five business days from time of notification to provide the requested information or communicate a plan for getting the

information along a different timeline. If the information is not received or the case manager has not communicated in that timeframe, UR will change the determination to "Status: Not approved" and notify the worker and supervisor via secure email that the request is no longer under consideration.

c. b. Status: **Not approved** – UR staff will document the reasons for not approving the service citing SOC practice standards, level of care, CANS, missing information, etc.

3. Status: **Not eligible** – For situations where CSA law and/or state and local policy does not allow the service, such as Medicaid reimbursable expenses where no justification or inadequate justification has been provided to support "unavailable" or "inappropriate."

Approval Procedures for Residential Services

The FAPT, not UR, reviews and approves consent agenda items and residential placements. For residential requests, UR Analysts review the request and prepare a report for the FAPT with a recommendation, as outlined in 7.3. The FAPT reviews the UR report along with other documentation and discussion with the provider and family before making a decision. For approved residential requests, UR Analysts then work directly with the case manager to ensure completion of required documentation for Medicaid authorization, the parental agreement, and other necessary paperwork prior to completing an authorization note.

Decision Review Procedures

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

      If the IFSP/MAP does not specify the number of hours or duration of a service, but the service authorization by UR defines those parameters, the worker may only request an administrative reconsideration; it is not eligible for a CPMT appeal. Decisions made through the administrative reconsideration process are final, unless otherwise covered under the local appeal policy.

3. **CPMT appeal process**: Any youth, parent, legal guardian/custodian, or representative of the agency holding legal custody of the youth has the right to follow the appeal process as outlined in section 4.4, page 25 of this manual for any services that are not approved or are amended. Case managers are encouraged to utilize the administrative reconsideration process first, when appropriate.

Amending the Service Authorization

CSA Case Managers may use the Amend the Service Authorization form to request changes to a service authorization in the following circumstances:

- Adjustment to the start and end dates;
- Change to the Service Code/Name within the same level of care;
- Update to the eligibility category for the approved service.

The request must be received in the CSA program prior to the original service end date. The request to change the authorization must reflect and be consistent with the original service request and not require a new service plan. UR Analysts are responsible for determining if the requested change can be made or if the worker must submit a new service request. If the UR Analyst does not amend the request, the case manager is able to submit a new service request. The Administrative Reconsideration process does not apply to amendments to the service authorization rather a new service request must be submitted.

8.2 Services Eligible for Expedited FAPT Services Planning

FAPT reviews requests for services specified on the IFSP-EZ form and can provide expedited team-based service planning on a limited basis. Services are not authorized to begin prior to review of complete documentation by the FAPT.

1. Services that support team-based planning (e.g., Case Support, Family Partnership Meetings, and Family Peer Support Partners) may be requested using the IFSP-EZ form.
2. Time-limited services may be requested for youth who are identified for psychiatric hospital diversion. Hospital diversion referrals may be made for children who have been 1) assessed by CSB Emergency Services within the past 21 calendar days; 2) are currently admitted to an acute psychiatric hospital or boarding at a hospital emergency department; or, 3) have been discharged from the above mentioned facilities within the past 21 calendar days. Up to 60 days of short-term, community-based services may be approved. Additional services beyond 60 days may be requested using standard procedures with compliance to all CSA requirements.
3. For children in foster care and children at-risk of entering foster care served by the Department of Family Services Children, Youth and Families Division, the following services may be requested with standard language incorporated in the IFSP/MAP. The use of standard language incorporated in the IFSP/MAP or the IFSP-EZ to request services for children at-risk of entering foster care served by DFS CYF is limited to six months after the initial CSA service approval.

Service	Foster Care	CPS/PPS/Kinship*
Camp/Socialization/Recreation programs and activities	✓	✓
Summer youth employment programs	✓	✓
Youth & family travel costs for visitation, appointments and training related to	✓	✓

the IFSP/MAP or foster care service plan (not for Medicaid or IV-E eligible expenses)		
Parenting and anger management classes	✓	✓
Family Partnership Meetings	✓	✓
Translation/Interpretation services to support clinical services only	✓	✓
Court testimony (8 hours per subpoenaed provider per day per hearing; not for expert testimony)	✓	✓
Respite (in-home and out of home)	30 days/year maximum	Maximum of $5,000 and/or 15 calendar days over 6 months and not to exceed 14 consecutive days out of home
Non-Medicaid reimbursable medical expenses excluding behavioral health care services	✓	$1,000 annual maximum
KinGap Maintenance Payments	✓	NA
Acute hospitalization not covered by Medicaid	14 consecutive days maximum per episode	NA
Emergency Supervision and Support	7 days/125 hrs maximum per episode	NA
Legal fees	✓	NA
Driver's education	✓	NA
School-related fees (excluding private school tuition)	✓	NA
Out-of-State public school tuition	✓	NA
Foster/adoptive home studies	✓	NA
Court-ordered evaluations/assessments from CSA-contracted providers	✓	NA
Tutoring	$3,000/year max	NA
*reference UR service authorization note for eligible dates of service		

Emergency Situations Eligible for Expedited FAPT Service Planning

CSA pool funds may not be used to implement service plans developed outside of the FAPT/MDT process. However, CPMT is charged with developing local policy to allow immediate access to pool funds for emergency services. State pool funds may be used for emergency placements/services if the child or youth is assessed by the FAPT/MDT within 14 days of placement/service initiation and the emergency placement/service is supported by the FAPT, consistent with the locality's policies. All CSA requirements must be met.

Emergencies are defined as those crisis situations in which the lead case manager and his/her supervisor, in consultation with the family when possible, agree that the child needs immediate placement or the child and family is in need of immediate services in order to prevent foster care placement of the child. 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. 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. Fairfax-Falls Church CPMT permits initiation of emergency services prior to FAPT review in the following three situations.

1. **Foster Care Services** – When a child in DFS custody must be placed in congregate care on an emergency basis, treatment foster care services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.

   Per Virginia Code, Medicaid providers must be used when available and appropriate. Additionally, providers under contract shall be used when available and appropriate.

2. **Foster Care Prevention Services for Abuse and Neglect** - When a child has been determined in need of immediate services to prevent foster care placement, documented by a DFS worker' signature on the CSA Eligibility form, designated community-based services may be supported by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.
3. **Leland House Services** - When a youth meets criteria for admission to Leland House based on assessment by CSB Emergency Services or Resource Team staff and has been accepted for admission by the provider, services may commence on an emergency basis. CSA funding is permissible if the service is subsequently reviewed within 14 days and supported by the FAPT AND the FAPT determines that the youth meets CHINS Parental Agreement eligibility criteria. Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore, a service authorization must be obtained, and non-mandated funds must be available.

Procedures for Approval for Emergency Services

A FAPT review must occur within 14 calendar days after services have commenced. Required documentation must be submitted within 2 business days of services commencing to include:

- IFSP-EZ
- Consent
- CANS (current <30 days)
- Eligibility Determination Form
- Parental Contribution Assessment (if applicable)

CSA funding is not available for any services that have not been reviewed and supported by FAPT within the specified timelines stated above. Additionally, the agency initiating emergency services shall be financially responsible if CSA funding is not available.

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children must be found eligible for acute care through an emergency services evaluation (e.g., 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. Youth in foster care who require acute psychiatric hospitalizations and have no other funding source may access CSA funding through standard language incorporated in the IFSP/MAP. In situations where extended acute psychiatric hospitalization is needed while waiting for a residential placement to become available, the acute service must be included on the IFSP/MAP and supported by FAPT.

8.3 Parental Placements Initiated Prior to CSA Authorization

Parental placements are not eligible for expedited FAPT service planning or emergency access to CSA funding. Families not following the local CSA policies or who place their child in a residential facility prior to participating in a FAPT meeting assume the costs incurred for the placement. All CSA requirements and documentation (such as execution of the CHINS Parental Agreement), including the use of approved providers, shall be met to access CSA pool funds. If, after following the CSA service planning process, the youth is deemed eligible for CSA funds with an approved IFSP, funding is effective no earlier than the date of the FAPT meeting – CSA funds are not retroactive.

9. Step 5 - Purchase of Services

9.1 Policy for Authorizing Expenditure of Pool Funds

Utilization Review Analysts are authorized by CPMT to approve expenditures according to local and state CSA policies and procedures. Fairfax County Public Schools and Falls 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.

Kinship Guardianship Assistance Program (KinGap)

The 2018 General Assembly enacted legislation establishing the Virginia Kinship Guardianship Assistance Program (KinGap) with implementation effective July 1, 2018 (COV *§63.2-1305*, *§63.2-100* and *§63.2-905*). KinGap is an agreement between the Department of Family Services and the relative caregiver. KinGap facilitates the placement of children with relatives and provides a supported permanency option

for foster children for whom return home or adoption are not appropriate goals. KinGap assistance includes the basic maintenance and enhanced maintenance payment.

Procedures for Authorizing KinGap:

- The funding source for the KinGAP agreements follows the youth's financial determination while in foster care. If the youth was Title IV-E eligible in foster care, the youth is automatically Title IV-E eligible for KinGAP. If the youth was non-Title IV-E while in foster care, CSA state pool funds are used for the basic maintenance and enhanced maintenance payments in the KinGAP agreement.
- The KinGAP agreement begins on the date of custody transfer and continues until the youth's 18th birthday, but it may continue until the youth's 21st birthday if the youth has a physical or mental disability and requires ongoing treatment or intervention.
- CSA funding for KinGap placements for foster care youth may be accessed through standard language incorporated in the IFSP
- if additional services are needed, KinGap children, youth and families can be served via the current MDT process for requesting CSA funding.

9.2 Encumbrances

1. Provide to the CSA or FCPS Finance Team a CSA Authorization to Encumber in hard copy or electronically within five business days of the UR service authorization.
2. For IEP-required services, in lieu of a FAPT review, the FCPS CSA case manager shall enter the state-required data elements into the Management Information System (MIS), provide a current CANS according to the CPMT-approved administration schedule, and a current IEP Services Page and Placement Page documenting the need for a private special education placement.
3. 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.
4. 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.

9.3 Budget Management

Budget Analyst Responsibilities

1. Monitor and report CSA Pool fund expenditures to the CPMT (or its designee) at regularly scheduled meetings. Report additional data as requested by the CPMT and FAPTs on expenditures and encumbrances.
2. Ensure the availability of CSA State Pool funds for monthly reimbursement.
3. 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. In addition to preparing expenditures by required categories, include expenditure refunds by the amount and type of service expenditure credited.
4. Provide expenditure and encumbrance data to the UR Manager for Non-Mandated cases on a weekly basis, giving the unencumbered balance.

5. Serve as the principal liaison to the local Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
6. As needed, and after consulting with the CSA Program Director, prepare the Supplemental Allocation request for signoff by the CPMT Chair and approval by the Fiscal Agent. Report this request to the CPMT at the next regularly scheduled meeting.
7. Communicate to the CSA Program Director and DFS Finance Manager the State approval of supplemental requests and new appropriations.
9. Ensure submission of Administrative Funds Budget Plan by the CSA Manager to the CPMT Chair, with final approval by the Fiscal Agent. State administrative funding shall be used to support the cost of a local CSA Program Director and other staff to administer the CSA program as necessary.
8. Ensure the separation of Administrative Funds and CSA Pool funds in the County's financial system.

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 Department of Family Services (DFS) and Fairfax County Public Schools (FCPS) both maintain a Finance Team to process encumbrances, issue purchase orders (PO), and set up 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 POs are reviewed and mailed by the Fairfax County DFS Finance Team to ensure the PO has been properly created.
- 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.
- The Fairfax County Department of Finance issues all payments for CSA.

9.4 CSA & FCPS Finance Teams Responsibilities

The CSA Finance Teams will:

1. Maintain financial records related to CSA reimbursable expenditures.
2. Receive from the CSA case manager requests to encumber funds and verify that the encumbrance complies with CSA policy and procedures.
3. Encumber funds and process invoices for contracted providers for services delivered to children and their families who are eligible to receive services funded from CSA Pool funds.
4. 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.
5. 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/MAP 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.

6. 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 for payment.
7. Respond to provider questions about payment of invoices, verifying UR authorization of the service and current contract with the provider for the service.
8. Terminate purchase orders throughout the fiscal year upon the request of a case manager indicating that services are completed to release unused encumbered funds.
9. Terminate all previous year purchase orders (POs) by November 15th. Note: Previous year's expenses cannot be paid after September 30th.
10. Collaborate with case managers, assigned workers, supervisors, and CSA Contracts staff and CSA staff to support efficient access to services.
11. CSA Finance Team only: Verify with Self-Sufficiency staff that purchase orders for IV-E services are eligible for IV-E reimbursement. Verify potential eligibility for Medicaid reimbursement by reviewing the Management Information System Federal Reimbursement Unit (FRU) notes.

CSA Finance Manager or Designee Responsibilities

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

CSA Program Director Responsibilities

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

Local CPMT Fiscal Agent or Designee Responsibilities

1. 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.
2. Serve as the CPMT liaison with the State CSA Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
3. 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. See 28. Annual Cost Allocation Plan and Management of the Interagency Budget.

9.5 Policy for Use of Administrative Funds

Procedures for Recovery of Funds from Other Sources

1. The CPMT designates DFS to receive and disburse funds recovered and paid to the CSA Pool for individual clients.
2. 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 (child support), and other funds collected for specific CSA eligible children.
3. Accounting Team Supervisor and Accounting Staff enter the receipt of funds from other sources for a CSA-eligible child in the CSA information system and reconcile details on the child, CSA-eligible category, funding source, and anticipated duration of funding and confirm with CSA case managers.

4. CSA case manager requests that benefits and support payments be made payable to Fairfax County.
5. All payments are received by ACH direct deposit.
6. Funds are deposited into the Special Welfare Fund per the County's Accounting Technical Bulletin on cash/check handling.

Responsibilities of Accounting Staff for Special Welfare Fund

1. 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 benefits, child support) 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.
2. Determine what funds from other sources can be refunded to CSA Pool funds for expenditures made on behalf of the CSA eligible child.
3. Refund CSA Pool funds 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.
4. Refund CSA Pool funds 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.
5. Social Security and SSI funds must be applied to current services that a child is receiving. In the case where a child leaves CSA services for a home trial period or permanent placement, the Accounting Staff will forward any Social Security or SSI funds received by the County to the parent or guardian. When a child reaches the age of maturity, the Accounting Staff will return any child-specific Social Security or SSI and related interest earned to the Social Security Administration.

9.6 Restrictions on Use of Pool Funding

Non-Duplication of Case Management Services

Medicaid prohibits concurrent funding of more than one case management service, regardless of funding source. Therefore, a child may not receive more than one purchased case management service at a time.

The relevant case management services include:

- Treatment Foster Care Case Management;
- Intensive Care Coordination;
- Case Management (provided by a Community Services Board) for:
  - youth at risk of serious emotional disturbance;
  - individuals with mental retardation;
  - individuals with substance related disorders;
  - Individuals with developmental disabilities; and
- Case management provided as a routine element of Psychiatric Residential Treatment Facilities (except specific allowable transition case management services).

CSA Pool Funds

CSA pool funds may not be used to reimburse costs of CSA case management as it is the expectation that all agencies will provide routine case management, with one exception. There is no statutory requirement for a CSB to provide case management to children. Consequently, "case support" may be

paid to a CSB to provide this basic level of case management. Case Support Services are not considered a case management service and may be provided concurrently with ICC or another case management service. If the CSB is providing both services, the Case Support Service and ICC will be provided by a different worker.

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.

10. Step 6 - Service Implementation

10.1 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.

10.2 Emergency Placements/Services

There may be circumstances when the emergency placement of a child in Foster Care will occur after hours or on weekends. For these youth, 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. (See section 8 for process and procedures.)

10.3 Contract Procedures for Child Specific/Out of Network Providers

There are circumstances (e.g., emergency placements) when the case manager requests the services of a provider with whom the CPMT does not have an agreement.

In these circumstances, the case manager will submit a completed Fairfax-Falls Church Request for Child Specific/Out of Network CSA Contract form to the CSA Contracts Management staff. 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).

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 CSA Management Team 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.

A Parental Agreement (see section 5.1 Parental Agreement for CHINS and Non-Mandated Placements) cannot be completed before the CPMT approves a contract with the selected residential facility. Children's Services Act funds are not available for non-mandated youth; therefore, parental placements are not eligible for emergency placements.

11. Step 7 - Monitoring of Services

11.1 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.

Review of Case-Specific CSA Expenditures

1. Suggested re-write – In order to ensure that providers are providing services in alignment with contract requirements, case managers are required to review and approve service summaries. Every two months, CSA staff extract invoice and services data from the CSA information system to create the service summaries. These are sent to case managers who verify that the information is accurate or note exceptions, using provider reports, contacts with family members or other information provided by the client. The signed service summaries are returned within 14 days to CSA staff. CSA staff will identify cases and providers that require follow up, which may include additional work with case manager, provider, Finance or DPMM. If not resolved, 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.
2. Every other month (6 times a year), CSA will provide Service Summaries to the CSA Management Team 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.
3. 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.
4. 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; and
- Any additional information provided by the client.

5. 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.
6. Fourteen calendar days after sending the Delinquent Service Summaries report to the relevant CSA Management Team or CPMT members, CSA Program staff will enter unresolved problems and missing service summaries into the CSA information 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.
7. 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 to comply with contract requirements.
8. Depending on the type of issue, CSA or 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 CSA information record and append the note, allowing payments to resume.
9. 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.
10. The CSA Management Team will be provided a report of the unreturned and unresolved questions on a case specific basis.

12. Step 8 - Completion of Services

When a youth has completed a CSA-funded service, the case manager has several required tasks:

- Sending a closing encumbrance form to finance staff within 30 days of the service end date to communicate that the purchase order is ready for termination once all invoices are received. This notification is required even when all units have been provided and the end date is unchanged.
- Submitting a CANS rating that coincides with the ending of the service.
- Submitting a case status change form to CSA indicating the service end date.

Case managers should note that the completion of services is different than the closing of CSA eligibility. The CSA program requires specific notification that no additional services will be requested and that the youth's active involvement with CSA is no longer needed. See CSA Closure procedures in Section 13, CSA Closure.

13. Step 9 - CSA Closure

When the youth no longer requires CSA funded services, the lead case manager will submit a Case Status Change form along with a closing CANS rating to the CSA program. This notification allows CSA staff to inactivate the youth in the electronic information system, terminating any additional notices regarding CANS completion.

If a youth ends their funded services and is ready for CSA closure at the same time, within 30 days of ending, the case manager must submit:

- the closing encumbrance(s) to finance;
- the Case Status Change form to CSA; and
- the closing CANS to CSA. The final CANS serves as both the service ending CANS and CSA closing rating so one CANS rating serves both purposes.

Part III

This section of the manual contains detailed procedures and requirements for CSA funded services and other requirements necessary for compliance with state policies. Procedures for CANS submissions and training, Intensive Care Coordination, response to Serious Incident Reporting, Security and Data Management are described in the following sections.

14. Mandatory Uniform Assessment Instrument

The State Executive Council as required by the 2009 Appropriations Act, Item 283 § B.9 adopted the Child and Adolescent Needs and Strengths tool as the uniform assessment instrument to identify levels of risk of CSA-involved youth.

14.1 CANS Requirements

Service	CANS Requirements		Type of CANS Form to Use
	For CSA Funding	For Medicaid Funding	
Family Foster Care	Beginning, Annually and Discharge	n/a	Comprehensive
Non-Residential			
Community-Based Services, Home-Based Services, and Intensive Care Coordination (ICC). (See Leland requirements below.)	Beginning of Service	n/a	Comprehensive
	Every 6 Months (ICC within 30 days and then every 6 months)	n/a	Reassessment
	Change/Addition of Service	n/a	Reassessment
	End of CSA Services	n/a	Comprehensive
IEP-Required, Private Day Education Placements and Non-Medicaid Enrolled Residential Schools	Beginning of Service	n/a	Comprehensive
	Annually	n/a	Comprehensive
	Change/Addition of Service	n/a	Reassessment
	End of CSA Services	n/a	Comprehensive
Treatment Foster Care	Beginning of Service	Beginning of Service	Comprehensive
	Every 90 Days	Every 90 Days	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA services	n/a	Comprehensive
Residential			
Group Homes	Beginning of Service	Beginning of Service	Comprehensive
	Every 90 Days	n/a	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA Services	n/a	Comprehensive
Supervised Apartment Programs	Initially, Annually, and End of CSA services.	n/a	Comprehensive
Residential Treatment Centers and Medicaid Enrolled Residential Schools	Beginning of Service	Beginning of Service	Comprehensive
	Every 90 Days	Every 90 Days	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA Services	n/a	Comprehensive

Service	CANS Requirements		Type of CANS Form to Use
	For CSA Funding	For Medicaid Funding	
ICC, Leland House-Crisis Stabilization	Beginning of Service	Beginning of Service	Comprehensive
	Every 30 days	n/a	Reassessment
	Change/Addition of Service	Prior to change	Reassessment
	End of CSA Services	n/a	Comprehensive

15. 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." CSA Case Support Services are also a distinct service which may be provided concurrently with ICC by a separate worker.

The model for Intensive Care Coordination adopted by the state Office for Children's Services is High Fidelity Wraparound (HFW). High Fidelity Wraparound is an evidenced-informed practice that is firmly grounded in System of Care values such as individualized, family and youth driven services, strengths-based practice, reliance on natural supports and building of self-efficacy, team-based practice, outcomes-based service planning, and cultural and linguistic competence.

The HFW approach is a process of care management that holistically addresses the behavioral and social needs of a youth and family in order to develop self-efficacy. HFW provides the family with voice and ownership of their plan of care and service delivery. With the help and support of the facilitator as well as youth and family supports, the youth and family develop their team. The team will consist of system partners and those important to the family (natural supports). The youth and family are integral to the process, sharing their voice and choice as it relates to their plan, and eventually the youth and family will lead the meetings. This team works together to identify the family's vision, goals, and needs and then develops specific measurable plans to accomplish those outcomes making certain to honor the family culture. The HFW model follows a structured series of four phases (Engagement and Team Preparation, Planning, Implementation, and Transition) with associated activities and hallmarks. Family Support Partner services shall be offered to families participating in ICC.

15.1 Target Population for Intensive Care Coordination

Public agency case managers, otherwise eligible to refer and manage CSA cases, may identify and screen youth who may be eligible for Intensive Care Coordination. The FAPT and CSA program staff shall screen all eligible youth during scheduled reviews of CSA services. 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]

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

- Psychiatric Residential Treatment Facility (PRTF);
- Therapeutic Group Home (TGH);
- Psychiatric hospitalization;
- Juvenile justice/incarceration placement (detention, corrections);
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody;
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care;
- Emergency shelter (when placement is due to child's MH/behavioral problems).

[2]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
  - Day treatment

In November 2023, OCS, in consultation with DMAS, defined High Fidelity Wraparound (HFW) as facilitation of the service model not case management. Intensive Care Coordination, therefore, can now 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.

15.2 Providers of Intensive Care Coordination

The provision of ICC is open to Community Services Boards (CSBs) and private providers. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High-Fidelity Wraparound (HFW) model. Fairfax-Falls Church CSA requires its providers of ICC to meet all the educational, training, and supervision requirements for ICC as defined in the SEC ICC Policy. In Fairfax-Falls Church, Intensive Care Coordination services are provided by two contracted providers: Wraparound Fairfax and UMFS.

15.3 Training for Intensive Care Coordination Providers

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 Children's Services with consultation and support from the Department of Behavioral Health and Developmental Services.

15.4 CSA Parental Contribution Requirement

ICC and Family Peer Support Partner services provided in conjunction with ICC are not subject to parental contribution. Other CSA services provided during the ICC intervention are subject to parental contribution. It is the responsibility of the case manager to obtain the signed completed parental contribution forms and supporting documents from the parents.

15.5 Intensive Care Coordination Procedures

Screening and Assessment

Screening may be completed by a public agency staff person otherwise eligible to refer and manage CSA cases, a FAPT or CSA program staff. All children for whom residential is being requested shall be considered for ICC. To meet screening criteria for ICC, at least one significant incident listed in section 15.1 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 1s) on those CANS domains or one Risk Behavior rated a 3. Based on the service request information, UR Analysts determine whether screening criteria were met and the category of CSA funding eligibility.

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 the CSA information system prior to FAPT review of residential requests. Case managers and Team-based Planning members are encouraged to screen all youth for referral to ICC when one of the significant incidents listed on the ICC Referral Form has occurred within the past 60 days.

Youth in residential/group homes

FAPT, CSA program staff or case managers may screen and refer youth in residential for ICC. The FAPT will screen all youth in residential/group home placements at each FAPT meeting, as the youth/family's IFSP/MAP is developed. For those youth currently in a residential or group home setting, ICC services can only be authorized no more than 3 months pre-discharge to facilitate discharge planning and support a successful transition back to the home and community.

Referral Process

In order to make a referral, the Lead Case Manager (LCM) will first send a service request to the CSA office. The authorization request consists of a:

- Consent to Exchange Information for all current providers and the CSA participating agencies;
- Meeting Action Plan (MAP);
- Case Manager Report;
- Completed Parental Contribution Assessment; and
- Recent (<thirty days) CANS.

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 authorization and reducing processing time for UR. Families may access ICC according to the local CSA self-referral policy.

Once the ICC service request is approved the case manager will contact the ICC provider(s) to make the referral. Case managers can choose to contact one or both ICC providers. The ICC provider(s) will inform the case manager when the referral can be accepted or the status of the ICC waitlist. A case manager can choose to place the youth on one or both provider waitlists. Should a case manager choose to place the youth on both waitlists, it is the responsibility of the case manager to keep both providers updated on any changes that may arise that would affect the ICC referral.

Prioritization of Referrals

The ICC providers will use recent CANS assessments, status reports, current functioning of youth and family and any other relevant information as factors in the prioritization of youth for ICC services when there is a waitlist.

15.6 Service Authorization Procedures

Funding Eligibility

Youth will be screened for CSA funding eligibility for ICC services based on the existing criteria. Non-mandated referrals may be approved for ICC services in the non-mandated, MHI state or MHI local categories. Funding of ICC from these capped, non-mandated sources must be sufficient to cover the costs of care coordination and community-based interventions. Budget planning for those funds should anticipate the need to fund ICC referrals.

Initial Authorization

1. ICC services may be authorized through the standard request process following a team-based planning meeting. Initial approval for ICC shall not exceed six months and may be for a shorter duration.

2. The array of community-based services to accompany facilitation can be approved only if a parental contribution assessment has been completed. ICC facilitation and family support partners may be approved without the accompanying services array, pending completion of the parental contribution assessment and for families who intend to privately purchase services.

3. The expedited service planning process may be used to request ICC- facilitation and family support partners for up to 60 days. Additional authorization of services follows standard procedures and requirements.

Re-authorization of ICC Services

1. Upon consensus of the Youth and Family Team (YFT) members, the Lead case manager shall be responsible for requesting re-authorizations.

2. For ICC cases that were initiated via the expediated service planning process, re-authorization of care coordination and inclusion of community-based funding should be requested prior to the termination of the 60 days of care coordination authorization. Services may then occur for two additional six-month periods followed by a one-month period for a maximum of 15 months.

3. Re-authorization of ICC services requested the standard team-based planning process may occur after the first six months of service for an additional six months followed by three months for a maximum of 15 months.

4. If an episode of ICC services has a break of less than six months, the 15 months of care includes service before and after the break. If the break is greater than six months, any new ICC approvals will be considered a new episode of care for up to the full 15 months.

5. In rare circumstances, the child and family team may determine that more time is needed for ICC services. In these instances, the lead case manager is responsible for submitting an ICC extension request to CSA Management Team.

6. To request re-authorizations, case managers shall submit along with the required documents, the following:

- Current Plan of Care (POC)
- Crisis Safety Plan
- Functional Behavioral Assessment
- Current Provider Reports (if applicable)

Early Termination of ICC

1. During the initial three months ICC may only be terminated at the written request of the parent/guardian/custodian. ICC shall inform the current CSA case manager and UR of ICC terminations within five business days. Information on how many cases had premature discharge and an analysis of reasons why this may have occurred shall be included in the Quarterly ICC report to the CSA Management Team.
2. After three months ICC may be discontinued by the parent/guardian/custodian or the FAPT.
3. If, during any time ICC is in place, the youth and/or family has disengaged from the services for at least 30 calendar days (defined as no response to any communication from the ICC facilitator), the facilitator may initiate the following steps to discharge the youth and family from ICC:
   a. Consult with the ICC Supervisor;
   b. Inform members of the Youth and Family Team (YFT) and private providers currently providing services of the disengagement;
   c. Discuss opportunities for re-engagement with current case manager, service providers and YFT members and determine if discharge is appropriate. Address plan for discharge of services or transfer of service monitoring to the CSA case manager;
   d. Inform the family via voice mail and certified mail that the family must respond within 10 calendar days to continue services;
   e. Send certified letter notifying the family of the date of discharge from ICC and status of continuation of services, if the family does not respond in that time;
   f. Send a copy of the certified letter to the CSA program and CSA case manager;

15.7 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, the CPMT permits authorization of up to $60,000 over 15 months for a combination of community-based and short term out-of-home (90 days or less) interventions for children and their families entering ICC.

Purchase of services under this policy is subject to all existing local policies and procedures.

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. ICC purchase of out-of-home respite and residential service services must follow existing CSA policies regarding provision of such services using contracted providers.

15.8 Reporting Requirements

1. The Crisis Stabilization Plan is due to the case manager within 14 days after initial face to face contact with the family.
2. The Plan of Care is due to case manager within 45 days after initiation of ICC.
3. The Individualized Care Plan and the Crisis Prevention Plan are due to case manager within 45 days after initiation of ICC.
4. The Plan of Care shall be updated monthly and shared with the Lead Case Manager, including a summary of services provided.
5. Serious Incident Reports shall be reported as per the provisions in the CSA Agreement for Purchase of Services.

Note: Date of initiation of ICC is defined as the date ICC provider assigns the youth/family to an ICC facilitator.

15.9 Funding Allocations and Fiscal Procedures

1. The beginning and final month of ICC facilitation may be paid on a pro-rated basis for partial months of service.
2. Total expenditures for services during ICC shall not exceed $60,000. $25,000 may be authorized for each six-month period of service with $10,000 allocated for the final month.
3. Over the 15-month intervention, the types and amounts of services that may be selected by the ICC Youth and Family Team and encumbered by the CSA case manager include:
    - Community-based Interventions (e.g., home-based services, ABA, mentoring, interpretation, psychiatric services, transportation, recreation) up to $38,000
    - Crisis intervention/stabilization in-home or at a short-term out of home program with a planned length of stay of 90 days or less–up to $20,000
    - Respite (In-home and out of home) for caregivers–up to $18,000
    - Flexible funds–up to $5,000
4. If the youth require an out-of-home service during the ICC intervention, the expenditure is deducted from the overall ICC budget. The intensive care coordinator is responsible for monitoring expenditures to ensure that they remain within authorized limits.
5. CSA Management Team approval is required to authorize expenditures more than the limits for each subcategory above and for extensions of ICC services beyond the 15 months. The Lead Case Manager shall present a written request for signed approval by the CSA Management Team.
6. If the Plan of Care includes Medicaid-defined interventions such as Intensive In-Home, Therapeutic Day Treatment/Partial Hospitalization, and/or Mental Health Skill Building, the team will ensure that an independent clinical assessment by a licensed clinician documents that the DMAS criteria are met. The ICC record must contain documentation that the Medicaid criteria were met even for youth who are not enrolled in Medicaid.

7. For youth with active Medicaid, all Medicaid providers must be explored prior to accessing CSA funds. If a non-Medicaid provider is utilized, documentation must be provided in the ICC record demonstrating that Medicaid providers are unavailable or inappropriate.
8. Although ICC is designed as a family-based intervention, when CSA is the funding source all CSA requirements for eligibility and documentation must be met.
    - When a sibling of the identified client has specific behavioral health care needs and requires intervention targeted for those needs, (e.g., individual therapy, medication management, home-based treatment, and therapeutic supports such as out of home respite), a separate CSA service request must be made and authorization provided for that specific youth. Siblings may not be served under the identified client's name for individual services.
    - When a parent of the identified client has unmet behavioral health care needs that specifically impact the child's functioning and progress, CSA can only be accessed after all community agency referrals and private insurance/resources have been exhausted. The ICC record must contain documentation of other resources that were explored including referrals to community agencies and the reason for use of CSA funding.

ICC Termination

1. Members of the ICC Youth and Family Team shall develop a discharge/transition Plan of Care for after-care following termination of ICC services. It is the responsibility of the team, which includes the Lead Case Manager, to plan for discharge so that there are no lapses in services. This Plan of Care can be used to request services after ICC ends. The end-date for community-based services approved as part of the youth's Plan of Care during the ICC intervention may extend for up to 15 days beyond the ICC termination date if funds are available. The Lead Case Manager will amend the purchase order request to utilize the additional 15 days.
2. The Lead Case Manager has the primary responsibility for ensuring that any necessary authorizations for additional CSA funded services have been completed prior to the end of ICC services. Requests for service should be submitted to CSA no later than 15 business days before the end of ICC. Additionally, the Lead Case Manager assumes the responsibility for service oversight, including any communication with service providers, after the ICC termination date. If additional services are not authorized before the services expire which will lead to a lapse in services, the Lead Case Manager is responsible for communicating with the provider to terminate services, pending re-authorization.

16. CSA and Its Relationship to Select Federal Programs

16.1 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 IEPs include placements in private day school or private residential facilities.

16.2 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. The CPMT holds responsibility for establishing policies and procedures to ensure access to funds for eligible children, i.e., students with IEPs directing placement into private education programs. FCPS and FCCPS will provide the CSA program annually or at the time the IEP is revised, the services and placement pages of the IEP, data required for state reporting including the state mandatory assessment tool, and a valid consent to exchange information that includes the local CSA program.

Best practice suggests that students with IEPs may benefit from multidisciplinary planning to address needs of the child and/or family that extend beyond the IEP. An IFSP/MAP may be developed by the FAPT or MDT 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. When a youth with an IEP is reviewed by the FAPT or MDT, the role of the team includes consideration of the child/family needs beyond the IEP, development of an IFSP/MAP for non-educational services, collection of uniform assessment and demographic data required for reporting, and assuring coordination of services for those children served by multiple agencies.

The provisions of the Special Education Appendix of the Virginia Children's 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 education.

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 Disabilities
- Agency Disputes Involving Children with Disabilities

Special Education Rights and Privacy

1. The procedural safeguards afforded to parents regarding involvement in placement decisions apply to CSA team decisions about services. Local CSA policies 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.

2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. Federal confidentially requirements under the Family Education Rights and Privacy Act (FERPA) 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, 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.

16.3 State Testing Identifier (STI)

The State Testing Identifier (STI) will be collected for each CSA funded student who attends private day school and those students placed in residential settings for both educational and non-educational (treatment) purposes. FCPS and FCCPS are responsible for providing CSA with the STIs which will be entered into the CSA case management system for required state reporting.

16.4 The IFSP/MAP 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 and/or MDT recommendations may be incorporated in the IFSP/MAP, state and federal requirements for service plans must still be met in accordance with state CSA Code.

16.5 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. 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 (PRTF), Therapeutic Group Home (TGH) and Treatment Foster Care (TFC).

The FRU will communicate with the provider directly regarding questions about information that is needed for Medicaid funding approval for PRTF, TGH 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 PRTF 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. Failure by the provider to submit Medicaid paperwork according to the APOS guidelines may result in CSA non-payment for Medicaid eligible services.

The provider is asked to notify the FRU directly of the status of Medicaid approvals and denials, and to fax or send by secure email a copy of the written communications from Kepro/Acentra/MCOs regarding the status. A facsimile (fax) line 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 PRTF, TGH, 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.

Department of Medical Assistance Services

DMAS will reimburse providers for the covered services for PRTF, TGH, 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 TGH services, Medicaid reimburses only for case management. For PRTF 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 PRTF provider, subject to an upper limit set by the Medicaid agency.

CSA Contracts Management Staff Responsibilities

1. Negotiate rates with providers, including the agreed upon rate for Medicaid reimbursement, and obtain CPMT approval of all contracts.

2. 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.

CSA Case Manager Responsibilities

The CSA Case Manager will:

1. Notify the FRU Medicaid Analyst of TFC placement changes including moves between foster homes and admissions to residential and group home placements.
2. Case managers are not responsible for obtaining rate certification letters /documentation for or submitting them to providers.

FRU Medicaid Analyst Responsibilities

The FRU Medicaid Case Analyst will:

1. Identify children who may be a candidate for Medicaid submission;
2. Submit the IACCT (Independent Assessment, Certification, and Coordination) Inquiry Form to Medicaid (e.g, Kepro/Acentra/MCOs) for Medicaid-enrolled youth;
3. Submit a complete packet to the provider which includes:
   - CPMT Treatment Foster Care/Residential Foster Care & Group Home Demographic Face Sheet (must contain the youth's Medicaid number);
   - UR Service authorization (TFC placements);
   - CANS; and
   - Referral for Residential Treatment Services (DMAS Form 600);
4. Communicate with CSA Finance Staff regarding Approval/Denial Status;
5. Complete the Referral for Residential Treatment for signature by the CSA Program Director;
6. Work closely with DFS Finance staff to ensure correct billing for youth in receipt of CSA services;
7. Perform a monthly PIT Count for youth placed in TFC/RTC/GH placements;
8. Report Medicaid statuses as approved or denied. If the Medicaid is denied, analyze and report reasons for the denial;
9. Calculate the resources lost due to documents that are not completed and returned within the required timeframe; and
10. Notify CSA and Contracts staff of delays or problems impeding Medicaid utilization according to the timelines outlined in the APOS.

CSA Program Director Responsibilities

- Review and sign Referrals for Residential Treatment (DMAS form 600) on behalf of the CPMT.

17. Serious Incident Reporting

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 to ensure safe and healthy service delivery environments.

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

this section. All public agencies participating in the CSA shall provide serious incident information involving youth placed, to the local CSA program as outlined in this section.

17.1 Administrative Response Protocol

The serious incidents that require following the Administrative Response Protocol are those that contain allegations about the provider or provider's staff of the following concerns:

- Criminal activity by the provider to include abuse/neglect;
- Legal/risk management issues to include unsafe conditions;
- Ethical/professional licensure issues to include boundary and dual relationships;
- Contractual/fiscal issues to include billing misconduct and failure to report SIRs.

Protocol

CSA staff and Contracts Manager will review the SIR within 2 business day of report and perform the following actions:

- Notify appropriate county/school staff of the incident report to include the worker, supervisor and CSA Management Team member;
- Request information from appropriate staff and ensure they are assessing the safety of the youth involved, if applicable;
- Review the CSA MIS to determine if other youth are being served and may be impacted. If so, notify the case manager, supervisor, and CSA Management Team member for those youth;
- Depending on the nature of the incident, notify the following parties:
  - CPMT Chair;
  - CSA county attorney;
  - DFS Agency Director.
- If the incident may present a risk to other youth, the managers are authorized to implement until the next CSA Management Team meeting:
  - Suspension of any new referrals/authorizations to the provider during the course of the investigation;
  - Review of ongoing, existing service authorizations and planned terminations in collaboration with the lead case management agency.

At the next scheduled CSA Management Team meeting, Contracts will present the SIR and any additional information to the CSA MT with the assistance of any agency that has information or is involved.

Role of CSA Management Team

The CSA Management Team will document its decision:

- Letter and/or meeting with provider;
- Probation with request for corrective action plan;
- Termination of open contract (with notification to CPMT);
- Official letter to file documenting issue;
- Request for refund;

- Notice to licensing agency.

Final disposition will occur no later than 30 days from the initial presentation to the CSA Management Team. Documentation of the disposition shall be noted in the provider's contract file. If the CSA MT makes the decision to terminate a contract with an RTC provider or decides to place an RTC provider on probationary status, the UR Manager or Contracts Manager will inform licensure about the decision.

17.2 Serious Incidents

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 medical treatment;
- Facility related issues such as fires, flood, destruction of property;
- Food borne diseases;
- medication errors resulting in serious injury to a client or medication errors indicating a pattern of behavior (such as regular refusals or adverse reactions)
- other incidents which jeopardize the health, safety, or wellbeing of the youth
- physical assault/other serious acts of aggression
- Serious illnesses (such as tuberculosis, meningitis, or other communicable diseases);
- serious infractions of facility or school rules;
- Serious injury (accident or otherwise);
- Sexual misconduct/assault;
- Suicide attempt; and
- unexplained absences and/or elopement.

17.3 Provider Responsibilities

1. Shall notify the proper authorities, consistent with state regulation, and take appropriate action to re-establish the health, safety, and well-being of the youth.
2. Report the incident, within 24 hours of the incident, via telephone or email, to the case manager of the placing agency and legal guardian of each youth involved.
3. Complete and submit within 3 business days of the incident, a written report, for each youth involved, to CSA staff. 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.

4. 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.

17.4 Case Manager of Placing Agency Responsibilities

1. 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. Consult with UR and Contracts' staff if unable to ensure health, safety, and well-being of the child;
2. Follow the placing agency's internal serious incident reporting guidelines.
3. Notify CSA Utilization Review staff of any serious incidents that may meet criteria for CSA Management Team review.

17.5 CSA UR Manager or Designee Responsibilities

In concert with the CSA Contracts Manager or designee, monitor all serious incident reports and follow the Administrative Response Protocol (see Section 17.1).

17.6 CSA Staff Responsibilities

1. Review content of SIR. Check compliance of required elements as stated in the APOS. Consider quality of response and follow-up with provider in UR review.
2. If contract requirements have been followed, and there are no concerns about quality or response to incident, the CSA staff will initial SIR document and submit for filing. No further action is needed.
3. If follow-up is required, CSA staff will attach documentation regarding actions taken (e.g., email, log of correspondence with dates/points of contact/nature of follow-up, etc.). If resolved, UR Analyst will initial SIR document and submit all documentation for filing.
4. For issues around quality, a UR Analyst will take the lead. For issues regarding contract violations, Contracts staff will take the lead.
5. If concerns remain unresolved, CSA staff will staff the SIR with the UR Manager.
6. CSA staff will consult with Contracts Manager and bring to CSA Management Team for further direction.
7. CSA staff will present SIRs report to CPMT quarterly.

17.7 CSA Contracts Staff Responsibilities

1. Follow Administrative Response Protocol (see Section 17.1).
2. 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.
3. The Contract manager along with CSA staff will summarize serious incident reporting and prepare a report for the CPMT quarterly.

18. Management of Records and Data Security

1. CSA client records (physical or electronic) 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 Children's 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 COV § 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 COV § 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 COV § 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.

19. 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.

20. 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 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.

21. Security of Records

CSA uses an electronic file management system to store and manage required documents. CSA staff members are responsible for receiving and verifying case-related forms and uploading them into the correct electronic file folder associated with the youth's case ID#. Records that were open prior to April 2020 may also contain paper records. These records are maintained in a secure room, locked file cabinet or other similarly secured container when not in use. CSA record retention records are prescribed in COV 2.2-5206.

22. 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.

23. 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.); the CSA information system number; or some general information, (for example, 26-year-old mother with three children).
- Secure e-mail is provided by the County Government's enterprise software. The software provides a means to provide security for enterprise infrastructure services. 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, the CSA information system, 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.
- Secure E-mail enables users to send secure email like standard email, with no additional steps required. Secure E-mail places a "Encrypt" button in Microsoft Outlook so it appears as standard options on the user's email client.
- CSA has a program e-mail address where staff or providers may send CSA documentation. Senders receive a confirmation that documents have been received in the mailbox.

24. Network Drives – For County Personnel

Sensitive information must be protected by restricting its access to those whose jobs require it. Therefore, 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.
5. 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.
6. Confidential information must be stored on the H: Drive as a first choice.
7. If data has to be shared, it should be stored on the J: Drive on the county network as a password protected.
8. 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.
9. To save a database containing confidential information, it has to be password protected or placed in restricted folder on the L: Drive.
10. Confidential data MUST be password protected on the shared network drives.
11. 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.
12. 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.

25. Gift/Gas Card Policy

CSA use of gift/gas cards will be guided by the DFS Gift/Gas Card Policy (effective May 10, 2020).

- Calculation of gift/gas card value shall be based on the lowest value possible to meet the need.
- Gift/gas cards shall be:
  - Maintained in a secure safe;
  - Tracked using a safe log; and
  - Provided to families via the use of the Gift/Gas Card Request and Client Affidavit. The family will be required to acknowledge review of Terms and Conditions and receipt of card by signing the Client Affidavit and provide receipts.
  - Used to purchase approved items only.
- If CSA determines that a Gift/Gas card has been used inappropriately, regardless of intent, the client is no longer eligible to receive Gift/Gas cards, even if the entire authorized amount has not been spent.
- Case Managers should follow the directions of the authorization for gas card use.
- The lead case manager shall be responsible for requesting and acquiring the gift/gas card from the designated CSA staff. The lead case manager shall ensure the client signs the Gift/Gas Card Request and Client Affidavit.
- The lead case manager shall be responsible for returning the signed Client Affidavit and receipts to designated CSA staff (scanned copy via email is permissible).

26. Parental Contribution Policy

Pursuant to Va. Code Ann. §2.2-5206 (3) of the Children's Services Act and Va. Code Ann. §16.1-286, the CPMT has approved procedures for the active involvement of parents or other legally responsible

parties in the planning, delivery, and financing of services for their children. Virginia law requires parents to participate in treatment and services recommended for their child and to contribute financially to the cost of those services based on their ability to pay.

All families accessing CSA pool funds shall be assessed a parental contribution (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 DFS Protection and Preservation Services and 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.
- CSA-eligible youth who are aged 18 or older.

The Parental Financial Contribution is determined based on the total gross annual income of the household (IRS Form 1040, Line 6). The household is defined as including one or more adults who are acting in a caregiving capacity and dependent children residing in the same home. If a parent is absent from the home but retains custody rights, his/her income shall also be included in the determination of the parental financial contribution unless the parent who is absent from the home is providing child support payments. If the household includes adults who are not acting in a caregiving capacity (e.g. a young adult child living with parents, an aged parent living with adult child), these adults will not be included when determining household income. The income of kin and fictive-kin who are caretakers is not counted when determining the parental financial contribution for *community-based services only*. The income of live-in significant others is not included in the parental contribution assessment.

The household income is used to determine the parental contribution for community-based and residential services. The table below details the incomes that will be considered when determining the household income.

Household Income Determination*		
Person	Community-Based Services	Residential Services
Parent(s) (including stepparent and adoptive parent(s))	Yes	Yes
Divorced Parent 1. Joint custody 2. Paying child support	1. Both incomes used in calculation 2. Income of custodial parent considered	1. Both incomes used in calculation 2. Income of custodial parent considered
Kin/Fictive Kin	No	Yes
*In cases of questions or appeals, CSA may request additional financial information to resolve the matter. As appropriate, individuals are encouraged to utilize the administrative reconsideration process prior to making an appeal. The appeal process is outlined in section 4.4, page 26 of this manual.		

In assessing a parental contribution (co-payment), the household income will be adjusted by the number of dependent children in the home. When a family's assessed ability to pay exceeds the average monthly cost of services, the family will be responsible for paying the service providers directly. These families may receive agency case management (not including case support) for assistance with activities such as service planning and provider identification without charge. For residential care, the cost of the service to be covered by the family presumes use of Medicaid and excludes CSA-eligible education costs.

26.1 Parental Contribution Fee Scale

The parental contribution fee is based upon charging the family a percentage of their monthly Adjusted Household Income (AHI) from 1.65% to 10% for community-based services and 3.33% to 20% for residential services.

Tier	Adjusted Household Income (AHI)	Community-Based Services	RTC / Group Home
1	$48,599 - And Below	$0	$0
2	$48,600 - $55,599	$67	$135
3	$55,600 - $62,599	$77	$154
4	$62,600 - $69,599	$86	$174
5	$69,600 - $76,599	$96	$193
6	$76,600 - $83,599	$106	$213
7	$83,600 - $93,599	$203	$361
8	$93,600 - $103,599	$228	$405
9	$103,600 - $113,599	$252	$448
10	$113,600 - $123,599	$276	$491
11	$123,600 - $133,599	$301	$534
12	$133,600 - $143,599	$325	$578
13	$143,600 - $158,599	$454	$799
14	$158,600 - $173,599	$501	$882
15	$173,600 - $188,599	$548	$966
16	$188,600 - $203,599	$596	$1,049
17	$203,600 - $218,599	$643	$1,133
18	$218,600 - $233,599	$691	$1,216
19	$233,600 - $324,999	5% of AHI ÷ 12	10% of AHI ÷ 12
20	$325,000 - $374,999	8% of AHI ÷ 12	15% of AHI ÷ 12
21	$375,000 - and Above	10% of AHI ÷12	20% of AHI ÷ 12

26.2 Parental Contribution Fee Waiver/Reduction

The CSA Program Director or designee may waive or reduce the parental contribution (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 parental contribution (co-payment) amount for their children to receive CSA-funded services.

If the parents' income level qualifies the family or child for income-based benefits such as Medicaid, SNAP, TANF, and Free or Reduced school lunches, the family may submit proof of the benefit in lieu of submitting income verification. The CSA Program may verify benefits and eligibility through intra-agency data sharing with DFS Public Assistance and Employment Services (PAES) or other human services agencies with proper consent. The school social worker may verify eligibility for federal school lunch benefits by signing the Parental Contribution Assessment.

When families have incomes within Tiers 19 – 21 on the Parental Contribution Scale and request a reduction or waiver of the parental contribution, they must provide the two most recent paystubs together with a copy of their most recent tax return. Families requesting a waiver or reduction must also provide documentation regarding their assets including investments, property ownership, and

business holdings. The CSA program may consult with the County Attorney's Office and the tax administration to determine "ability to pay" in situations where families have extensive assets in addition to high income.

26.3 Assessing Parental Contribution when Multiple Children in the Family are Receiving CSA Services

When a family has more than one child receiving CSA funded services that require a parental contribution (co-payment), the parental contribution shall be assessed for the child subject to the highest contribution unless the family is granted a Parental Contribution Waiver based on the above-listed exceptions. The parental contribution may be waived for the other children receiving CSA funded services. If services are discontinued for the child for whom the parental contribution (co-payment) is assessed, then the contribution shall be charged for the sibling receiving CSA services.

26.4 Changes to Family Financial Circumstances or Household Size

Parents/caregivers complete the Parental Contribution Assessment to establish their monthly amount prior to the initiation of CSA services. The assessment, including waivers and reductions, is valid throughout the period the child is receiving services. If the family's financial circumstances or household changes, they should promptly notify their case manager and may re-submit for a re-assessment of their monthly contribution.

CSA will send an annual notice that they may resubmit their assessment if their financial circumstances have changed. If not submitted, the monthly copay amount will remain the same for the duration of the case.

26.5 Billing Procedures

Bills for parental contributions 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 billed a monthly contribution, if services were purchased at any time during the month. For example, if services were purchased each month for three months, the parent is billed for the full parental contribution fee for each of three months. Parents shall not be charged more for services in a month than CSA paid for services in that month. The parental contribution fee is pro-rated, if the actual cost of services is less than the monthly parental contribution fee. Payments are to be made to the County of Fairfax-CSA and mailed to the address noted on the bill or paid by credit card, Health Savings Account or Flexible Spending Account card via the payment portal on the CSA public website. Payments may be paid in advance. Families experiencing difficulties in making payments should contact their case manager.

26.6 CSA Staff Responsibilities

1. Enter into a parental contribution agreement with the parents and legal guardians based on documentation of gross household income and household size provided by the family and reviewed by the case manager.

2. Enter the gross annual household income and assessed parental contribution amount in the case financial section of CSA information system. Add the email address of the parent or legal guardian to the CSA information system to maintain contact, as necessary.
3. Forward a copy of the signed Parental Contribution Assessment, Welcome to CSA letter, Parental Contribution Glossary of Terms, and invoice guide to parents and legal guardians.
4. Forward the signed CSA Parental Contribution Assessment with documentation of gross annual household income attached and a copy of the Request for a Reduction or Waiver form with supporting documentation, if applicable, to CSA Accounts Receivable staff.
5. Forward a monthly report from CSA information system of the youth for whom services were purchased during the month to Accounts Receivable staff.
6. Respond to telephone inquiries from case managers regarding policy and procedures.
7. Respond to telephone inquiries from parents regarding parental contribution policies as applicable to their account.
8. Provide a monthly list of inactive cases with outstanding balances to Accounts Receivable staff to forward for collections.
9. Upon receipt of notification of a delinquent account review current services and determine if any actions can be taken to address delinquent payment.
10. Notify the case manager, provider, and CSA finance of service suspension for active cases with outstanding balances of 61+ days or more.

26.7 Accounts Receivable Staff Responsibilities

1. Establish a SMART account in the name of the responsible parent upon receipt of the CSA monthly report, a signed Parental Contribution Assessment (including documentation of family income), and, if applicable, a Request for a Reduction or Waiver (with supporting documentation) from CSA staff.

2. The SMART account includes: CSA parental contribution rates for each service type, client telephone numbers, client e-mail, account number, parent and child names, client address, service months and charges and co-payments made.
3. 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.
4. For active accounts, adjust account to waive payments, when indicated, with written approval by CSA staff.
5. Post payments when received, into SMART, FOCUS, and the CSA information system. Payments are treated as an expenditure credit in FOCUS.
6. Reconcile collections through SMART, FOCUS, and the CSA information system monthly.
7. Respond to phone calls and correspondence from parents regarding their account.
8. Update billing address when notified of a change and communicate information to the CSA Program.
9. Provide account payment data to the FRU to facilitate the tracking of account information as available.

26.8 Collection Procedures

Working with the FRU, the Finance Specialists are tasked with billing and accounts receivable functions for all CSA Parental Contributions. Collections of delinquent accounts will be managed by the Department of Tax Administration.

1. If an account balance is unpaid after 30 days, an active CSA account shall be considered delinquent. CSA will notify the case manager. The case manager will confirm contact with the family to ensure that no financial changes have occurred that might impact ability to pay.
2. Accounts that are more than 60 days past due will be referred to DTA by the Fiscal Division. Referrals will include name of parent, account number from SMART, most recent address, phone number, and amount of debt. Notice of the referral will be entered into the CSA information system and notice provided to fiscal/accounts receivable and the case manager.
    a. Once referred, DTA will send the family a letter giving them 30 days to respond to DTA. The letter will include information about the fees charged to the family if the debt is referred to a collections agency and encourage them to contact DTA to remedy their delinquent account.
    b. For families who respond and have questions about the nature of the debt, DTA will request permission to review the matter with the program to clarify any issues. The review will include confirming services and amounts are correct, assess need for waiver, or perform a hardship review, considering family income, employment status and other financial factors that impact ability to pay. Let's clarify who conducts this review, or piece it out.
    c. Based on information in this 30 day review period, DTA working with the CSA program may determine that a reduction in the amount owed is appropriate.
3. If the debt is referred to a collections agency, penalties, interest and fees may be added to the balance. State income tax refunds may be withheld and other actions such as wage or bank liens may be taken to collect the debt.
4. Principal collections will be credited to the client's account in SMART. Penalties and fees will be claimed as CSA revenue in FOCUS, and not entered into SMART or the CSA information system, nor reported in LERDS.

Process

At the beginning of the month:

- The Accounts Receivable (A/R) finance staff will run the Aged Delinquency Report in the parent contribution account system.
- Accounts with no payments in 30 and 60 days will be identified and reported to FRU case analyst.
- The FRU case analyst will notify the case manager and DTA for cases with no payments in 30 days.
- After 60 days with no payments, A/R finance staff will refer the case to DTA for them to initiate their collections process.

Throughout the month:

- A/R representative will respond to parent inquiries related to billing.

Client Address Maintenance

- 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.
- If invoices are being returned for accounts that are currently receiving services, CSA staff will pursue a better address with the case workers, etc.

- 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.

27. State Required Data Reporting

To comply with Virginia Code, the child-specific data required by Virginia Children's 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 Children's 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.

27.1 CSA Data Reporting

The Office of 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:

- children served, including those placed out of state;
- individual characteristics of youths and families being served;
- types of services provided;
- service utilization including length of stay;
- service expenditures;
- provider identification number for specific facilities and programs identified by the state in which the child receives services;
- a data field indicating the circumstances under which the child ends each service; and
- a data field indicating the circumstances under which the child exits the Children's Services Act program.

The current requirements can be found at https://www.csa.virginia.gov/html/pdf/LEDRS.xlsx.

Additional requirements include:

- PO details including service and provider details;
- Recoveries, refunds, SSI, SSA, parental contributions, etc.;
- State Student Testing Identifier.

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.

28. 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 "Children's 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 is 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. 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.

On a monthly basis, the CSA program, Finance, Budget, and Accounts Receivable team will collaborate to ensure that all expenditures eligible for pool reimbursement are correct. This includes correcting demographic and purchase order errors. Once those errors are corrected, the Budget team will reconcile this requested reimbursement to FOCUS. When complete, the CSA Assistant Director will upload the reimbursement file to the OCS website and notify the DFS Budget Team of its successful upload. The Budget Team will send CSA Reimbursement Reconciliation – Finance Methodology report to the Fiscal Agent for the County to inform them that they can submit the final approval to the OCS. CSA program and Budget staff will use OCS reports to track the reimbursement status, including File Submission Report – LEDRS and Others, Filed LEDRS Status Reports, and Pool Fund Distribution History Report. Copies of final expenditures report will be submitted to CPMT. All prior months' submissions must be finalized and successfully entered into the OCS – LEDRS platform before the current month can be submitted.

Supplemental Requests for CSA State Pool Funds for the unanticipated costs of the mandated/targeted populations will be prepared by the Budget Analyst, reviewed by the CSA Manager and approved by the Fiscal Agent. The submission of the Supplemental Request will be done via the CSA Local Government Reporting application, available online, and tracked using the Requested Supplement Report and the Funded Supplement Report.

28.1 Disbursement Procedures

Each locality receiving funds for activities funded by the Children's 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 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.

28.2 Supplemental Allocation Procedures

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 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. Locality data submitted through LEDRS 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 LEDRS 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 LEDRS information. As before, this report may be obtained by going to "Local Government Reporting" on the CSA state website, https://www.csa.virginia.gov/UserManagement/Home/Index, 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."

29. Statement of Economic Interest for CPMT & FAPT Members

Any person serving on the CPMT or a FAPT who does not represent a public agency shall file a statement of economic interests as set out in COV § 2.2-3117 of the State and Local Government Conflict of Interests Act (COV § 2.2-3100 et seq.).

29.1 Filing Procedures

1. The Clerk of the Board shall notify any county employees who serve as CPMT or FAPT members who are required by county policy to complete the statement and when submitted, will receive, retain and destroy these records as per the requirements specified by the Library of Virginia.
2. Non-public agency employees (e.g., private providers and parent representatives) will be provided with information about the filing requirements and a link to the statement when they begin their appointment to the CPMT and FAPT by the CSA Manager and FAPT Coordinator, respectively. Non-public agency employees are required to submit the statement at the beginning of their appointment one time only. The long-form of the statement shall be provided to the Clerk of the Board who will receive, retain and then destroy the form as per the requirements of the Library of Virginia.
3. CPMT members representing the Cities of Falls Church and Fairfax shall submit their statements as per the requirements of their jurisdiction. Their statements, if required by their jurisdiction, shall be submitted to the appropriate City entity who is required to follow the same record retention and destruction procedures defined by the Library of Virginia.
4. The CSA Program Director and FAPT Coordinator will not receive any CPMT or FAPT member's statements; however, each member will be asked to self-certify the status of their submission on an annual form provided and maintained for audit purposes by the CSA program.

30. Contracts Management

All Fairfax-Falls Church public child serving agencies purchasing services from public and private providers serving at-risk youth and families under the CSA will utilize a standard umbrella agreement for specialized 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 Director, or designee, 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 for services for youth eligible for CSA funding – this includes community-based services, congregate care, and residential treatment. A report detailing approval of out-of-state residential contracts by the CSA MT shall be made to the CPMT at each CPMT meeting, as needed.

There is one general Agreement for Purchase of Services, issued to individual outpatient therapists, Community-Based, Treatment Foster Care, Congregate and Residential Services and Private Day schools. These Agreements serve as the basic agreement between the CPMT and the provider and must be signed by both parties before services can be rendered. The providers fall into three categories of System of Care Providers: Tier I (In Network and Open Access), Tier II (In network but restricted access requiring CSA Management Team approval prior to use), and Tier III (Out of Network and New to the System of Care). Such agreements do not represent any specific request for service or guarantee of use.

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.

30.1 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 authorization, 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 their respective jurisdiction for the provider location;
- Willing to accept the SOC Practice Standards;
- 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 in the SFD.

Tier II Providers

Are approved as restricted access and are not listed on the CSA Provider Directory. They are accessible on a Child Specific basis. The providers may have a signed contract in place and all required documentation may already be held 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 UR authorization, submitting the Contract 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 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 by the jurisdiction of their location;
- Accept the SOC Practice Standards;
- 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 in the SFD;
- Are 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.

Tier III Providers

These providers do not have a signed contract in place and are new to the system of care. These providers can apply during an open application period and be reviewed by the application review team and the CSA Management Team for a contract. CSA Case Managers and Team-Based Planning Teams may access these providers after additional review and approval by the CSA Management Team. CSA Case Managers are responsible for acquiring UR authorization, submitting the Contract Request for Out-of-Network Provider Form and the RTC or Group Home attachment to the CSA Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team.

These previously unknown and/or unapproved providers are:

- Willing to commit to working with DMAS as a Medicaid Provider for EPSDT when appropriate;
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County;
- Licensed for the contracted services by the jurisdiction of their location;
- Willing to 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.

30.2 Protocols for Becoming a System of Care Network Provider

The CPMT has tasked the CSA Management Team with screening potential providers and approving appropriate providers for necessary services within the system of care.

As the purchasing authority for Fairfax County, the Department of Procurement and Material Management facilitates all contracting processes on behalf of the CPMT in coordination with the CSA Management Team. Through a non-competitive solicitation, DPMM accepts applications from potential providers on an ongoing basis. These applications are reviewed quarterly by the Application Review Team (ART) comprised of representatives from CSA participating public child serving departments. Applications received from targeted provider recruitment may be reviewed out of cycle.

Through the DPMM facilitated process, potential providers submit the Fairfax-Falls Church CSA System of Care Network Application to the CSA Contracts Team with all the required supporting documentation. Once the quarterly period ends, DPMM staff complete an initial review prior to engaging the ART for review. At times a Single Agency Liaison, such as FCPS-MAS and DFS-FC&A may be the only reviewer. Potential providers will be contacted if additional documentation is needed. If the provider meets the minimum requirements for the service category, and the ART deems them appropriate for the system of care, the provider will be presented to the CSA Management Team for approval of award of contract. The CSA Contracts Team will communicate with the potential providers to notify them of the CSA Management Team's decision.

30.3 Protocols for Becoming an Out-of-Network Provider

The CSA Management Team has the authority to designate providers as Tier II (Child Specific/Restricted Access) providers due to past performance, concerns over outcomes and child safety. Child Specific agreements can also be requested by a case manager from a child serving public agency. Case Managers are responsible for acquiring CSA Services Authorization, submitting the Contract Request for Tier

II/Out-of-Network Provider Form to the CSA Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team.

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 CSA Management Team prior to entering into a Child Specific Contract.

Items CSA Management Team may consider in deciding to recommend a contract with a potential provider include:

- 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.

30.4 Provider Requirements that Must Be Met Before Proceeding with Contracting

1. The provider must be in the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates prior to providing CSA funded services.
2. 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.

30.5 Certifying Provider Qualifications

Per COV § 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 Children's Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2- 5211;

Licensed/Certified Providers

Those providers requiring state licensing need to adhere to established state licensing procedures and have a current state license. Providers need to maintain state established operating standards. The providers must provide the following information in order for the CSA Management Team to consider approval:

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