

MONTGOMERY COUNTY

FAMILY ASSESSMENT & PLANNING TEAM

(F A P T)

OPERATING MANUAL



Table of Contents

<u>Page</u>	<u>Title</u>
3	Purpose of Manual
4	Target Population
5	Eligibility Criteria
6	Chart: Determining Eligibility for Funding Under the Children’s Services Act
7	Chart: Determining if CSA Can Pay
8	OCS Memo: Clarification of Code §2.2-5211 (Can the Court order a child to be mandated?)
10	FAPT Members: Roles and Responsibilities -Expectations of Members -Rotation of FAPT Chair Position
11	Referrals to FAPT -When referrals should be made to FAPT -Who may make referrals to FAPT
12-14	FAPT Case Management Guidelines
15-19	Initial Referral Form Packet
20	Medicaid Screening Form
21	Notification of Staffing
22	Summary of Child & Family Rights
23	Procedural Safeguards
24-27	Parental Contribution Forms
28	Periodic Review
29	Review Forms
31	Generic FAPT Agenda
32	FAPT Agenda (Wednesday Meetings)
33	Confidentiality Statement
34-36	Individual/Family Service Plan (IFSP)
37	Acknowledgement of IFSP
38	FAPT Case File Documentation Requirements
39	CSA Case File Inventory Sheet
40	Parental Placements, Parental Agreements, Non-Custodial Placements
41	Definitions
42-45	Parental Agreement
46-47	OCS Memo: CSA Parental Agreements and 18 year olds
48-54	OCS Memo: Final Interagency Guidelines on Foster Care Services for Specific “Children in Need of Services”
55-57	Eligibility Determination Checklist Specific Foster Care Services for Specific “Children in Need of Services”
58	Medicaid Placements
59	Responsibilities Prior to Admission
60	Certificate of Need
61	Rate Reimbursement Sheet
62	Utilization Management
63	Utilization Management/Review for CSA Cases
64	Documentation Required for OCS UM of Residential/Group Home Placements (Congregate Care)
65-66	Initial/Review Checklist
67-68	CSA Website Information
69	Glossary of Terms
71-74	Parent’s Guide to CSA

PURPOSE

The purpose of the Family Assessment and Planning Team (FAPT) Manual is to provide guidelines for FAPT Case Members and Managers.

The FAPT involves interagency coordination and management services. The FAPT makes recommendations to the Community Policy and Management Team (CPMT) regarding interventions for families and youths. Specific agency involvement includes the following:

Montgomery County Division of Human Services
Montgomery County Department of Social Services
Montgomery County Public Schools
New River Valley Community Services
27th District Juvenile Court Services Unit
Parent Representative*
Private Provider Representative*

*Shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of the State and Local Government Conflict of Interest Act, or a fiduciary interest.

TARGET POPULATION

The target population includes children who have intense needs and are involved with multiple agencies. **CSA funds are to be used after resources of other agencies have been exhausted and eligibility requirements are fulfilled.**

“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 for whom foster care services, as defined by [§ 63.2-905](#), are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900](#);
4. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](#), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of [§ 16.1-284.1](#)
5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance [§ 66-14](#) ." [COV § 2.2-5211 B.](#)

ELIGIBILITY CRITERIA

4.2.1. Eligible Population – CSA Manual

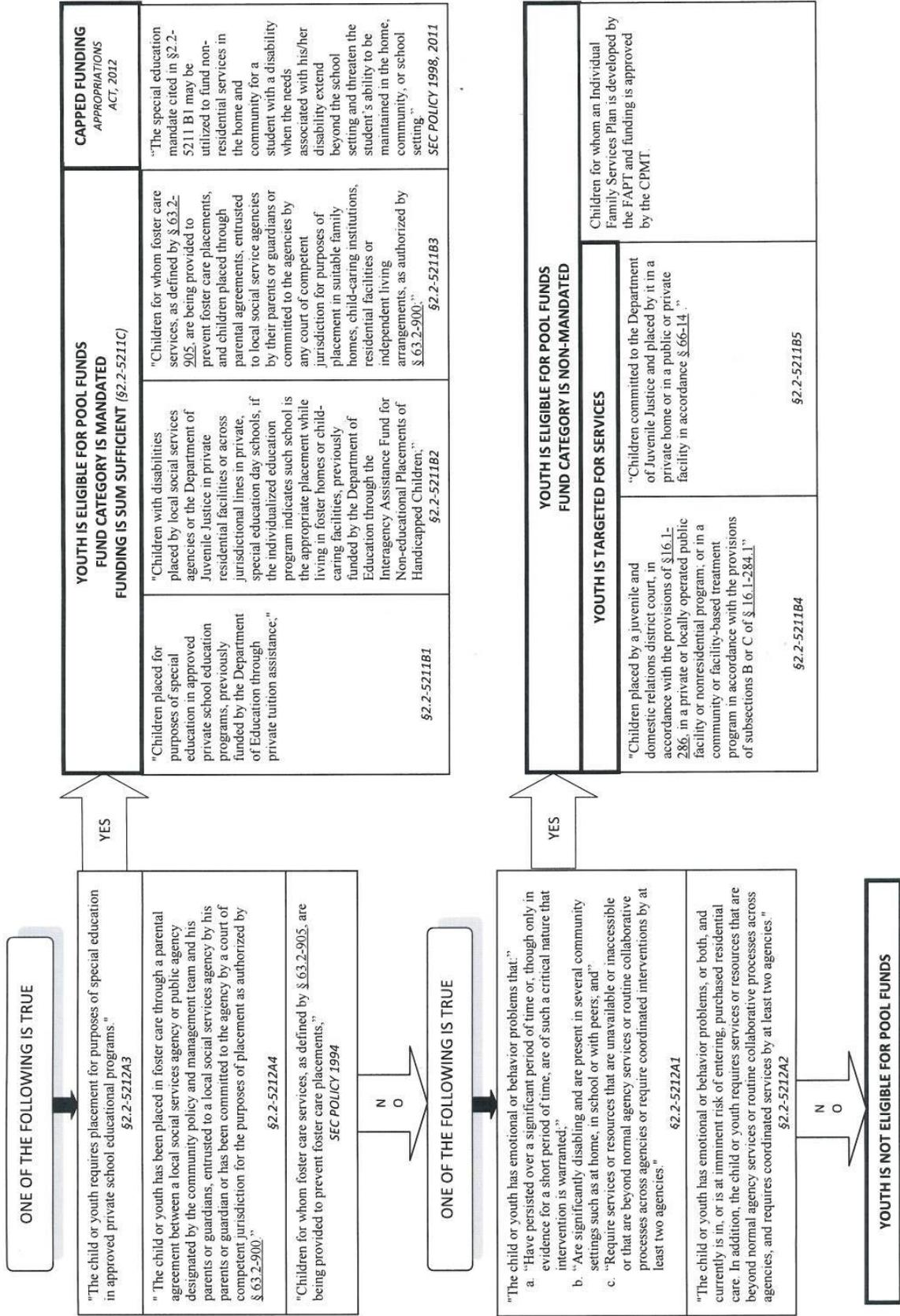
"In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the community policy and management team to have access to these funds." [COV § 2.2-5212 A.](#)

1. The child or youth has emotional or behavior problems that:
 - a. 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;
 - b. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and
 - c. Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies.
2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.
3. The child or youth requires placement for purposes of special education in approved private school educational programs.
4. The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by [§ 63.2-900.](#)" [COV § 2.2-5212 A.](#)

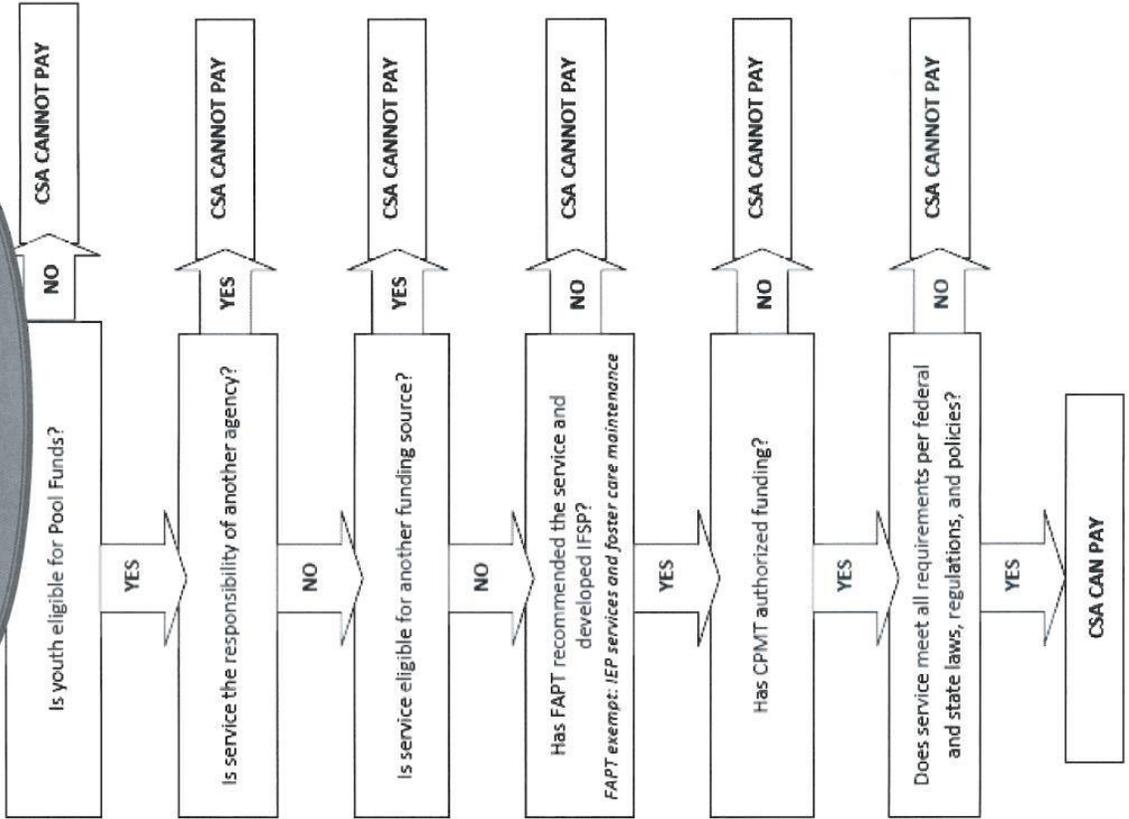
[See "DSS Appendix D" for further information, including CHINS Interagency Guidelines](#)

(For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.) [COV § 2.2-5212 B.](#)

DETERMINING ELIGIBILITY FOR FUNDING UNDER THE COMPREHENSIVE SERVICES ACT



DETERMINING IF CSA CAN PAY



February 23, 2012

Question:

Please clarify the intent of the following portion of COV §2.2.-5211 E: ***“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...”***

Answer:

The entirety of this Section of COV §2.2-5211 is:

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

Existing case law (*Fauquier County Department of Social Services v. Robinson* 20 Va. App. 143 (1995) and *S.G. v. Prince William County Department of Social Services* 25 Va. App. 356 (1997)) supports the authority of the Court to supersede service decisions made by the Family Assessment and Planning Team (FAPT) and approved by the Community Policy and Management Team (CPMT). Simply put, based on these Court of Appeals decisions, the Court's authority to order services over-rules the service decisions made by the FAPT and CPMT.

The CPMT is responsible for determining a youth's eligibility for CSA funding. **Pool funds can only be used for CSA- eligible children and youth.** A Court cannot order a child to be "mandated" or eligible for CSA simply by virtue of the Court's order for services. As the statute indicates, the services must be "ordered pursuant to a disposition rendered by the court." The court's disposition may (or may not) make the child or youth eligible or mandated for CSA funding. For example, a court's finding or disposition of "child in need of services" places that child in the CSA mandated population. (COV §16.1-228, §63.2-905, §2.2-5211)

Conclusion:

If the child or youth for whom the Court orders services is eligible for CSA funding, and the Court is requested to consider a level of service and recommendations not identified in the Individual and Family Services Plan (IFSP), then the Court and the FAPT/CPMT must (“shall”) follow the process outlined in COV §2.2-5211 E regarding development of a second report outlining a comparable plan of services. However, after following this process, the Court may still order services for the CSA-eligible child who is “properly before the Court” and for whom the Court has rendered a disposition pursuant to this section. The wording “as appropriated” added to this section in 2009 clarifies that:

- If the child or youth for whom the Court orders services is included in the mandated population, mandated funds are utilized for the services and the locality and the state shall ensure “sum-sufficient” funding.
- If the child or youth for whom the Court orders services is CSA-eligible, but not in the mandated population and non-mandated funds are available, the locality and the state should fund the services using non-mandated funds.
- If the child or youth for whom the court orders services is CSA-eligible, but not in the mandated population, and non-mandated funds are not available, the CPMT cannot authorize services using pool funds.

NOTE: The Office of the Attorney General has reviewed this OCS clarification of statute and confirmed its accuracy.

FAPT MEMBERS: ROLES AND RESPONSIBILITIES

Montgomery County CSA will create a culture of respect, inclusion and equity to promote family engagement.

FAPT members will respect:

- The diversity of the families, which may include but are not limited to race, ethnicity, immigration status, religion, sexual orientation, gender and socioeconomic status.
- The impact of stress and adversity on families
- The differing opinions and will work together to implement service plan

Expectations of Members

It is expected that the FAPT members will:

- Attend scheduled meetings. If unable to attend, a designee will be sent to represent the member agency;
- Be prompt to the meetings;
- Assist Case Managers from their agency with the required FAPT paperwork;
- Treat other FAPT members, case managers, and families with respect, empathy and courtesy;
- Confirm family members are informed and understand their rights/responsibilities with respect to CSA services (i.e. notifications, information, procedural safeguards, summary of rights);
- Support family members for their participation (i.e. FAPT parent representative);
- Collaborate with family on written service plans to establish common definitions and goals;
- Offer services, based on the families' strengths, to help take action to increase their stability;
- Assist family with navigating human services systems to streamline programs;
- Work to meet families during non-traditional hours or provide transportation when available.

Rotation of FAPT Chair Position

The position of FAPT Chair is set on a fiscal year (July-June) rotation schedule as follows:

27th District Juvenile Court Services Unit
Montgomery County Department of Social Services
New River Valley Community Services
Montgomery County Public Schools

REFERRALS TO FAPT

Referrals should be made to the FAPT if:

1. Family/child has a long-standing problem and there is multiple agency involvement.
2. Family/child is in need of services or supervision (CHINS) and the Court has entered an order referring the case for FAPT recommendations.
3. Child is being considered for private day, residential placement or foster care placement (provided placement is within 14 days of admission and the emergency placement is approved at the time of placement by FAPT).
 - Submit to the DBHDS information on a child or adolescents requiring admission to an inpatient acute care facility or residential treatment facility (but admission is not obtained within 8 hours from the time the request was initiated) licensed pursuant to Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2. Such information shall be gathered from the FAPT or participating community agencies authorized in §2.2-5207.
4. Child is returning to the community from a residential placement and an interagency plan is needed.

The following can make referrals to FAPT:

- Montgomery County Department of Social Services
- Montgomery County Public Schools
- 27th District Juvenile Court Services Unit
- New River Valley Community Services
- Parents or persons who have primary physical custody of a child in their care *(July 2015 General Assembly amended §2.2-5206 requiring local CPMT to establish a process for parents to refer children to the local CSA teams.)*

Referring a case to Montgomery County FAPT for Children's Services Act (CSA) pool funds

- Assure that all of the available services and resources that can be provided by the individual agency have been depleted and there is no other agency that may be able to provide the needed services, then the case will likely be appropriate for a Family Assessment and Planning Team (FAPT) meeting.
- Explore other possible funding sources, (i.e. Family Insurance, Medicaid, Adoption Subsidies, Special Welfare Accounts, Title IV-E, Court Services funds, Mental Health Initiatives, EPSDT, Waivers, Promoting Safe and Stable Family). There are no other funding sources that would be appropriate to meet the family's needs.
- Consider every aspect of the family system when planning for services. Explore what is occurring in the Court, home, school, community, and all mental health diagnosis. Explore whether there are other agencies and support systems that are involved with the family and engage them in the service planning process.
- Parent referrals are inclusive of any custodian/ guardian's referral (oral or written) directly to the CSA office. In such cases, the CSA staff may obtain consent to exchange information from the parent and information regarding the child's needs. The parent will be offered a FAPT meeting within 30 days of the request to the CSA office. The local CSA staff may represent the family at the FAPT meeting for discussion purposes if a public child serving agency has not been identified as the case manager. 10/14/15
- Contact the Montgomery County Human Services/ CSA Program, (540) 382-5776 or (540) 382-5781 to discuss the circumstances of the case. 10/14/15

Preparation for FAPT

Assistance available: Montgomery County Human Services/ CSA Program, (540) 382.5776 or (540) 382.5781
Health and Human Services Building
210 S Pepper St., Suite D
(Lower level)
Christiansburg, VA 24073

Consent to Exchange Information from Parent/Guardian

- When appropriate the case manager will meet with the family to discuss the FAPT process and the expectation for the parents' participation. The parent/ guardian **must** be present for the initial and **each six month review FAPT meetings** (*revised 1/14/15*). The guardian will sign the FAPT Consent to Exchange Information form which should be end dated with "until services are closed". The guardian's signature on the initial Consent to Exchange Information form shall serve as validation that the FAP Team has permission to discuss the case and begin to plan for service provision. If youth is 18 or older, and receiving CSA funds, he/she (unless incapacitated) **must** sign his own Consent to Exchange Information form.
- When appropriate the case manager will inform the parents of the function and membership of the FAPT. The FAPT consists of a representative from the Court Services Unit, Montgomery County Department of Social Services, NRV Community Services, Montgomery County Public Schools, a Parent Representative and a Private Provider.

Parent/ Guardian attendance

- For cases other than mandated MCDSS foster care cases or IEPs, parent/guardian **must** be present for the initial **and each six month review** Family Assessment and Planning Team meetings (*revised 1/14/15*). FAPT shall encourage families to fully participate in the assessment, planning and implementation of the Individual and Family Service Plan (IFSP).

- It is the responsibility of the case manager /parent/guardian to notify the involved parties of the FAPT meeting date and time. The case manager/parent/guardian is to **invite and encourage** all relevant parties to attend the FAPT meeting. This should include but is not limited to the parent/guardian, service providers, foster parents and advocates. Documented notification to parents/guardians should be submitted to FAPT. The Family Assessment and Planning Team shall provide for family participation in all aspects of assessment, planning and implementation of services. COV § 2.2-5208.2.

Scheduling a FAPT meeting

- The case manager parent/guardian contacts the CSA office to request a meeting time on the FAPT agenda. Once the case has been scheduled to be staffed, it is the responsibility of the case manager/parent/guardian to notify the family, service providers and other pertinent parties of the FAPT date.
- Monday prior to the FAPT staffing, the following documents should be provided to the CSA office: Initial referral form, Consent form, Parental copay forms, Monthly Reports, current psychological evaluations, assessments, etc. CANS must be entered in CANVAS and signature cover sheet submitted with other paperwork.
- The CANS will be completed every three months by the case manager and provided to the CSA office. If significant changes occur in the status of the case or if the case manager is requesting a change in services, the CANS should be completed prior to the FAPT meeting during which the request is being made. The case manager is responsible for ensuring that the CANS is inputted into the CANVAS online system <https://www.csa.canvas.virginia.gov/> and provide a copy of the CANS to service providers so that Medicaid billing can occur for those services that qualify. The case manager is responsible for ensuring that they are re-certified in the CANS on an annual basis.

Parental Co Payment COV § 2.2-5208 (6), COV § 2.2-5206 (3), 2009 Appropriations Act, Item 283 § F.2009

Community-Based Services:

“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/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 (IFSP).” *Adopted 2/11/15 CPMT*

- The case manager/CSA staff will explain the Co Payment Screening Form to the parent/guardian. Case managers should be knowledgeable of the CPMT Co Payment policy in order to inform the parent/guardian.

[March 14, 2012 CPMT approved unanimously “Unless there is a record of paid co-payments by a parent(s) for CSA -funded services there will be no further requests for funding of services presented to CPMT for approval. When an initial request for services is made, however, the service(s) may begin and co-pay collected. If co-pay is not paid, the service(s) will be discontinued. If co-pay is paid after services have been discontinued due to non-payment, the service(s) can be reinstated.]

- The case manager/CSA staff is to complete the Co-Pay Screening Form and provide official proof of all household members’ income (i.e. pay stubs, Leave and Earning Statement, W-2, Unemployment compensation, SSA, SSI, TANF, Child Support, Alimony, Adoption Subsidy). The case manager will submit the documentation to the CSA staff prior to the FAPT meeting to determine if a co pay will be required. This procedure is subject to a quality assurance review. While determining contribution please use lower amount if income falls between the

ranges. The parent/guardian will be provided with a copy of the parental contribution agreement noting their co-payment obligation.

- When the required monthly parental co pay is greater than the cost of the provided service, the parent will be invoiced only for the cost of services for that month.

Out-of-Home Placements:

CSA staff shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). Custodial and non-custodial parents of children in out-of-home care are to be referred to DCSE for costs not paid by Medicaid. Adopted 2/11/15 CPMT

The FAPT Meeting

- The case manager/parent/guardian is the initial service coordinator and collects all relevant information regarding the case. The following documents can be offered to the FAPT members: Initial Referral Form, CANS, Consent to Exchange form, IEP, prior evaluations, requested services and price structure of the services.
- Presenting at FAPT, the case manager/parent/guardian shall discuss the following:
 - Presenting problem; reason the case is before FAPT (Issues threatening to juvenile's well-being or safety, danger to child's life or health)
 - Strengths and needs of youth/ family as identified by CANS
 - Family's functioning in home, school, community; existing supports
 - Recorded mental health diagnosis/medications - including recent changes
 - Provider and family reports on outcomes of previous strategies attempted (Reason if parents/older youth not attending FAPT meeting)
 - Progress of specific goals and barriers to their achievement
 - Child/parent desired outcome
 - How will progress be evaluated
 - Alternative services/providers considered and why not chosen
 - Discharge plan
 - Service request and the cost
- Once FAPT recommends the requested services, the FAPT attendees will sign the Acknowledgement of the IFSP Assessment and Decisions. The IFSP will be printed and copies given to the family, case manager and other appropriate agency/ FAPT member. In the event that the guardian refuses the services, the FAPT case is closed, unless the service is Court Ordered or required by Federal Law through an IEP. Prior to initiating services with a vendor, the Montgomery County CPMT Chair will authorize a Purchase of Services Order, Contract or CPMT Vendor Agreement with the service provider.
- In the event of changes in the family/ child's placement/treatment/services, please advise the CSA office with dates and explanation.

MONTGOMERY COUNTY CSA REFERRAL INFORMATION

Date Completed: _____

Questions marked with an * are mandatory for CPMT approval.

Leave nothing blank-if not applicable or unknown, please write in "N/A" or "UNK".

*1. Youth's Name: _____
Address: _____

*2. Youth's DOB: ___/___/___
Age: ___

*Youth's SSN: ___-___-___

3. Phone #: _____

4. Parent/Guardian: _____

*5. Person completing form: _____ Date: _____

*6. Case Manager/Agency: _____ Phone: _____ ext: _____

*7. Race: White American Indian Asian
 Black Alaskan Native Other/Specify:

*8. Gender: Male Female

*9. CASE INFORMATION:

Mother's name: _____

Address: _____

Phone: _____

Employer: _____

Health Insurance: _____ Medicaid: Y N

Father's Name: _____

Address: _____

Phone: _____

Employer: _____

Health Insurance: _____ Medicaid: Y N

Does Insurance cover child/children? Y N

Siblings
Names: _____ Age: ___
_____ Age: ___
_____ Age: ___

10. Court-ordered Assessment/Services? YES NO

11. Referral Type (check all that apply):

- Emotional and/or behavioral problem and is in, or is at imminent risk of entering purchased residential care.
- The child requires services or resources that are beyond normal agency services.
- Routine collaborative processes across agencies or requires coordinated services by at least two agencies.

Special Education Placement Foster Care Foster Care Prev. Services Non-Mandated
(IEP must be attached)

12. Where is child living at admission/referral (check one):

- Own home/parent home
- Relative's home
- Regular foster care
- Specialized/therapeutic foster care
- Group home (Comm.based,serving up to 12)
- Residential facility
- Detention facility
- Juvenile Correctional Center
- Emergency shelter (<30 days)
- Substance abuse facility
- Psychiatric hospital
- Other (specify): _____
- None (homeless, non-sheltered)
- None (homeless, non-sheltered)

13. Is youth in custody of DSS? YES NO If YES, date of custody: ___/___/___

Basis for custody: CPS ___ Family/Guardian Relinquishment ___ Other _____

Eligible for IV-E? YES NO If NO, why not? _____

14. Does youth have Medicaid? YES NO Date Screened: ___/___/___ OR Date
FAMIS? YES NO of Application Submission: ___/___/___
Other Insurance? YES NO
If YES, what: _____

15. Current educational placement (check one):

- Regular classroom
- Special education
- Special Day School
- Residential school
- Vocational/Technical school
- Home schooling

- Homebound
- Not currently enrolled
- Expelled – alt. education
- Expelled – no. alt. education
- Dropped out
- Graduated
- Obtained GED
- Other: _____

16. List current school and grade youth is attending (if applicable): _____/____grade
 List last school attended: _____

If receiving Special Education services, list date of last IEP: ___/___/___ (IEP Cases ONLY)

17. Has youth been placed out of the home in the past 12 months? YES NO
 If YES, indicate the number of days in the past 12 months for each type of placement:

<u>Placement</u>	<u>Days</u>
<input type="checkbox"/> Regular foster care	_____
<input type="checkbox"/> Therapeutic foster care/therapeutic home	_____
<input type="checkbox"/> Group home (Comm.based,serving up to 12)	_____
<input type="checkbox"/> Residential treatment center	_____
<input type="checkbox"/> Detention center/jail	_____
<input type="checkbox"/> Juvenile correction center	_____
<input type="checkbox"/> Emergency shelter	_____
<input type="checkbox"/> Substance abuse facility	_____
<input type="checkbox"/> Psychiatric hospital	_____
<input type="checkbox"/> Respite care	_____
<input type="checkbox"/> Other: _____	_____

18. Has youth had criminal charges? YES NO

19. Does youth have current court involvement? YES NO

Court charges/dispositions: _____

20. Reported problems (check all that apply):

CHILD

- Chronic Mental Illness (ex: ADHD, Autism, Bi-polar)
- Emotional Disturbance (ex: PTSD, SED, ODD, Conduct Disorder)
- Personality Disorders (ex: OCD, Paranoid, Avoidant, Dependent, Schizoid)
- Violent Behaviors
- Sexual Abuse (___Victim ___Offender)
- Physical Conditions (ex: Diabetes, MD)
- Cognitive Limitations (ex: MR, LD)
- Failure to Thrive
- Neglect
- Substance Abuse
- Incarceration
- Multiple Placements (more than 2)
- Court Involvement (ex: Truancy, Runaway)
- Other: _____

PARENT

- Chronic Mental Illness (ex: ADHD, Autism, Bi-polar)
- Emotional Disturbance (ex: PTSD, SED, ODD, Conduct Disorder)
- Personality Disorders (ex: OCD, Paranoid, Avoidant, Dependent, Schizoid)
- Violent Behaviors
- Sexual Abuse (___Victim ___Offender)
- Physical Conditions (ex: Diabetes, MD)
- Cognitive Limitations (ex: MR, LD)
- Substance Abuse
- Incarceration
- Court Involvement
- Other: _____

21. Child and Family Needs:

(Needs related to Psychological/Behavioral/Emotional Functioning, Home Environment, School Environment and Legal-Custody Status)

*22. Previous Family interventions/services provided to prevent foster care:

SERVICE	PROVIDER	DATES/FREQUENCY	OUTCOME

*23. List current medications:

(Include Doctor's name, medication type, dosage & frequency):

*24. Does youth have a DSM-IV mental health diagnosis? If yes, please state:

*25. If child has an IEP label, please state:

*26. What alternative services or providers were considered and why were they not selected? Why was this specific provider selected (what do they offer that other providers do not)?

*27. Was an on-site visit of the facility conducted (if applicable)? YES NO
If YES, on what date and by whom?

*28. What is long-term goal for youth/family?

*29. List desired objectives to meet long-term goal (BE SPECIFIC) (add separate page(s) if needed):

MONTGOMERY COUNTY CSA REFERRAL INFORMATION

Medicaid Screening Form

(Must be completed prior to FAPT)

Medicaid Application for _____ was
(Child/family)

submitted on _____.
(Date)

(Signature of Worker)

(Agency)

(Date)

Provide copy to parent/guardian.

**Montgomery County FAPT
Notification of Staffing**

Date: _____

Name of Child: _____

Parent(s) Name(s): _____

Address: _____

Dear Parent(s)/Foster Parent(s):

It is requested/required that you participate in the assessment and/or planning process for your child scheduled for Wednesday, _____ at _____ P.M. in the Health and Human Services Building Community Room, located at 210 South Pepper Street, Christiansburg, Virginia.

If you would like to attend this meeting and do not have transportation, please call the case manager (signature below). The case manager will assist in arranging transportation, both ways, for you.

Representatives from the Montgomery County Department of Social Services, the New River Valley Community Services, 27th District Juvenile Court Services, Montgomery County Public School System, Montgomery County Human Services and the Community will be in attendance to coordinate identified services. Attached are a copy of your procedures and safeguards and a summary of rights.

Sincerely,

Phone # _____

Provide copy to parent/guardian.

SUMMARY OF CHILD AND FAMILY RIGHTS

The Children's Services Act for At-Risk Youth and Families gives your eligible child and your family certain rights as you receive services.

If you have any questions about your rights, please talk with _____ (name of Case Manager and phone number). This person can answer your questions.

The right to notice...

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

The right to consent...

You must consent in writing before beginning services listed on the Individual Family Services Plan (IFSP). (Unless otherwise ordered by the Court, upheld by the appropriate appeals process, or authorized by law.)

The right to records and confidentiality...

You have the right to review and correct records concerning your child and to obtain an explanation about any information. You have the right to give permission before any other person or agency can see the records. You also have the right to have a copy of your records. (Unless otherwise prohibited by State law.)

The right to assistance...

If you wish, you can have other members of your family, a friend, an advocate or support person, or an attorney present during the Family Assessment and Planning Team (FAPT) meetings.

The right to review...

If you disagree with any of the recommendations about your child's assessment or service plan, you have the right to appeal the service plan. The request for an appeal must be made by the child/family within 30 days of the decision by the FAPT on which the appeal is focused. Upon request of the child/ family, the appropriate agency (i.e. the agency which originated the referral to FAPT), will consider the appeal through an informal conference. If the agency agrees with the child/family, the agency will refer the issue to the FAPT for modification of the plan and/or reassessment. If the agency reaffirms the initial decision of the FAPT, the child/family may ask to have the service plan reviewed by the CPMT. The request for review by the CPMT must be made in writing to the Chair of the CPMT within 10 working days of the agency decision. The process does not supercede other appeal rights which may be governed by statute. The CPMT is the final step for local appeal.

The right to participate...

You have the right to fully participate in the assessment, planning, and implantation of services for your child and family.

All parties involved in the Family Assessment and Planning Team (FAPT) have the responsibility to be full participants in team meetings.

Parent Signature and Date

Parent Signature and Date

Child/Youth Signature and Date

Witness and Date

Provide copy to parent/guardian.

Requirements for Child and Family Rights
And
Requirements for Procedural Safeguards

PROCEDURAL SAFEGUARDS

These procedural safeguards do not take the place of any other review procedures under existing state or federal law (for example: special education and foster care law).

You must receive written prior notice when the Family Assessment and Planning Team (FAPT) begins the assessment, planning and implementation of the Individual Family Services Plan (IFSP).

You must receive the notice in your native language, unless it is clearly impractical to do so.

You must give written permission before any person or agency releases confidential information to other agencies or individuals (unless otherwise authorized by law or ordered by the court).

You must consent in writing before certain assessments are completed. You must consent in writing before the IFSP can be implemented. (Note: There are exceptions where there is a need to proceed with services without written consent.)

You will have a person assigned who is responsible for following the services on the IFSP.

As a parent, you may participate in all FAPT meetings about your child. You may bring other members of your family, a friend, an advocate or support person, or an attorney with you to the team meetings.

You may request a review of the decision of the FAPT by the Community Policy and Management Team (CPMT). The CPMT will respond to your request in writing within 45 days after receiving your request.

Information about you and your family will be confidential unless you request other use.

You have the right to see, review and receive a copy of your records (unless otherwise prohibited by law). You may receive an explanation of these records.

You may challenge information in a record that you believe is inaccurate, incomplete, not pertinent, not timely, nor necessary to be retained pursuant to the Virginia Privacy Protection Act. Section 2.1-377 et seq. Code of Virginia.

Parent Signature and Date

Parent Signature and Date

Child/Youth Signature and Date

Witness Signature and Date

**Montgomery County CSA
Parental Contribution Agreement
Community Based Services**

As the parent/guardian of _____, a minor child, I agree to participate in the planning and delivery of services which are being proposed for funding through the Montgomery County Family Assessment and Planning Team and Montgomery County Community Policy and Management Team of the Children’s Services Act (CSA).

I understand that my participation includes sharing in the cost of these community based services (CPMT 2/15) and that I am expected to make monthly financial contributions in the amount of \$_____. This contribution is based on current financial and family information, which I have provided, and which I affirm to be true and correct information. I realize that my contribution level may be reassessed if my family finances change or if the need for services changes.

I further understand that my unwillingness to share in the responsibility for providing these services or my unwillingness to actively participate in the delivery of services may be viewed as being detrimental to the effectiveness of the services and may disqualify my family from receiving CSA-funded services.

If I receive Supplemental Security Income (SSI), Social Security (SSA), or other funds on behalf of this child, I shall immediately inform the funding source when the child changes residence.

Upon receiving an invoice for my determined parental co-payment, I agree to make a payment to the address on the invoice by the due date listed. These payments will be made payable to the Treasurer of Montgomery County on behalf of my child.

I understand that services may be discontinued for non-payment.

I have read and/or have had this process explained to me and understand this agreement and I accept the personal and financial responsibilities outlined above. The parties agree that the Virginia Office of Children’s Services (OCS) shall be a party to this agreement and that the signature of the CPMT shall be deemed to be entered on behalf of the OCS for the sole purpose of conferring upon the OCS the authority to make a claim against the parent or legal guardian named herein for such parent’s or legal guardian’s failure or refusal to pay the agreed upon sum on a timely basis. Such claim for payment by the OCS shall be made only upon the request of the CPMT and through the Department of Law’s Division of Debt Collection in the Office of the Attorney General when a collection action cannot be referred to the Division of Child Support Enforcement of the Department of Social Services.

Parent/Guardian Signature

Date

Mailing Address

Daytime Phone

Case Manager Signature

Date

You will receive an invoice for each month community based services are received

(updated 10/12, 2/15)

Community Based Services
Montgomery County CSA Parental Contribution Chart
(Based on Gross Monthly Income)

Fee Schedule	<i>NUMBER OF FAMILY MEMBERS</i>									
	1	2	3	4	5	6	7	8	9	10
A	\$247	\$323	\$399	\$475	\$551	\$628	\$642	\$656	\$670	\$685
B	\$494	\$647	\$799	\$951	\$1,103	\$1,255	\$1,284	\$1,312	\$1,341	\$1,369
C	\$742	\$970	\$1,198	\$1,426	\$1,654	\$1,883	\$1,925	\$1,968	\$2,011	\$2,054
D	\$989	\$1,293	\$1,597	\$1,902	\$2,206	\$2,510	\$2,567	\$2,624	\$2,681	\$2,738
E	\$1,236	\$1,616	\$1,997	\$2,377	\$2,767	\$3,138	\$3,209	\$3,280	\$3,362	\$3,423
F	\$1,483	\$1,940	\$2,396	\$2,853	\$3,309	\$3,765	\$3,851	\$3,936	\$4,022	\$4,108
G	\$1,731	\$2,263	\$2,795	\$3,328	\$3,860	\$4,393	\$4,493	\$4,593	\$4,692	\$4,792
H	\$1,978	\$2,586	\$3,195	\$3,803	\$4,412	\$5,020	\$5,135	\$5,249	\$5,363	\$5,477
I	\$2,225	\$2,910	\$3,594	\$4,279	\$4,963	\$5,648	\$5,776	\$5,905	\$6,033	\$6,161
J	\$2,472	\$3,233	\$3,994	\$4,754	\$5,515	\$6,276	\$6,418	\$6,561	\$6,703	\$6,846

Fee Schedule	<i>NUMBER OF FAMILY MEMBERS</i>									
	11	12	13	14	15	16	17	18	19	20
A	\$699	\$713	\$727	\$742	\$756	\$770	\$784	\$799	\$813	\$827
B	\$1,398	\$1,426	\$1,455	\$1,483	\$1,512	\$1,540	\$1,569	\$1,597	\$1,626	\$1,654
C	\$2,097	\$2,139	\$2,182	\$2,226	\$2,268	\$2,311	\$2,353	\$2,396	\$2,439	\$2,482
D	\$2,795	\$2,853	\$2,910	\$2,967	\$3,024	\$3,081	\$3,138	\$3,195	\$3,252	\$3,309
E	\$3,494	\$3,568	\$3,637	\$3,708	\$3,780	\$3,851	\$3,922	\$3,994	\$4,065	\$4,136
F	\$4,193	\$4,279	\$4,364	\$4,450	\$4,535	\$4,621	\$4,707	\$4,792	\$4,878	\$4,963
G	\$4,892	\$4,992	\$5,092	\$5,192	\$5,291	\$5,391	\$5,491	\$5,591	\$5,691	\$5,791
H	\$5,591	\$5,705	\$5,819	\$5,933	\$6,047	\$6,161	\$6,276	\$6,390	\$6,504	\$6,618
I	\$6,290	\$6,418	\$6,546	\$6,675	\$6,803	\$6,932	\$7,060	\$7,188	\$7,317	\$7,445
J	\$6,989	\$7,131	\$7,274	\$7,417	\$7,559	\$7,702	\$7,844	\$7,987	\$8,130	\$8,272

FEE SCHEDULE

A	B	C	D	E	F	G	H	I	J
\$0	\$5	\$15	\$30	\$40	\$80	\$120	\$150	\$180	\$200

WHILE DETERMINING CONTRIBUTION PLEASE USE LOWER AMOUNT IF INCOME FALLS BETWEEN THE RANGES.

EXAMPLE: A FAMILY WITH 4 MEMBERS (IN SAME HOUSEHOLD) THAT HAS AN INCOME OF \$2000 PER MONTH, WOULD MEET FEE SCHEDULE "D", WHICH EQUALS A CO-PAYMENT OF \$30 PER MONTH.

COMMUNITY BASED SERVICES

MONTGOMERY COUNTY CSA PARENTAL CONTRIBUTION EXPENSE FORM

GROSS MONTHLY INCOME

1. CHILD'S NAME	DATE
PARENT'S NAME	PARENT'S NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
TELEPHONE (HOME)	TELEPHONE (HOME)
(WORK)	(WORK)

2. MEMBERS OF THE FAMILY UNIT (TO INCLUDE ALL INDIVIDUALS LIVING IN THE HOME)			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
TOTAL FAMILY MEMBERS _____			

3.	EMPLOYER	GROSS INCOME PER PAY PERIOD	PAY PERIOD FREQUENCY	GROSS MONTHLY INCOME
PARENT 1				
PARENT 2				
OTHER FAMILY				
TOTAL MONTHLY SALARY/WAGES \$ _____				

4. OTHER FAMILY INCOME					
AID TO DEPENDENT CHILDREN	\$	MONTH	INVESTMENT INTEREST/DIVIDENDS	\$	MONTH
UNEMPLOYMENT COMPENSATION	\$	MONTH	LIFE INSURANCE PAYMENTS	\$	MONTH
SOCIAL SECURITY BENEFIT	\$	MONTH	DISABILITY/WORKERS COMPENSATION	\$	MONTH
SUPPLEMENTAL SECURITY INCOME	\$	MONTH	RETIREMENT INCOME	\$	MONTH
ALIMONY/CHILD SUPPORT	\$	MONTH	OTHER	\$	MONTH
	\$	MONTH	OTHER	\$	MONTH
TOTAL MONTHLY SALARY/WAGES & OTHER \$ _____					

5. CHILD'S SSI AND SSDA ELIGIBILITY (CHECK ONE FOR EACH)

		SSI	SSDI		SSI	SSDI
A.	ELIGIBLE AND RECEIVING PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	D.	DETERMINED TO BE ELIGIBLE	<input type="checkbox"/> <input type="checkbox"/>
B.	ELIGIBLE, NOT RECEIVING PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	E.	NOT APPLICABLE	<input type="checkbox"/> <input type="checkbox"/>
C.	POTENTIALLY ELIGIBLE	<input type="checkbox"/>	<input type="checkbox"/>	F.	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/>

Calculating Your Gross Monthly Income Worksheet

If you are paid hourly

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{(Pay before} \\ \text{deductions)} \end{array} \times \begin{array}{l} \underline{\hspace{2cm}} \\ \text{(\# of hours you} \\ \text{work in 1 week)} \end{array} \times 52 \text{ weeks} \div \square 12 \text{ months} = \$ \underline{\hspace{2cm}} \\ \hspace{15cm} \text{(gross monthly income)}$$

If you are paid weekly

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{(Pay before} \\ \text{deductions)} \end{array} \times 52 \text{ weeks} \div \square 12 \text{ months} = \$ \underline{\hspace{2cm}} \\ \hspace{15cm} \text{(gross monthly income)}$$

If you are paid bi-weekly

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{(Pay before} \\ \text{deductions)} \end{array} \times 26 \div \square 12 \text{ months} = \$ \underline{\hspace{2cm}} \\ \hspace{15cm} \text{(gross monthly income)}$$

If you are paid twice a month

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{(Pay before} \\ \text{deductions)} \end{array} \times 24 \div 12 \text{ months} = \$ \underline{\hspace{2cm}} \\ \hspace{15cm} \text{(gross monthly income)}$$

If you are paid monthly

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \\ \text{(gross monthly income)} \end{array}$$

Periodic FAPT Review

1. Scheduling requests for FAPT review dates *are* made through the Montgomery County Human Services Division (382-5776). Documentation for client files must be received by 5:00 P.M. by the Monday prior to the scheduled Wednesday FAPT meeting. Failure to submit documentation on time may result in losing your scheduled time slot and a delay in services.
2. Submit completed FAPT Review Packet, which consists of:
 - Review Form (see Sample Review Form)
 - CANS Assessment (submit assessment online in CANVaS, <https://www.csa.canvas.virginia.gov>)
 - Progress Report(s) from provider
 - Copies of any assessment(s) either made by, or arranged by, referring agency
 - Copy of current IEP or any amendments to the IEP (if Special Ed student)
 - Copies of any vendor contracts/agreements, court orders, foster care plans (if applicable)
 - Updated Parental Contribution form (if applicable)
3. Provide vendor and cost of service, if any change to IFSP.

Formal FAPT reviews will focus on the child's previously developed FAPT service plan (IFSP). Reviews will be scheduled at least every three (3) months or if the circumstances of the child significantly change. FAPT reviews should be scheduled by the Case Manager/parent/guardian prior to the expiration of the current service/treatment plan or if the current service/treatment plan is in need of amendment.

If child is placed by DSS in a residential placement, per DSS policy **(6.15.4)**

“When a group home or residential facility is granted a provisional license due to its failure to fully satisfy all state licensing standards, then children placed in the facility are not eligible for Title IV-E foster care maintenance payments. The group home or residential facility is eligible for Federal financial participation when it comes into full compliance with the state's licensing standards (Social Security Act, Title IV, § 471 (a) (10) [42 USC 671] and the Federal Child Welfare Policy Manual, Questions and Answers on the Final Rule 65 FR 4020, dated 1/25/00).

LDSS shall not place children in a group home or residential facility using CSA state pool funds when its licensure status is lowered to provisional as a result of multiple health and safety or human rights violations. The LDSS shall assess all children it placed in the facility prior to the licensure status being lowered 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 (§2.2-5211.1). No additional children shall be placed in the provisionally licensed facility until the violations and deficiencies related to health and safety or human rights that caused the designation as provisional are completely remedied and full licensure status is restored.”

**MONTGOMERY COUNTY
FAMILY ASSESSMENT & PLANNING TEAM (FAPT)
REVIEW FORM**

Name of Youth: _____ **Date of FAPT Meeting:** _____

Address or Location of Youth: _____

Case Manager/Parent/Guardian: _____ **Phone:**

Date of Last FAPT Review: _____

Date of Last CANS: _____
(Include Copy)

Date of Last Signed "Consent to Exchange Information" Form: _____
(Please update if expiration near)

If a Parental Co-payment is applicable to this child/family, has there been any increase or decrease in the family's income? YES ___ NO ___
(If YES, submit new form)

Narrative update from last presentation (use additional pages if necessary):
(Attach copies of most recent IFSP, progress reports, assessments, IEP, contracts, court orders, foster care plans, etc.)

Please describe the progress made related to the outcome criteria for each objective from the Individual Family Service Plan (IFSP). Discuss the effectiveness of intervention strategies and family involvement. Attach any current progress reports from service providers, and any new assessments. Use additional pages if necessary for Outcome Objectives.

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Recommendations for other services or modifications to the IFSP?

Generic

FAPT

Agenda

MONTGOMERY COUNTY FAPT AGENDA *(Wednesday Meetings)*

WELCOME

INTRODUCTIONS

Explain purpose and role of Family Assessment & Planning Team (FAPT)
Confidential Meeting-Introduction of individuals
Signing of Confidentiality Statement (see copy of blank form)

CASE MANAGER'S/PARENT/GUARDIAN PRESENTATION & FAMILY'S/YOUTH'S COMMENTS

QUESTIONS & DISCUSSION

DEVELOPMENT OF SERVICE PLAN

Establish **measurable** goals & objectives, service, provider and cost (see copy of blank plan)*
Identify & assign responsibilities of appropriate agency/family member
Sign "Acknowledgement of IFSP Assessment & Decisions" (see copy of blank form)
Review Parental Contribution information, if applicable (see copy of blank forms, located with Referral Packet)
Schedule review date

* Please note that no payment will be approved by CPMT until the provider and cost of service have been identified. If FAPT approves a service for a family without the provider/cost identified and the case manager fails to provide this information prior to the CPMT meeting, the service will not be requested.

EXPLANATION OF COMMUNITY POLICY & MANAGEMENT TEAM (CPMT)

Explain role of CPMT
Advise date of CPMT's next meeting. Case Manager/Parent/Guardian will be notified of CPMT decision

NOTE: All service plans are: subject to CPMT approval;
subject to availability of funding;
subject to on-going case review & documentation

INDIVIDUAL AND FAMILY SERVICE PLAN (IFSP)

Date of FAPT: ___/___/___

Date of CPMT: ___/___/___

Demographic and Referral Information:

Client Name: _____ DOB: ___/___/___ Age: ___ Sex: M F Race: ___

Client CSA ID# _____

Funding Category: _____

Referral Agency/Case Manager/Parent/Guardian: _____

Parental Co-Pay? _____

=====

Goals, Outcomes, Objectives, Strategies, Agency, Vendor(s), Service Dates and Transition Discharge Plan:

Long-Term Goal(s):

Current Priority Goal(s):

YOUTH:

Desired Outcomes/Objectives	Strategies/Services	Provider	Cost	Dates	CANS Need/Strength

FAMILY:

Desired Outcomes/Objectives	Strategies/Services	Provider	Cost	Dates	CANS Need/Strength

What is needed to step down/discharge from this plan?

NEXT REVIEW DATE: ____/____/____ @ _____ P.M.

Neither the CPMT nor the FAPT shall discriminate on the basis of race, sex, age, religion, socioeconomic status, handicapping conditions, or national origin.

As parent/legal guardian, you have the right to appeal. A written request for appeal may be filed by the child or family within 30 days of the decision by the FAPT on which the appeal is focused. The request shall include: a) specifically what they are appealing; b) what they are requesting as an alternative; and c) the supporting information to justify the appeal. The request is to be submitted to the agency which originated the referral to FAPT.

Client Name: _____

Date: _____

**MONTGOMERY COUNTY
ACKNOWLEDGEMENT OF IFSP ASSESSMENT AND DECISIONS**

PARTICIPATION AND CONSENT OF FAMILY ASSESSMENT AND PLANNING TEAM (FAPT): The undersigned had the opportunity to participate in the development of this Individual Family Service Plan (IFSP). We understand the IFSP and, unless otherwise indicated below, agree with the IFSP and agree to cooperate with the implementation of the IFSP.

<i>FAPT MEMBER SIGNATURE/AGENCY</i>	<i>COMMENTS</i>

<i>PARTICIPANT SIGNATURE</i>	<i>COMMENTS</i>

PARTICIPATION AND CONSENT OF PARENT/GUARDIAN

- I have had the opportunity to participate in the development of this Individual Family Services Plan (IFSP). I understand the IFSP and give my permission to the Family Assessment and Planning Team (FAPT) to implement the IFSP. I/We agree with the implementation of the IFSP.

Signature of Parent/Guardian

Date

- I have had the opportunity to participate in the development of this (IFSP). I understand the IFSP, but I do not agree with the implementation of the IFSP. I do not give permission to implement the IFSP.

Signature of Parent/Guardian

Date

CSA Case File

Documentation

Requirements

Case Name:

Date:

CSA Documentation Inventory

Required Information	Location	N/A - Notes
Case Manager designation		
Parent consent to release information		
Assessment data		
Includes: Completed CANS Assessment		
Parental co-payment assessed		
Service Plan IFSP FC Plan IEP (circle)		
Desired outcomes & timeframes		
Identification of services		
TFC Level		
Mitigating circumstances		
FAPT or MDT recommendations		
Parent/Guardian participation & consent to service plan		
CPMT authorization		
Signed vendor contract		
Vendor treatment plan (s)		
Vendor progress report (s)		
Utilization review data		
Updated Service Plan		

*Parental Placements,
Parental Agreements,
And
Non-Custodial Placements*

Parental Placements, Parental Agreements, and Non-Custodial Placements

A Parental Placement is an out-of-home placement of a child in a residential facility or group home made by the parent(s)/legal guardian(s) that does NOT require any CSA involvement or funding. Typically, Medicaid will pay room and board costs and the educational costs are waived or the parent(s)/legal guardian(s) covers cost of educational costs (ex: Adoption Subsidy funds).

A Parental Agreement is an out-of-home placement of a child in a residential facility or group home agreed upon by the parent(s)/legal guardian(s) and the Montgomery County CPMT, whereby the parent(s)/legal guardian(s) retain legal custody of the child. A Parental Agreement does utilize CSA funding and must follow CSA process. Both parents will be referred to the VA Division of Child Support Enforcement (DCSE) for the establishment and enforcement of child support orders for costs other than those related to education. (*Adopted CPMT 2/11/15*)

A Non-Custodial Placement is an out-of-home placement of a child by the parent(s)/legal guardian(s) and the Department of Social Services, whereby the parent(s)/legal guardian(s) retain legal custody. If Non-Custodial placement is to be longer than six months, it requires the approval of the DSS Regional Foster Care Program Consultant. The family will be assessed for a parental contribution through Division of Child Support Enforcement for all non-custodial placements.

CSA PARENTAL AGREEMENT

This Parental Agreement, (from now on referred to as the "Agreement") is entered into this ____ day of _____ in the County of Montgomery, Virginia, between _____ the Parent(s)/ Legal Guardian(s) of _____ (a child under the age of eighteen) born on _____ and _____, a public agency designated by, and acting as an agent of, the Community Policy and Management Team (from now on referred to as the "Agency").

PLACEMENT AUTHORITY

As the parent(s)/legal guardian(s) of _____, we have the legal authority to plan for him and voluntarily place him on the ____ day of _____ in a state approved home or a licensed facility for a period not to exceed _____.

RIGHTS AND RESPONSIBILITIES: PARENT(S)/GUARDIAN(S)

1. Placement of my/our child, named in this agreement is:
 - a. in my/our child's best interests at this time,
 - b. in the most appropriate and least restrictive setting to meet my/our child's needs at this time and
 - c. is agreed upon by the members of my/our child's Family Assessment and Planning Team (FAPT) and myself/ourselves.
2. I/we retain legal custody of my/our child.
3. I/we agree that the goal is for my/our child to **return home**.
4. I/we will:
 - a. Actively and consistently participate in all aspects of assessment, planning and implementation of services throughout the time this agreement is in effect,
 - b. Cooperate with the Agency and all other providers of services to my/our child,
 - c. Attend and participate in FAPT meetings for the purpose of planning, reviewing and monitoring the service plan in relation to my/our child's and our family's needs,
 - d. Attend all court hearings concerning my/our child's placement and service planning,

- e. Attend and participate in family therapy sessions, parent training, and/or other services for family members as described in the Individual Family Service Plan (IFSP),
 - f. Actively participate in scheduled and approved visitation with my/our child,
 - g. Cooperate with completing information about the child, myself/ourselves, and our family, and
 - h. Provide all necessary documentation to the Agency for services and placement of my/our child.
5. I/we will provide the treatment facility with the following:
- a. Written consent for routine medical treatment and care, including emergency treatment. Any proposed treatment or services presenting significant risk for my/our child, including surgery or treatment with psychoactive medications, will require my/our specific informed consent.
 - b. All necessary emergency phone numbers to contact me/us.
6. I/we agree to inform the CPMT in the current locality of any plan to relocate my/our physical residence outside of this jurisdiction.

**RIGHTS AND RESPONSIBILITIES:
AGENCY DESIGNATED BY THE CPMT**

The Agency agrees:

- a. to work with me/us and my/our child to develop and provide case management services to implement the IFSP,
- b. to assist the family with filing the necessary documentation with the court within sixty days following the placement of my/our child in accordance with the FAPT approved IFSP,
- c. to provide case specific information to parents in accordance with established local CPMT policies and procedures and
- d. to provide utilization management will be provided in accordance with established CPMT policies and procedures.

FISCAL AUTHORITY/PAYMENT TERMS

Payments for services will be made and documented for all parties in accordance with the policies and procedures approved by the CPMT and may include:

- Parental co-pay,
- Insurance policies,
- Child support (DCSE),
CSA staff shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). **Custodial and non-custodial parents of children in out-of-home care are to be referred to DCSE.** (Adopted 2/11/15 CPMT)
- Federal and/or state resources and
- CSA Pool Funds.

Payment of service costs with CSA funding will be authorized only for those services included in the IFSP that have been approved according to the policies and procedures established by the CPMT and that comply with all relevant City/County procurement and fiscal policies.

The parent(s)/legal guardian(s) will apply for Medicaid, FAMIS, and/or other public or private funding and resources, as applicable, to assist in paying for services provided in accordance with the IFSP.

The parent(s)/legal guardian(s) agree to pay the parental co-pay determined in accordance with CPMT policies and procedures.

In addition, the parent(s)/legal guardian(s) will retain certain financial responsibilities related to their child's care that are normal and customary parental responsibilities, including but not limited to clothing, toiletries, personal care items, and spending allowances, and the following special items: medical expenses not covered by Medicaid.

The parent(s)/legal guardian(s) is/are aware that should they move outside of the City/County represented by this CPMT, there is no guarantee that the CPMT in the new Virginia locality, or any other state's jurisdiction, will honor this agreement and the placement of their child may be disrupted. They also agree to advise the CPMT in the current locality of any plan to relocate their physical residence outside of this jurisdiction.

The parent(s)/legal guardian(s) further agree(s) that if they change residency to:

- another Virginia Locality, the new locality has up to 30 calendar days to determine what appropriate services and agreements will apply according to their CPMT policies. The 30 calendar days begins upon receipt by the new CPMT of written notification of the residency change. This Parental Agreement will terminate when the new locality's CPMT implements services or when the 30 calendar days has elapsed, whichever occurs first.
- a locality outside of Virginia, this Parental Agreement terminates immediately.

CONDITIONS FOR TERMINATION OF AGREEMENT

This is a voluntary agreement. I/we understand that as my/our child's parent(s)/legal guardian(s), I/we may revoke this agreement at any time. If I/we request my/our child be returned to me/us prior to the end of this agreement, I/we will provide 14 days written notice prior to the date I/we expect my/our child to be returned to me/us.

I/we understand that the Agency may terminate this agreement by giving me/us 14 days written notice of the termination if I/we fail to comply with the conditions and terms of this agreement, or if the Agency determines based upon a utilization management review or otherwise that the placement is not in the best interest of my/our child, is not the most appropriate or least restrictive setting to meet my/our child's needs, or the child is not making adequate progress in the placement.

APPEAL PROCESS

I/we understand that if I/we disagree with the recommendations of the FAPT, I/we have the right to appeal those recommendations and I/we can do so by submitting a written request in accordance with the local CPMT policies and procedures on appeals. By signing this agreement I/we acknowledge receipt of the local CPMT policies and procedures on appeals.

SIGNATURES

A copy of this agreement will be given to all signing parties and the original will be placed in the child's file located at the _____. By signing below, each of the parties enters into this agreement under the conditions set forth.

PARENT/LEGAL GUARDIAN	DATE
PARENT/LEGAL GUARDIAN	DATE
REPRESENTATIVE OF THE AGENCY DESIGNATED BY THE CPMT	DATE

**Parental Agreement Addendum - Montgomery County CSA
Residential Treatment Services (RTC)**

VA Medicaid may deny payment for room and board and combined residential services for a resident due to lack of parental participation. Medicaid specifies that with a discharge goal of “return home” all youth must have **one family face-to-face therapy session every thirty days**, as well as **one family phone session per week**. Medicaid believes that family and community involvement is essential in the effectiveness of treatment.

It is the expectation that the parent(s)/guardian(s) maintain their part in the local voluntary CSA parental agreement that they enter into with Montgomery County CPMT which states parent(s)/guardian(s) will, “...*attend and participate in family therapy sessions, parent training, and/or other services for family members as described in the Individual Family Service Plan (IFSP), and actively participate in scheduled and approved visitation with the child...*” Under the conditions for terminating the parental agreement, the CPMT may terminate the agreement by giving the parent/guardian and facility **14 days** written notice of the termination, including reasons and documentation supporting the reasons for termination.

Everyone wants to provide a program for the adolescent in a safe environment that helps with emotional and behavioral issues. The CSA office welcomes the opportunity to meet with case managers and parents to discuss the details of placing an adolescent in a residential treatment facility through the Montgomery County CSA Parental Agreement process. Please contact the CPMT Chair (540) 382-5781, Human Services, 210 S Pepper St., Suite D, Christiansburg, VA 24073

_____ Parent/Legal Guardian	_____ Date
_____ Parent/Legal Guardian	_____ Date
_____ Representative of the Agency Designated by the CPMT	_____ Date



ASK OCS

Question: What are the rules regarding CSA Parental Agreements and 18 year olds? In other words, is the CSA Parental Agreement no longer valid when a child turns 18 years old?

Answer: Youth and families served by CSA under the “Interagency Guidelines on Foster Care Services for Specific “Children in Need of Services” (Parental Agreement) are eligible for CSA because they are receiving a “foster care service” defined in the Code of Virginia (§63.2-905 ii) as “sum-sufficient” (§2.2-5211) or mandated. This foster care service may be extended past age 18 because the Code further defines CSA eligibility to include youth ages 18-21 who are “otherwise eligible for mandated services of the participating state agencies including special education and foster care services.” (§2.2-5212 B)

Code References:

§63.2-905. Foster care services.

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.

§2.2-5211 C. The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children identified in subdivisions B 1, B 2 and B 3 and (ii) meet relevant federal mandates for the provision of these services.

§2.2-5212 B. For purposes of determining eligibility for the state pool of funds, “child” or “youth” means (i) a person less than eighteen years of age and(ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

**Final Interagency Guidelines on
Foster Care Services for Specific “Children in Need of Services”
Funded through the Comprehensive Services Act (CSA)**

Effective December 3, 2007
Revised; effective July 1, 2008

Statutory mandate to provide foster care services to “children in need of services”

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

- Children who are “abused or neglected” as defined in §63.2-100; and
- “Children in need of services” as defined in §16.1-228.

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

- Have been identified as needing services to prevent or eliminate the need for foster care placements; or
- Have been placed through an agreement between the parents or legal guardians and the local department of social services (LDSS) or the public agency designated by the Community Policy and Management Team (CPMT) where legal custody remains with the parents or guardians; or
- Have been committed or entrusted to a LDSS or licensed child placing agency by the court.

Purpose of guidelines; Children for whom guidelines apply

This document proposes interagency guidelines on the provision of foster care services mandated through CSA for “children in need of services” and their families in the first two situations. Specifically, the guidelines apply when “children in need of services:”

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

Parents or legal guardians do not have to relinquish custody of their children in order to obtain necessary services.

Children for whom guidelines do not apply

This document does not address, nor propose any changes in policy, for the children listed below. Please refer to current law and policies regarding services for these children. Unless children meet the eligibility criteria as outlined in these guidelines, the proposed guidelines do not apply. For children who fit multiple categories, their circumstances should be considered individually to determine the most appropriate route for services. Thus, these guidelines do not apply to children who are solely:

- “Children in need of services” and who meet the third statutory situation above. Specifically, children who are in “foster care” through commitment or entrustment to a LDSS or licensed child placing agency by the court.
- Children who are abused or neglected, as defined in §63.2-100, and receive foster care services, including:
 - foster care prevention services as described in CSA and VDSS policy (*VDSS will update Appendix H of the CSA manual to reflect that the six month limitation and extensions are no longer required*),
 - services to children who have been committed or entrusted to the LDSS or licensed child placing agency by the court (*including children placed in the care and custody of LDSS through a “relief of care and custody” petition granted by the court*);
 - placement through a noncustodial agreement between the LDSS and the parent or legal guardian who retain legal custody.
- Children in need of supervision, delinquents, or truants referred by the court.
- Children who are eligible for special education services through CSA (§2.2-5211C subdivisions B1 and B2.)
- Children who are eligible for nonmandated services through CSA, as identified in the CSA target populations (§2.2-5211C subdivisions B4 and B5). These children are:
 - “Placed by a juvenile and domestic relations district court, in accordance with the provisions of §16.1-286, in a private or locally operated public facility or nonresidential program, or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of §16.1-284.1; and
 - “Committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance with §66-14.”
- “Children in need of services,” children with mental health needs, or children who need residential care who do not otherwise meet the eligibility guidelines in this document.

Proposed eligibility criteria

The Family Assessment and Planning Team (*FAPT*), or approved alternative multi-disciplinary team, in accordance with the policies of the CPMT, determines and documents that there are sufficient facts that ***a child meets all four of the following criteria:***

- 1) *The child meets the statutory definition of a “child in need of services” (§16.1-228).***
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.”

This determination of facts shall be made in one of two ways:

- a. The FAPT and/or approved alternative multi-disciplinary team designated by the CPMT shall determine that the child’s behavior, conduct, or condition meets this specific statutory definition and is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.
- b. A court finds that a child falls within these provisions, based on “(i) the conduct complained of must present a clear and substantial danger to the child’s life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the

court is essential to provide the treatment, rehabilitation or services needed by the child or his family.” (§16.1-228)

- 2) ***The child has emotional and/or behavior 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 crises that seriously threaten the well being and physical safety of the child or another person; and
 - b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
 - c. the child has been identified by the Team as needing:
 - services to prevent or eliminate the need for foster care placement¹. Absent these prevention services, foster care is the planned arrangement for the child.
 - or
 - placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. A discharge plan for the child to return home shall be included.
- 4) ***The goal of the family is to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements).***

Process for determining eligibility

The FAPT, or approved alternative multidisciplinary team, will determine eligibility relying on the expertise that each member brings to the team. The team is responsible for gathering, reviewing, and considering all relevant assessments. These assessments may include:

¹ Foster care placement is defined as “placement of a child through (i) an agreement between the parents or guardians and the local board or the public agency designated by the community policy and management team where legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child to the local board of licensed child-placing agency.” (§ 63.2-100)

- Child and family sharing their assessment of their strengths, needs, and potential natural and community resources available;
- Community Services Board (CSB) assessing serious threat and emotional and/or behavior problems through a standard screening tool;
- Department of Juvenile Justice (DJJ) assessing that the alleged facts support a finding of serious threat as a “child in need of services;”
- DSS determining reasonable candidacy (*i.e., child is at risk of entering foster care*);
- CSA implementing its uniform assessment instrument; and
- Other psychological, psychiatric, psychosocial, and/or educational evaluations.

The team may designate the CSB as responsible for summarizing and presenting to FAPT, or approved alternative multidisciplinary team, all relevant assessments when needed for a child who has significant mental health needs. The team will use the standard eligibility determination checklist (*Attachment A*) to help provide consistent application in determining eligibility across all agencies and communities.

To assist in eligibility determination with a specific child, the team may require a recent (*e.g., within 30 days*) independent clinical evaluation of the child and family to provide additional assessment information. This assessment may include child and family circumstances, history, strengths and needs of the child and family, the seriousness of the threat, and the services and supports the family currently is using or has available. The CPMT or FAPT may choose to use a licensed mental health professional designated by the community services board and/or another licensed mental health professional designated by the CPMT for clinical evaluations.

Proposed services for “children in need of services” eligible for foster care services

Services for “children in need of services” and their families should be provided through a collaborative system of care that is child-centered, family-focused and community-based (§2.2-5200). The CPMT should use established policies and procedures, including:

- referrals and reviews by the FAPT or approved multi-disciplinary team;
- immediate access to CSA state pool funds for emergency services; and
- utilization management of services (§2.2-5206).

The team should engage families in participating in all aspects of assessment, planning and implementation of services (§2.2-5208). Services may include a full range of casework, treatment and community services for a planned period of time (§63.2-905).

The team and family should assess the strengths and needs of the child and family (§2.2-5208) before exploring service options. They should then collaboratively design the complement of services and supports required to meet the unique needs of the child and family (§2.2-5208), building upon the strengths, resources and natural supports of the child and family. Teams should strive to preserve and strengthen families and provide appropriate services in the least restrictive environment that protect the welfare of children and maintain public safety (§2.2-5200). Services may be provided directly, provided through referral to other community resources, or purchased through approved providers. The duration of services should be for a planned period of time based on the needs of the youth and family. Services must be documented in the Individual Family Services Plan (*IFSP*).

The FAPT or approved multidisciplinary team, in collaboration with the family, develops an IFSP that provides the complement of services and supports tailored to the strengths and needs of the child and family (§2.2-5208). They determine the most appropriate, least restrictive, cost effective services for the child and family which accomplish the following purposes:

- resolves the immediate crises that seriously threaten the well being and physical safety of the child or another person; and
- preserves, stabilizes and strengthens the family situation so the child may live in the home; and
- these services are provided either:
 - in the home to prevent or eliminate foster care placement (*no parental agreement is required*) ; or
 - outside of the home in a group or residential setting through an agreement between the public agency designated by the CPMT and the legal guardian who retains legal custody (*a parental agreement is required*).

Placements outside of the home

If community services and supports have been explored and determined not to be in the best interest nor meet the needs of the child, the team collaboratively with the family should explore placements outside of the home with extended family. They shall then explore placements in family-like homes or group or residential settings to serve the child if these are the most appropriate and least restrictive services. Before placing the child across jurisdictional lines, the team shall:

- explore all appropriate community services for the child;
- document that no appropriate placement is available in the locality; and
- report the rationale for the placement decision to the CPMT (§2.2-5211.1.2).

For all children placed out-of-state using CSA funds, the team shall follow the requirements of the Virginia Interstate Compact for the Placement of Children (http://www.dss.virginia.gov/family/interstate_res.html).

When the FAPT, or approved multidisciplinary team, and the legal guardian agree on an out-of-home placement that is the most appropriate and least restrictive service, the local public agency designated by the CPMT and the legal guardian must enter into an agreement. This agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with the CPMT's policies and procedures. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP.

The public agency designated by the CPMT 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;
- Legal guardian applying 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.

An updated standard template for CSA Parental Agreements is attached (*Attachment B*).

If disagreements arise over the appropriate placement of the child, the team and legal guardian should examine the reasons for the disagreement and explore alternatives for resolving the issues. The legal guardian has expertise on the strengths and needs of the child and family, while the team is responsible for identifying the most appropriate service options. Ultimately, it is the legal guardian's decision on whether to choose to accept the services developed with and recommended by the team. The CPMT has final authority for the expenditure of CSA funds that comply with federal and state requirements on services recommended by the team. Neither the legal guardian nor the CPMT is required to enter into an agreement if either party disagrees on the appropriate placement of the child. The FAPT or multi-disciplinary team shall provide the legal guardian information on the process for appealing recommendations by the FAPT as established through the CPMT's policies.

If a child is placed outside of the home and school division, the team shall notify the receiving school division if the child has disabilities to expedite enrollment and special education requirements, based on policies established by the CPMT (§2.2-5211.1.2). The team should also immediately begin implementing the discharge planning to return the child home as soon as it is safe and appropriate.

Case Management

The team, in adherence to CPMT policies, shall designate a person responsible for monitoring and reporting progress in implementing the IFSP to the team and responsible local agencies as appropriate (§2.2-5208). The team is responsible for providing family participation, developing a plan, referring the youth and family to services, and designating a person responsible for monitoring and reporting on progress (§2.2-5208).

Case management services may be provided by local departments of social services (*LDSS*) or another public agency designated by the CPMT.

- If a LDSS enters into an agreement with the legal guardian to place the child outside of the home in "24 hour substitute care", the LDSS is the case manager with "placement and care" responsibility for the child, and the legal guardian retains custody, the child is considered "in foster care" by the federal government and all federal and state requirements must be met (45 C.F.R. §1355.20; see *Virginia Department of Social Services Foster Care Policy Manual* at <http://www.dss.state.va.us> under "Children", "Foster Care"). VDSS' approved Non Custodial Foster Care Agreement (*the updated form may be found at <http://spark.dss.virginia.gov/divisions/dgs/warehouse.cgi>*) is used. Federal IV-E funds can only be claimed if LDSS has placement and care responsibility and the child is determined to be Title IV-E eligible by the LDSS.
- If another public agency designated by the CPMT enters into an agreement where the legal guardian agrees to place the child outside of the home, this public agency has case management responsibility for the child, and the legal guardian retains custody, the child is not considered "in foster care." No federal foster care requirements apply. The attached CSA Parental Agreement template is used. Federal Title IV-E funds may not be used to pay for any maintenance or administrative costs (*e.g., room and board, day care, transportation for visits with family, and payment for case management*).

Pooling resources to fund services and supports

The team, or entity determined by the CPMT, shall explore all available family, community, private insurance, and public resources that may assist in funding the services and supports in the IFSP. CSA statute requires that the LDSS, local school division, CSB, court service unit and DJJ shall continue to be responsible for providing services identified in the IFSP that are within the agency's scope of responsibility and that are funded separately from the state pool (§2.2-5211D).

All efforts should be made to maximize and pool resources across agencies and sectors. The CPMT shall use Medicaid funds whenever available for appropriate CSA services for the child and family (*Appropriation Act #279E*). The team shall use the process established by the CPMT to assess the ability, and provide for, appropriate financial contributions to the cost of services by the parents or guardian, using a standard sliding fee scale based upon ability to pay (§2.2-5208.5).

After assessing all appropriate federal, state, private and community resources, the team shall recommend to the CPMT expenditures from the local allocation of the state pool of funds (§2.2-5208). The CPMT shall use established policies and processes for authorizing and monitoring the team's requests for funding (§2.2-5206).

Utilization management

Ongoing utilization management (§2.2-2648.D15) shall be conducted to assess the effectiveness and appropriateness of foster care services based on the plan established by the CPMT following guidelines of the State Executive Council. Frequency of reviews should be based on the strengths and needs of the individual child and family and the restrictiveness of the services. Children who require intensive and/or restrictive services should be reviewed frequently.

Due process protections

The policies and procedures of the CPMT's due process system for CSA, including appeals, are applicable to children and families eligible for services and supports under these guidelines. The Comprehensive Services Act Manual (*Section 3.6*) requires each CPMT to establish a local due process system that has the following minimum parameters:

- Notice to families at point of entry to FAPTs;
- Opportunity for the family/child to be heard and communicate their position; and
- Timelines for the review of requests and CPMT responses.

This review process system shall not take the place of any other review process pursuant to existing state or federal law (*e.g., special education, foster care, and the courts*).

Eligibility Determination Checklist
Specific Foster Care Services for Children in Need of Services
Funded through the Comprehensive Services Act (CSA)
Updated effective July 1, 2008

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

Name of Child _____

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

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

Criterion 1 (Check only one box)

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

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

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

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

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

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

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

Criterion 3 (Check One)

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

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

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

Criterion 4 (Check One)

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

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

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

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

Conclusion of Team (Check only one)

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

Signatures

_____ Team Chair	_____ Date
_____ Other Team Member	_____ Date

Medicaid
Placements

Medicaid Placements

Efforts should be made to utilize Medicaid and/or IV-E funds whenever possible. Consider the use of Medicaid and/or IV-E facilities if the child is eligible for these funding sources.

All children **must** be screened for Medicaid prior to meeting with the FAPT. The Medicaid Screening Form is part of the Initial Referral Packet.

Prior to the child's admittance to a Medicaid Residential Facility, a "Certificate of Need" **must** be completed (see copy of blank form) and signed by a physician. A copy of the completed form **must** be submitted to the Montgomery County Human Services Division for the CSA file.

A "Reimbursement Rate Certification" form may also be required by the facility (see copy of blank form).

**CSA Reimbursement Rate Certification
Residential Treatment and Treatment Foster Care**

Name of Child: _____

Medicaid Number: _____

Residential Treatment or Treatment Foster Care - Case Management Provider:

Address: _____

Street

_____, _____,
City State ZIP

Provider Number: _____

Community Policy and Management Team:

County/City _____

Address: _____

Street

_____, _____ **Phone:** _____

City State ZIP

I certify that the following rate, \$_____ per day, has been negotiated for the above-named child for Medicaid reimbursable (check one):

Residential Treatment

Treatment Foster Care - Case Management

The Medicaid rate noted above should reflect the negotiated rate minus expected reimbursement from all other payment sources, such as Title IV-E. The total reimbursement from all other sources cannot exceed the Medicaid maximum rate for this service. This rate shall be effective for dates of service beginning on

_____/_____/_____
MONTH DAY YEAR*

CPMT Signature: _____

Print Name: _____

Title: _____

Date: _____

*Date must be current year.

Utilization Management

Utilization Management/Review for CSA cases:

CSA case records are reviewed quarterly to ensure all required documentation is completed and/or included in file. This is to include (See CSA Documentation Inventory):

- Case Referral Packet
 - Current Consent to Exchange Information signature sheet
 - Current CANS assessment
 - Parental co-payment agreement
 - Medicaid status sheet
 - Current IEP (if applicable)
 - IFSP/Case Referral Action sheet (FAPT minutes/CPMT approval) – reflects FAPT/CPMT dates, family/service history, and identification of services/dates/funding total
 - Vendor Contract/Placement Agreement/Vendor Agreement
 - Treatment plan
 - Progress reports/Discharge reports
 - Psychological evaluations (if applicable)
 - Communications with case manager and/or vendor(s) (if applicable)
 - IVE eligibility determination form
- Invoices for approved services

For all CSA-funded residential or group home placements, quarterly reviews (listed above) are completed. In addition to quarterly review completed by Human Services, IF the child will remain in placement for more than 60 days, required documentation is sent to Anna Antell, Office of Children's Services, for UM review and input/comment. (See UM Checklist)

The Office of Children's Services (OCS) provides the framework for provision of state-sponsored utilization management (UM) services for residential/group home placements for purposes of compliance with Virginia Children's Services Act (CSA) as required by Item I40, #7 in the 2000 Appropriations Act.

Documentation Required from Case Managers for OCS UM:

Initial Reviews: Complete the CSA Checklist (see form-top portion of form is already completed with correct contact information—DO NOT CHANGE) and provide supporting documentation. This documentation **MUST** be forwarded by the Case Manager to the Montgomery County Human Services office within **60 days of the start of the residential placement, *IF*** the child will be in the placement for longer than 60 calendar days.

90 Day Re-Reviews: Should address any previous suggestions or concerns identified by OCS, as well as facility and locality reports since the last review. Also, include a new CANS. Case Managers are responsible for providing review information to the Montgomery County Human Services office within 5 calendar days prior to OCS review due date. (same form as Initial Review)

UM Summary/Recommendations: The Montgomery County Human Services office will receive a letter from OCS in response to the UM paperwork submitted. This reply will summarize the placement information and provide comments and recommendations for services for the child in question. The Montgomery County Human Services office will forward a copy of the Summary/Recommendations letter to the Case Manager. The Case Manager will respond to any questions in the letter from OCS and provide response to Montgomery County Human Services by the provided deadline.

Discharge: The Case Manager is to notify the Montgomery County Human Services office if/when a child is discharged from the residential facility within 5 days of the discharge date. If the child's family moves to another locality, the Case Manager is to notify the Montgomery County Human Services office within 5 days of the family's move/transfer. The Human Services office will notify OCS of the discharge/transfer.

On-Site Reviews: The Case Manager may request an on-site review of the facility to be conducted by OCS. Case Manager may contact OCS at (804) 662-9136.

Office of Children's Services
State Sponsored Utilization Management
1604 Santa Rosa Road, Suite 137, Richmond, VA 23229
PHONE: 804-662-9815 FAX: 804-662-9831

Review Checklist

Submission Date:

Locality/FIPS: 121

Contact Name: Dawn Ramsey

Title: Senior Program Assistant, Montgomery County Human Services/CSA

Mailing Address: Human Services, 210 S. Pepper Street, Suite D, Christiansburg, VA 24073

Telephone: (540) 382-5776

Fax: (540) 382-5780

60 Day Initial Review: Complete all items in Part A and Part B.

90 Day Re-Review: Complete only areas in Part A and Part B that change or are updated.

PART A Please provide all required information for Part A in the designated space.

Child's Last Name First MI
Male Female Date of Birth SSN - -
Medicaid Eligible yes no Medicaid Number:
Grade in School
Special Education yes no If yes, specify type
Local Custody yes no
Juvenile Court Involvement yes no If yes, specify
Court-Ordered Placement? yes no Provide details, or attach court order.

Parent/Legal Guardian
Relationship to Child Phone
Last Name First MI
Address

Parent/Legal Guardian
Relationship to Child Phone
Last Name First MI
Address

Facility Name
Address
Contact Name Title
Telephone FAX

Admission Date Anticipated Length of Stay
Current Admission Reason-state briefly

PART B Please provide the required information below.

First Residential Admission yes no (If no, list up to 3 most recent admissions)

- | | | |
|------------------|-----|--------------------------------|
| 1) FACILITY NAME | | |
| ADMIT DATE | LOS | ADMIT DIAGNOSIS (if available) |
| 2) FACILITY NAME | | |
| ADMIT DATE | LOS | ADMIT DIAGNOSIS (if available) |
| 3) FACILITY NAME | | |
| ADMIT DATE | LOS | ADMIT DIAGNOSIS (if available) |

Documents Attached?

Information for Initial Reviews should include the following:

- CSA Review Checklist as Coversheet
- FAPT Referral Packet (which may include some items below)
- Reason for referral
- Required State Uniform Assessment Instrument (CANS)
- IFSP with services
- IEP/FC plan
- Prior placements, if available
- Medication information
- Discharge Notification and Summary (if applicable)

Other helpful information to send if and/or when available (however not required on initial review):

- Psychological
- Initial application if completed for facility
- Service plan from facility
- Discharge plan

Comments

NOTICE OF CONFIDENTIALITY

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CSA

Website

Information

Need information about CSA (Children's Services Act)? Have questions about definitions, state requirements, etc.?
Visit the state CSA web site: <http://www.csa.virginia.gov>

Some of the information included on the web site:

- **About Us**
includes information on CSA, how it started, who manages the money at the local level, who participates on local teams, which children may be served, how children and families access teams
- **Service Fee Directory**
- **CSA Manual**
state policies and procedures for implementation of CSA at the local level
- **CSA Code Sections**
- **Legislative/Policy Updates**
- **News**
- **Local Contacts**
CPMT chairs and CSA Coordinators
- **SEC (State Executive Council)**
contacts, schedules of meetings, minutes of their meetings
- **Statistics**
- **For Parents**
FAQs (Frequently Asked Questions)
- **Training and Technical Assistance**
includes a training calendar with information about upcoming training opportunities, CANS FAQs, regional agency rosters, Medicaid reimbursement process

Passed in 1992 by the General Assembly, the Act has the following intent:

“It is the intentions of this law to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth”

Glossary of CSA Terms

IV-E	A category of federal foster care funding (including foster care prevention.)
CANS	Child and Adolescent Needs and Strengths Assessment (replaced the CAFAS in 2009 as the assessment tool used for assessing the strengths and needs of individual children, ages 0-18, and their families, tracking progress, and identifying service gaps.)
CHINS	Children in Need of Services (a petition to the juvenile court judge to mandate certain services.)
CHINSup	Children in Need of Supervision (a petition to the juvenile court judge to mandate certain services up to and including probation.)
CPMT	Community Policy and Management Team (the local governing group composed of agency/department heads that gives final approval/denial of services/funding through CSA.)
CSU	Court Service Unit (local level, within the DJJ system.)
DCSE	Division of Child Support Enforcement (a division of DSS that enforces child support payments from non-custodial parents.)
DJJ	Department of Juvenile Justice
DMAS	Department of Medical Assistance Services (state's Medicaid administrator)
DSS	Department of Social Services
FAMIS	Family Access to Medical Insurance Security Plan (state provided medical insurance for youth-replaced the old CMSIP program.)
FAPT	Family Assessment and Planning Team (local governing group composed of agency representatives that provides service recommendations for youth and families and forwards such to CPMT for final approval of funding through CSA.)
Foster Care Prevention	Services that are provided to keep children out of foster care placement.
GAL	Guardian Ad Litem (guardian appointed by a court to represent interests of a minor.)
Goals	Long Term: Broader than short term goals; should describe behavior changes that are anticipated/targeted over the next 12 months; should be directly related to the behaviors that the youth/family is displaying in the home, school and community that place them at risk.
Goals (cont.)	Short Term: Should describe behavior changes that are anticipated over the next few weeks to the next few months; should be related to the broader long term goals, but more specific, measurable and observable; in addition,

time frames for completions and the persons/agency responsible for coordination of each short term goal should be identified on the IFSP.

Interstate Compact

Administered by the Virginia Department of Social Services and is the mechanism for Virginia to cooperate with other states in placement of children. In general, all cases requiring out-of-state placements must have the Interstate Compact completed before the child is actually placed.

IEP

Individualized Education Program (plan developed by the school system for special education services.)

IFSP

Individual Family Services Plan (goals, objectives and services for the youth and family.)

J&DR Court

Juvenile and Domestic Relations Court

Non-Custodial Placement

An agreement between parent and Department of Social Services to allow services to be provided without the parent giving up legal custody of the child.

OCS

Office of Children's Services (state office responsible for developing programs and fiscal policies to provide services at the state and local levels to CSA youth. Also provides training, oversight and technical assistance to localities, and serves as liaison to participating state agencies and the SEC.)

Parental Contribution

Contribution made by parent(s) to help fund services provided to youth and family. Determined by Parental Contribution Chart.

Parental Placement Agreement

An agreement between the parent and an agency to allow services to be provided without the parent giving up legal custody of the child.

SEC

State Executive Council (oversees the statewide implementation of CSA. Composed of directors of state agencies, parent representative, local government officials.)

UM

Utilization Management serves as guidelines for assisting localities in providing appropriate, cost-effective services for children and families served by CSA.

A PARENT'S GUIDE TO THE CHILDREN'S SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES



Revised 2003

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RICHMOND, VA 23229
(804) 662-9815
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What is the Children’s Services Act for At-Risk Youth and Families?

It is a Virginia law designed to help troubled youths and their families. State and local agencies, parents and private service providers work together to plan and provide services. In each community, local teams decide how to do this.

The Community Policy and Management Team:

(CPMT) coordinates agency efforts, manages the available funds, and sees that eligible youths and their families get help.

The Family Assessment and Planning Team:

(FAPT) looks at the strengths and needs of the individual youth and families, decides what services to provide, and prepares a service plan with input from families.

Both teams include parents, staff from community services boards, courts service units, the departments of health and social services, the public schools and private providers. In some localities, these teams go by different names and may also include other members.



Who is eligible for services?

Services under CSA may be available to a child who meets at least one of the following descriptions:

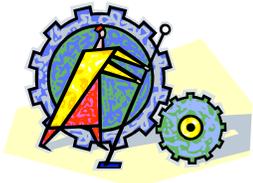
- has serious emotional or behavioral problems or
- may need residential care or resources beyond normal agency services, or
- needs special education through a private school program, or
- receives foster care services, or
- receives services to prevent foster care placements, or
- is under supervision of the juvenile and domestic relations court, or domestic relations court, or
- is a ward of the Department of Juvenile Justice

Eligibility is determined by various laws (in education, juvenile justice and social services) and by your Community Policy and Management Team. Also, there must be funds available in your community.



How can I find out if my child is eligible?

Contact your local Children's Services Act Coordinator. You can access this information on the CSA web page at www.csa.state.va.us/rosters/coord3a.cfm



How does CSA work?

A Family Assessment and Planning team meeting is scheduled to with the FAPT Team and members of the family:

- the child and family take an active part of the FAPT meeting to discuss their needs
- a service plan is developed
- the family signs the service plan if they agree with the plan
- services begin as soon as possible
- if the family disagrees with the plan, they may ask for a review with the local CPMT
- emergency services may begin immediately
- parents may be required to make co-payments for non-foster care services
- parents may be required to make child support payments for foster care services
- parents are not required to make co-pay payments for special education services



What are my rights?

Most importantly, you have the right to understand the local CSA process:

- you have the right to receive information on the local CSA process and timelines for receiving referrals
- you have the right to be notified before your child is assessed for offered services
- you have a right to understand the information that you receive and delivered in your native language, if possible
- you have the right to consent and agree in writing before beginning any services, except when ordered by the court
- you have the right to read records, challenge information, give permission for release of records and be provided a written copy of the records unless ordered otherwise by the court
- you have the right to assistance from someone assigned to you as the Case Manager from the FAPT as well as a member of your family, friend, advocate or support person
- you have the right to review the assessment and service plan
- you have the right to disagree with the assessment and service plan and place your concerns in writing to the FAPT and/or CPMT
- you have the right to participate and be present for the entire FAPT meeting and discuss your child's and family's situation and well as participate in decisions that apply to you and your family



What about children and youth eligible for special education?

If your child is eligible for special education, all the rights and protections of special education continue to be available to you and your child:

- you have the right to notice before a child's educational service begins or changes
- you have the right to consent before certain evaluations or placements
- you have a right to an independent educational evaluation if you disagree with the school's evaluation
- you have the right to participate in the preparation of your child's Individual Education Plan (IEP)
- you have the right to inspect and review your child's education records
- you have the right to file a complaint or request a due process hearing

If you think that your child may be eligible for special education, you can access the Department of Education's "A Parent's Guide to Special Education" at www.csa.state.va.us/pdf/parent_guide.pdf for additional information.



What about children and youth receiving foster care?

If your child is in foster care you can ask the foster care social worker for help. Unless the court has taken away your parental rights, you have a right to be involved in making decisions about your child.

- you have the right to have contact with your child, including telephone calls, visits and or letters, unless the court has determined you cannot have contact
- you have the right to receive services or help that will allow the child to be returned to you
- you have the right to be informed by the agency about how your child is doing
- you have the right to be consulted when there are important decisions to be made about your child
- you have the right to participate in service planning for your child
- you have a right to be informed and invited to all court hearings and reviews concerning your child
- you have a right to legal representation at court hearings that involve your child
- you and your child have a right to confidentiality

For more information about foster care services, contact your local Department of Social Services Office. You can access a statewide DSS office listing at www.dss.state.va.us/localagency/index.html



Where can I go for help?

The Children's Services Act process can seem overwhelming and impersonal. Help is available at every step of the CSA process. Please contact the Office of Children's Services at (804) 662-9815 or by email at XCS992@central.dss.state.va.us for a list of people who can help you.

*Montgomery County FAPT – revised October 2012, June 2014; reviewed March 2017; reviewed July 2018; reviewed July 2019
July 1, 2015: SB850 Name change; Comprehensive Services Act for At-Risk Youth and Families – Children’s Services Act
SB 1041 Policy governing FAPT referrals/reviews to include parents/persons who have primary physical custody of a child*