

AMELIA COUNTY
CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES MANUAL



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INTRODUCTION

INTENT AND PURPOSE OF THE CHILDREN'S SERVICES ACT (CSA)

The Act has the following intent:

"It is the intention 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". [COV § 2.2-5200](#)

This law shall be interpreted and construed so as to effectuate the following purposes:

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

AMELIA COUNTY COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT) MISSION AND VISION STATEMENTS

The *mission* of the Amelia County CPMT is to manage the cooperative effort in Amelia County under the authority of the Children's Services Act of the Commonwealth of Virginia and the Office of Children's Services (OCS) to better serve the needs of troubled and at-risk youths and their families while maximizing the use of state and community resources.

The [Virginia Children's Services System Practice Model](#) sets forth a *vision* for services recommended by the Family Assessment and Planning Team (FAPT) and supported by all Amelia Community Policy and Management Team agencies, (Amelia County Department of Social Services, Amelia County 11th District Court Services Unit, Amelia County Public Schools, Amelia County Community Services Board, Amelia County Health Department, and the Amelia CSA Office), and Parent Representatives on both Teams.

AMELIA COUNTY CPMT CODE OF ETHICS

CSA Staff, CPMT Members, and FAPT Members agree to adhere to the following code of ethics:

1. Exhibit integrity in all matters and support the full development of all children, families, and the welfare of the community.
2. Support our local CSA system as child centered, family focused, and community-based when addressing the strengths and needs of troubled and at risk youth and families.
3. Attend scheduled CPMT Meetings or FAPT Meetings as required.
4. Support the Virginia Children's Services Practice Model.
5. Act in accordance with CPMT policies and procedures and the Virginia State Code as it relates to the implementation of CSA.
6. Refrain from using the position for personal or partisan gain and avoid any conflict of interest or the appearance of impropriety.
7. Respect the confidentiality of privileged information and make no individual decisions or commitments that might compromise the local CSA program or Amelia County.
8. Not discriminate or tolerate discrimination against any person served based on factors not related to their services.
9. Respect cultural diversity.
10. Clearly and accurately communicate the purpose of CSA and processes for accessing CSA funding.
11. Support participation of persons in their own service planning and in their ability to make decisions about their own services as their abilities allow.
12. Deal honestly, openly, and fairly with persons served and with fellow agencies when disagreements in the provision of services develop.

NON-DISCRIMINATION STATEMENT

No person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under or denied services or denied employment in connection with services purchased and/or provided by the Amelia County CPMT, its activities, or its contractors, on the grounds of race, religion, color, national origin, gender, lifestyle choice, socio-economic status, or handicap. Any contracts must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1965 and its' implementing regulations of 28CFR 21.1.1 et seq. The grantee must further comply with Section 504 of the Rehabilitation Act of 1973k as amended and its implementing regulations and Title IX of the Education Amendments of 1972 and the American with Disabilities Act of 1992.

OVERVIEW OF THE MANUAL

The Amelia County Children's Services Act (CSA) policy and procedures manual is divided into the following sections:

1. Administrative policies and legal mandates that support and regulate the provision of services;
2. Process and procedures to follow when assisting CSA involved youth and families with service planning and delivery; and
3. An appendix that includes CSA related forms and additional process documents.

AMENDMENTS TO THE AMELIA COUNTY POLICES
AND PROCEDURES MANUAL

These policies and procedures may be amended at any regular meeting of the CPMT by a majority vote of the required quorum. CPMT delegates to the CSA Coordinator authority to amend any section of the manual upon CPMT approval. Revision(s) will be provided in digital format to CPMT and FAPT members within 15 days post approval.

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PART I

I. PURPOSE, DUTIES, AND RESPONSIBILITIES

A. AMELIA COUNTY COMMUNITY AND POLICY MANAGEMENT TEAM

1. The purpose of the Amelia CPMT shall be to create, maintain, and manage a collaborative system of services and funding that is child-centered, family-focused, community-based, and concurrent with the Virginia Children's Services Practice Model (see Appendix 1) when addressing the strengths and needs of troubled at-risk youth and their families, in addition to maximizing the use of state and community resources.
2. As set forth in VA Code § [2.2-5206](#), per Amelia County policy, powers and duties of the Amelia CPMT are:
 - a. Develop interagency policies and procedures to govern the provision of services to children and families in the community;
 - b. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations, including immediate access to funds for emergency services and shelter care;
 - c. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution based upon ability to pay;
 - d. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in the community including consultation on the development of a community-based system of services established under § [16.1-309.3](#);
 - e. Establish policies governing referrals and reviews of children and families to the FAPT, including a process for parents and persons who have primary physical custody of a child to refer children in their care to the teams, and a process to review the team's recommendations and requests for funding;
 - f. Establish quality assurance and accountability procedures for program utilization and funds management;
 - g. Establish procedures for obtaining bids on the development of new services;
 - h. Manage funds in the interagency budget allocated to the community from the state pool of funds, the trust fund and any other source;
 - i. Authorize and monitor the expenditure of funds by FAPT;
 - j. Submit grant proposals that benefit the community to the state trust fund and enter into contracts for the provision or operation of services, upon approval of the participating governing bodies;

- k. Serve as the community’s liaison to the Office of Children's Services, reporting on programmatic and fiscal operations and on recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;
 - l. Collect and provide uniform data to the State Executive Council as requested by the Office of Children's Services in accordance with subdivision D 16 of [§2.2-2648](#) and CSA Manual 4.6.1, CSA Dataset;
 - m. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of [§2.2-2648](#); to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the CSA program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;
 - n. Administer funds pursuant to [§16.1-309.3](#);
 - o. Have authority, upon approval of the participating governing bodies, to enter into a contract with another CPMT to purchase coordination services provided that funds described as the state pool of funds under [§2.2- 5211](#) are not used; and
 - p. The school division representative to the CPMT shall provide the Student Testing Identification (STI) number for any student whose state share of tuition is paid by CSA. The STI is to be collected for any student receiving CSA funded private day or congregate care education services for each school year. The information shall be maintained by the CSA Coordinator and CPMT and made available to the school divisions as requested. The listing should contain the following information: 1) State Student Testing Identification Number 2) Student Name 3) Service Placement Type (SPT) - a. SPT 6 for Special Education Private Day; or b. SPT 17 for Congregate (Private Residential) Education Services for Medicaid funded placements; or c. SPT 18 for Congregate (Private Residential) Education Services for non-Medicaid funded placements.
 - q. Establish policies for providing intensive care coordination (ICC) services for children who are at risk of entering, or are placed in, residential care through the CSA program, consistent with guidelines developed pursuant to subdivision D 22 of [§2.2-2648](#). See appendix 5 for ICC policy and procedures.
3. Amelia County comprised of a single team, with a designated fiscal agent for the team, shall annually audit the total revenues of the team and its programs, and establish an arrangement for the provision of legal services to the team.” COV [§2.2-5204](#)
 4. Utilizing a secure electronic database, the CPMT and the FAPT shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of [§2.2-2648](#). COV [§2.2-5210](#).
 5. Annually, the CPMT shall report to Office of Children's Services the following:

- a. Gaps in available services needed to keep children in the local community. Gaps are determined based upon Utilization Management indicators and CPMT member knowledge of the community.
 - b. Barriers to developing community services that would enable children to remain in the community.
6. CPMT members will maintain current knowledge of laws and policies that affect their agency and inform partner agencies when those laws and policies may impact the CSA program, with the possible result of the State Executive Council denying funding to Amelia, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act (§[2.2-5200](#) et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with §[2.2-5211](#) and subdivision D 20 of §[2.2-2648](#).
 7. Community Policy and Management Teams (CPMTs) are responsible for developing policies and procedures, including those that govern any Family Assessment and Planning Team (FAPT) and/or authorized multidisciplinary team (MDT) within their jurisdiction, to “provide for family participation in all aspects of assessment, planning and implementation of [CSA] services” (COV § 2.2-5208). The State Executive Council (SEC) maintains that any reasonable definition of this legislative requirement to provide for family participation must go beyond simply inviting family members to attend FAPT/MDT meetings and informing them about the decisions made through the FAPT/MDT process. The decision-making process, as supported by the Virginia Children’s Services Practice Model, is a family driven process. This policy statement presents a model by which the CSA legislative intent to provide for family participation in all aspects of assessment, planning and implementation of services will be adopted locally. The CPMT will adhere to local policies that actively promote family participation in the FAPT process and will not establish local policies that are in conflict or opposition to the SEC Family Engagement Policy. The full text of the Amelia County Family Engagement Policy and Procedures is in appendix 3.
 8. The Amelia County Department of Social Services will oversee the administrative structure of the Amelia CSA Office.
 9. The Amelia CPMT, as appointed according to CPMT By-Laws (appendix 2), shall include, at a minimum, at least one elected official or appointed official or designee and the agency head or designee of the following community agencies: Crossroads Community Services Board, Amelia County 11th District Court Services Unit, Amelia County Health Department, Amelia Department of Social Services, and the Amelia County Public Schools. The team shall also include a parent representative and may include a member of a private organization or association of providers for children’s or family services, if such organizations or associations are located within the region. Parent representatives who are employed by a public or private program that receives funds pursuant to the CSA or agencies represented on a CPMT may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact on a daily basis with children receiving CSA funds. Notwithstanding this provision, foster parents may serve as parent representatives. Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.
 10. The local governing body may appoint other members to the team including, but not limited to, a local government official, a local law-enforcement official and representatives of other public agencies.

11. Persons who serve on the CPMT shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in [§2.2-3117](#) of the State and Local Government Conflict of Interest Act ([§2.2-3100](#) et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.
12. Persons serving on the CPMT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in [§ 2.2-3101](#) of the State and Local Government Conflict of Interests Act, or a fiduciary interest.
13. Committees may be formed by the CPMT as necessary and appropriate.
14. All participating CPMT member organizations and individuals will work collaboratively in the development and delivery of services to children, adolescents, and their families.
15. All participating CPMT member organizations shall, prior to their implementation, submit for consideration and review by the CPMT all administrative and programmatic policy and procedural decisions and changes made by the participating agency which will directly impact the delivery of services to children, adolescents, and families as provided through the CSA.
16. Levels of Foster Care Provided by Licensed Child Placing Agencies - Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Amelia County CPMT shall ensure that levels of foster care services are appropriately matched to the individual needs of a child or youth in accordance with the SEC approved "[Guidelines for Determining Levels of Care for Foster Care Services.](#)"

B. AMELIA FAMILY ASSESSMENT AND PLANNING TEAM (FAPT)

1. The FAPT in accordance with VA Code [§2.2-2648](#), shall assess the strengths and needs of troubled youth and families, approved for referral to the team, and identify and determine the complement of services required to meet these unique needs. COV [§ 2.2-5208](#).
2. Amelia FAPT, in accordance with policies developed by the Amelia CPMT, shall:
 - a. Review referrals of youths and families to the team;
 - b. Provide for family participation in all aspects of assessment, planning, and implementation of services (See appendix 3);
 - c. Provide for the participation of foster parents in the assessment, planning and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The case manager shall notify the foster parents of an at-risk youth of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents

are unable to attend. The opinions of the foster parents shall be considered by the Family Assessment and Planning Team in its deliberations;

- d. Develop an individual family services plan for youths and families reviewed by the Team that provides for appropriate and cost-effective services;
 - e. Identify children who are at risk of entering, or are placed in, residential care through the Children's Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the CPMT developed pursuant to subdivision 17 of § 2.2-5206, the Family Assessment and Planning Team or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;
 - f. Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents or legal guardians, utilizing a standard method, 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;
 - g. Refer the youth and family to community agencies and resources in accordance with the individual family services plan;
 - h. Recommend to the CPMT expenditures from the local allocation of the state pool of funds; and
 - i. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies. COV§ [2.2-5208](#).
3. FAPT will recommend CSA funded services for only those cases determined eligible for CSA funding, in accordance with VA Code § [2.2-5211.B](#) and [§2.2-5212](#).
 4. Membership of the Amelia FAPT shall consist of a parent representative and four (4) persons from the following Amelia CPMT member agencies: Crossroads Community Services Board, Amelia County 11th District Court Services Unit, Amelia Department of Social Services, and the Amelia County Public Schools. A private provider of children and family services may serve on FAPT if they

do not participate in voting when their organization serves a CSA funded youth and after signing a waiver agreeing not to market their services or suggest their organization as the service provider. A member of the Health Department may serve on FAPT. Refer to FAPT By- Laws (Appendix 6) for full details on membership, terms, voting and other meeting rules.

5. Parent representatives who are employed by a public or private program which receives funds pursuant to this chapter or agencies represented on a FAPT may serve as a representative provided that they do not, as part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children.
6. Individual representatives from each member organization shall be familiar with his/her agency's services and programs and should have a basic understanding of the eligibility criteria for those programs. The staff appointed to the FAPT must have the authority to access services within their respective agencies.
7. Any person serving on the Amelia FAPT who does not represent a public agency shall file a statement of economic interests as set out in [§2.2-3117](#) of the State and Local Government Conflict of Interests Act. Persons representing public agencies shall file such statements only if required to do so pursuant to the State and Local Government Conflict of Interests Act.
8. Persons who serve on a Family Assessment and Planning Team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent.
9. Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Management and Planning Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. COV § 2.2-5210
10. The meeting schedule and its location shall be determined by the CSA Coordinator. The Amelia CPMT supports FAPT members and the CSA Coordinator scheduling one or more FAPT meetings, as necessary, on a monthly basis, to meet the service needs within the established time frames.
11. The provisions of the Virginia Freedom of Information Act are not applicable to the FAPT pursuant to VA Code [§2.2-3703.3](#).

C. UTILIZATION MANAGEMENT

The utilization management process shall provide information as required by the Office of Children's Services to include, but not be limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings as indicated by the utilization review assessment of need, to include a uniform assessment instrument.

1. The utilization management process should include, but not be limited to: a) Administration of a uniform assessment instrument, the Child and Adolescent Needs and Strengths Assessment (CANS), on all children who receive services purchased with pool funds; b) Development of outcomes

and strategies to meet those outcomes; c) Identification of the least restrictive, appropriate service(s); d) Collaborative negotiation with vendors for the provision of identified services; and e) Utilization review.

2. Due to federal mandates associated with the special education process, utilization review procedures are to be completed by the IEP team and must be based upon the goals in the IEP. When a new IEP is developed as a result of the annual review or due to changes occurring during the year, the school will submit the new IEP, details of the private day placement and services providers, a release of information and a CANS assessment to the Coordinator. The IEP team is solely responsible for all determinations regarding services and placement. The utilization management processes shall not interfere with protections provided to a student with a disability.
3. The Utilization Review Policy and Procedures are found in appendix 11.

II. POPULATIONS SERVED

A. DESCRIPTION OF SERVICE POPULATIONS

1. While the CPMT has the latitude to consider the service needs for all youth and their families within the service area, the policy of the Amelia CPMT and the Amelia FAPT is to strive to meet the service needs of troubled and at risk youth and their families according to the definitions for eligible, targeted, mandated and non-mandated populations.
2. 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 a through d and shall be determined through the use of a uniform assessment instrument and process and by policies of the CPMT to have access to these funds. Youth, and their families, meeting one or more of the criteria below, are eligible for services provided with pool funds (VA Code §[2.2-5212 A](#)):
 - a) The child or youth has emotional or behavioral problems that:
 - 1.) 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;
 - 2.) Are significantly disabling and are present in several community settings, such as at home, in school, and with peers; and
 - 3.) 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.
 - b) The child or youth has emotional or behavioral problems, or both, and currently is in, or at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency resources or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.
 - c) The child or youth requires placement for purposes of special education in approved private school educational programs. Consistent with a student's eligibility for special education services under IDEA, CSA is responsible for funding private school special education services specified in the IEP for a student who has not reached his/her 22nd birthday on or before September 30 of the school year. A child with a disability whose 22nd birthday is after September 30 remains eligible for the remainder of the school year.
 - d) The child or youth has been placed in foster care through a DSS Non-Custodial agreement, 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](#).

3. The state pool shall consist of funds that serve the target populations identified in subdivisions a–f 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 purposes 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. The target population shall be the following:
- a. Children placed for the purposes of special education in approved private school educational programs, previously funded by the Department of Education through private tuition assistance, (this includes only private day and private residential placements for the purpose of receiving a free and appropriate public education).
 - b. Children eligible for a specific and limited appropriation of funds, through Wraparound Services for Students with Disabilities or Transitional Services in the Public School Setting (as outlined by OCS Administrative Memorandum #21-09), who receive special education services, as outlined in an IEP, and challenges directly related to their disability require the provision of additional community supports to prevent more restrictive services and/or placement, (See [CSA Manual 4.3.3a regarding Wraparound Services for Students with Disabilities](#)).
 - c. 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.
 - d. Children for whom foster care services, as defined by VA Code §[63.2-905](#), are being provided to prevent foster care placements, and children entrusted to local social service agencies by their parents or guardians, or committed to the agencies by any court of competent jurisdiction, or placed with a local department or public agency designated by the CPMT through an agreement where custody is retained by the parent or prior custodian for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by §[63.2-900](#). This code section defines “foster care services” as the provision of a full range of casework, treatment and community 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 1) has been identified as needing services to prevent or eliminate the need for foster care placement, 2) has been placed through an agreement between the local board of social services or the public agency designated by the CPMT and the parents or guardian where legal custody remains with the parents or guardian, 3) has been committed or entrusted to a local board of social services or child welfare agency, or 4) has been placed under the supervisory responsibility of a local board pursuant to §[16.1-293](#). “Foster care placement” means placement of a child through 1) an agreement between the parents or guardians and the local board or public agency designated by the CPMT where legal custody remains with the parents or guardians, or 2) an entrustment or commitment of the child to the local board or child welfare agency.
 - e. Children placed by a Juvenile and Domestic Relations Court in accordance with provision of VA Code §[16.1-286](#) in a private or locally operated public facility or residential 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

- f. 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 with VA Code §[66-14](#).
4. Youth for whom access to funds and services is mandated include those defined in a., b., c., and d. of the targeted population identified above (VA Code §[2.2-5211](#)).
5. Youth for who access to funds and services is not mandated but for whom they are “protected” through set aside pool funds include those defined in (e) and (f) of the targeted population identified above.
6. For the 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, inclusive, who is otherwise eligible for mandated services of the participating state agencies.

B. PRIORITY POPULATIONS

The following priorities have been established by the Amelia CPMT for the provision of services through the community pool of funds:

1. First Priority - the targeted mandated population.
2. Second Priority - the targeted non-mandated population of “protected” court services cases.

C. FUNDING POLICY FOR THE NON-MANDATED, NON-SUM SUFFICIENT POPULATION

Protected CSA funding for the non-mandated, non-sum-sufficient, population shall be applied only to those youth ordered by the court to comply with services. Court ordered compliance with services must receive a FAPT review prior to commencement of the service(s). If the court order states the service must begin immediately, FAPT shall meet as soon as possible to review the service plan. FAPT shall determine if another funding option is available prior to requesting protected CSA funds to cover the cost of the service(s).

Requests for CSA funding to purchase services for the non-mandated, non-sum-sufficient, population will occur only after all other funding options have been explored and exhausted. This shall include confirmation of the following: 1) Youth is not eligible for mandated CSA funds; 2) Private insurance will not fund the cost of the court-ordered service; 3) For any Medicaid supported service, Medicaid has been applied for and denied; 4) Local agencies have no other federal, state or grant funded financial resources that can be applied to cover the cost of requested services.

Due to the limited nature of the protected funds, all attempts shall be made to utilize another funding option. When protected funds for each fiscal year are fully expended, and continued services are requested, the CPMT will review the court order and make a determination regarding the use of local only funds. If the CPMT chooses not to utilize local only funds to support the continuation of the court ordered service(s), the CPMT Chair will prepare a letter to the Court informing of this decision. A quorum of CPMT members will sign the letter prior to remitting the letter to the Clerk of the Court.

III. CSA EXPENDITURES

A. ALL EXPENDITURES ARE REPORTED TO CPMT.

All services paid with CSA funds require FAPT review, FAPT support noted on the IFSP, and CPMT review for funding approval, with the exception of:

1. Foster care basic maintenance
2. Supplemental clothing allowance for youth in foster care
3. Foster care enhanced maintenance
4. Educational services for students placed in a private or residential educational setting in accordance with a student's Individual Education Plan or students receiving Transitional Services in the Public School Setting (as outlined in OCS Administrative Memo #21-09):
 - a. The special education costs associated with the non-educational placement of a student with a disability into a private residential program, with the exception of adoption subsidy cases, when the child's IEP does not require residential treatment and the child is placed for non-educational purposes, the local school division in the locality where the adoptive parents reside is legally responsible for assuring the child's access to and providing services for a "free and appropriate public education." ;
 - b. Placement into a private school which is ordered by a hearing officer as a result of a due process hearing or which is part of a legally binding mediation agreement between a parent and school division.

B. REPORTING AND REVIEW OF EXPENDITURES

1. At each CPMT meeting, members present will have the opportunity to review FAPT funding requests. Additionally, the CPMT will be given a report that tracks all monies expended within the current fiscal year. The records of the fiscal agent will be audited annually by a certified auditor and a copy of the auditor's report will be made available to the CPMT.
2. Member agencies will report to CPMT on funding streams available within their agencies that can be applied to services recommended by FAPT. These may include [Promoting Safe and Stable Families Funding](#) and funding available through the [Virginia Juvenile Community Crime Control Act \(VJCCCA\)](#). Additional funding streams will be explored, as available. CPMT will review and provide support and guidance for funding proposals.

C. PROCESSING PAYMENTS AND INVOICES

1. Service providers must submit all invoices to the individual designated in the purchase of services order, within fifteen (15) working days following the last day of each month for which services were provided. Residential costs must be broken down into these categories: Maintenance expenses (room and board, supplemental clothing, specialized supervision, insurance, travel, and childcare) and administrative expenses (case management, overhead, and other administrative costs).

2. The CPMT reserves the right to refuse to pay for any services that are not received within the fifteen (15) day period. Fees for each individual child shall be specified in the purchase order. If the Case Manager receives the bill, it must be submitted to the Coordinator immediately. The CSA Coordinator will then submit the bills to the finance staff for payment.
3. If services are required, which CPMT has not authorized or service units exceed the number of authorized units, or both, the provider must notify the Case Manager immediately and receive written authorization from the CPMT prior to rendering such services. The CPMT must approve any costs or fees that will exceed the monthly maintenance fee paid for a child prior to the expenditure.
4. Case Managers must notify the Coordinator immediately if a bill for services needs corrective action. Case Managers must also notify the Coordinator when adjustments, amendments, or other changes occur in the delivery of services. This includes Medicaid denials, facility rate changes, discharge from a facility, moving youth from one facility to another, AWOL from a facility, etc. Case Managers must notify the Coordinator when any changes occur in foster care cases receiving CSA State Pool funds. Failure to inform the CSA Coordinator will be reported to CPMT. CPMT will provide direction on how to proceed.
5. For cases exempt from the FAPT process, the Case Manager must submit bills to the Coordinator as described above.

D. EMERGENCY SERVICES APPROVED ON CONSENT

1. The use of state pool funds for emergency placements is allowable by LDSS provided youth are subsequently assessed by the FAPT, or an approved collaborative, multidisciplinary team process, within 14 days of admission and the emergency placement is approved at the time of placement. COV § 2.2-5209.
2. The CSA Coordinator will establish a memorandum of agreement with foster care agencies that the LDSS may potentially contact. The MOA shall state that the CSA Coordinator will sign all documentation that relates to the use of CSA funding. The LDSS will sign documentation related to legal guardianship. The LDSS will only sign for funding if the CSA Coordinator cannot be reached and the foster care agency insists upon the signature of the LDSS to approve funding. The MOA will allow an option for the CSA Coordinator to revise the funding documentation the next business day.
3. When the LDSS makes an emergency placement that is required to be assessed by the FAPT, the LDSS will make every effort to notify the Coordinator in writing no later than the next working day following admission. The LDSS case manager will submit the required documentation to the Coordinator no later than five days after the day of placement.
4. The Coordinator will schedule a FAPT meeting to be held within 10 days of admission.
5. Agencies who receive a separate stream of funding for a particular service or item must exhaust that funding stream prior to requesting CSA funds. Any agency with knowledge of another funding stream must inform CSA regarding the availability of those funds and the specifics of services or items

funded. "When a community services board established according to §37.2-501, local school division, local social services agency, court services unit, or the Department of Juvenile Justice has referred a child and family to a family assessment and planning team and that team has recommended the proper level of treatment and services needed by that child and family and has determined the child's eligibility for funding for services through the state pool of funds, then the community services board, the local school division, local services agency, court services unit or the Department of Juvenile Justice has met its fiscal responsibility for that child for the services funded through the pool. However, the community services board, the local school division, local social services agency, court service unit or Department of Juvenile Justice shall continue to be responsible for providing services identified in individual family service plans that are within the agency's scope of responsibility and that are funded separately from the state pool." COV § 2.2-5211 D.

E. MEDICAID FUNDED SERVICES

1. The Lead agency case manager (LACM) shall recommend, for CPMT's approval, Medicaid-funded services whenever they are available for the appropriate treatment of children and youth receiving services funded through CSA. Effective July 1, 2009, pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid-funded services are unavailable or inappropriate for meeting the needs of a child." [2011 Appropriations Act, Chapter 890, Item 274 §.](#)
2. A least restrictive treatment model will be applied for all cases, with residential treatment considered only as a last resort. If residential treatment is required and the FAPT chooses to recommend placement in a non-Medicaid facility, the FAPT must indicate the reason for choosing to recommend a non-Medicaid facility rather than a facility that accepts Medicaid. If the service vendor provides Medicaid funded services the vendor must determine Medicaid eligibility and apply for Medicaid prior to accessing CSA funds. The fiscal agent must sign a service contract, prepared and distributed by the CSA Coordinator, before a vendor receives CSA funding. The CSA Coordinator, (or agency director in the case of an emergency placement and family partnership meeting in lieu of a FAPT assessment), will sign placement and funding agreements with all residential placements and ensure the Medicaid rate is documented and Medicaid is applied prior to CSA funds. FAPT will review the IACCT recommendation necessary for an approved Qualified Residential Treatment Program (QRTP) placement under the Family First Prevention Services Act (FFPSA), per OCS Administrative Memorandum #21-10, and if a congregate care placement is deemed necessary and appropriate, establish long and short-term goals for the child through the IFSP.

F. USE OF STATE POOL FUNDS FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES

The State Executive Council, pursuant to the authority granted it by COV §2.2-2648, shall provide for the establishment of interagency programmatic and fiscal policies which support the purposes of the Children's Services Act(the "CSA"), and shall deny state funding to a locality which fails to provide services that comply with such interagency programmatic and fiscal policies, the CSA, any other state law or policy, or any federal law pertaining to the provision of services. For purposes of determining the use of Pool Funds for the purchase of community-based behavioral health services, the Office of Children's Services shall apply the regulations established by the Department of Medical Assistance Services ("DMAS") regarding the appropriateness of such services. This policy, and the term "community-based behavioral health services" shall apply and refer to the following DMAS-regulated services: Intensive In- Home, Therapeutic Day Treatment, and Mental Health Support

Services. The CPMT may request an exception to this policy through the Office of Children's Services when the CPMT believes there are exceptional circumstances that warrant exception to this policy and/or a Medicaid enrolled provider of a needed service is not available³ for Medicaid-eligible children and youth. Such requests shall be made in writing and shall state the reason(s) and describe the circumstances supporting the CPMT's claim. This policy shall be effective October 1, 2013 for new individual family services plans and shall be effective July 1, 2014 for all individual family services plans. Localities shall be subject to denial of funds policies for failing to comply with this policy beginning July 1, 2014. This policy shall revoke any previous guidance or statement of policy issued by the Office of Children's Services or the State Executive Council regarding the use of CSA state Pool Funds to pay for these community-based behavioral health services, including, but not limited to such guidance issued July 19, 2011 by the Office of Comprehensive Services. For Medicaid eligible children and youth: It is the intent of federal and state agencies governing the use of Medicaid funds to provide a full array of behavioral health services to meet 100% of the behavioral health needs of Medicaid-eligible clients. Thus, state Pool Funds shall not be used to purchase community-based behavioral health services for a Medicaid-eligible client.

Children and youth in crisis: 1. Shall be referred to emergency services. 2. It is not the intent of this policy to prevent the use of Pool Funds to purchase non- behavioral health services necessary to meet the social, educational, or safety needs of Medicaid eligible children, youth and families.

For children and youth not eligible for Medicaid: It is the intent of the State Executive Council to ensure access to appropriate community-based behavioral health services for all children and youth served under the Children's Services Act and to ensure the delivery of community-based behavioral health services to all children and youth regardless of whether services are funded by Medicaid or Pool Funds. For children and youth for whom community-based behavioral health services will be purchased with Pool Funds, the FAPT shall maintain documentation that the child or youth meets the criteria established by DMAS regulations for the specific community-based behavioral health service to be provided. This documentation shall include the signature and written approval of a licensed mental health professional. The licensed mental health professional shall state his/her credentials on such signed written approval and shall not be a supervisor of or the provider of the service for which approval is given. State Pool Funds may be used to purchase an independent clinical assessment conducted in accordance with DMAS requirements for such assessment.

1 "crisis" means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened emotional, mental, physical, or behavioral distress; or any situation or use of Pool Funds for circumstances in which the individual perceives or experiences a sudden loss of his ability to use effective problem-solving and coping skills.

2 "emergency services" means unscheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, available 24 hours a day and seven days per week. Emergency services also may include walk-ins, home visits, detention, and preadmission screening activities associated with the judicial process. "Emergency services" does not include ongoing treatment services such as "community-based behavioral health services."

3 "unavailable" means: a) there is not a Medicaid-eligible provider of the needed service within a reasonable geographic distance (e.g., up to 30 miles in urban areas or up to 60 miles in rural areas); or b) there is a waiting list that prevents the delivery of services within a reasonable time frame.

G. CSA REIMBURSEMENT AND RESIDENTIAL PLACEMENT

1. In the event that any group home or other residential facility in which CSA children reside has its licensure status lowered to provisional as a result of multiple health and safety or human rights violations, all children placed through CSA in such facility shall be assessed as to whether it is in the best interests of each child placed to be removed from the facility and placed in a fully licensed facility and no additional CSA placements shall be made in the provisionally licensed facility until and unless the violations and deficiencies relating to health and safety or human rights that caused the designation as provisional shall be completely remedied and full licensure status restored.
2. Prior to the placement of a child across jurisdictional lines, the FAPTs shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in Amelia County, and (iii) report the rationale for the placement decision to the Amelia CPMT.
3. A child who is covered under an Adoption Subsidy Agreement, either from our locality or from another locality, is subject to special circumstances when facing a residential placement. Payments for residential treatment may be made by the placing LDSS only when the plan for placement has been reviewed and recommended by the FAPT (Family Assessment and Planning Team) in the locality where the child and family reside. Documentation that less restrictive alternatives have been assessed and ruled out must be maintained in the subsidy record. The FAPT or approved multidisciplinary team in the locality where the adoptive parents reside: 1.) Determines less restrictive services (e.g., wraparound, family, and/or community services) are not appropriate in meeting the child's special needs at this time. 2.) Recommends that time-limited residential treatment is the most appropriate, least restrictive, and most effective service in meeting the child's special needs. 3.) Recommends services and/or supports to successfully transition and return the child home at the earliest appropriate time consistent with the child's special needs. If the FAPT does not recommend residential treatment, special services payments cannot be used for the placement. The adoptive parents may choose whether to place the child using their own or alternative resources. After the FAPT makes its recommendations, the FAPT no longer needs to provide additional assessments, conduct utilization reviews, or make service recommendations, unless required by CSA law/policies, or the LDSS and FAPT agree such actions will be beneficial for the child and should be conducted, consistent with CPMT policies. The Adoption Family Preservation (AFP) Program provides case management and other services at no cost for any adoptive family in Virginia. The adoptive parents access this program funded by VDSS by calling toll-free 1-888-821- HOPE. For funding of educational services see section III. A. 4 a. within this manual.

H. FISCAL RECOVERIES

1. In compliance with State policy, the Amelia CSA Office will work collaboratively with Amelia County Department of Social Services (ADSS) and Amelia Court Services Unit to recover expenses related to services delivered to youth in the custody of ADSS, with the monies ADSS collects through the Division of Child Support Enforcement (DCSE), as well as, the collection of parental co-payments for youth eligible to receive CSA funds in as identified in the Parental Co-Payment Policy (See Appendix 10 for policy and associated forms).

2. A guiding principle of the Amelia Community and Policy Management Team CPMT is that parents will be actively involved in the planning and delivery of services. The General Assembly, under the VA Code §[2.2-5206](#), has directed CPMT to “establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay.”
3. Parental contribution (i.e. co-payment) toward the cost of services demonstrates a willingness to bear responsibility for providing for the child’s needs. The verifiable inability of the parent(s)/legal guardian(s) to provide the assessed co-payment will not prevent the delivery of service to any child.
4. Vendor refunds due to overpayment for services or termination of service contracts prior to completion of the contracted purchase order will be paid directly to Amelia CSA and reported as recoveries.

IV. MANAGEMENT OF RECORDS AND DATA SECURITY

A. MANAGEMENT OF RECORDS

1. CSA client records shall be retained for three years after CSA case closure.
2. CSA client records shall be destroyed with six months of the end of the above three-year period, according to the process set forth in Va. Code Ann. § 42.1-86.1, Disposition of public records.
3. CSA contract records shall be retained according to the GS-2 fiscal schedule for five years after contract expiration or until audit, whichever is longer, and then destroyed within six months according to the process set forth in Va. Code Ann. § 42.1-86.1.
4. CSA purchase of service records shall be retained according to the GS-2 fiscal schedule for three years after the end of the fiscal year in which services were purchased or until audit, whichever is longer, and then destroyed within six months according to the process set forth in Va. Code Ann. § 42.1-86.1
5. Each participating public agency shall retain documents that are required for its records according to the records retention schedule appropriate to its agency and programs.
6. Duplicates (“copies” of convenience) of original records are not under the purview of the destruction schedule and therefore could be purged as long as the original records are maintained by the appropriate originating agency.

B. SECURITY OF RECORDS

1. Written records must be maintained in a secure room, locked file cabinet or other similarly secured container when not in use.
2. Electronic files will be archived weekly and stored on a password protected external drive and stored off-site in a secured container when not in use.

PART II

I. PROCESS AND PROCEDURES

A. Family Assessment and Planning Team (FAPT)

1. FAPT, in accordance with VA Code § [2.2-2648](#), shall assess the strengths and needs of troubled youth and families, approved for referral to the team, and identify and determine the complement of services required to meet these unique needs.
2. FAPT will review only those cases determined eligible for CSA funding, in accordance with VA Code § [2.2-5212](#). Other cases will be reviewed as requested by partner agencies.
3. In accordance with policies developed by the Amelia CPMT the specific responsibilities of the Amelia FAPT shall be as follows:
 - a. Review referrals of youth and families to the Team;
 - b. Provide for family participation in all aspects of assessment, planning and implementation of services, and in a manner that concurs with the [Virginia Children's Services Practice Model](#) (see Appendix 1);
 - c. Provide for the participation of foster parents in the assessment, planning and implementation of services. The LACM shall notify the foster parents of the time and place of all assessment and planning meetings related to such youth. Such foster parents shall be given the opportunity to speak at the meeting or submit written testimony if the foster parents are unable to attend. The opinions of the foster parents shall be considered by the FAPT in its deliberations;
 - d. Develop an IFSP for youth and families reviewed by the Team that provides for appropriate and cost-effective services;
 - e. Hold meetings on a regular basis to develop and review service plans. Each service plan shall be for a period of no more than three months;
 - f. Identify children who are at risk of entering, or are placed in, residential care through the CSA program and who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the CPMT developed pursuant to subdivision 17 of § [2.2- 5206](#), the FAPT, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review

of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and family.

- g. Refer the youth and family to community agencies and resources in accordance with the IFSP, with the first consideration for referral given to providers within Amelia County's service delivery system;
 - h. Recommend to the Amelia CPMT expenditures from the local allocation of the state pool funds; and
 - i. Determine agency with direct involvement will act as case manager. If there is no direct agency involvement the CSA Coordinator will act as liaison to allow families to present. Designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the IFSP developed for each youth and family, such reports to be to the Team or the responsible local agencies. [COV§2.2-5208](#)
4. Agency representatives to the FAPT should:
- a. Attend all FAPT case review. If the primary FAPT representative is not able to attend they must arrange for the appointed alternate from their agency to attend. If the alternate, or no one, is able to attend the FAPT they must contact the CSA Coordinator immediately.
 - b. Before each FAPT, review the schedule with all relevant agency staff and be knowledgeable about the involvement for their agency and services provided or offered to the family.
 - c. Attend all CSA related trainings, as they apply to the role of each staff.
5. A quorum of FAPT members is the majority, each representing a different agency, who must be physically present to hold a FAPT meeting. The referring agency must be in attendance for the FAPT to assess and develop a service plan. The case manager from the referring agency cannot also be counted as the agency representative for purposes of fulfilling the quorum requirement. For additional information see FAPT By-laws, Appendix 6.

B. Children's Services Act Staff

- 1. The CSA Coordinator manages the daily administrative duties of the CSA program to include serving as the liaison to the CPMT.
- 2. The Finance Department and CSA Coordinator manage the daily fiscal duties of the CSA program to include fiscal reporting to CPMT and OCS. The CSA Coordinator maintains vendor information, creation and processing of purchase orders and invoices and monitoring all fiscal aspects of the CSA program.

II. AMELIA FAPT REFERRAL PROCESS

- A. The Amelia CSA Coordinator shall serve as the "Single Point of Contact" for all referrals to the FAPT. The CSA Coordinator will confirm that all accepted referrals meet the established eligibility criteria for

FAPT review. The CSA Coordinator will schedule a FAPT review in accordance with the Amelia CPMT approved process time lines. In the event that a referral is found not to be eligible, the CSA Coordinator shall notify the referring party and will provide recommendations for appropriate services or an opportunity to meet with FAPT members who will provide recommendations. Once the required consent to exchange forms are provided by the referring party, the CSA Coordinator shall maintain written documentation for the referral and the related recommendations.

B. Referrals to the FAPT may be made by any of the following:

1. Any Amelia County agency, whether or not represented on the Amelia FAPT.
2. The Court - "In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to the §§22.5209 and 2.2-5212, refer the matter to the Community Policy and Management Team for assessment by a local family assessment and planning team as 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." [COV § 2.2-5211 E.](#)
3. Self-referrals by parents/guardians may occur by contacting the CSA Coordinator directly. The CSA Coordinator will provide information on CSA criteria and provide options for a case review by FAPT.
4. All parties noted in items 1 through 3 may request a case assessment for the purpose of gathering information and resource recommendations. The assessment shall be provided by members of FAPT.

C. Referrals to FAPT

1. The LACM, or informed representative of the referring agency, shall complete the following case management activities:
 - a. Provide complete, updated and valid consent to exchange forms for all family members who will receive CSA funded services;
 - b. Confirm that before cases are referred to FAPT, they have undergone a review process by a supervisor within the lead agency. This will help ensure the appropriateness of the FAPT referral and will clarify any case activity that should occur prior to bringing the case to FAPT;
 - c. Contact the CSA Coordinator to establish a date and time on the schedule;

- d. Inform family members of the FAPT case review date/time and confirm attendance to ensure staffing of the case because both the referring agency and person(s) holding legal custody of the youth must participate in the meeting;
 - e. Inform service providers and all other appropriate interested parties, as permitted by the court and by the family, of the case review date and time;
 - f. Complete a CANS and all the required CSA documentation with accurate and current information and submit it to the CSA Coordinator no later than the Friday prior to the FAPT meeting date;
 - g. Document for FAPT's review any prior interventions and services attempted and utilized;
 - h. Document for FAPT's review measurable goals and objectives;
 - i. If requesting FAPT support for a specific type of service, include provider names, projected start dates and costs for services requested;
 - j. Confirm service providers are focusing on measurable goals and objectives supported by FAPT;
 - k. Report to FAPT on measurable progress, or barriers to meeting objectives and goals;
 - l. No later than six months after the initial FAPT, provide a timeline for services and discharge plan with projected outcomes;
 - m. Ensure collaboration and sharing of information across agencies and among service providers, particularly when related to the status of progress on identified goals;
 - n. Engage the youth and family in the completion of a CANS Assessment in order to submit the CANS to the CSA Coordinator no later than the Friday prior to the FAPT meeting;
 - o. For youth who receive Independent Living Services, review the Transitional Living Plan and the most recent Casey Life Skills Assessments with the youth and caregiver. Summarize highlights from these documents and include with updated information submitted to the CSA Coordinator no later than the Friday prior to the FAPT meeting date;
 - p. Report on all resources, insurance, and support or assistance that is accessible to the family and complete the initial parental co-pay documentation with the family for submission to the CSA Office;
 - q. Link the youth and family with needed resources and appropriately targeted services.
2. If a LACM is not in place at the time at the meeting in which FAPT determines a referral will become an ongoing case, the FAPT will then determine the agency most appropriate for case management. The agency so designated will be responsible for assigning a case manager. At any point in an active case, the FAPT may reassess its designation of the case managing agency and may assign the responsibility to a different agency, if appropriate.

3. Outside of FAPT the referring agency and LACM shall also report to the CSA Coordinator on the schedule for the provision of FAPT supported services, to include the following:
 - a. Submit information on services to the CSA Coordinator, no later than three (3) days after the service start or end date. Information provided shall include provider name, contact information, service rate, and date of service implementation and/or termination. If a LACM fails to inform the CSA Coordinator within three (3) days of the service start date, the CSA Coordinator must inform CPMT. If 30 days pass before the LACM informs the CSA Coordinator of the start date of the service the lead agency may become responsible for payment of the service; and
 - b. Inform the CSA Coordinator when funding options, other than CSA, become available to cover the cost of the service. For example, confirm the status of Medicaid coverage, if it was reported pending at the time of FAPT.

D. Referrals from other CPMTs:

1. Anyone receiving notice of a child or family currently receiving services funded through the state pool in another CPMT jurisdiction, which is establishing new legal residence in Amelia County, will inform the Amelia CSA Coordinator.
2. The Amelia CSA Coordinator, as directed by the Amelia CPMT, shall require the following information in writing from the referring CPMT:
 - a. Name(s) of youth and family members;
 - b. Current and, if different, their address in Amelia, and current phone number;
 - c. The planned and/or actual date of change in legal residence; and
 - d. The current IFSP, CANS Assessment and related supportive information and documents.
3. The Amelia CPMT shall assume responsibility for the provision of state pool funded services to the youth/family on the thirty-first day after legal residence has been established in Amelia, or the referral from the sending locality is complete, whichever is later.
4. Amelia County's legal counsel shall define legal residence. Further, in any instance that an individual 18 through 21 years of age, or eligible for special education services and is eligible for funding from the state pool is placed by a local social services agency that has custody across jurisdictional lines in a group home in the Commonwealth and the individual's IEP, as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual's special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 (§[22.1-213](#)) of Chapter 13 of Title 22.1, and Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, or 22 inclusive of their graduation year, or is no longer eligible for special education services. The financial and legal responsibility for such special education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual, so that the Amelia CPMT fulfills its responsibility for the provision of service to the child and family for up to thirty calendar days after the family changes legal residence, within the policies and procedures established by the CPMT.

5. The Amelia County Public Schools CSA Case Manager and the LACM in Amelia County shall notify the receiving school division whenever a child is placed across jurisdictional lines and identify any children with disabilities and foster care children to facilitate compliance with expedited enrollment and special education requirements.
6. Upon confirmation of the family's relocation, the Amelia CSA Coordinator shall communicate with the CSA Coordinator in the locality to which the family relocated to provide notification of the impending re- location. The Amelia CSA Coordinator shall ascertain the requirements for referral to the receiving locality and shall forward official notice to that community's Single Point of Contact. All material required by the receiving locality will be forwarded at the earliest possible date in order to facilitate a smooth transition in the provision of services.
7. Further, in any instance that an individual 18 through 21 years of age, inclusive, who is eligible for funding from the state pool and is properly defined as a school-aged child with disabilities pursuant to [§22.1-213](#) is placed by a local social services agency that has custody across jurisdictional lines in a group home in the Commonwealth and the individual's IEP, as prepared by the placing jurisdiction, indicates that a private day school placement is the appropriate educational program for such individual, the financial and legal responsibility for the individual's special education services and IEP shall remain, in compliance with the provisions of federal law, Article 2 ([§22.1-213](#)) of Chapter 13 of Title 22.1, and Board of Education regulations, the responsibility of the placing jurisdiction until the individual reaches the age of 21, inclusive, or is no longer eligible for special education services. The financial and legal responsibility for such special education services shall remain with the placing jurisdiction, unless the placing jurisdiction has transitioned all appropriate services with the individual.

III. FAPT CASE REVIEW PROCESS

- A. Decision Making – Decisions regarding service provision will be made within the team through majority vote. Once a majority is reached, the plan is binding and will be supported by all team members.
- B. Family Participation - Consistent with the intent and purpose of the CSA, in a manner that concurs with the [Virginia Children's Services Practice Model](#), families shall be involved in the planning for their children to the fullest extent possible. To assure that families are full participants in the assessment and planning process, members of the FAPT will fully engage the family through IFSP assessment and planning process. Outside of the FAPT meeting, these responsibilities shall be assumed by the LACM, private providers and all agencies who serve the youth and family. For the full policy and procedures see Appendix 3.
- C. Confidentiality
 1. Confidentiality must be kept by any and all team members and case review participants. All persons attending a FAPT meeting are required to sign the signature sheet, which includes a confidentiality agreement.
 2. "All public agencies that have served a family or treated a child referred to a FAPT shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the

proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team." COV §2.2-5210

3. "Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAPT and whose case is being assessed by this team or reviewed by the CPMT shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential." COV §2.2- 5210
4. All agencies participating on the Amelia FAPT shall use the "Consent to Exchange Information" form for all persons receiving CSA funded services. The agency, which is referring the child/family for review, shall be responsible for securing the proper completion of the form including parental signature. The purposes and content of the form shall be thoroughly reviewed with the parent/guardian and the parent/guardian shall participate in identifying material, which may or may not be released. It shall be communicated to the parent/guardian orally and in writing that the release may be amended or repealed, in whole or in part, by their initiative at any point in time.

D. IFSP/Funding Request

1. An IFSP (https://www.csa.virginia.gov/content/doc/Model_IFSP.docx) shall be developed for each youth/family staffed by the FAPT. The youth, family, FAPT members and the LACM, shall develop the IFSP, facilitated by the FAPT Chairperson and the CSA Coordinator. The LACM will be responsible for providing information to update the IFSP at each review and confirm the IFSP includes all information required for implementation by reviewing the plan prior to the end of each FAPT meeting (see section II. C. Referrals to FAPT, 1. g-p).
2. When the LACM cannot confirm service provider dates and related information prior to the finalization of each IFSP, the LACM is responsible for submitting service information to the CSA Coordinator (see section II. C. Referrals to FAPT, 2.).
3. The LACM designated to implement the IFSP shall oversee the coordination and provision of services to the youth/family. The LACM shall monitor progress and report to the FAPT as requested or required through the Utilization Review procedures. The LACM is to monitor overall service delivery and compliance with the IFSP. Special Education staff shall monitor IEPs and review cases referred for Wraparound Services for Children with Disabilities to confirm eligibility in the category. Department of Social Services shall monitor foster care/foster care prevention services. Court Services shall monitor non-mandated services.
4. The FAPT provides the youth and family with a copy of the IFSP and a written notice of the action taken, including their right to CPMT review, at the conclusion of the FAPT meeting. If a parent, including those no longer identified as the legal guardian or custodian of the youth, does not attend the FAPT review, the LACM shall make all reasonable efforts to send a copy of the IFSP, including the right to review by the CPMT, within ten working days. Information will be provided in the native language or mode of communication of the youth and family.
5. The LACM will furnish all service providers, not in attendance at FAPT, with a copy of the IFSP.

6. All participants must sign the IFSP indicating they were present at the FAPT meeting and understood the confidentiality agreement. Parents also sign indicating agreement/disagreement with the IFSP.

E. Record Keeping - The referral agency, parents, service providers, public agency staff involved with the youth and family, and the CSA Coordinator may receive copies of the IFSP and any additional supporting documentation. All CSA funded services shall have an accompanying report and shall be provided prior to each FAPT meeting for inclusion in the CSA case file, along with the consent to exchange form signed by the family member receiving the service.

F. Referral/Review/Assessment Time Lines

1. Whenever a referral is deemed eligible, the CSA Coordinator will arrange for FAPT to assess the referral at the next regularly scheduled meeting or if necessary arrange for an emergency meeting.
2. The CPMT shall act upon recommendations by the FAPT. The CPMT must approve any additions and extensions related to funding. If the CPMT denies the FAPT recommendation and/or the funding request, the CPMT may ask the FAPT to consider other service options. The FAPT will review and revise the IFSP at the next scheduled FAPT meeting.
3. All IFSPs utilizing pool funds for the provision of services shall be reviewed and, if appropriate, revised by the FAPT approximately every three (3) months.
4. When an IFSP developed by FAPT recommends expenditures from the local allocation of the state pool funds, the CSA Coordinator will recommend these expenditures to the CPMT as soon as possible, according to the CPMT meeting schedule.
5. No payments for any expenditures will be made unless the case has been staffed by the FAPT and funding approved by the CPMT, excluding exempt cases. No payments will be made if required documentation has not been received by the CSA Coordinator.

IV. DUE PROCESS/APPEALS BASED ON FAPT RECOMMENDATIONS

1. Nothing within the following process takes away any other right under existing state or federal law.
2. Any parent, legal guardian, or eligible child (by law, certain services can be received without parental permission) who is dissatisfied with the action of the FAPT and its overseeing body, the CPMT, may appeal. An appeal may include, but is not limited to, denial of access to the FAPT, family participation in all aspects of assessment, planning and implementation of services, and improper notification of meetings and actions. Any parent, legal guardian, eligible child may also appeal financial charges for non-educational services that may be incurred.
3. The FAPT must provide appropriate notice of meetings and actions to parents/guardians. Within ten (10) working days after the FAPT meeting, the case manager must provide a copy of the Individual Family Services Plan and a written notice of the proposed FAPT action to parents/guardians. If appropriate, the FAPT Coordinator discusses with parents/guardians, within the above timeframe, the fee policy for services and assists in determining the contribution to the services to be provided. If the

services are not affordable for the parent/guardian, other options will be discussed to address the family's needs.

4. Parents/guardians may file a written request for review of the Family Assessment and Planning Team (FAPT) action with the Community Policy and Management Team (CPMT). Parents/guardians must submit a written request to the CPMT within ten (10) days of receiving the notice of the FAPT's proposed action. The appeal request must be mailed to the Amelia County CSA Office and must include:
 - Parents/guardians' name
 - Child's name
 - FAPT meeting date
 - Date parents/guardians received written notice of the proposed FAPT action
 - Address
 - Daytime telephone number

5. The CPMT must hold an Appeals Hearing within thirty (30) calendar days of receiving the appeal request and send a written notice of the hearing date to parents/guardians. Appellants may bring other members of the family, an advocate, or support person to the hearing. The Coordinator will attend to present the FAPT decision and proposed service plan and, if appropriate, any fees associated with those services. The child's case manager will also be present.

APPENDIX

- 1.) Virginia Children's Services Practice Model**
- 2.) CPMT By-laws**
- 3.) Family Engagement Policy**
- 4.) Guidelines for Determining Levels of Care for Foster Care Services**
- 5.) Intensive Care Coordination Policy and Procedures**
- 6.) FAPT By-laws**
- 7.) Case Management Matrix**
- 8.) Consent to Exchange**
- 9.) Parental Co-pay Policy and Forms**
- 10.) Utilization Review Policy and Procedures**
- 11.) FAPT and IEP CSA Funded Services Notification and Case Closure Form**
- 12.) Case Support Services**
- 13.) Evidence-Based Services Contract Template**
- 14.) Amelia County CSA Guidance on In-Home Services and the Family First Prevention Services Act (FFPSA) in Reference to OCS Administrative Memorandum # 21-11**
- 15.) Crossroads CSB Mental Health Initiative (MHI)**
- 16.) Amelia County Children's Services Act Training Plan**
- 17.) Abbreviated FAPT Referral Policy**



Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions. .
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.

5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.

- We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
 3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Amelia County Community Policy & Management Team Bylaws

Adopted

Revised April 21, 1998

Amended April 11, 2001

Amended February 13, 2003

Amended March 13, 2003

Amended August 23, 2012

Amended October 17, 2019

Amended November 21, 2019

Amended October 21, 2021

Amended October 24, 2024

AMELIA COUNTY COMMUNITY POLICY & MANAGEMENT TEAM

Bylaws

Article I - Name

The name of this organization shall be the Amelia County Community Policy & Management Team (Management Team).

Article II - Purpose

The purpose of the Management Team shall be to manage the cooperative effort to serve the needs of troubled and at-risk Amelia County youths and their families and to maximize the use of state and community resources.

Article III – Membership

Section 1. Membership in the Management Team is prescribed by the *Code of Virginia*, sections 2.2-5204 and 2.2-5205. The Management Team shall be appointed by the Amelia County Board of Supervisors and shall include, at a minimum, at least one elected official or his designee from the Board of Supervisors, and the local agency heads or their designees of the following community agencies: community services board established pursuant to Section 37. I -195, juvenile court services unit, department of health, department of social services and the local school division. The team shall also include a representative of a private organization or association of providers for children's or family services, if such organizations or associations are located within the locality, and a parent representative. Parent representatives who are employed by a public or private program which receives CSA funds or agencies represented on a community policy and management team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

The Board of Supervisors may appoint other members to the team including, but not limited to, a local government official, a local law-enforcement official and representatives of other public agencies.

Section 2. Any person serving on the Management Team who does not represent a public agency shall file a statement of economic interests as set out in Section 2.2-3117 of the State and Local Government Conflict of Interests Act (Section 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

Section 3. Persons serving on the Management Team who are parent representatives or who represent private organizations or associations of providers of children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in Section 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

Section 4. Any member not representing one of the five mandated community agencies who wishes to resign from the Management Team shall submit his/her resignation in writing to the local governing body along with a copy to the Chairperson, giving at least four weeks' notice, if possible.

Section 5. With the exception of an appointment to fill an unexpired term, a parent representative appointment shall be for a term of two years beginning July 1. A parent representative may serve consecutive terms.

Section 6. A vacancy shall be filled in the same manner as the original appointment.

Article IV - Officers

Section 1. The officers of the Management Team shall be Chairperson, Vice-Chairperson, and Secretary. The members who serve as Chairperson and Vice-Chairperson shall be representatives from among the five mandated community agencies. The CSA Coordinator, though not a member of the Management Team, shall serve *ex officio* as Secretary. These officers shall perform the duties prescribed by the *Code of Virginia*, these bylaws and by the parliamentary authority adopted by the Management Team.

Section 2. The responsibility to fill the office of Chairperson shall rotate among the five mandated agencies in the following order: community services board, local school division, department of social services, juvenile court services unit, department of health. The responsibility to fill the office of Vice-Chairperson shall rotate among the five mandated agencies in the following order: local school division, department of social services, juvenile court services unit, department of health, community services board. Therefore, for example, when the Chair is the representative from the community services board, the ViceChair is the representative from the local school division. After the responsibility for filling an office has progressed through the rotation order, the rotation order repeats as necessary.

Section 3. Each mandated agency in its turn in the rotation order is responsible for filling the offices of Chair and Vice-Chair for a term of two years beginning on July 1.

Article V - Powers and Duties

The powers and duties of the Management Team are conferred and prescribed by the *Code of Virginia*, Sections 2.2-5206 and 2.2-5207.

Section 2.2-5206 of the *Code* provides that the Management Team shall:

1. Develop interagency policies and procedures to govern the provision of services to children and families in its community;
2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care;
3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

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

with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

Section 2.2-5207 of the *Code* provides that the Management Team shall establish and appoint one or more family assessment and planning teams as the needs of the community require.

Article VI - Meetings

Section 1. Regular monthly meetings of the Management Team shall be held on the Thursday next following the regular monthly FAPT meeting, unless otherwise ordered by the Chair. The Team may meet using videoconferencing or teleconferencing provided that the technology allows all participants to hear each other at the same time (and, if a videoconference, to see each other at the same time as well), when allowed by emergency order. Weather Cancellation/Reschedule Policy: If Amelia County Public Schools are closed or delayed due to inclement weather/unplanned closure, the FAPT meeting will automatically be rescheduled to the following Tuesday. CPMT shall be held on the next Thursday following the rescheduled FAPT meeting or as soon as a quorum can be obtained.

Section 2. Special meetings may be called by the Chairperson and shall be called upon the written request of at least three members. The purpose of the meeting shall be stated in the call. Except in cases of an emergency, at least three working days' notice shall be given.

Section 3. A majority of the membership shall constitute a quorum.

Section 4. Pursuant to the *Code of Virginia* §2.2-5210, proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the Management Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the Management Team members in the discharge of their responsibilities to the Team shall be confidential.

Section 5. It is the policy of the Amelia County Community Policy and Management Team that individual members of the Team, with the approval of a quorum that is physically assembled, participate in meetings of the governing body by electronic communications means as permitted by Virginia Code § 2.2-3708.2. A Team member who seeks to participate electronically must notify the Chair on or before the day of the meeting that:

1 – The member is unable to attend the meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance (medical condition or disability need not be identified) or [a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance]; or

2 – The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this provision is limited to each calendar year to two meetings [or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater].

If a participation by a member through electronic communication means is approved by a vote of the quorum that is physically assembled, the minutes will record the remote location from which the member participated. The remote location need not be open to the public.

If electronic participation is approved, the minutes must reflect that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition, [or due to a family member's medical condition that required the member to provide care for such family member,] which prevented the member's physical attendance. If the member participates electronically because of a personal reason, the minutes must reflect the specific nature of the personal matter cited by the member.

Whenever an individual member participates from a remote location that is open to the public there must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

If a member's participation from a remote location is disapproved because such participation would violate this policy, then such disapproval shall be recorded in the minutes with specificity.

Article VII — Committees

Section 1. The Team may establish such committees, standing or special, as the members deem necessary to enhance the work of the Team.

Section 2. The Chair of the Team shall appoint committee chairs from among the Team's membership. A committee chair shall appoint their committee and shall determine the committee's size and organization.

Section 3. Committee chairs shall serve for a term corresponding to that of the mandated agency responsible for filling the seat of the Team chair, or until their successors are appointed. There shall be no limit to the number of terms served by a committee chair. A committee chair vacancy shall be filled in the same manner as the original appointment.

Section 4. Committees may meet by videoconference or teleconference provided that the meeting is conducted by a technology that allows all participants to hear each other at the same time (and, if a videoconference, to see each other as well).

Article VIII - Parliamentary Authority

The rules contained in the current edition of *Roberts Rules of Order Newly Revised* shall govern the Management Team in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Management Team may adopt and any statutes applicable to this organization.

Article IX - Amendments

These bylaws may be amended at any regular meeting of the Management Team by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting; or, without notice, they can be amended at any regular meeting by vote of a majority of the membership.

FAMILY ENGAGEMENT POLICY AND PROCEDURES

Policy Statement: Community Policy and Management Teams (CPMTs) are responsible for developing policies and procedures, including those that govern any Family Assessment and Planning Team (FAPT) and/or authorized multidisciplinary team (MDT) within their jurisdiction, to “provide for family participation in all aspects of assessment, planning and implementation of [CSA] services” (COV § 2.2-5208). The State Executive Council (SEC) maintains that any reasonable definition of this legislative requirement to provide for family¹ participation must go beyond simply inviting family members to attend FAPT/MDT meetings and informing them about the decisions made through the FAPT/MDT process. The decision-making process, as supported by the [Virginia Children’s Services Practice Model](#), is a family driven process. This policy statement presents a model by which the CSA legislative intent to provide for family participation in all aspects of assessment, planning and implementation of services will be adopted locally.

1. The legislative requirement to provide for family participation in CSA is based on fundamental, underlying values of CSA, values which are shared across the agencies represented on the SEC and which are reflected in the Practice Model that has been developed through the Children’s Services System Transformation. Amelia County CPMT has adopted the Virginia Children’s Services Practice Model as a vision statement and values the following beliefs:

- a. All families have strengths;
- b. Families are the experts on themselves;
- c. Families deserve to be treated with dignity and respect;
- d. Families can make well-informed decisions about keeping their children safe when supported;
- e. Outcomes improve when families are involved in decision-making; and
- f. A team is often more capable of creative and high-quality decision-making than an individual.

2. Amelia County CSA services are directed at achieving safety, stability, and well-being of children and their families, in the least restrictive, most family-based and most community-based way possible. Therefore, family members whose participation must be provided for through CPMT policies and practices include those who are impacted by or involved in the delivery of such services. Amelia County CPMT will make efforts to include:

- a. Children and youth receiving CSA services;
- b. Their parents and caregivers, which may include birth parents, adoptive parents, foster parents, legal custodians, and any other primary or secondary caretakers, including prospective caretakers in the case of children who are in the custody of a child-serving agency;
- c. Their siblings, which may include half-siblings and adult siblings;
- d. Their grandparents and other adult relatives identified by either the family or a child-serving agency; e. Other members of their household; and
- f. Other relatives or non-relatives chosen by the child and/or family whose participation in any aspect of assessment, planning or implementation of CSA services would benefit the child and family.

A contact form for families shall be provided to ensure that they have identified all of the natural supports and family they believe are essential to the success of the process. Contact information for all participants is then easily available for case managers when preparing families for future meetings.

3. Amelia County CPMTs will insure the best chance of family involvement by informing families of their rights and responsibilities, by encouraging and supporting full participation in all meetings involving their child(ren) and family members, by communicating with service providers on a regular basis to ensure quality services are provided and by ensuring open lines of communication across agencies are maintained and well known to the family in order to allow them to reach out to public agencies tasked with assisting as they build strengths and make decisions about how best to meet the needs of their child(ren).

4. Amelia CPMT will support policies for FAPTs/MDTs that insure consistent, efficient, and effective CSA services to children and their families. In an effort to respect the time of families, case managers and other staff, redundant or duplicative processes shall be streamlined across child- serving agencies to promote family engagement.
5. Amelia County CPMT agrees that family involvement and participation are most effective when the process is guided and driven by the youth and family; when the youth and family identify the strengths and needs to be addressed; when the agencies involved are represented by staff who know, are known by, and are accepted by the youth and family; and when the youth and family participate in all aspects of assessment, planning and implementation of services. COV § 2.2-5207 provides a process for and encourages the formation of child- and family-specific teams and this shall be carried out through Amelia's FAPT processes, which shall include: 1.) assisting the family in identifying their strengths; 2.) asking the family what they believe their needs are; 3.) and thoughtfully considering the input of the family members.
6. Amelia CPMT institutes policies and practices that inform, prepare, and support family members for their participation in CSA, throughout the duration of their CSA services. These are accomplished through communication and interaction methods that are appropriate to the family's cultural and linguistic needs and preferences, including providing written material to family members. Member agencies agree meaningful family member participation is possible only if family members understand their rights and responsibilities with respect to CSA services; and if they are fully informed about and prepared to participate in the assessment, planning and service delivery process in their locality. FAPT case manager, FAPT chair, parent representative or CSA coordinator will take time to ensure that family members and their designated supports have every opportunity to participate with the other team members in making treatment recommendations for the child. These policies will met through ongoing implantation of the following processes, families will receive:
 - a. Consideration for scheduling meetings at times family members are available;
 - b. Assistance in planning for the provision of child care during service planning meetings
 - c. Assistance in planning for transportation for family members to and from the meeting.
 - d. An explanation of the meeting's purpose, process, timelines and goals
 - e. Encouragement to identify those they wish to include as support persons
 - f. Information on the responsibilities of the FAPT
 - g. An explanation of the responsibilities parents and children have to the CSA system and to service providers
 - h. Information on the responsibility for a parental co-payment for families who receive services through mandated foster care prevention funds, Wrap-around Services for Children with Disabilities, CHINS services mandated funds, and non-mandated court funding.
 - i. Reassurance and understanding of the parameters of confidentiality during the FAPT meeting.
 - j. Supportive items during the meeting that will require the CSA Coordinator to maintain such things as comfort items for small children, tissues, water or other effects necessary to assist families as they engage in the difficult work of developing and/or revising a service plan.
 - k. Notification in a timely manner before their child is assessed or offered services.
 - l. Written information in the parent's native language or interpretation, as required.
 - m. Documentation requiring their written consent before beginning the provision of any services that are part of the IFSP, upheld by the appropriate appeals process, or authorized by law.

- n. Clarification that they may read, review and receive written information regarding the child's record upon request, unless otherwise ordered by the court; and understand the process for receiving the information they wish to review.
- o. Information on how to access IFSP designated services and their right to choose the provider for those services.
- p. An explanation they have the right to review, disagree with and/or appeal any part of the child's assessment or service plan.
- q. An explanation of appeal process to the CPMT if the FAPT and family members disagree on a course of action. Should participate during the entire process during which a FAPT/MDT discusses their child and family situation.
- r. An understanding that each child serving agency has its own appeal process and agency-specific appeal processes are available and appropriate routes to take for any conflict resolution with those agencies. Use of the CSA process in no way negates the use of the separate appeal process of another agency.

7. Amelia County CPMT acknowledges COV § 2.2-2648 gives the SEC authority to review and approve requests from CPMTs to establish collaborative MDTs for children and families pursuant to § 2.2-5209. MDT requests must comply with specific requirements found in [CSA Manual, Section 3.1.5.c. of the Family Engagement Toolkit](#).

**Guidelines for Determining Levels of Care for Foster Care Services with
Licensed Child Placing Agencies (LCPA)
Adopted by the State Executive Council for At-Risk Youth and Families
June 20, 2014**

Procedures for Determining Level of Care

- I. The determination of the appropriate service level is always based on the individual child's specific needs and strengths.
- II. The Family Assessment and Planning Team (FAPT), or approved Multi Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, service delivery and decision-making process to determine the appropriate level of care for the child.
- III. Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved to a new LCPA.
- IV. The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. The time frame of the assessment may vary based on the accurate and thorough assessment of the child's strengths and needs.
- V. Following the assessment, the assessment shall be provided by the LCPA to the LDSS with copies to the FAPT/MDT with recommendation of level of care.
- VI. The determination of level of care shall be made collaboratively based on all available information and documentation of the child's needs by FAPT/MDT and the LCPA.
- VII. Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school, case manager, and provider reports, etc.

Levels of Care Criteria: Non-treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.

Level 1 Treatment Foster Care (Mild): A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require monitoring or the LCPA may need to provide services to lessen the likelihood needs will return.

Level 2 Treatment Foster Care (Moderate): A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.

Level 3 Treatment Foster Care (Significant): Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement. 45

Intensive Care Coordination

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

Services and activities include: Identifying the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments including, but not limited to, information gathered through the mandatory uniform assessment instrument; Identifying specific services and supports necessary to meet the identified needs of the child and his family and building upon the identified strengths; Implementing a plan for maintaining the youth in, or returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identifying public or private community-based services to support the youth and his family during transition to community-based care; Implementing a plan for regular monitoring of the services for the child to determine whether the services continue to provide the most appropriate and effective services for the child and his family.

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

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

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

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

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

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

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury. • Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:
 - Crisis Intervention
 - Crisis Stabilization
 - Outpatient Psychotherapy
 - Outpatient Substance Abuse Services
 - Mental Health Support

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

Providers of Intensive Care Coordination:

Providers of ICC shall meet the following staffing requirements:

- 1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators (such documentation shall be maintained in the individual’s personnel file);
- 2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators and such documentation shall be maintained in the individual’s personnel file). Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experience providing children’s mental health services to children with a mental health diagnosis.

Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities. Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master’s degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children’s mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35- 105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators.

Training for Intensive Care Coordination

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

Intensive Care Coordination Services and Supports

To facilitate access to enhanced services, supports and treatments to build capacity for access to services in the community, and ultimately to prevent residential and group home placements, CPMT permits FAPT to support and bring forth for funding approval no more than a total of 3 months of ICC for a combination of community-based and short term out-of-home (90 days or less) interventions for children and their families. In developing ICC service plans, informal services and supports should be considered *before* purchase of services, in order to most efficiently use resources and to link families with resources that will continue after the ICC/CSA intervention terminates. When purchasing services, evidence-based and evidence-informed treatments and practices should be utilized when available and appropriate. Purchase of services under this policy would be subject to all existing local policies and procedures.

Intensive Care Coordination Procedures

Screening and Assessment: The screening process may be completed by a public agency staff person otherwise eligible to refer and manage CSA cases. The staff person will employ an instrument, such as the CANS, provide a list of recent significant incidents, document previous interventions and outcomes and present these to FAPT as part of the screening process. All children for whom residential is being requested shall be considered for ICC.

Youth in the Community: Screening is required for all youth who are considered at-risk of a residential/ group home level of care and shall be documented by the public agency staff person prior to FAPT review of residential requests. Based on background information provided by the case manager, FAPT, through a Utilization Review process determines whether screening criteria is met in order to initiate a funding request for ICC. CANS scores and background information will be used jointly to decide on the initial referral. If a CSA- mandated youth meets ICC screening criteria, FAPT may support other community-based services to begin, with CSA funding contingent on a FAPT review within 30 calendar days of the beginning of services. To meet screening criteria for ICC, at least one significant incident involving a safety risk for the youth and/or others living with the youth ICC Screening Tool must have occurred within the past 30 days, and the youth must have serious behavioral/emotional needs and/or risk behaviors, as documented by a total rating of 6 or above (not counting one's) on those CANS domains and one of those must be Risk Behavior rated a "3." If the youth appears to meet ICC criteria, the referral process described in section below is completed by the referring staff person or FAPT.

Youth being considered for residential placement/ group homes: Public agency case managers may screen for ICC and refer youth being considered for residential or group home placement. If the case manager screens for ICC, the screening must occur within the two week window prior to the FAPT meeting and all related documentation must be provided to FAPT. The case manager must request from the CSA Coordinator a 60 minute meeting that will allow time for FAPT to review the documents. If FAPT is asked to consider ICC after a residential placement has occurred, the public agency case manager will follow the aforementioned process and present the information to the FAPT no later than 14 days after the placement. ICC will be monitored every three months thereafter, to coincide with the quarterly FAPT review, with continuation of support for ICC when it is indicated as a service that will assist the youth in moving to a less restrictive placement or return to biological family home. Significantly lower total scores on the CANS Behavioral/ Emotional Needs and Risk Behaviors, and longer length of stay, shall *also* be factors considered in prioritizing youth in residential placement for approval. CPMT does not support ICC as a long term service.

Youth in the community: Youth with significantly higher total scores on the CANS Behavioral/ Emotional Needs and Risk Behaviors will be considered by FAPT for ICC services in order to maintain the youth in the community.

Referral process: To make a referral, case managers will send a complete referral packet to the CSA office. The complete packet consists of a CANS, completed within two weeks of the referral, the IFSP/Funding Request, documentation of outcomes from current or previous service providers, a valid Consent to Exchange Information for all current providers and the CSA participating agencies. Background information or other pertinent documents that describe the youth's recent behavior, the caregiver and family situation, and current/prior interventions should also be submitted to the CSA Office. Based on the referral information, the CSA Coordinator determines if eligibility for CSA funding is met (with the exception of a referral that also requires consideration of a FAPT approved CHINS). The status of referrals will be communicated to the case manager within three working days of receipt of a complete referral.

Youth who are screened out for eligibility criteria may be referred to the FAPT for an assessment and planning process in order to assist the family in accessing services through other funding sources. A case manager may only refer a case back for re-screening or assessment if they identify significant new information that had not been previously considered. It is expected that Team planning incorporate wraparound principles and practices in developing and implementing community-based plans.

AMELIA COUNTY FAMILY ASSESSMENT AND PLANNING TEAM BYLAWS

Adopted 2005/Revised 2020

ARTICLE 1 – NAME

The name of this organization shall be the Amelia County Family Assessment and Planning Team (FAP Team).

ARTICLE II – PURPOSE

The purpose of the FAP Team shall be to assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.

ARTICLE III – MEMBERSHIP

Section 1. Pursuant to COV 2.2-5207, the Amelia County CPMT has a FAPT composed, at a minimum, of a parent representative and one representative from each of the following statutory agencies: Crossroads Community Services Board, Amelia County Public Schools, Amelia County Department of Social Services, and the Department of Juvenile Justice 11th Judicial District Court Service Unit.

Section 2. Any person serving on the FAP Team who does not represent a public agency shall file a statement of economic interests as set out in Section 2.2-3117 of the State and Local Government Conflict of Interests Act (Sections 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

Section 3. Persons serving on the FAP Team who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in Section 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

Section 4. Any member not representing one of the mandated community agencies who wishes to resign from the FAP Team shall submit his/her resignation in writing to the Management Team along with a copy to the FAP Team Chairperson, giving at least four weeks of notice, if possible.

Section 5. Appointments of parent representatives shall be for two-year terms beginning July 1. The parent representative who has served two consecutive full terms shall be ineligible for reappointment until the end of an intervening two-year period dating from the expiration of his/her last term. Appointments to fill unexpired terms shall be considered full terms.

Section 6. Terms of appointment are for two years beginning July 1 of even-numbered years. In even-numbered years, representation on the FAPT will be reviewed by the CPMT at its May meeting and appointments made by the CPMT at its June meeting. Vacancies that arise on the FAPT will be filled in the same manner as the original appointment.

ARTICLE IV – OFFICERS

Section 1. The officers of the FAP Team shall be Chair, Vice-Chair and Secretary. The members who serve as Chair and Vice-Chair shall be representatives from among the four mandated community agencies. The CSA Coordinator, though not a member of the FAP Team, shall serve *ex officio* as Secretary.

Section 2. These officers shall perform the duties prescribed by the Code of Virginia, these bylaws, and by the parliamentary authority adopted by the FAP Team.

Duties of Officers:

Chair: Preside at FAPT meetings, call special meetings of the FAPT, act as official signatory of FAPT, attend CPMT meetings, present FAPT recommendations and requests to CPMT in absence of the Coordinator, and perform other duties as determined by the CPMT.

Vice-Chair: Perform duties of Chair in the Chair's absence, perform other duties as determined by the Chair.

In the event that neither the Chair nor Vice-Chair are present at a FAPT meeting, the Coordinator or any member of the team may conduct the meeting with the consent of a majority of the members present.

Section 3. The responsibility to fill the office of Chair shall rotate among the four mandated agencies in the following order: community services board, local school division, department of social services, juvenile court services unit. The Vice-Chair shall serve as the Chair-elect, and therefore, the responsibility to fill the office of Vice-Chair shall rotate among the agencies accordingly.

Section 4. The Chair and Vice-Chair will serve concurrent two-year terms beginning July 1 of each even-numbered year. In the event there is a vacancy in the office of Chair, the Vice-Chair will immediately assume the office of Chair and the next member in the rotation will immediately assume the office of Vice-Chair for the remainder of the unexpired concurrent two-year terms. Filling the remainder of the unexpired term of the Chair for more than 12 months will count as completion of the two-year term. If a vacancy arises only in the office of Vice-Chair, the individual appointed to serve the unexpired term of the agency representative who held the office of Vice-Chair will fill the office of Vice-Chair.

Section 5. FAPT officers will be determined on a rotating basis. The representative of Crossroads Community Services Board will serve first in the rotation as Chair. The representative of Amelia County Public schools will serve first in the rotation as Vice-Chair. Upon completion of the terms of the Chair and Vice-Chair, the Vice-Chair will assume the office of Chair, and the next agency representative in the rotation (if 1st is CSB, 2nd is schools, 3rd is DSS, 4th is CSU) will serve as Vice-Chair, and so on.

ARTICLE V – POWERS AND DUTIES

The powers and duties of the FAP Team are prescribed by the Code of Virginia, Section 2.2-5208.

ARTICLE VI – MEETINGS

Section 1. The FAPT will hold regular meetings on the third Tuesday of each month. Special meetings may be called for business that requires action prior to a regular meeting and require at least three days' notice. Meetings may be cancelled in the event that it is known that it is not possible to obtain a quorum or in the event of an emergency or inclement weather. If Amelia County Public Schools are closed or delayed due to inclement weather, the FAPT meeting will automatically be rescheduled to the following Tuesday. Meeting notices will include instructions on how to obtain information on meetings cancelled with short notice (less than 72 hours).

Section 2. Special meetings may be called by the Chair and shall be called upon the request of a majority of the membership. The purpose of the meeting shall be stated in the call. Except in cases of an emergency, at least three working days of notice shall be given.

Section 3. A majority of the membership shall constitute a quorum. Actions require a majority vote by those FAPT members present. An alternative representative appointed by an agency head to attend a FAPT meeting when the appointed member is absent will have the same responsibilities and voting rights of an appointed member and will count as a member when determining the quorum.

Section 4. Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the FAP Team shall be confidential and not open to the public, unless the child and family who are subjects of the proceeding request, in writing, that it be open.

Section 5. All information about specific children and families obtained by the FAP Team members in discharge of their responsibilities to the Team shall be confidential.

Section 6. FAPT meetings may be held by videoconference or teleconference provided that the meeting is conducted by a technology that allows all participants to hear each other at the same time (and, if a videoconference, to see each other as well).

After reviewing an IFSP with a family at a FAPT meeting, a quorum of FAPT members, at this meeting, may vote to allow e-mail FAPT review of revisions to the IFSP and funding request. Once this vote passes, e-mail FAPT reviews must adhere to the following guidelines:

- 1) The referring agency shall provide the revised IFSP to the Coordinator within fourteen calendar days of the FAPT review of its original IFSP.
- 2) The Coordinator shall e-mail the revised IFSP to FAPT members within two working days of its receipt.
- 3) FAPT members will e-mail to the Coordinator their vote to approve or disapprove the revised IFSP and/or revised funding request. This will be done by each FAPT member printing and signing the IFSP signature page and checking the "Agree" or "Disagree" box. The FAPT member will then scan and return the signature page to the Coordinator by e-mail. The Coordinator will be responsible for e-mailing the signature page for the next member's signature.
- 4) Once the Coordinator receives a FAPT quorum to approve or disapprove the revisions, the Coordinator will e-mail FAPT members, the Case Manager, and Supervisor of the referring agency the results of the quorum's vote.
- 5) The Coordinator will e-mail the signed, revised IFSP to the Case Manager. The Case Manager will send a notification letter with a copy of this revised service plan to the family.

ARTICLE VII – PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Roberts Rules of Order Newly Revised shall govern the FAP Team in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the FAP Team may adopt and any statutes applicable to this organization.

ARTICLE VIII – AMENDMENTS

These Bylaws may be amended at any regular meeting of the FAP Team by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting; or without notice, they can be amended at any regular meeting by vote of a majority of the membership.

CASE MANAGEMENT MATRIX

Eligibility Category	Agency Referral/ Case Manager (CM)	Preparing a Referral to FAPT *See back of this sheet for ALL required documents.	Out of home allowed	*Co-pay	Case Manager Duties after FAPT	Case Manager Duties Quarterly reviews
Foster care - mandated	DSS/CM	<p>Contact CSA Coordinator to confirm a meeting time on the schedule. Request at least 30 minutes for an initial case, even if you are not requesting services.</p> <p>Submit all historical reports on previous services and required paperwork (see pg. 2) to the CSA Coordinator, via email, no later than two business days prior to FAPT (in other words the Friday prior to FAPT). This will allow time for the CSA Coordinator to share the information with FAPT.</p> <p>Contact all parties involved with the child and family who may assist in implementing the service plan. Invite them to FAPT. Also inform them if FAPT is cancelled/rescheduled.</p> <p>Prior to the FAPT meeting, explain the</p>	Yes	No	<p>Work with family and youth to establish a provider and arrange for services as determined by FAPT.</p> <p>Inform CSA Coordinator of final provider choice. Monitor the service, collect and read reports. Communicate with providers and family. Know the goals on the IFSP and work with the family and provider on barriers to progress prior to the next FAPT.</p>	<p>Remind all involved parties of the time/date on IFSP from prior FAPT meeting.</p> <p>Submit IFSP Update Form, quarterly CANS and all pertinent reports to CSA Coordinator via email no later than two business days prior to FAPT.</p> <p>The process repeats every three months as long as CSA funding is in place.</p>
Foster care prevention – mandated	DSS/CM		No	Yes		
Child in Need of Services – as determined by FAPT – mandated	All Agencies and Families/Youth CM TBD		Yes with parental agreement	Yes		
Child in Need of Services – as determined by the Court – mandated	DJJ/Party who filed CM TBD		Yes	Yes		
Wrap around with disabilities	All – Input of special education staff required to inform FAPT of how behaviors related to the disability present challenges in the home/community. – CM TBD		No	Yes		

Child in Need of Supervision Truancy - non-mandated	School/DJJ – School or DJJ may be CM.	FAPT process and inform the family of the need to assess for parental co-pay. Confirm private insurance or other funding options are not available <i>before</i> applying CSA funds.	No	Yes	<i>Only if services are ordered by the Court, then reviewed by FAPT.</i>
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***ALL** cases require a fully completed **CSA Consent to Exchange Information Form**. The parent/legal guardian *must* sign the form.

***ALL** (except private day and Transitional Services in the Public School Setting as outlined in OCS Administrative Memorandum #21-09) require an Individual Family Services Plan (**IFSP**) – The IFSP serves as the initial referral, the funding request and the initial and ongoing service plan.

***ALL** cases returning to FAPT – require completion of the **IFSP Update Form**. **The initial form can also be used for updates.**

***ALL CSA *funded* cases require:** 1.) Initial Comprehensive CANS. 2.) CANS Re-assessment every three months, (*exception:* Private day and Transitional Services in the Public School Setting (as outlined by OCS Administrative memorandum # 21-09) require only one reassessment per year). 3.) At case closure - a final comprehensive CANS.

***ALL** CSA cases require a **Closure Form**, even if they have not received funding. When you know you will not bring a case back to FAPT complete the case closure form and return it to the CSA Coordinator.

If a child/family receiving CSA funds moves out of the county notify CSA Coordinator IMMEDIATELY.

*Co-pay applies IF CSA funded services are in place. Co-pay does not apply to educational services for youth who have an IEP, even when placed out of the family home for non-educational reasons.

***CSA is NOT the first funding source to consider.** **Confirm** private insurance or other private or government funding options are not available *before* applying CSA funds.

Private Day Category	Agency	Requirements
Private day school services/IEP services in Private day school	Special education public school	<ul style="list-style-type: none"> - Updated IEP (no IFSP required, unless services not on an IEP are requested). - STI number, (if social is used on CANS). - One CANS annually. Comprehensive CANS at case closure. - Completed consent to exchange. - Annual UR review by CSA Coordinator. <p>FAPT may provide an annual case file review and request an update on the status of return to public school. Cases requiring the FAPT process supersede FAPT review of private day only cases.</p>

**COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION**

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____ am signing this form for
(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

(FULL PRINTED NAME OF INDIVIDUAL)

(INDIVIDUAL'S ADDRESS)

(INDIVIDUAL'S BIRTH DATE)

(INDIVIDUAL'S SSN - OPTIONAL)

My relationship to the individual is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
<input type="checkbox"/> Assessment Information	<input type="checkbox"/> Medical Diagnosis	<input type="checkbox"/> Educational Records
<input type="checkbox"/> Financial Information	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Criminal Justice Records
<input type="checkbox"/> Substance Abuse Records	<input type="checkbox"/> Psychological Records	<input type="checkbox"/> Employment Records
		<input type="checkbox"/> All of the Above

Other Information (write in): Individualized Educational Plan (IEP)

I want AMELIA COUNTY CSA COORDINATOR

and the following entities to be able to use and exchange this information among themselves:

Amelia County FAPT (Family Assessment & Planning Treatment Team)	Amelia County Sheriff's Office
Amelia County CPMT (Community Policy and Management Team)	Case managers/CANS Administrators
Amelia County Dept. of Social Services	Amelia Court Services Unit
Amelia County Public Schools & Educational Service Providers	Amelia County Health Department
Crossroads Community Services Board	Utilization Review Providers
Private Service Providers	Others: _____
CPMTs from other localities (for relocation purposes)	_____

I want this information to be exchanged ONLY for the following purpose(s):

Service Coordination and Treatment Planning Eligibility Determination
 Other: CSA Eligibility

I want this information to be shared by the following means: *(check all that apply)*

Written Information In Meetings or By Phone Computerized Data Fax

I want to share additional information received after this authorization is signed: Yes No

This authorization is effective: Immediately
(DATE)

This authorization is good until: My CSA case is closed. Other:

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. **If I do not sign this form, information will not be shared, and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON OR PERSONS)

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Witness (If Required): _____
(Signature) (Address) (Phone Number)

**COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION**

Full Printed Name of Individual: _____

FOR AGENCY USE ONLY

AUTHORIZATION HAS BEEN:

- Revoked in entirety
- Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

- Letter (Attach Copy)
- Telephone
- In Person

DATE REQUEST RECEIVED:

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS)

(PHONE NUMBER)

PARENTAL FINANCIAL RESPONSIBILITY

Parental Co-Pay Policy

In accordance with §2.2-5206 of the *Code of Virginia*, parents of children receiving services funded by the Children's Services Act (CSA) shall be financially assessed to determine their contribution towards the cost of services.

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

To meet the requirements of CSA, and to enhance the partnership with parents, the CPMT has approved procedures for the active involvement of parents and/or other legally responsible parties in the planning, delivery, and financing of services for their children. This calls for parental participation in both the treatment aspects of services and financial responsibility of payment for certain services.

For purposes of determining the gross monthly income as it applies to parental co-payment responsibilities, the following definitions are adopted: "Parent" is defined as biological, adoptive, or custodial parent. "Child" is defined as biological or adopted child up to age 22.

This policy does not apply to parents of children who have an Individualized Education Program (IEP) that prescribes private day school or residential services. If a child with an IEP is placed in a residential facility for non-educational reasons, only the educational portion of the placement is exempt from the parental co-payment.

In addition, this policy does not apply to parents of children who provide documentation confirming current receipt of public assistance of Temporary Assistance to Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP, previously referred to as Food Stamps).

Parents who are not otherwise exempted from this policy, but have children in the legal custody of the Department of Social Services (DSS) or in non-custodial foster care shall be referred to the Division of Child Support Enforcement for an assessment to determine their financial contribution towards services.

Determining the Amount of the Parental Contribution

The amount of the parental financial contribution is determined by the parent(s) gross monthly income. The family's gross monthly income will be based upon income, both earned and unearned. Earned income may consist of, but is not limited to the following: wages and salaries, self-employment income, jury duty pay, et cetera. Unearned income can consist of, but is not limited to the following: annuities and pensions, workmen's compensation, rental property income, child support and alimony payments, et cetera.

Families will not have a parental co-payment for the first month of the delivery of CSA funded services. The case manager and parents must complete the Parental Co-Payment Worksheet/Agreement and Initial Screening Form. If the family does not qualify for an exemption, the parental responsibility for community-based services shall be 3% of the family's monthly gross income, not to exceed the cost of services. The parental responsibility shall be 9% for placements involving a Parental Agreement. Parents are responsible for making payments directly to the local CSA fiscal agent. Parents may request a reduction in their co-payment, however all reductions must be approved by the CPMT.

Procedures

Case Manager

1. *Prior to the Family Assessment Planning Team (FAPT) meeting, consideration of parental contributions for the cost of services to be funded through the CSA program will be discussed between the Case Manager and the parent(s).*

The Case Manager shall explain:

- a. The CSA philosophy of parental involvement in all aspects of service delivery;
 - b. The FAPT and CPMT meeting process required for funding approval;
 - c. Parental co-pay is to be calculated using the biological, adoptive, and/or step-parent(s) monthly gross income and any designated income for the children in the home. Cohabiters, grandparents, and other relatives/guardians living in the home are not legally financially liable for the child and any income from these sources should not be counted.
 - d. The family's responsibilities for providing the required income documentation; and
 - e. The separate fees for out of home placement and home or community based services.
 - f. The parental responsibility to make timely co-payments according to their Parental Co-Pay Agreement to the CSA fiscal agent.
2. The Case Manager shall assist the parent(s) with completion of the Co-Pay Screening Form and Worksheet/Agreement. The Case Manager, with assistance from the CSA Coordinator, if needed, shall assess the monthly amount.
 - a. If services/funding are approved by FAPT at the scheduled meeting, then a Parental Co-Pay Agreement shall be executed, with *the first payment due within the second month of services*. All documentation will be provided to the CSA Office. The parent will receive a copy of the documentation.

Failure to Pay

3. If the parent does not submit the monthly co-pay amount to the CSA fiscal agent, the case manager shall inform the parent of the option to have the co-pay amount reassessed based upon changes in their financial circumstances. If financial circumstances have not changed parent(s) are expected to submit the monthly co-pay amount to the CSA Fiscal Agent.
4. If parents refuse to provide requested financial documentation or refuse to sign the Co-Pay Worksheet/Agreement, the Case Manager, in concert with the appropriate supervisory program staff, shall determine if the child's safety

of 3

Co Pay Policy and Procedures Page 2

will be placed at significant risk or if the child is at risk of entering a more restrictive placement in the future. If they determine the child is at risk and requires services, the Case Manager will present the case to CPMT members who will determine if CSA funds shall cover the cost of services without financial documentation and/or without a parental co-pay agreement in place. In cases where services have begun, due to risk determined by the Case Manager and Supervisor, the CPMT will hear the case within one month of initial service delivery, or within one month of the parent refusing to provide documentation. The same process will apply when the parent refuses to cooperate with a reassessment of their co-pay, after refusal to submit the monthly co-payment amount to the service provider. CPMT minutes will reflect the decision.

5. CPMT may consider a waiver if unusual family hardship is determined. This does not include routine liabilities such as utility bills, outstanding mortgages, legal fees, fines, or tuition expenses. Consideration of a waiver for medical expenses requires expenses are 7.5% or greater of annual gross income.
6. To request a waiver, the parents must submit legitimate documentation demonstrating the financial hardship. The case manager will submit the documentation and a letter explaining the hardship to the CPMT, who will approve or deny the request. The case manager will inform the parent of the CPMT decision.

Family Assessment and Planning Team (FAPT):

1. Shall evaluate cases presented for consideration of services and approve, with family agreement, a service plan. The FAPT will reinforce the importance of parental involvement in planning, delivery, and financing of services for their children.
2. Shall remind the Case Managers to monitor the cases and forward any changes to the team for review.

CSA Coordinator:

1. Shall collect from Case Managers all co-pay documentation with required signatures.
2. Shall allot time on the CPMT agenda when Case Managers request an opportunity to present circumstances related to parental failure to submit co-payment to the CSA fiscal agent.

**PARENTAL CO-PAYMENT
INITIAL SCREENING FORM
AMELIA COUNTY CPMT**

CHILD'S NAME: _____ **DATE:** _____

1. **The family has completed the worksheet to determine their ability to pay based on income guidelines.**

See Attachment(s)

2. **The family has been screened for ability to pay and found exempt based on one or more of the following:**

Unemployment

Qualifies for DSS services such as TANF, food stamps, rental assistance, etc.

Bankruptcy/finances

Parent Incarcerated

Homeless

Other, please explain:

Parent or Guardian: _____

Case Manager: _____

CSA Coordinator: _____

Amelia County CPMT Parental Co-Pay Worksheet and Payment Agreement

If your FAPT meeting results in the funding of services through CSA then we are required through State and Local policy to assess your family’s income and expenses to determine a parental co-payment. This form is an assessment tool for that purpose. The co-payment is based on your family’s income. There are procedures in place to file an appeal if you can provide documentation that your monthly expenses, or other extenuating circumstances make it impossible for you to pay. Co-payments will not be required for special education services listed in your child’s IEP. You do not have to pay a co-pay if you provide documentation confirming current receipt of public assistance such as Temporary Assistance to Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP, previously referred to as Food Stamps). Additional exemptions may apply to parents who are unemployed, recovering from bankruptcy, incarcerated or homeless. Co-payments are effective the second month of service delivery and are paid directly to the local CSA fiscal agent. Any questions regarding this process can be directed to the CSA Coordinator at 804-561-2681 or monica.wilkerson@dss.virginia.gov.

Please complete the following information.

Name of Child:

Medicaid Number (if eligible):

Parent(s) Name (s):

Address: City: State: Zip Code:

Private Insurance Carrier:

Name of Insured: Policy #: Group#:

Contact phone numbers:

Please complete the following with information from the three most recent pay stubs and attach supporting documents. If self-employed, please complete using information from your most recent quarterly tax report and attach a copy:

Salary/Wages	Employer Name	Gross Income Per Pay Period	Pay Period Frequency	Monthly Income
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Parent 1:

Parent 2:

Other Family:

TOTAL:

ADDITIONAL INCOME

Rent collected				
Alimony				
Child support				
Other income				

TOTAL: _____

TOTAL MONTHLY INCOME:

X 3% = \$

MONTHLY PAYMENT

(Community-based services)

TOTAL MONTHLY INCOME:

X 9% = \$

MONTHLY PAYMENT

(Residential placements through parental agreements)

Parent(s)/guardian(s) signature(s) below indicates a full understanding that a monthly co-payment for CSA funded services must be submitted to the service provider according to the arrangement made between the parent and the service provider.

Parent(s)/guardian(s) signature(s) below indicates a full understanding that failure to submit a monthly parental co-payment to the provider will result in consequences specified within the collections policy of the service provider.

Parent name – PRINT:

Date: _____

Parent signature:

Date: _____

Parent name – PRINT:

Date: _____

Parent signature:

Date: _____

FAPT Case Reviews and Utilization Review Policy and Procedure

UTILIZATION MANAGEMENT

The utilization management process shall provide information as required by the Office of Children's Services to include, but not be limited to, expenditures, number of youth served in specific CSA activities, length of stay for residents in core licensed residential facilities, and proportion of youth placed in treatment settings as indicated by the utilization review assessment of need, to include a uniform assessment instrument.

1. The utilization management process should include, but not be limited to:
 - a. Administration of a uniform assessment instrument, the Child and Adolescent Needs and Strengths Assessment (CANS), on all children who receive services purchased with pool funds;
 - b. Development of outcomes and strategies to meet those outcomes;
 - c. Identification of the least restrictive, appropriate service(s);
 - d. Collaborative negotiation with vendors for the provision of identified services; and
 - e. Utilization review.
2. Due to federal mandates associated with the special education process, utilization review procedures are to be completed by the IEP team and must be based upon the goals in the IEP. When a new IEP is developed as a result of the annual review or due to changes occurring during the year, the school will submit the new IEP, details of the private day placement and services providers, a release of information and a CANS assessment to the Coordinator. The IEP team is solely responsible for all determinations regarding services and placement. The utilization management processes shall not interfere with protections provided to a student with a disability.
3. With the exception of foster care maintenance only and IEP only cases, all children and youth that receive Children's Services Act (CSA) Pool Funded Services must be included in the utilization management (UM) process. The UM process must include administration of the CANS assessment instrument. Case managers are required to hold a current Certificate of Reliability to administer the CANS instrument. Users are required to be recertified to administer the CANS annually. The CANS cannot be completed by an untrained worker and then signed by a trained worker.
4. The FAPT and CPMT routinely review CSA funded cases following the schedule, below, **except exempt cases detailed above**. The FAPT may also review cases at any time if necessary. Case Managers must submit information to the CSA Office, as outlined above.

Utilization Review Elements:

1. Verification of date services initiated
2. Verification of delivery of service(s)
3. Verification of quality of service(s)
4. Progress in meeting identified, specific short-term outcomes and goals in Individual Family Services Plan (IFSP)

5. Progress in working toward identified, specific long-range outcomes
6. Current medication status, as applicable
7. Educational progress
8. Verification of school attendance
9. Written materials outlining all modifications vendor has made to IFSP
10. Current CANS summary sheet
11. Participation of family/legal guardian in client interventions and in other services included in the IFSP
12. Strategies to engage families if they are not currently participating
13. Steps to be taken if progress toward meeting outcomes is not being made. (May include changing services and/or vendors or reconsidering outcomes.)
14. Steps to be taken if outcomes are being met:
 - (a.) Continue services necessary to meet outcomes and goals.
 - (b.) Develop plan and time line to transition the child to less restrictive setting.
15. Date for next utilization review.
16. Case Managers must report progress on the IFSP goals and provide the CSA Office with copies of the monthly reports. Case Managers are responsible for making referrals to community agencies and resources listed in the IFSP.
17. The Case Manager documents the funding request on the IFSP. Once FAPT determines funding is necessary, the Coordinator will present the FAPT recommendation and funding request to the CPMT at the monthly CPMT meeting.
18. Within five (5) working days after the FAPT meeting, the case manager must provide a copy of the Individual Family Services Plan and a written notice of the proposed FAPT action to parents/guardians.

Service Needs	Utilization Review	CANS
Non-clinical community-based services	Every 3 months	Every 3 months
Clinical services and/or a combination of two or more services	Every 3 months	Every 3 months
Intensive in-home services, therapeutic foster, or residential care	Every 3 months	Every 3 months
Special education private day services or services in the public school, (only non-instructional services not in the IEP. The IEP is reviewed by the local school division)	Annually	Annually
Any significant change (i.e., either moving into or out of therapeutic foster care, special education private day placement, or residential care)	At the time of change	At the time of change

CSA Utilization Review

Child's Name: Click or tap here to enter text.

Case Number: Click or tap here to enter text.

Date of Review: Select a date.

1. What services are in place?

Current Services	
Service	Provider
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

2. Are services accomplishing the intended goals? YES NO

How do you know?

Click or tap here to enter text.

3. Does the family (including the youth) believe the services are addressing the needs that brought them to CSA? YES NO

How do you know?

Click or tap here to enter text.

4. Discharge Planning: Is there a clear discharge plan? YES NO What is the evidence for work toward discharge? What would it take for the youth/family to be discharged from services?

Click or tap here to enter text.

5. What are the next steps? How will the IFSP goal and objectives be updated to reflect progress or to address barriers? Are changes to services provision warranted? If so, what changes?

Click or tap here to enter text.

FAPT and IEP CSA Funded Services Notification and Case Closure Form

Instructions: Complete this form when:

- 1.) **CSA funded service is ending/the last date a service will be provided.**
- 2.) **CSA service is scheduled to begin/when you know a service start date.**
- 3.) **Case is closing/will not return to FAPT.** The form is needed even if funding was not requested.
- 4.) **Case no longer needs any CSA funding. The case may remain open in your agency; however, if ongoing CSA funding is not required please complete form and a final comprehensive CANS. A bubble sheet is not acceptable, must be completed online.**

Please [email CSA Coordinator](#) Closure Form and final Comprehensive CANS.

Today's Date:

CSA Case Number:

Case Manager:

Referring Agency:

Case Name:

Service start date:

Cost:

Service end date:

Service Provider:

Effective Date of CSA case closure:

Date of final comprehensive CANS:

Reason case was closed to CSA:

Amelia County CSA Policies and Procedures Manual

CASE SUPPORT SERVICES

The Amelia County Community Policy and Management Team (CPMT) hereby sets the policy and procedures for our Case Support Services funding.

POLICY

CSA-funded case support may be utilized when a family requests access to the Family Assessment and Planning Team (FAPT) and the child/youth is not engaged with a public child-serving agency at the time of that request. Local CSA policy requires all CSA case management responsibilities to be provided by one of the following public child-serving agencies:

- Community Services Board (CSB)
- Court Services Unit (CSU)
- Department of Social Services (DSS)
- Local School Division

The Office of Children’s Services defines case support as

“basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker’s activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers and the FAPT.”

CSA-funded case support will not be used in the following circumstances:

- At the time of referral, the local CSB, CSU, DSS or public school division is responsible for a particular case under the “*routine scope of work*” of a public child-serving agency.
- The child/youth does not meet CSA eligibility criteria at the time of referral.
- The child/youth’s only CSA-funded service is Intensive Care Coordination/High Fidelity Wraparound.
- The child/youth is placed in a CSA-funded private day placement or in foster care.

LOCAL PROCEDURES

The procedure for initiating case support shall be as follows:

1. All requests for CSA-funded case support will be reviewed by the CSA Coordinator. Often times, this review is initiated when a parent/guardian contacts the CSA Office requesting a FAPT meeting.

2. The CSA Coordinator will triage the referral to determine the following:
 - a. Is there imminent risk of harm to the child or others requiring immediate attention? (If so, parent/guardian will be referred to a local emergency room.)
 - b. Does the child/youth reside in the CSA locality? (If not, the CSA Coordinator will direct the parent/guardian to the CSA office in the locality in which they reside.)
 - c. Does the child/youth appear to meet CSA eligibility criteria?
 - d. Is the child/youth already involved with a public child-serving agency? (If the youth is already engaged with an agency, that agency will be notified and will serve as the CSA case manager.)
 - e. Can the child/youth be referred to a public child-serving agency based on appropriateness of the “routine scope of duties” of a public child-serving agency?
 - f. What resources does the family have? (private insurance, Medicaid, etc.)
 - g. If the child/youth has Medicaid, can the child/youth be referred to the CSB for Medicaid funded case management services?
 - h. Are there other community resources available that the family can be linked to in an effort to meet identified needs?
3. If based on the triage information it is determined that the child/youth is already engaged with a public child serving agency or is appropriate to be linked to a public child-serving agency, the CSA Coordinator will provide the parent/guardian with the contact information for the identified public agency to begin the referral process. If the parent would like to sign a CSA Consent to Exchange Information form, the CSA Coordinator will also advise the public agency of the parent/guardian’s request to access the FAP Team and provide the agency with the parent/guardian’s name and contact information.
4. If the CSA Coordinator determines that the case may be appropriate for CSA-funded case support, the CSA Coordinator will have the parent sign a CSA Consent to Exchange Information form and forward it to the appropriate contact. If more than one public child- serving agency provides case support as a service, the CSA Coordinator will provide the names of each agency and ask the parent/guardian to determine to which agency they would like to be referred. In making a referral, the CSA Coordinator will provide the parent/guardian’s name, contact information, and a brief summary of the reason for the referral.
5. Once the referral is received, the Case Support Worker may initiate a call to the parent/guardian to initiate the CSA referral process. The CSA Coordinator shall be notified if contact with the parent/guardian is not successful within 15 days of the initial case support referral.
6. If the Case Support Worker requests a FAPT meeting, the assigned Case Support Worker will assume the CSA case manager role. The assigned Case Support Worker will follow local procedures for making a referral to FAPT, including completion of all FAPT referral and presentation paperwork. Case support is considered a CSA funded service and should be approved during a FAPT meeting. The service is not subject to backdating and will be effective from the date approved by the FAPT, and CPMT approval of the expenditure.
7. When case support is approved by CSA, it will be reimbursed on a monthly basis, as long as case support activity occurs during the month. This mirrors DMAS practice related to case management. CSA funding for case support will be requested at the rate established by the providing agency in accordance with the contract rate as submitted to the CSA office for the current contract year. Generalized case support activities are listed in the state-endorsed service definitions.

8. The Case Support Worker will be responsible for completing all documentation required by Amelia CSA for FAPT cases, including:
 - a. Completion of the CANS (The Case Support Worker must keep CANS certification current), minimally every 60-90 days as required;
 - b. Completion of the IFSP, minimally every 60-90 days as required, and presenting this plan at FAPT;
 - c. Completion of monthly reports to FAPT regarding service progress and compliance;
 - d. Participation in treatment team meetings for youth who are in residential/group home placements;
 - e. Monthly face-to-face visits for youth in residential/group home placements; and
 - f. Linking and coordinating services for families within the community.

CONTRACT TEMPLATE FOR EVIDENCE-BASED SERVICES

The following is a contract template (OCS Administrative Memo #21-08) for “Family First Prevention Services and/or CSA Evidence-Based Services,” for Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent Child Interaction Therapy. This contract would be used in addition to the “Principal Agreement” that all Amelia CSA Vendors sign.

Contract Template for Family First Prevention Services and/or CSA Evidence-Based Services

- I. PARTIES:** This Contract is entered into by the [*Insert Name of the Service Provider*], hereinafter called the “Provider” and the [*Insert Name of the Local Department of Social Services and/or Locality (CSA Program)*] called the “Purchasing Agency.”
- II. PURPOSE:** The purpose of this Contract is the Provider to deliver specified evidence-based services to children, youth and families referred by the Purchasing Agency
- III. PERIOD OF CONTRACT:** This Contract shall become effective on July 1, 2021 and continue until June 30, 2022.

If this agreement is terminated, the Purchasing Agency shall be liable only for payment for services rendered before the effective date of termination.

The Contract documents shall consist of:

- 1) This signed form
- 2) The attached description which consists of:
 - a. The scope of services
 - b. Deliverables, Pricing and Payment Terms, and
 - c. The Terms and Conditions.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

PROVIDER:

PURCHASING AGENCY:

BY:	BY:
PRINTED NAME:	PRINTED NAME:
TITLE:	TITLE:
DATE:	DATE:

I. SCOPE OF SERVICES (*Purchasing Agencies should select the Scope of Services for one or more of the three evidence-based services to include in the Contract with this provider.*)

A. Functional Family Therapy (FFT)

Description: Functional Family Therapy (FFT) is a short-term, family-based intervention program for youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18 year old youths referred for behavioral or emotional problems. Family discord is also a target.

Under the Family First Prevention Services Act and title IV-E funding, FFT utilizes the identified referral reason: Mental Health Prevention and/or Treatment Services.

The program is organized in five phases that consist of: 1) Developing a positive relationship between therapist/program and family, 2) Increasing hope for change and decreasing blame/conflict, 3) Identifying specific needs and characteristics of the family, 4) Supporting individual skill-building of youth and family, and 5) Generalizing changes to a broader context.

Target Population: The approved population for FFT is 11 – 18 year old youth (and their families) who have been referred for behavioral or emotional problems.

Dosage: FFT therapists typically spend 90 minutes face-to-face and 30 minutes over the phone with each family each week. On average, families complete the FFT program in 12 to 14 sessions over the span of three to five months.

Location/Delivery Setting: Typically, FFT is conducted in clinic and home settings. It can also be delivered in schools, child welfare settings, and probation and parole offices.

Education, Certifications, and Training: FFT Teams may be composed of a combination of Qualified Mental Health Professional (QMHP) and Licensed Mental Health Professional/ Licensed Mental Health Professional-Resident (LMHP/LMHP-R) staff. QMHPs are limited to 1/3 of the FFT Team. FFT Teams must have a clinical supervisor who is an LMHP (The clinical supervisor should be the person of record (signatory) on clinical notes of QMHPs).

FFT providers work as a supervised FFT “team” and receive ongoing support from their local team and FFT LLC. FFT teams receive three phases of training: clinical, supervision, and maintenance. In the clinical training phase, local clinicians are trained on the FFT model through weekly consultations and activities (typically over the span of 12 to 18 months). In the supervision phase, a licensed team member is trained to serve as an FFT supervisor through a one-day onsite training, two two-day trainings, and monthly consultations. In the maintenance phase, FFT LLC staff continue to review the delivery trends and client outcomes of the team and provide annual one-day onsite training. FFT providers under this Contract will be actively engaged in the three phase training program defined herein.

Service Rate: Functional Family Therapy - \$57 per day

Payments shall be made in increments of days, with all days from initiation of services to discharge from services being continuously billable, even if there were not actual services delivered on a specific day.

The suggested service rate is a standardized rate for title IV-E and CSA purchasers of FFT. Local department of social services purchasers will not be reimbursed above this rate. Local CSA purchasers are highly encouraged to utilize this rate, but may choose to Contract at a different daily rate.

B. Multisystemic Therapy (MST®)

Description: Multisystemic Therapy (MST) is an intensive treatment delivered in multiple settings. MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12 – 17 year-old youth. MST addresses core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, school, peers and community. Intervention

strategies are personalized to address the identified drivers of behavior. MST is delivered for an average of three to five months, and services are available 24/7, enabling timely crisis management via an on-call system staffed by MST trained members, and allows families to choose which times work best for them. MST providers have small caseloads (average 4-6 per MST therapist), so they can be available to meet their clients' needs.

Under the Family First Prevention Services Act and title IV-E funding, MST utilizes the Identified Referral Reason: Mental Health Prevention and/or Treatment Services and Substance Use Disorder Prevention and Treatment Services.

Target Population: The approved population for MST is 12 – 17 years old (and their families) who are at risk for or are engaging in delinquent activity or substance misuse, experience mental health issues, and/or out-of-home placement. Exclusion criteria include:

- Youth that meet criteria for out-of-home placement due to suicidal, homicidal, or psychotic behavior or those youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- Youth in which the referral problem is limited to serious sexual misbehavior.
- Youth with an autism spectrum diagnosis.

Dosage: MST typically involves multiple weekly visits between the therapist and family, over an average time span of 3 to 5 months. The intensity of services will vary based on clinical needs. The therapist and family work together to determine how often and when services should be provided throughout the course of treatment.

Location/Delivery Setting: MST is delivered in multiple settings, including home, school, and community. Therapists may also work directly with these other individuals and professional in these settings as part of the treatment plan.

Education, Certifications and Training: MST is provided by organizations licensed by MST Services. MST Teams are composed of 2-4 full-time MST Therapists and a MST Supervisor. The MST Therapists may include a combination of Qualified Mental Health Professional (QMHP) and Licensed Mental Health Professional/Licensed Mental Health Professional-Resident (LMHP/LMHP-R) staff. QMHPs are limited to 1/3 of the MST Team, unless otherwise approved by MST Services. MST Teams must have a clinical supervisor who is a LMHP (The clinical supervisor should be the person of record (signatory) on clinical notes of QMHPs). The MST Supervisor should be of at least 50% FTE assigned to one MST team, or one full-time clinical supervisor to two MST teams. MST Supervisors carrying a partial MST caseload should be assigned to the program on a full-time basis. MST therapists and supervisors complete an extensive training sequence provided by MST Services. This includes an initial five-day training, supervisor training, quarterly clinically-focused booster sessions that aim to improve MST skills, and weekly consultations provided by MST experts. MST teams use a structured fidelity assessment approach to ensure clinical service delivery is consistent with the MST model. MST teams must be licensed by the national MST Services organization.

Service Rate: Multisystemic Therapy - \$90 per day

Payments shall be made in increments of days, with all days from initiation of services to discharge from services being continuously billable, even if there were not actual services delivered on a specific day.

The suggested service rate is a standardized rate for title IV-E and CSA purchasers of MST. Local department of social services purchasers will not be reimbursed above this rate. Local CSA purchasers are highly encouraged to utilize this rate, but may choose to Contract at a different daily rate.

C. Parent Child Interaction Therapy

Description: Parent-Child Interaction Therapy (PCIT) provides coaching to parents by a therapist trained in behavior-management and relationship skills. PCIT is a program for two to seven-year old children and their parents or caregivers aimed to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use “bug-in-the-ear” technology to provide live coaching to parents or caregivers from behind a one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. Most families are able to achieve mastery of the program content in 12 to 20 one-hour sessions.

Under the Family First Prevention Services Act and title IV-E funding, PCIT utilizes the Identified Referral Reason: Mental Health Prevention and/or Treatment Services.

Target Population: PCIT is typically appropriate for families with children who are between two and seven years old and experience emotional and behavioral problems that are frequent and intense.

Dosage: PCIT is typically delivered over 12-20 weekly hour-long sessions, but the exact treatment length varies based on the needs of the child and family. Treatment is considered complete when a positive parent-child relationship is established, the parent can effectively manage the child’s behavior, and the child’s behavior is within normal limits on a behavior rating scale.

Location/Delivery Setting: PCIT is usually delivered in playroom settings where therapists can observe behaviors through a one-way mirror. By using the one-way mirror, therapists can provide verbal direction and support to the parent using a wireless earphone. Video technology can also be used to deliver the program in other environments, such as the home.

Education, Certifications and Training: To become a certified PCIT therapist, individuals must be a licensed mental health provider with a master’s degree (or higher) in a mental health field or a third year psychology doctoral student who works under the supervision of a licensed mental health service provider. Providers must also complete 40 hours of training with approved PCIT trainers and materials. Although online-based trainings are offered, at least 30 of the 40 required hours must be in face-to-face training.

Service Rate: Parent Child Interaction Therapy - \$124 per hour
Parent Child Interaction Therapy (by a provider with verified National Certification as a PCIT Trainer) - \$149 per hour

The suggested service rate is a standardized rate for title IV-E and CSA purchasers of MST. Local department of social services purchasers will not be reimbursed above this rate. Local CSA purchasers are highly encouraged to utilize this rate, but may choose to Contract at a different rate.

II. SPECIFIC TERMS AND CONDITIONS

This Contract is an agreement for requirements and does not involve a definite financial obligation on the part of the Purchasing Agency, although the Purchasing Agency shall use this Contract for the limitation of procurement of services as seen fit and or specified.

The Service Provider will:

1. Maintain its required licensed status with the appropriate governmental authorities and will notify LDSS or the CSA program within five business days of the issuance of any provisional license. This Contract may be terminated in the event such licensing is suspended, withdrawn, or revoked. Misrepresentation of possession of such license shall constitute a breach of Contract and terminate this Agreement without written notice and without financial obligation on the part of the VDSS or VCSA program to pay any open invoices.

2. Maintain and submit, upon request, documentation that they represent and warrant that it has received certification and/or applicable training with the relevant national evidence based services accrediting bodies and training agents.
3. Maintain its required licensed and certification with the relevant national evidence based services accrediting bodies. DSS or the CSA program may terminate this Contract in the event such licensing is suspended, withdrawn or revoked. Misrepresentation of possession of such license shall constitute a breach of Contract and terminate this Agreement without written notice and without financial obligation on the part of the LDSS or CSA program to pay any open invoices.
4. Ensure they maintain a continuous quality improvement (CQI) process, including continuous monitoring of fidelity to the evidence-based model.
5. Create a referral process for LDSS and/or CSA programs and respond to any request for service within three business days.
6. Communicate with LDSS and/or CSA programs on a monthly basis regarding capacity to receive additional referrals.
7. Identify the client (or child of the family if providing services to a parent or caregiver) as a candidate for foster care in their treatment/service plan. The LDSS has the sole responsibility for making the determination that a child is identified as a candidate for foster care.
8. Partner with the referring agency to monitor the progress of the client in the service as well as to periodically assess the risk of out of home placement for the child. Provider shall, at minimum, collaborate with through the following, as appropriate:
 - a. Participate in family partnership meetings (FPM), child and family team (CFT) meetings, and/or family assessment and planning team (FAPT) meetings.
 - i. Upon two weeks' notice of a meeting of the FAPT for a child, the Provider shall ensure that a representative with personal knowledge of the progress of the child attends and participates in such meeting.
 - b. Participate in court hearings as requested/necessary.
9. Conduct formal evaluations of referred youth and families and develop a treatment/service plan based on these evaluations to include measurable goals and objectives according to the fidelity requirements of the practice model. A written treatment/service plan shall be provided within thirty (30) calendar days of the initiation of services.
10. Provide written monthly progress reports to include, at minimum:
 - a. Client's full name
 - b. Date of birth
 - c. Client ID (as provided by LDSS)
 - d. Child's Case ID (as provided by LDSS). The provider shall always provide the Child's Case ID, even if services are provided to the parent or caregiver.
 - e. Locality that referred the client
 - f. Identified Referral Reason (as approved per Title IV-E Prevention Services Clearinghouse)
 - g. Service start date
 - h. Progress towards the identified measurable objectives and revisions to objectives listed in the treatment/service plan
 - i. Specific activities and strategies worked on during the month
 - j. Assessment of level of family engagement, including specific strategies and activities
11. Provide a discharge summary within 15 business days of termination of services to the referring agency. The discharge summary should include, at minimum:
 - a. Status of discharge (successful or unsuccessful)

- b. Overall progress made toward the identified measurable objectives
- c. Recommendation for continued service(s) or other community resource.

If the Service Provider fails to provide any written treatment plan, progress report, or discharge summary in a timely manner, the Buyer may withhold payment of the Provider's invoices until such plan or report is received.

- 12. Work with representatives from VDSS, the Office of Children's Services (OCS), and the Virginia Center for Evidence-Based Practice in the identification of outcome measures and design of data collection tools, collect data on youth participating in the project to evaluate the effectiveness of the project design, and cooperate fully with providing data and information for any evaluations. Participate in regular and, as necessary, ad hoc meetings with VDSS/the Center to exchange program and evaluation information.

III. GENERAL TERMS AND CONDITIONS

- A. **AUDIT:** The Provider shall retain all books, records, and other documents relative to this Contract for three years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, federal and/or state auditors shall have full access to and the right to examine any of said materials during said period.
- B. **APPLICABLE LAWS AND COURTS:** This Contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with all applicable federal, state and local laws, rules and regulations.
- C. **AUTHORITIES:** Nothing in this Agreement shall be construed as authority for either party to make commitments that will bind the other party beyond the scope of services contained herein. Furthermore, the Contractor shall not assign, sublet, or sub-contract any work related to this agreement or any interest it may have herein without the prior written consent of VDSS.
- D. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that the LDSS and/or local CVSA programs shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- E. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The Provider assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this Contract, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Providers who utilize, access, or store personally identifiable information as part of the performance of a Contract are required to safeguard this information and immediately notify the Purchasing Agency of any breach or suspected breach in the security of such information. Providers shall allow the Purchasing Agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Providers and their employees working under this Contract may be required to sign a confidentiality statement.
- F. **CHANGES TO THE CONTRACT:** The parties may agree in writing to modify the scope of the Contract. Any changes, including any increase and/or decrease to price shall be based upon mutual agreement of both parties and shall be in the form of a written modification prior to the implementation of said change.

G. CONTRACT ADMINISTRATION: Upon execution, the Purchasing Agency will designate an individual(s) as an authorized representative, the Purchasing Agency Contract Administrator, to administer all services performed in conjunction with this Contract. As the Purchasing Agency Contract Administrator is, in the first instance, the interpreter of the conditions of the Contract and the judge of its performance, the Contract Administrator will use all powers under the Contract to enforce its faithful performance. The Purchasing Agency Contract Administrator or designated official will determine the amount, quality, acceptability, and fitness of all aspects of the services and will decide all other questions in connection with the services. The Contract Administrator, inspector, or designated official, will have no authority to approve changes in the services which alter the Contract terms or price. Any Contract modifications made must first be authorized by the VDSS Procurement office and issued as a written modification to the Contract.

H. CONTRACTOR RIGHTS TO USE MATERIALS: The Contractor is hereby granted a royalty-free, non-exclusive and irrevocable license in perpetuity to reproduce, publish or otherwise use the Intellectual Property for noncommercial purposes. Such rights shall include, but are not limited to the right to claim credit as the original author of the Intellectual Property, the right to use and authorize others to use the Intellectual Property in research and for preparation of teaching materials for noncommercial use, and the right to transfer to publishers the copyrights in scholarly publications and textbooks that include an insubstantial portion of the Intellectual Property.

I. DRUG-FREE WORKPLACE: During the performance of this Contract, the Provider agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Provider that the Provider maintains a drug-free workplace.

For the purposes of this section, “*drug-free workplace*” means a site for the performance of work done in connection with a specific Contract awarded to a Provider, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the Contract.

J. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By entering into a written Contract with the (LDSS and/or local CSA program), the Contractor certifies that the Contractor does not, and shall not during the performance of the Contract for goods and/or services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

K. NONDISCRIMINATION OF CONTRACTORS: A Provider shall not be discriminated against in the award of this Contract because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment. If the award of this Contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this Contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

L. SUBCONTRACTS: No portion of the work shall be sub-contracted without prior written consent of the Purchasing Agency.

M. TERMINATION OF AGREEMENT: This agreement may be terminated in whole or in part as follows (See §2 CFR 200.339):

1. Either party may terminate this Contract at any time upon 30 days written notice to the other party. The written notification must set forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. Partial termination of the Scope of Services can only be undertaken with the prior approval of the Purchasing Agency.
2. The Purchasing Agency may terminate this Agreement, in whole or in part at any time, if the Provider fails to comply with federal statutes, regulations, or terms and conditions of the Contract. Upon receipt of a notice of termination, the Provider shall stop all work and the Purchasing Agency will cease all payments. The termination decision may be considered by the Purchasing Agency in evaluating future applications submitted by the Provider.

N. RENEWAL OF CONTRACT: This Contract shall be renewable for two (2) additional one-year periods at the mutual desire of the parties.

O. SERIOUS INCIDENT REPORTING: The following procedures shall be adhered to in reporting a serious incident, actual or alleged, which is related to youth referred by the Purchasing Agency. A serious incident includes, among others, abuse or neglect; criminal behavior; death; emergency treatment; facility related issues, such as fires, flood, destruction of property; food borne diseases; physical assault/other serious acts of aggression; sexual misconduct/assault; substance abuse; serious illnesses, (such as tuberculosis or meningitis), serious injury (accidental or otherwise); suicide attempt; unexplained absences; or other incidents which jeopardize the health, safety, or wellbeing of the youth.

1. Within 24 hours of a serious incident, or by the next business day, the Provider shall report the incident by speaking to or leaving a message for the designated case manager of the referring agency of each youth involved. Within 48 hours of the serious incident, the Provider shall complete and submit to the case manager of the referring agency for each youth involved a written report.
2. The written report of the serious incident shall provide a factual, concise account of the incident and include:
 - a. Name of provider; name of person completing form; date and time of serious incident; date of the report; child/youth's name, age, gender, ethnicity; placing agency name; placing agency case manager's name; where the incident occurred, description of incident (including what happened immediately before, during and after the incident); names of witnesses; action taken in response to incident; names/agencies notified (family, legal guardian, child protective services, medical facility, police); recommendation for follow-up and/or resolution of incident; signature of person completing report; and facility/provider director's (or designee) signature and date.
 - b. Separate reports should be completed and submitted for each child/youth involved and referred by the Purchasing Agency. The Provider is responsible for ensuring the confidentiality of the parties involved in the incident.
 - c. In the event the case manager of the referring agency determines that a serious incident has occurred, the case manager will notify the Provider of the allegation. The Provider shall within 48 hours of the case manager's notification complete and submit a written report.

P. INSURANCE: The Provider shall at its sole expense obtain and maintain during the term of this Contract the insurance policies listed and required herein, naming the Purchasing Agency as an additional insured, and shall furnish the Purchasing Agency with a certificate of insurance prior to commencing work upon any Purchase Order signed pursuant to this Contract. Any required insurance policies must be effective prior to the provision of any services or performance by the Provider under this contract and such policies cannot be cancelled without ninety days written notice to the Buyer. The following insurance is required:

1. Commercial general liability insurance, written on an occurrence basis which shall insure against all claims, loss, cost damage, expense or liability from loss of life or damage or injury to person or property arising out of the Provider's performance under this Contract. The minimum limits of liability for this coverage shall be \$1,000,000.00 combined single limit for any one occurrence.
2. Contractual liability broad form insurance shall include the indemnification obligation set forth in this contract.
3. Workers' compensation insurance covering Provider's statutory obligations under the laws of the Commonwealth of Virginia and employers liability insurance shall be maintained for all its employees engaged in work under this contract. Minimum limits of Liability for employers liability insurance will be \$100,000 for bodily injury by accident each occurrence, \$100,000 bodily injury by disease (policy limit) and \$100,000 Bodily injury by disease (each employee). With respect to Workers' compensation coverage, the Provider's insurance company shall waive rights of subrogation against the Buyer, its officer, employees, agents, volunteers and representatives.
4. Automobile liability insurance shall be at least \$1,000,000.00 combined single limit applicable to owned or non-owned vehicles used in the performance of any work under this contract.
5. Professional liability insurance with a minimum of liability for \$2,000,000.

The insurance coverage in amounts set forth in this Section may be met by an umbrella liability policy following the form of the underlying primary coverage and the minimum amounts as listed above. Should an umbrella liability coverage policy be used to satisfy the requirements of this section, such coverage shall be accompanied by a certificate of endorsement stating that the policy applies to all of the above types of insurance.

Q. INDEMNITY: Contractor agrees to indemnify the Commonwealth of Virginia, its officers, agents, and employees for any loss, liability, cost, or reasonable settlement cost incurred as a result of any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.

Amelia County CSA Guidance on In-Home Services and the Family First Prevention Services Act (FFPSA) in Reference to OCS Administrative Memorandum # 21-11 :

Effective July 1, 2021, localities will be able to access three evidence-based services designed to prevent a youth's entry into foster care – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). These three services may be funded by Title IV-E through the Family First Prevention Services Act (FFPSA). The following Amelia CSA guidance describes the interactions between Amelia County Department of Social Services and the local CSA program in implementing these services. This guidance deals specifically with eligibility for Title IV-E **prevention** services, not eligibility for Title IV-E **foster care**.

Once the DSS Family Services Specialist (FSS) has completed the "Candidate for Foster Care" Form, making the child and family eligible for foster care prevention, the FSS may refer to Amelia FAPT for consultative purposes only, to meet the DSS requirement of a multi-disciplinary review for all DSS In-Home cases to access Title IV-E prevention funds for evidence-based services funded through the FFPSA. The purpose of this team review is not to determine eligibility for CSA or provide funding through CSA but to provide the multi-disciplinary perspective regarding the use of an evidence based practice.

To be placed on the FAPT agenda for a consultative FAPT review, the following must be provided to the CSA Coordinator at least three business days before the FAPT meeting: a referral cover sheet, the VDSS prevention plan (substitutes for the Individual and Family Services Plan and includes a parent's signature), and a current CANS, no older than thirty days. The FSS verbally provides the consultative FAPT with summary information about the case (e.g. why the family came to the attention of DSS, why an in-home case is opened, needs and strengths as identified on the CANS, what services or supports are in place or DSS plans to put in place, etc). FAPT's role would be one of consultation, coordination, service recommendations, and periodic case reviews, as determined by VDSS policy.

The consultative FAPT may, during its review, determine that additional services are needed for the child and family. If so, the consultative FAPT "refers" the case for a more comprehensive FAPT review, and the referral process will follow the same guidelines as any non-In-Home DSS Services case. Once the case is referred to the FAPT process for possible CSA funding, it is treated like any other case coming to FAPT. The CPMT must approve CSA funding.

Amelia CPMT approved the following “Crossroads CSB Mental Health Initiative Funding Memorandum of Agreement,” and it was signed by the Amelia CPMT Chair on November 17, 2023:

Crossroads CSB Mental Health Initiative Funding

Memorandum of Agreement (Amelia County)

The parties of Crossroads Community Services Board and the locality of Amelia County, entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the Mental Health Initiative Funding. This MOA will be renewed biennially until such time as the appropriation of funding has no longer been made available to Crossroads CSB, Crossroads CSB policy/procedures for distribution of funding have changed, and/or changes have been noted within the Exhibit G mandates identified by the Performance Contract through the Department of Behavioral Health and Developmental Services (DBHDS). This MOA will be effective July 1, 2023 through June 30, 2025.

The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED), who are not mandated through the Children’s Services Act (CSA). Crossroads CSB currently services 7 localities. These funds will be made available to each locality based on need and availability of funding.

Target Population for Mental Health Initiative Funds

MHI funding is to be utilized to serve new and currently underserved children and adolescents who have been identified as experiencing serious emotional disturbances, at risk for serious emotional disturbance, and/or with co-occurring disorders with priority placed on those who, absent of services, are at risk for removal from the home due to placement by a local department of social services, admission to a congregate care facility, acute psychiatric hospitalization or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment. Funds are to be used exclusively for youth who are not mandated to receive services under the Children’s Services Act (CSA). Underserved refers to populations which are disadvantaged because of their ability to pay, ability to access care, or other disparities due to reasons of race, religion, language group, or social status. Individuals must be under the age of 18 at the time of service initiation. MHI funds may be used to bridge the gap between the child/adolescent and adult services system, if the service was initiated prior to the adolescents 18th birthday. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.

Appropriate Services to be supported by Mental Health Initiative Funds

Services must be based on the individual needs of the child or adolescent and must be included in an individualized service plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services. Services shall be provided in the least restrictive and most appropriate settings, including homes, schools, and community centers.

Services may include, but are not limited to: crisis intervention and stabilization, outpatient services, intensive in-home, therapeutic day treatment, intensive care coordination, case management, Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), mentoring, parent aide, Multi-Systemic Family Therapy (MST), alternative day support (including specialized after school and summer camp, behavioral aide, or other wrap-around services, and supervised family support services.

MHI funding may not be used to support residential care services, partial or full hospitalizations, or for CSA-mandated populations. Mental Health Initiative funds should not be used when another payer source is available. Prevention and Early

Intervention-Part C services are not appropriate uses of these funds. MHI funding may not be used for the purchase of vehicles, furniture, or computers.

Funding will be available for use July 1st of each fiscal year through June 30th, the close of the fiscal year. Funding may be discontinued and/or re-presented to FAPT in the event that available funding has been exhausted. Mental Health Initiative Funding may only be used to support one service at a time. Multiple services may not be funded concurrently during the same interval period of six months. Funding for services will not be permitted to carry over into the next fiscal year. All services must be scheduled for closure prior to the end of the fiscal year in which services are being received. A new service request may be submitted after being reviewed by FAPT on or after July 1st of the next fiscal year.

Protocol for referral and distribution of funding

Crossroads CSB will establish a Mental Health Initiative Case Manager (MHI-CM) for the purpose of linking, coordinating, and monitoring MHI services and expenditures. MHI-CM will review all MHI invoices to ensure accuracy and make sure all invoices are accompanied by monthly summaries from the identified vendor.

Crossroads CSB will open and maintain all cases identified as Consumer Designation Code 915. Individuals not receiving current services with the CSB will be listed under the “external” status.

For the purposes of referral, CSA or the referring agency will present cases for service need and eligibility at FAPT meetings. FAPT will determine whether the case is “non-mandated” and make a recommendation for services that are appropriate to the youth’s clinical needs. MHI-CM will participate in FAPT meetings to determine if MHI referral is appropriate, eligibility criteria has been met, and if funding is available. CSA coordinator will link with MHI-CM to make a referral for MHI funding if deemed appropriate. MHI-CM will determine if eligibility criteria have been met for funding, and will then complete the Mental Health Initiative Individualized Service Plan and Approval Form (MHI-ISP) and submit to CPMT chair/designee for signature and approval. MHI-CM will link with parent/legal guardian and vendor to complete necessary documentation for service initiation (i.e. ROIs, vendor contract, MHI-ISP). MHI-CM will provide monthly monitoring of services for the purpose of assessing compliance, progress, and current need for services. These services will be documented in the individual’s electronic health record.

MHI funding may be discontinued at any time per the request of the parent/legal guardian, change in status, successful completion of service goals, and/or funding has been exhausted. Services may be funded for an interval not to exceed six months. Families requesting an extension of services must present before the local FAPT team for re-evaluation and determine if there has been a change in status and/or if MHI funding continues to be available.

Protocol for Review of Funding

MHI funding policies and protocols will be reviewed biennially by the local CPMT or if changes are made. A review of the funding protocol will occur within 30 days of the identified fiscal year.

Signatures: In witness thereof, Crossroads Community Services Board and the locality of Amelia County have caused this agreement to be executed by the following duly authorized Parties.

Crossroads Community Services Board
Executive Director or Designee

Community Policy and Management Team
Chairperson

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

**Amelia County Children’s Services Act Program
Training Plan**

Action	Person (s) Responsible	Timeline	Evidence of Completion
FAPT and CPMT members will complete applicable Office of Children Services (OCS) training modules provided through the Virginia Learning Center website	FAPT & CPMT members	Within three (3) months of committee membership, <i>effective January 1, 2024</i>	Members will provide a hard copy of the certificate of completion or transcript, if available, or documentation will be noted in meeting minutes
The CSA Coordinator will attend the annual CSA conference <i>and</i> present the information to CPMT and FAPT	CSA Coordinator	Within two (2) months of conference attendance	Documentation included in CPMT & FAPT meeting minutes
CPMT members will attend a FAPT meeting	CPMT members	New members: At least once within the first year of appointment. Members currently serving at the time of implementation of this training plan are exempt from this requirement, but are encouraged to attend a FAPT meeting if they have not previously done so	Documentation included in FAPT meeting minutes
FAPT members will attend a CPMT meeting	FAPT members	New members: At least once within the first year of appointment Members currently serving at the time of implementation of this training plan are exempt from this requirement, but are encouraged to attend a CPMT meeting if they have not previously done so	Documentation included in CPMT meeting minutes

Best practice: CPMT and FAPT Chair and Vice Chair will familiarize themselves with Robert’s Rules of Order for small boards

Virginia Learning Center Website: <https://www.dss.virginia.gov/benefit/vlc/index.cgi> - <https://covlc.virginia.gov/Default.aspx>

Course Number	Coordinator (CR), FAPT(F), CPMT(C), All (A)	Course Title
CSA11	CR	CSA for New LDSS Staff – Big Picture (Module 1)
CSA12	CR	CSA for New LDSS Staff- FAPT Functions (Module 2)
CSA13	CR	CSA for New LDSS Staff- Eligibility for CSA (Module 3)
CSA14	CR	CSA for New LDSS Staff- Accessing Funding (Module 4)
CSA15	CR	CSA for New LDSS Staff – Miscellaneous Topics (Module 5)
CSA17	F,CR	CSA Basics for FAPT Members
CSA20	CR	Special Education Wraparound Funding Under the CSA
CSA31	C,CR	CPMT Training- Big Picture (Module 1)
CSA32	C,CR	CPMT Training- CPMT & FAPT Roles and Responsibilities (Module 2)
CSA33	C,CR	CPMT Training- Funding and Eligibility (Module 3)
CSA34	C,CR	CPMT Training- Can CSA Pay? (Module 4)
CSA35	C,CR	CPMT Training- Utilization Review (Module 5)
CSA36	C,CR	CPMT Training - Audit
CSA40	C,CR	CSA Fiscal Overview
CSA41	A	CSA Continuous Quality Improvement
CSA42	CR	CSA Parental Agreements
CSA44	CR	CSA FAPT and CPMT Parent Representative Training
CSA50	CR	CSA Information Technology Security Course

These training courses are helpful in understanding the many aspects of CSA implementation. Continued professional development opportunities can be found through visiting websites for local child -serving agencies and participation through local - and state-sponsored events that promote a System of Care approach. Check out a few of the training resources under the Resource Round-Up. OCS staff are available to assist. You may submit your technical assistance or policy questions to the OCS Help Desk, found on the OCS website at

<https://www.csa.virginia.gov/Contact/TechnicalAssistance/01>

Source: OCS Website

Amelia County Children's Services Act Program

Training Plan *(continued)*

Responsibilities of the CSA Coordinator

Training verifications will be filed and maintained by the CSA Coordinator. Members' training verifications will be retained for the period of time a member serves plus an additional five years for audit purposes. CSA Coordinator training verification will be retained for the duration of the employment of the Coordinator, plus an additional five years for audit purposes.

It will be the responsibility of the CSA Coordinator to inform members in writing of this training plan upon their appointment. If a member is nearing a deadline for compliance, the Coordinator shall remind the member in writing of the training requirement. A member may request an extension of the training requirement deadline which must be approved by the CPMT. If a member falls out of compliance, the CPMT must take appropriate action, ranging from granting an extension to requesting a member be replaced, based on the circumstances.

Abbreviated FAPT Referral Policy/Process for Court &/or CHINS-Truancy Court Referred Cases:

The ACPS Rep should immediately refer parents to their insurance for service initiation and/or funding. The ACPS Rep should also refer the family to the local CSB/Crossroads (561-5057) for access to services if the reasons for the court referral and/or truancy court referral are mental health/substance use related. Referral to Crossroads will expedite access to services.

Referral Procedures:

- As the initial referral source, ACPS agency personnel should complete the FAPT Initial Referral Packet Cover Sheet and the Initial Referral form and obtain the appropriate CSA Consent/s and the Rights & Responsibilities form from the family/parent/guardian.
- The consent, initial referral form, Court Order, School Attendance Record, Truancy Statute Requirement Checklist, Social History (if applicable), and GAL contact information shall be submitted by the ACPS Rep to the CSA Coordinator. Families cannot be added to the FAPT Agenda without the initial referral, the consent, and the Court Order from the ACPS Rep.
- The ACPS Rep shall invite the parents, guardians, youth (if age appropriate), and the GAL to participate in the FAPT meeting.
- If FAPT funding is recommended during the review, an ongoing Case Manager will be assigned at FAPT. This agency will be responsible for obtaining/completing/updating all necessary documentation prior to service initiation.

Most cases referred through this process will end up accessing services and/or be case managed through Crossroads. Therefore, the initial referral to Crossroads is critical in supporting youth and families and expediting access to services and supports.

AMELIA FAMILY ASSESSMENT AND PLANNING TEAM INITIAL REFERRAL PACKET COVER SHEET

Referral Packet Submitted By: _____
Name and Agency

Youth Name: _____ / _____
Name and Agency *CSA Case Number (to be assigned by CSA Coordinator)*

Will you be the Case Manager? _____ Yes _____ No _____ TBD

DOCUMENTS TO BE SUBMITTED WITH REFERRAL PACKET:

- ___ * & **Consent/Uniform Authorization to Use and Exchange Information
- ___ * & **Consent For Alcohol and Drug Patients (if applicable)
- ___ * & **Summary Of Child and Family Rights and Responsibilities
- ___ **Initial Referral Form
- ___ **Record of Court Involvement/Court Orders (ex: CHINS) (if applicable)
- ___ **School Attendance Record
- ___ **Truancy Statute Requirement Checklist
- ___ **Social History (where applicable)
- ___ CANS
- ___ IFSP
- ___ Current IEP (if applicable)
- ___ Psychological & Psychiatric Evaluations (if applicable)
- ___ Summary of Placement/Treatment (i.e. hospitalization, residential treatment, group home, etc. Provide copies of reports.) (if applicable)
- ___ Foster Care Service Plan (where applicable)
- ___ Parent Co-Pay Screening/Agreement (where applicable)
- ___ Household Income Expense Form (where applicable)
- ___ Medical records (if medical condition is a contributing factor in request for services)
- ___ CSA Funding Request

**Parent/Guardian Signature Required*

***Required to initiate the Abbreviated FAPT Referral Process for Court and Truancy Referrals*

NOTE: Incomplete packets will be returned for completion/additional information prior to scheduling.

TRUANCY STATUTE REQUIREMENT CHECKLIST

Code of Virginia - §22.1-258

Name of Student:	Date of Birth:
School Division:	Name of School:
Grade Level:	

Date School Truancy Officer/Social Worker notified of excessive unexcused absences:

- Student fails to report to school for a total of five scheduled school days.
Dates missed (unexcused):
Comments:

- Parent(s)/Guardian and student notified ether in person or through telephone conversation following the fifth unexcused absence.
Date parent(s)/guardian notified: by telephone or in person
Comments:

- Per Code of Virginia, §22.1-258, “If the pupil is absent for more than one additional day after direct contact with the pupil’s parent and school personnel have received no indication that the pupil’s parent is aware of and supports the pupil’s absence, the school principal or his designee shall schedule a conference with the pupil, his parent and school personnel...”
Attendance Improvement Plan completed on (see attached).
Parent/Guardian and child did attend or did not attend
Date of Conference involving parent(s)/guardian, student and school personnel:
Date student was absent (unexcused) following parental notification:
Comments:

- Per Code of Virginia, §22.1-258, “...The conference shall be held no later than 10 school days after the tenth absence of the pupil, regardless of whether his parent approves of the conference. The conference team shall monitor the pupil’s attendance and may meet again as necessary to address concerns and plan additional interventions if attendance does not improve...”
Conference that included parent(s)/guardian, student and school personnel was set to discuss the reason for the absence(s) and to identify the possible need for services within the academic setting that will positively impact truancy issues:
Date of conference (no later than 10 days after the tenth absence)
Parent/Guardian and child did attend or did not attend.
Services referred (if appropriate)

Comments:

Student absent an additional day:
Date of absence(s) since the 10th absence:

Total unexcused absences to date:
Comments:

Multi-Disciplinary Team (MDT) meeting held on per Code of Virginia, §16.1-260(B):

List referrals made to community resources (if appropriate) and state whether those resources have been exhausted per Code of Virginia, §16.1-260(D)

What were the outcomes of the referrals?

Comments:

Service Needs evaluated through MDT or Family Assessment and Planning Team (FAPT). Report/Letter attached.

*Note: The school Truancy Officer or school Social Worker must bring this completed checklist to the Intake Officer when requesting a petition for CHINS-Truancy. This form should be attached to the Referral Complaint Form and should include the court letter.

Date

School Truancy Officer/Social Worker

Revised 9/20/2022 (AH)

Amelia CSA Initial Referral Form

Date of Referral: _____ **Referring Agency:** _____

Referring Worker: _____ **Telephone Number:** _____ **Email address:** _____

1. Identifying Data			
Youth's Name:		SSN:	
DOB:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race: Ethnicity:
Address:		Phone Number:	
Special Education: <input type="checkbox"/> Y <input type="checkbox"/> N ___ Public School ___ Private Day ___ Residential		Reason for Special Education:	
2. Family Information			
Mother's Name:		Marital Status:	
Address:		Home phone:	
Employer:		Work phone:	
Father's Name:		Marital Status:	
Address:		Home phone:	
Employer:		Work phone:	
Guardian's Name:		Relationship to child:	
Address:		Home phone:	
Employer:		Work phone:	
Siblings:		Lives in the Home?	
Name:	Age:	Y/N ___	
Name:	Age:	Y/N ___	
Name:	Age:	Y/N ___	
Name:	Age:	Y/N ___	
3. Family Resources - Check all that apply:			
<input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other (specify):			
4. Other Agency Involvement - Check all that apply:			
<input type="checkbox"/> Social Services <input type="checkbox"/> Schools <input type="checkbox"/> Probation/Courts <input type="checkbox"/> Community Services Board <input type="checkbox"/> Other			
<input type="checkbox"/> GAL Name and email address: _____			
5. Previous Interventions - Summarize remedies, treatment, and other interventions offered by any public and/or private agency within the last 24 months (Attach documentation from each):			
6. Presenting Needs/Reason for Referral - List all specific behavioral, emotional, social, economic, legal, medical and family factors (Items identified on the CANS should be included here):			
7. Family Involvement/Youth & Family Strengths - Describe parental comprehension of problems and commitment to solution and strengths of the youth and family (Items identified on the CANS should be included here):			

EXAMPLE

AMELIA COUNTY CHILDREN'S SERVICES ACT (CSA) PROGRAM

P.O. BOX 136, AMELIA, VA 23002

PHONE: (804) 561-2681

FAX: (804) 561-6040

Tracy King, CPMT Chair

Brittany Allen, FAPT Chair

July 31, 2024

Amelia Juvenile and Domestic Relations Court
P. O. Box 24
16441 Court Street
Amelia, VA 23002

Re: Court Case No. JJ00_____

Youth:

Parent:

Dear Judge _____,

A Family Assessment and Planning Team (FAPT) review was held on (Date) via the Child In Need of Supervision Order for youth's name, a ____ year old ____ grader at Amelia _____ School. A report of the FAPT review was to be filed with the Court no later than (date).

_____ (*parent/youth names*) attended/participated via phone in the FAPT review meeting. FAPT representatives from Amelia County Public Schools, Amelia Department of Social Services, Crossroads Community Services Board, and the Court Services Unit were in attendance.

The team discussed the youth's absences and academic progress during the current academic year. It was reported the youth had not missed any days of school and was promoted to the 9th grade since the last court date. FAPT discussed youth and family needs, but the parent declined. FAPT recommends the youth continue to attend school and make sufficient progress. As no other needs were identified FAPT will not review the case without a new referral.

We appreciate the court referring this family to FAPT. Please do not hesitate to contact the CSA Coordinator, Monica Wilkerson, at 804-561-2681 or at monica.wilkerson@dss.virginia.gov if there are any questions or if additional information is needed.

Sincerely,

Monica Wilkerson
Amelia CSA Coordinator

CC: _____, Parent

Ms. Brittany Allen, ACPS

Shiday Jones, CSU Representative

_____, GAL