

MONTGOMERY COUNTY

FAMILY ASSESSMENT & PLANNING TEAM

(F A P T)

OPERATING MANUAL

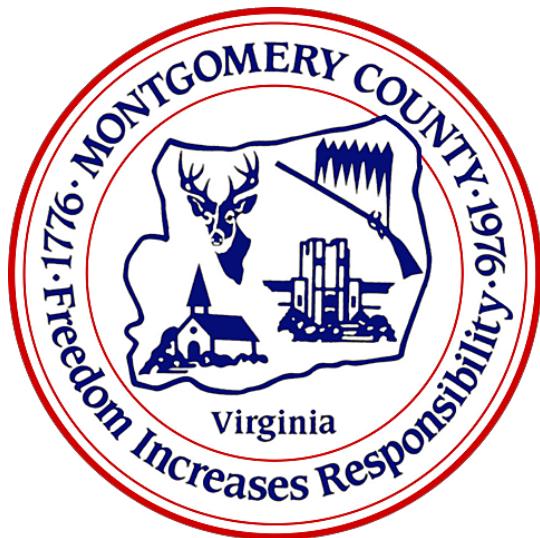


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PURPOSE

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

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

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

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

TARGET POPULATION

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

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

The target population shall be the following:

1. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;
2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;
3. Children for whom foster care services, as defined by [§ 63.2-905](#), are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900](#);
4. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](#), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of [§ 16.1-284.1](#)
5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance [§ 66-14](#) .” [COV § 2.2-5211 B.](#)

ELIGIBILITY CRITERIA

4.2.1. Eligible Population – CSA Manual

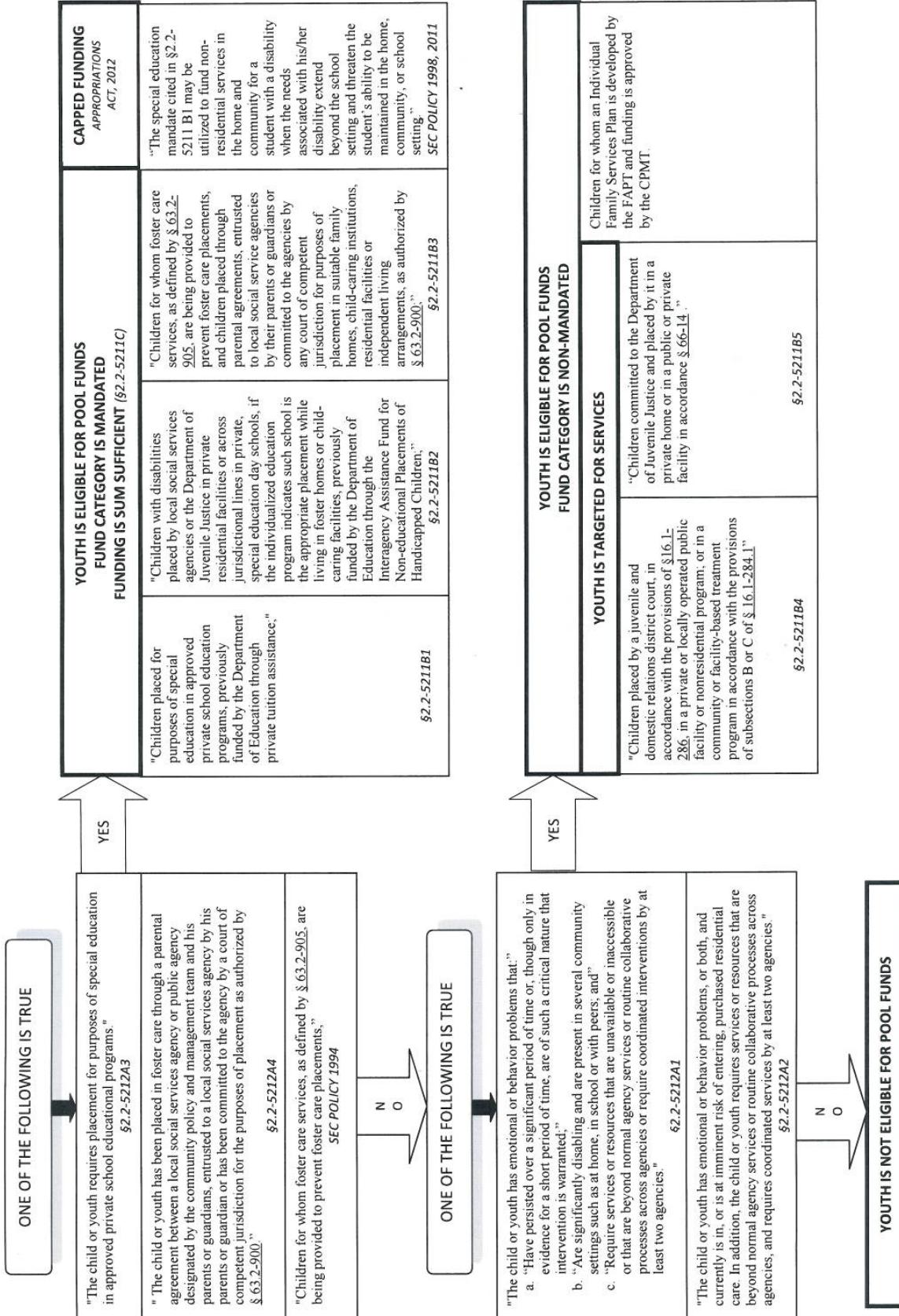
"In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the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

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

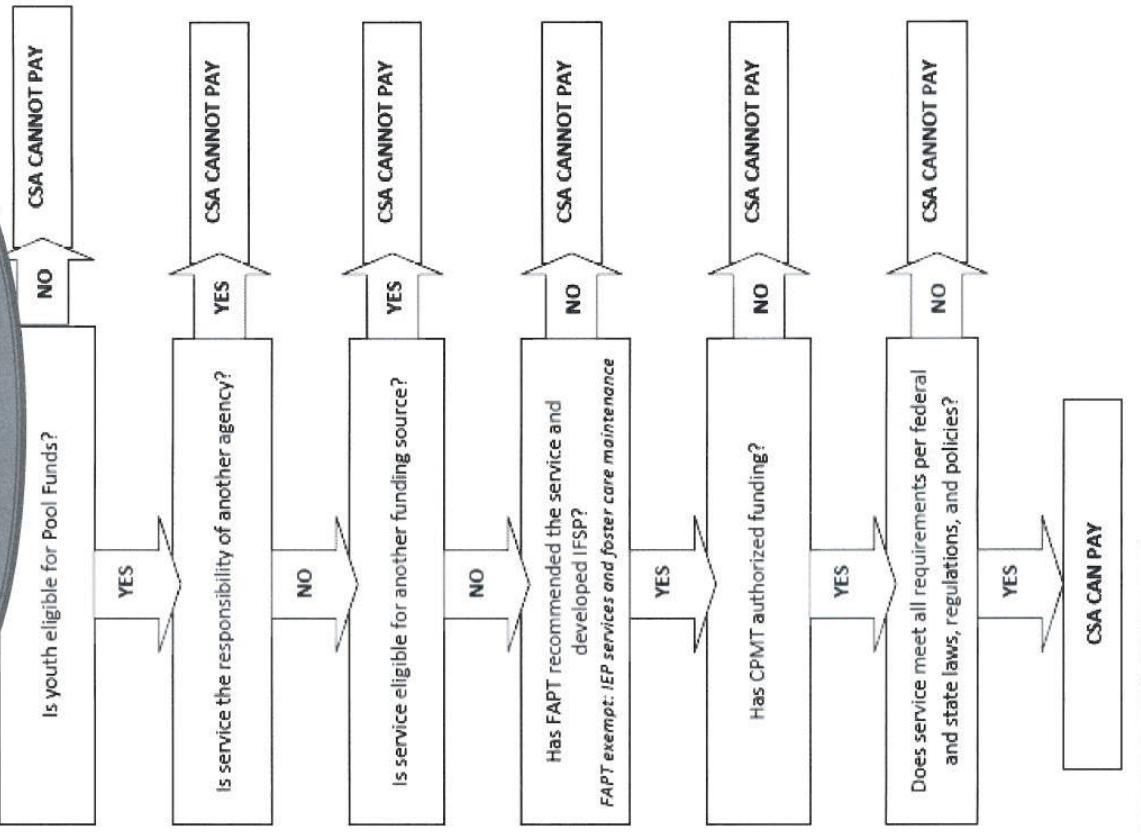
See "DSS Appendix D" for further information, including CHINS Interagency Guidelines

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

DETERMINING ELIGIBILITY FOR FUNDING UNDER THE COMPREHENSIVE SERVICES ACT



DETERMINING IF CSA CAN PAY



February 23, 2012

Question:

Please clarify the intent of the following portion of COV §2.2.-5211 E: ***"Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section..."***

Answer:

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

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

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

The CPMT is responsible for determining a youth's eligibility for CSA funding. **Pool funds can only be used for CSA- eligible children and youth.** A Court cannot order a child to be "mandated" or eligible for CSA simply by virtue of the Court's order for services. As the statute indicates, the services must be "ordered pursuant to a disposition rendered by the court." The court's disposition may (or may not) make the child or youth eligible or mandated for CSA funding. For example, a court's finding or disposition of "child in need of services" places that child in the CSA mandated population. (COV §16.1-228, §63.2-905, §2-5211)

Conclusion:

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

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

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

FAPT MEMBERS: ROLES AND RESPONSIBILITIES

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

FAPT members will respect:

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

Expectations of Members

It is expected that the FAPT members will:

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

FAPT Chair

The Montgomery County CSA Coordinator will act as Chair and conduct FAPT meetings. In their absence, the Director of Human Services/CPMT Chair will conduct the FAPT meeting(s).

REFERRALS TO FAPT

Referrals should be made to the FAPT if:

1. Family/child has a long-standing problem and there is multiple agency involvement.
2. Family/child is in need of services or supervision (CHINS) and the Court has entered an order referring the case for FAPT recommendations.
3. Child is being considered for private day, residential placement or foster care placement (provided placement is within 14 days of admission and the emergency placement is approved at the time of placement by FAPT).
4. Child is returning to the community from a residential placement and an interagency plan is needed.

The following can make referrals to FAPT:

- Montgomery County Department of Social Services
- Montgomery County Public Schools
- 27th District Juvenile Court Services Unit
- New River Valley Community Services
- Parents or guardians who have primary physical custody of a child in their care

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

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

Preparation for FAPT

Assistance available: Montgomery County Human Services/ CSA Program, (540) 382.5776 or (540) 382.5781

Health and Human Services Building
210 S Pepper St., Suite D
(Lower level)
Christiansburg, VA 24073

Consent to Exchange Information from Parent/Guardian

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

Parent/ Guardian attendance

- For cases other than mandated MCDSS foster care cases or IEPs, parent/guardian **must** be present for the initial review Family Assessment and Planning Team meetings. FAPT shall encourage families to fully participate in the assessment, planning and implementation of the Individual and Family Service Plan (IFSP).
- It is the responsibility of the case manager and the parent/guardian to notify the involved parties of the FAPT meeting date and time. The case manager/parent/guardian is to **invite and encourage** all relevant parties to attend the FAPT meeting. This should include but is not limited to the parent/guardian, service providers, foster parents and advocates. Documented notification to parents/guardians shall be submitted to FAPT. The Family Assessment and Planning Team shall provide for family participation in all aspects of assessment, planning and implementation of services. COV § 2.2-5208.2.

Scheduling a FAPT meeting

- The case manager or parent/guardian contacts the CSA office to request a meeting time on the FAPT agenda. Once the case has been scheduled to be reviewed, it is the responsibility of the case manager/parent/guardian to notify the family, service providers and other pertinent parties of the FAPT date.
- Monday prior to the FAPT staffing, the following documents should be provided to the CSA office: Consent form, Initial referral form or Review form, Discharge form, Parental copay forms, and a CANS (completed within last 30 days) must be entered in CANVAS, and signature cover sheet showing “closed” submitted with other paperwork. You may also submit copies of service reports, recent evaluations, etc.
- The CANS will be completed every three months (or 90 days) by the case manager and provided to the CSA office. An initial CANS must be submitted prior to initiation of CSA-funded services. If significant changes occur in the status of the case or if the case manager is requesting a change in services, the CANS should be completed prior to the FAPT meeting during which the request is being made. A discharge CANS is to be submitted within 90 days of closure of CSA-funded services. The case manager is responsible for ensuring that the CANS is inputted into the CANVAS online system <https://canvas.csa.virginia.gov/>, and provide a copy of the CANS to service providers so that Medicaid billing can occur for those services that qualify. The case manager is responsible for ensuring that they are re-certified in the CANS on an annual basis.

Parental Co Payment COV § 2.2-5208, COV § 2.2-5206

In accordance with State CSA policy 4.2.2.1, the parent/guardian will be assessed for parental contribution utilizing locality's sliding fee scale. Documentation will be maintained in CSA case file.

The FAPT Meeting

- The case manager is the initial service coordinator and collects all relevant information regarding the case. The following documents can be offered to the FAPT members: Initial Referral Form or Review Form, Discharge Form, CANS, Consent to Exchange form, IEP, prior evaluations, requested services and costs of the services.
- Presenting at FAPT, the case manager and parent/guardian shall discuss the following:
 - Presenting problem; reason the case is before FAPT
 - o Family's functioning in home, school, community; existing supports
 - o Recorded mental health diagnosis/medications - including recent changes/hospitalizations
 - o Provider and family reports on outcomes of previous strategies attempted
 - o Progress of specific goals and barriers to their achievement
 - o Child/parent desired outcome
 - o How progress will be evaluated
 - o Alternative services/providers considered and why not chosen
 - o Discharge plan
 - o Service request and the cost
- Once FAPT recommends the requested services, the FAPT attendees will sign the “Acknowledgement of the IFSP Assessment and Decisions” form. In the event that the guardian refuses the services, the FAPT case is closed, unless the service is Court Ordered or required by Federal Law through an IEP. In the event of changes in the family/ child’s placement/treatment/services, please advise the CSA office with dates and explanation.

MONTGOMERY COUNTY CSA REFERRAL INFORMATION

Date Completed: _____

If DSS, what is OASIS#: _____
If MCPS, what is the STI#: _____

Questions marked with an * are mandatory for CPMT approval.

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

***1.** Youth's Name: _____
Address: _____***2.** Youth's DOB: ____ / ____ / ____
Age: ____***Youth's SSN:** ____ - ____ - ____

3. Phone #: _____

4. Parent/Guardian: _____

5.** Person completing form (NOT the parent/guardian): _____6.** Case Manager/Agency: _____ Phone: _____ ext: _____***7.** Race: White American Indian Asian
 Black Alaskan Native Other/Specify: _____***8.** Gender: Male Female***9.** CASE INFORMATION: (Please note if child is placed with a Guardian that is not a biological parent)

Mother's name: _____

Address: _____

Phone: _____

Employer: _____

Health Insurance: _____ Medicaid: Y N

Father's Name: _____

Address: _____

Phone: _____

Employer: _____

Health Insurance: _____ Medicaid: Y N

Does Insurance cover child/children? Y N

Siblings
Names: _____ Age: _____

Age: _____

Age: _____

10. Court-ordered Assessment/Services? YES NO

11. Referral Type (check all that apply):

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

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

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

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

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

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

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

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

15. Current educational placement (check one):

Regular classroom

Special education

Special Day School

Residential school

Vocational/Technical school

Home schooling

Homebound

Not currently enrolled

Expelled – alt. education

Expelled – no. alt. education

Dropped out

Graduated

Obtained GED

Other: _____

16. List current school and grade youth is attending: _____ / _____ grade

List last school attended: _____

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

Student's Testing Identification Number: _____

17. Has youth been placed out of the home in the past 12 months? YES NO

If YES, indicate the number of days in the past 12 months for each type of placement:

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

18. Has youth had criminal charges? YES NO

19. Does youth have current court involvement? YES NO

Court charges/dispositions: _____

20. Reported problems (check all that apply):

CHILD

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

PARENT

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

21. Child and Family Needs:

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

*22. Previous Family interventions/services provided:

SERVICE	PROVIDER	DATES/FREQUENCY	OUTCOME

*23. List current medications:

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

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

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

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

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

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

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

MONTGOMERY COUNTY CSA REFERRAL INFORMATION

Medicaid Screening Form

(Must be completed prior to FAPT)

Medicaid Application for _____ was
(Child/family)

submitted on _____.
(Date)

(Signature of Worker)

(Agency)

(Date)

Does child already have Medicaid? Yes No

SUMMARY OF CHILD AND FAMILY RIGHTS

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

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

The right to notice...

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

The right to consent...

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

The right to records and confidentiality...

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

The right to assistance...

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

The right to review...

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

The right to participate...

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

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

Parent Signature and Date

Parent Signature and Date

Child/Youth Signature and Date

Witness and Date

Provide copy to parent/guardian.

Requirements for Child and Family Rights
And
Requirements for Procedural Safeguards

PROCEDURAL SAFEGUARDS

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

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

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

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

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

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

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

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

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

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

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

Parent Signature and Date

Parent Signature and Date

Child/Youth Signature and Date

Witness Signature and Date

Provide copy to parent/guardian.

Montgomery County FAPT
Notification of Staffing

Date: _____

Name of Child: _____

Parent(s) Name(s): _____

Address: _____

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

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

Your case manager will assist in arranging transportation for you, if needed.

Representatives from the Montgomery County Department of Social Services, New River Valley Community Services,
27th District Juvenile Court Services, Montgomery County Public School System, Montgomery County Human Services
and the Community will be in attendance to coordinate identified services.

Sincerely,

Phone # _____

Montgomery County CSA Parental Contribution Assessment

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

In accordance with State CSA policy 4.2.2.1. I must have my household income assessed for parental contribution.

Based on my completed assessment, my monthly copay amount has been determined to be \$_____. This amount is based on current financial and family information, which I have provided, and which I affirm to be true and correct information.

I have read and/or have had this process explained to me and understand this assessment.

Parent/Guardian Signature

Date

Mailing Address

Daytime Phone

Case Manager Signature

Date

Parental copayments may be paid with check (made payable to the Treasurer of Montgomery County) or exact cash amount either in person or mailed to:

Montgomery County CSA
Health and Human Services Building
210 South Pepper Street, Suite D (lower level)
Christiansburg, VA 24073

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

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

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

FEE SCHEDULE

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

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

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

MONTGOMERY COUNTY CSA PARENTAL CONTRIBUTION EXPENSE FORM

GROSS MONTHLY INCOME

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

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

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

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

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

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

Calculating Your Gross Monthly Income Worksheet

If you are paid hourly

$$\frac{\$ \text{_____}}{(\text{Pay before deductions})} \times \frac{\text{_____}}{(\# \text{ of hours you work in 1 week})} \times 52 \text{ weeks} \div \square 12 \text{ months} = \$ \text{_____} \quad (\text{gross monthly income})$$

If you are paid weekly

$$\frac{\$ \text{_____}}{(\text{Pay before deductions})} \times 52 \text{ weeks} \div \square 12 \text{ months} = \$ \text{_____} \quad (\text{gross monthly income})$$

If you are paid bi-weekly

$$\frac{\$ \text{_____}}{(\text{Pay before deductions})} \times 26 \div \square 12 \text{ months} = \$ \text{_____} \quad (\text{gross monthly income})$$

If you are paid twice a month

$$\frac{\$ \text{_____}}{(\text{Pay before deductions})} \times 24 \div 12 \text{ months} = \$ \text{_____} \quad (\text{gross monthly income})$$

If you are paid monthly

$$\$ \text{_____} \quad (\text{gross monthly income})$$

Discharge Plan

Client Name:

Case Manager

Name/Agency: Date Case

Manager Assigned:

Initial FAPT Date:

current FAPT Date:

How will we know when client has achieved goals/is ready to be discharged? (i.e.
What are the realistic goals we are looking to have achieved?)

Potential barriers that could arise following discharge:

Recommendations following discharge:

Potential discharge date (if multiple services, please identify for each service):

Periodic FAPT Review

1. Scheduling requests for FAPT review dates are made through the Montgomery County Human Services Division/CSA (540-382-5776). Documentation for client files must be received by 12:00 P.M. by the Monday prior to the scheduled Wednesday FAPT meeting. Failure to submit documentation on time may result in losing your scheduled time slot and a delay in services.
2. Submit completed FAPT Review Packet, which consists of:
 - Review Form (see Sample Review Form) and Discharge Form
 - CANS Assessment (submit assessment online in CANVaS, <https://canvas.csa.virginia.gov/>), provide copy of signed first page
 - Progress Report(s) from provider
 - Copies of any assessment(s) either made by, or arranged by, referring agency
 - Copy of current IEP or any amendments to the IEP (if Special Ed student)
 - Copies of any court orders, foster care plans (if applicable)
3. Provide vendor and cost of service, if any change to IFSP.

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

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

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

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

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

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

Address or Location of Youth: _____

Case Manager: _____ **Phone:** _____

Date of Last FAPT Review: _____

Date of Last CANS: _____

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

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

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

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

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Outcome Objective: _____

Strategies (or Services): _____

Progress:

Generic

FAPT

Agenda

MONTGOMERY COUNTY FAPT AGENDA (Wednesday Meetings)

WELCOME

INTRODUCTIONS

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

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

QUESTIONS & DISCUSSION

DEVELOPMENT OF SERVICE PLAN

Establish **measurable** goals & objectives, service, provider and cost
Identify & assign responsibilities of appropriate agency/family member
Sign "Acknowledgement of IFSP Assessment & Decisions" (see copy of blank form)
Schedule review date if applicable

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

EXPLANATION OF COMMUNITY POLICY & MANAGEMENT TEAM (CPMT)

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

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

**MONTGOMERY COUNTY
FAMILY ASSESSMENT & PLANNING TEAM (FAPT)
CONFIDENTIALITY STATEMENT**

Client Name: _____

Date:

Due to the nature and purpose of the Family Assessment & Planning Team, confidential case information will be shared on a regular basis by participating professionals.

I hereby acknowledge and understand that the client information received during the staffing is not to be shared with any person not present at the staffing on the date the case is discussed.

I will, therefore, hold all such client specific information confidential and will use such information only for the professional purpose for which it was obtained.

(to be completed by CSA Coordinator)

MONTGOMERY COUNTY CASE REFERRAL ACTION/IFSP

Client ID#:

Sex/Race:

Date of Birth/Age:

Funding Category:

Case Manager/Agency:

Staffed by FAPT on:

Next Review Date:

TOTAL CSA DOLLARS SPENT YTD:

Previous Services:

Outcomes:

Relevant History:

Long-term Goal:

Strengths of Child/Family:

Barriers/Needs to Achieving Goal:

Services to Address Needs and/or Barriers:

FAPT Recommendations/IFSP:

Service/Provider:

TOTAL CSA COST:

Alternative Services/Providers Considered & Why Not Selected:

Family Co-Payment (per chart):

Other/Non-CSA Funding:

All Sources of Funds Pursued Prior to Referral & Why Cost Not Paid:

Action Taken by CPMT: Approved

Denied

Date:

Client Name: _____ Date: _____

MONTGOMERY COUNTY
ACKNOWLEDGEMENT OF IFSP ASSESSMENT AND DECISIONS

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

FAPTeam MEMBER SIGNATURE/AGENCY

COMMENTS

PARTICIPANT (Non-FAPTeam Member) SIGNATURE

COMMENTS

PARTICIPATION AND CONSENT OF PARENT/GUARDIAN

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

Signature of Parent/Guardian

Date

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

Signature of Parent/Guardian

Date

CSA Case File

Documentation

Requirements

Case Name:

Date:

CSA Documentation Inventory

Required Information	In File	Notes
Case Manager designation	MCPS DSS NRVCS CSU	Case Manager:
Parent consent to release information		Expires:
Assessment data (referral or review info)		
Includes: Completed CANS Assessment		
Parental co-payment assessed		
Service Plan IFSP FC Plan IEP (circle)		
Desired outcomes		
Identification of services		
TFC Level		
Mitigating circumstances	Ct Order/Referral Fostering Futures Parental Agreement/IACCT CPS DSS Custody IEP	Ct Order copy? Signed Parental Agreement? Eligibility Checklist? IEP? Foster Care Agreement?
FAPT recommendations		
Parent/Guardian participation	Invited to meeting?	
CPMT authorization		CPMT Approval Date:
Signed vendor contract		
Vendor treatment plan (s)		
Vendor progress report (s)		
Review date		
Updated Service Plan		

Parental Placements,
Parental Agreements,
And
Non-Custodial Placements

Parental Placements, Parental Agreements, and Non-Custodial Placements

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

A Parental Agreement is an out-of-home placement of a child in a residential facility or group home agreed upon by the parent(s)/legal guardian(s) and the Montgomery County CPMT, whereby the parent(s)/legal guardian(s) retain legal custody of the child. The goal must be to return the child home. A Parental Agreement does utilize CSA funding and must follow CSA process.

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

CSA PARENTAL AGREEMENT

This Parental Agreement, (from now on referred to as the “Agreement”) is entered into this _____ day of _____, 20____ in the County of Montgomery, Virginia, between _____ the Parent(s)/ Legal Guardian(s) of _____ (a child under the age of eighteen) born on _____ and _____, a public agency designated by, and acting as an agent of, the Community Policy and Management Team (from now on referred to as the “Agency”).

PLACEMENT AUTHORITY

As the parent(s)/legal guardian(s) of _____, I/we have the legal authority to plan for child and voluntarily place him/her on the _____ day of _____, 20____ in a state-approved home or a licensed facility for a period not to exceed _____. Review of this parental agreement will occur on or before _____ 20____, when treatment progress and the Family Assessment and Planning Team (FAPT) recommendations will be reviewed to determine the continued need for placement and the extension or re-issuance of the parental agreement.

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

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

- d. Attend all court hearings concerning my/our child's placement and service planning,
- e. Attend and participate in family therapy sessions, parent training, and/or other services for family members as described in the Individual Family Service Plan (IFSP),
- f. Actively participate in scheduled and approved visitation with my/our child,
- g. Cooperate with completing information about the child, myself/ourselves, and our family, and
- h. Provide all necessary documentation to the Agency for services and placement of my/our child.

5. I/we will provide the treatment facility with the following:

- a. Written consent for routine medical treatment and care, including emergency treatment. Any proposed treatment or services presenting significant risk for my/our child, including surgery or treatment with psychoactive medications, will require my/our specific informed consent.
- b. All necessary emergency phone numbers to contact me/us.

6. I/we agree to inform the CPMT in the current locality of any plan to relocate my/our physical residence outside of this jurisdiction.

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

The placing Agency and FAPT shall:

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

FISCAL AUTHORITY/PAYMENT TERMS

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

- Parental co-pays,
- Insurance policies,
- Medicaid
- Federal and/or state resources and
- CSA Pool Funds.

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

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

The parent(s)/legal guardian(s) agree to have parental contribution assessed in accordance with CPMT policies and procedures.

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

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

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

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

For parent/guardian:

CONDITIONS FOR TERMINATION OF AGREEMENT

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

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

APPEAL PROCESS

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

SIGNATURES

A copy of this agreement will be given to all signing parties and the original will be placed in the child's CSA file located in the local CSA office within Montgomery County Human Services. By signing below, each of the parties enters into this agreement under the conditions set forth.

PARENT/LEGAL GUARDIAN

DATE

PARENT/LEGAL GUARDIAN

DATE

**REPRESENTATIVE OF THE AGENCY
DESIGNATED BY THE CPMT**

DATE

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

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

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

Everyone wants to provide a program for the adolescent in a safe environment that helps with emotional and behavioral issues. The CSA office welcomes the opportunity to meet with case managers and parents to discuss the details of placing an adolescent in a residential treatment facility through the Montgomery County CSA Parental Agreement process. Please contact the CSA Coordinator (540) 382-5776, 210 S Pepper St., Suite D, Christiansburg, VA 24073

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Representative of the Agency Designated by the CPMT

Date

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

Effective December 3, 2007

Revised; effective July 1, 2008

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

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

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

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

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

Purpose of guidelines; Children for whom guidelines apply

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

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

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

Children for whom guidelines do not apply

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

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

Proposed eligibility criteria

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

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

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

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

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

2) *The child has emotional and/or behavior problems* where either:

a. the child’s problems:

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

or

b. the child:

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

3) *The child requires services:*

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

4) *The goal of the family is to maintain the child at home (for foster care prevention services) or return the child home as soon as appropriate (for parental agreements).*

Process for determining eligibility

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

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

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

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

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

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

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

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

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

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

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

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

Placements outside of the home

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

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

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

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

The public agency designated by the CPMT and the legal guardian shall develop an agreement that provides for:

- Family participation in all aspects of assessment, planning and implementation of services;
- Services to be provided as delineated in the individual family services plan;
- Payments to cover the cost of care by the family, their private health insurance, public or private agency resources, and CSA state pool funds;
- Legal guardian applying for Medicaid, FAMIS, and/or other public or private resources if it may assist in funding services;
- Provisions for utilization management of the care provided;
- Provisions for resolving disputes regarding placements; and
- Conditions and method for termination of the agreement.

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

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

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

Case Management

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

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

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

Pooling resources to fund services and supports

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

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

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

Utilization management

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

Due process protections

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

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

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

Documentation of Eligibility Form

Child in Need of Services (CHINS)

Funded through the Children's Services Act (CSA)

Family Assessment and Planning Teams (FAPTs) or approved alternative Multidisciplinary Teams (MDTs), will use this standard eligibility documentation form to provide consistent application in determining CHINS eligibility across all local CSA programs. Localities shall use this form to document that the decision regarding the child's eligibility was made in accordance with the Code of Virginia and the State Executive Council for Children's Services Policy 4.1.1.¹

Name of Child:	Enter the child's name.
The FAPT (or approved MDT), in accordance with SEC Policy 4.1.1 and the policies of the CPMT, determines and documents that there are sufficient facts that the following criteria are met:	
The child meets the statutory definition of a Child in Need of Services (Code of Virginia, §16.1-228): "Child in need of services" means (i) a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child; (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses; or (iii) a child under the age of 14 whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of another person.	
<input type="checkbox"/> A J&DR court has found that the child is in "need of services" in accordance with §16.1-228; <input type="checkbox"/> A copy of the court order is attached.	
<input type="checkbox"/> The FAPT or approved multidisciplinary team has determined that the child's behavior, conduct, or condition meets the statutory definition above.	
<input type="checkbox"/> The FAPT has not determined that the child meets the statutory definition above. <input type="checkbox"/> The parent/guardian has been advised of their right to appeal the determination of the FAPT.	
Briefly describe in specific terms the facts/time frames on which FAPT based its decision:	

¹ This checklist does not apply to abused or neglected children as defined in §63.2-100, as they are otherwise eligible for foster care prevention services.

Medicaid

Placements

Medicaid Placements

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

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

If child has Medicaid, **prior** to the child's admittance to a Medicaid Residential Facility, the IACCT process must be followed and an approval from Acentra received. If child does not have Medicaid, a Certificate of Need must be completed and signed by a physician. A copy of the form must be submitted to the Montgomery County Human Services Division/CSA.

**CERTIFICATION OF NEED FOR ADMISSION
TO
RESIDENTIAL PSYCHIATRIC TREATMENT**

Child's Name _____

Under each of the three sections below, a child-specific explanation must be provided.

1. Ambulatory/outpatient care does not meet the specific treatment needs of the recipient:

2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.

3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.

For children who are Medicaid recipients, this form must be completed and signed by the local CSA interdisciplinary team or FAPT and signed by a physician member of the team. The physician cannot be the treating physician at the facility to which the child will be admitted. If the child is in acute care, the acute care physician may complete the CON.

Team Signatures: _____ Date _____ Date _____

_____ Date _____ Date _____

_____ Date _____ Date _____

Physician Signature: _____ Date: _____

Utilization Management

Utilization Management/Review for CSA cases:

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

-Case Referral Packet

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

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

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

Documentation Required for OCS UM:

Initial Reviews: Complete the CSA Checklist and provide supporting documentation. This documentation is forwarded by the Montgomery County Human Services/CSA office within **60 days of the start of the residential placement, IF** the child will be in the placement for longer than 60 calendar days.

90 Day Re-Reviews: Should address any previous suggestions or concerns identified by OCS, as well as facility and locality reports since the last review.

UM Summary/Recommendations: The Montgomery County Human Services/CSA office will receive a letter from OCS in response to the UM paperwork submitted. This reply will summarize the placement information and provide comments and recommendations for services for the child in question.

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

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

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

Review Checklist

Submission Date:

Locality/FIPS: 121

Contact Name:

Title: Montgomery County CSA

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

Telephone: (540) 382-5776

Fax: (540) 382-5780

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

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

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

Child's Last Name First MI

Male Female Date of Birth SSN - -

Medicaid Eligible yes no Medicaid Number:

Grade in School

Special Education yes no If yes, specify type

Local Custody yes no

Juvenile Court Involvement yes no If yes, specify

Court-Ordered Placement? yes no Provide details, or attach court order.

Parent/Legal Guardian

Relationship to Child Phone

Last Name First

MI

Address

Parent/Legal Guardian

Relationship to Child Phone

Last Name First

MI

Address

Facility Name

Address

Contact Name Title

Telephone FAX

Admission Date Anticipated Length of Stay

Current Admission Reason-state briefly

PART B Please provide the required information below.

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

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

Documents Attached?

Information for Initial Reviews should include the following:

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

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

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

Comments

NOTICE OF CONFIDENTIALITY

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CSA

Website

Information

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

Some of the information included on the web site:

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

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

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

Glossary of Common CSA Terms

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

	time frames for completions and the persons/agency responsible for coordination of each short term goal should be identified on the IFSP.
Interstate Compact	Administered by the Virginia Department of Social Services and is the mechanism for Virginia to cooperate with other states in placement of children. In general, all cases requiring out-of-state placements must have the Interstate Compact completed before the child is actually placed.
IEP	Individualized Education Program (plan developed by the school system for special education services.)
IFSP	Individual Family Services Plan (goals, objectives and services for the youth and family.)
J&DR Court	Juvenile and Domestic Relations Court
Non-Custodial Placement	An agreement between parent and Department of Social Services to allow services to be provided without the parent giving up legal custody of the child.
OCS	Office of Children's Services (state office responsible for developing programs and fiscal policies to provide services at the state and local levels to CSA youth. Also provides training, oversight and technical assistance to localities, and serves as liaison to participating state agencies and the SEC.)
Parental Contribution	Contribution made by parent(s) to help fund services provided to youth and family. Determined by Parental Contribution Chart.
Parental Placement Agreement	An agreement between the parent and an agency to allow services to be provided without the parent giving up legal custody of the child.
SEC	State Executive Council (oversees the statewide implementation of CSA. Composed of directors of state agencies, parent representative, local government officials.)
UM	Utilization Management serves as guidelines for assisting localities in providing appropriate, cost-effective services for children and families served by CSA.

A Guide to the Children's Services Act for Children and Families



Developed by the State and Local Advisory Team

September 2021

The Children's Services Act (CSA) is a planning and funding process to help meet the needs of children and families in Virginia. This document provides parents and families information on eligibility for CSA and other aspects of the CSA process. For your quick reference, here's where you can find the following information:

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What is the Children's Services Act (CSA)?

The Children's Services Act is a Virginia law created to develop and fund various services and supports for eligible children and their families. Services are approved through a multi-disciplinary team process and monitored by the local CSA program. Funding is a shared responsibility of local and state governments. These services should be child and family-focused. The goal is to provide appropriate services to a child while keeping them safely in their home and community. If a child needs an out-of-home placement, the intention is to return them to their home as quickly as possible.

While there are State laws and policies that direct the work of CSA, the "State Supervised, Locally Administered" CSA system means local CPMTs teams must develop policies and procedures for how their program operates. While they share many common elements, local CSA programs are not localities are identical! In addition to some operational differences, service recommendations may also be a reflection of the services available in your locality.

Each locality has a CSA Coordinator who is the point of contact for the local CSA program. You can find your local CSA Coordinator's contact information by clicking directly on this link: [CSA Local Government Contacts](#) on the state CSA website (csa.virginia.gov).



CSA Believes...

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

Why would I need the CSA?

Assistance through the CSA might be appropriate if your child needs mental health, behavioral supports, or other resources not funded through private insurance or Medicaid. CSA may also be able to provide parent support and education. Your CSA team will provide individualized service recommendations based on your child and family's needs and services available in the community. CSA provides an opportunity to interact with child-serving agencies in your community. Meeting with your local CSA office can provide information about local community resources and services.

Who is eligible for services through the CSA?

Services through the CSA **may** be available to a child who meets at least one of the following descriptions as noted in the Code of Virginia [§2.2-5212](#) and described below:

§2.2-5212. Eligibility for state pool of funds.

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

1. The child or child has emotional or behavior problems that:

a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;

b. Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and

c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.

2. The child or child has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or child requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3. The child or child requires placement for purposes of special education in approved private school educational programs or for transitional services as set forth in subdivision B 6 of [§ 2.2-5211](#).

4. The child or child requires foster care services as defined in [§ 63.2-905](#).

B. For purposes of determining eligibility for the state pool of funds, "child" or "child" means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

How can I find out if my child is eligible?

If you have questions about whether your child may be eligible for CSA funding, **contact your local CSA Coordinator.**

How do I access the CSA process?

Often, a child is referred to CSA through a local agency such as the Department of Social Services (DSS), the school system, the Community Services Board (CSB)*, the Court Services Unit (CSU)** or the juvenile and domestic relations court. All localities must also have a direct parent referral process. This means you don't have to wait for an agency to suggest CSA. You can take the initiative! If you are not already involved with one of these agencies, you may be referred to one of them to "get the ball rolling." When a referring agency requests a review for services with your family through CSA, the person working with you (often referred to as a case manager) can help explain the process to you. If you are interested in pursuing services through CSA, contact your agency Case Manager or the local CSA Coordinator and ask them to explain the local process in detail. Keep in mind that timelines for initiating CSA reviews may vary between localities, the urgency of your situation, or be dependent on the number of cases waiting to be considered. Some localities have information about the local CSA program on their websites, typically under the human services or social services section.

*A (CSB) is your locality's publicly funded agency providing mental health, developmental disabilities, and substance use disorder services.

**The CSU is affiliated with the juvenile court and provides a variety of services.

How is the Local CSA Program Administered?

There are two different local CSA teams, the Family Assessment and Planning Team (FAPT) and the Community Policy Management Team (CPMT).



The Family Assessment and Planning Team (FAPT)

The FAPT is the multi-disciplinary process responsible for determining eligibility for CSA, exploring the strengths and needs of individual children and families, and recommending services. Together with the child and family, the FAPT prepares an individual family service plan (IFSP). FAPT members include representatives from DSS, schools, CSU, CSB, and a parent representative. FAPT may also include other members such as the health department or a service provider.

The FAPT process includes completing a standardized assessment called the CANS or the Child and Adolescent Needs and Strengths. Your assigned Case Manager typically completes the CANS before the FAPT meeting to provide important information to the team. A CANS is required for all children and families receiving CSA-funded services.

What happens at a FAPT meeting?

The parent (and child, if appropriate) should attend the FAPT meeting. If you are referred to FAPT by a local agency (DSS, schools, CSB, or CSU), your Case Manager from that agency attends the FAPT with you. They will be in touch with you ahead of the FAPT meeting to provide you with its date, time, and location. If your locality allows parents to refer themselves to FAPT, your local CSA Coordinator will provide you with the necessary details about FAPT. If you self-refer to FAPT and your child is found eligible for CSA, a Case Manager will be assigned (likely at FAPT). The Case

Manager is responsible for coordinating services, completing paperwork, and keeping in touch with you regarding those services and future FAPT meetings.

A FAPT meeting can feel intimidating. Often, multiple (approximately 4-7) people attend who represent the agencies mentioned above. They bring different perspectives and potential resources and help ensure coordinated planning for your child and family. Everyone at the meeting should introduce themselves to you, and they should clearly explain their role.

At FAPT, you should have the opportunity to discuss your experience and the challenges that are currently happening within your family. The discussion at times may feel negative (talk about all the things not going well). However, this is to determine the appropriate services and resources your child and family may need and determine eligibility for the Children's Services Act. The FAPT should ask for your input on its recommendations.

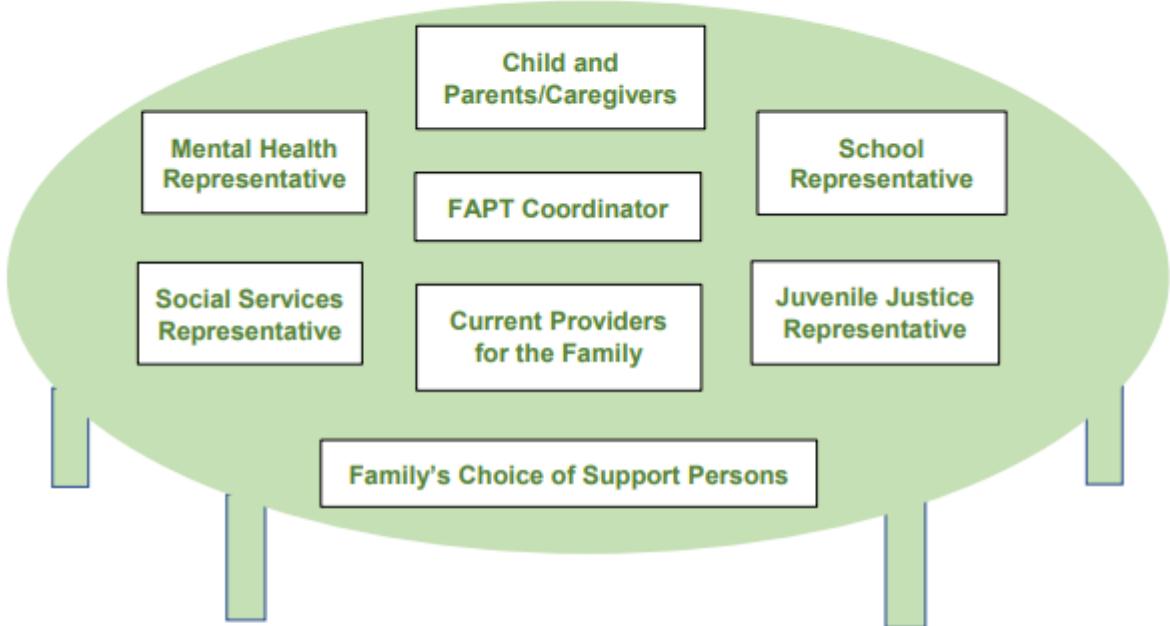
If eligible for CSA, FAPT utilizes the information discussed to develop an Individualized Family Service Plan (IFSP) for your child. The IFSP includes long-term goals and short-term objectives and services and supports to meet those objectives. Service recommendations are based upon the needs shared. FAPT members should also take into account your family's strengths and preferences. While the FAPT recommends services to meet needs, it should also be building upon the strengths and interests of your family. The FAPT will ask you to sign documents to allow confidential information sharing among providers related to the agreed-on services and supports. You will be asked to sign the IFSP and should receive a copy.

It is important to note that some services, like residential treatment, have specific eligibility requirements, and the FAPT makes recommendations that align with these requirements. If a residential placement is being considered and your child is a Medicaid member, an independent assessment called an IACCT would be necessary. If you don't understand a suggested recommendation, please speak up! FAPT members are there to support you and your family and should answer any questions you have.

If the FAPT recommends services, you will return to a FAPT meeting from time to time. There should be discussions around your family's needs and how things are

going with the services in place during subsequent meetings. FAPT evaluates the need to continue the services, and if the services are not effective, the team may suggest other services or resources.

Who attends FAPT meetings?



How should I prepare for FAPT?

In preparation for FAPT, it is essential to gather records regarding your child's needs and why you're coming to the FAPT. This information may include treatment reports and assessments, both current and from the past. Organizing these documents and bringing them to FAPT helps the team to understand your child and family's history and current needs. If you have questions about the types of documents to bring, speak with the CSA Coordinator or your Case Manager.

What should I do while at FAPT?

You have an important voice in decisions regarding your child. The FAPT members bring expertise to evaluate situations like yours and the services and resources available in the community. You also bring expertise about your child and family and your unique needs. During the FAPT meeting, you should:

- Share important information with team members regarding your child and family
- Ask questions and receive as much information as possible about services, programs, and resources for your child and your family
- Ask for an explanation of new or unfamiliar words and phrases.

What is my role throughout the CSA process?

- Stay in contact with your CSA Case Manager.
- Actively participate in the services being provided to your child and family.
- Inform your Case Manager of any significant changes with your child or family, especially anything that may impact the provided services.
- Provide timely feedback to the service provider(s), Case Manager, and FAPT members about what is and isn't working for your family.

How is my information shared?

- FAPT participants must keep information obtained about a child and family confidential except as permitted or required by law. If you have any questions about this, speak with your Case Manager or CSA Coordinator.

What if I disagree with a funding or service decision?

The Code of Virginia ([§2.2-5206](#)) requires all local CSA programs to have an appeal policy. If you disagree with a decision by the local FAPT, you should consult with your CSA Coordinator to request information on their appeals process.

Will I have to contribute to the payment for services provided by CSA?

You could potentially have a co-payment assessed by the CSA program. Parental contributions are based on a sliding scale established by your locality or by referral for child support in certain instances.

- The Code of Virginia ([§2.2-5206](#)) requires that each CPMT has a local policy for assessing parental contribution for services provided. The CSA Coordinator in your community can explain the local parental co-pay policy.
- If the services you are receiving are outlined on your child's Individualized Education Plan (IEP) or funded through Medicaid, you cannot be required to pay a co-pay for these services. Additional services recommended by FAPT may be subject to a co-payment.

The Community Policy and Management Team (CPMT)

The two primary roles of the CPMT are to manage the CSA funds and establish local CSA policies and procedures. The team consists of directors from DSS, schools, CSU, and the CSB. CPMT also has a parent representative, a representative from the health department, and a service provider.

CSA Rights and Responsibilities to Families

- You have the right to receive information on the local CSA process
- You have a right to understand the information that you receive and have it delivered in your preferred language
- Your Case Manager is responsible for assisting you throughout the FAPT process
- You have the right to review the Individualized Family Service Plan (IFSP) and to agree or disagree in writing with the identified services. All FAPT services are voluntary unless ordered by the court.
- You have the right to receive a copy of your IFSP as soon as possible following the meeting
- You have the opportunity to participate in all FAPT meetings. You have the right to participate and be present for the entire meeting. You have the opportunity to discuss your child and family's situation as well as participate in decisions that apply to you and your family
- You have the right to appeal IFSP decisions according to local policy.

What if I have additional questions?



Because your county or city is responsible for managing CSA, the process is specific to where you live. There may be some differences in how each program operates. Your CSA Coordinator should be your point of contact for questions or concerns. The CSA website (www.csa.virginia.gov) provides more detailed information about state CSA law and operations.

If there are questions regarding policies or operations in the area where you live, your local CPMT Chair may offer further assistance. You may find the CPMT Chair from your area on the CSA website, under the Contacts tab by clicking [here](#).

Common Acronyms Used at CSA

CANS – Child and Adolescent Strengths and Needs Assessment

CHINS – Child in Need of Services

CPMT – Community Policy and Management Team

CSA – Children's Services Act

CSB – Community Services Board

CSU – Court Services Unit

DJJ – Department of Juvenile Justice

DMAS – Department of Medical Assistance Services

DSS – Department of Social Services

FAPT – Family Assessment and Planning Team

IACCT – Independent Assessment, Certification, and Coordination Team

IEP – Individualized Education Program

IFSP – Individual and Family Services Plan

OCS – Office of Children's Services