



# King George County Children's Services Act (CSA) Policy and Procedures

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These, in addition to the By-Laws of the Community Policy and Management Team (CPMT) represent the governing operations of the King George County Children's Services Act (CSA) program. At no time shall any policy contained herein be seen as to conflict with any Local, State, or Federal laws.

Members of the CPMT shall annually review and revise policies and procedures to ensure alignment with current CSA statutes and policies adopted by the State Executive Council for Children's Services. This annual review shall include research of any new children and family service providers in the County who could potentially be utilized as a Private Provider Rep for the CPMT team. Policy or procedure may be amended at any regular meeting of the CPMT by a majority vote of those present.

## **1. CSA Vision and Philosophy**

The overall vision of the King George CSA is to be able to reduce out of school placements, reduce the number of children coming into Foster Care, and to ensure youth with mental or social challenges a system of support which will allow them to be maintained in their respective homes and improve the quality if their lives.

The King George CSA shares in the beliefs that:

- a. All families have strengths.
- b. Families are the experts on themselves.
- c. Families deserve to be treated with dignity and respect.
- d. Families can make well-informed decisions about themselves and their children.
- e. Family voice and choice is a trauma-informed approach to service engagement.
- f. Families are shaped by their rich and unique histories and cultural backgrounds. This includes the entirety of those elements that shape individual members' identities and the family as a whole. Such elements include but are not limited to race, ethnicity, culture, religion, language, sexual orientation, gender identity, disability status, and history of personal and collective trauma.
- g. Outcomes improve when families are involved in decision-making; and
- h. A team that genuinely includes youth and family is often more capable of creative and high-quality decision-making than individuals or groups of professionals alone.

## **2. CPMT Purpose and Duties**

The CPMT manages the local CSA program by coordinating agencies efforts, managing the available funds, and establishing CSA program policies.

**Specific duties of the CPMT are:**

A. To exercise all powers and duties set forth in [COV § 2.2-5206](#)

**B. Family Engagement:**

Per [COV § 2.2-5208](#) the CPMT shares in the philosophy that being child-centered, family-focused, and strength-based is at the core of both the CSA and the system of care approach. King George CSA will create a culture of respect, inclusion and equity to promote family engagement and to provide for family participation in all aspects of assessment, planning, and implementation of services.

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Periodic surveys of families served by CSA will be conducted annually to help assess and measure the quality of family engagement protocols and processes, and to help identify areas for improvement.

**C. Parental Contributions:**

The [COV § 2.2-5206](#) authorizes the CPMT to "assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay."

**D. Interagency Service Provision & Policies:**

As set forth in [COV § 2.2-5206](#) the CPMT shall develop interagency policies and procedures to govern the provision of services to children and families in its community, and develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services.

The CPMT shall increase interagency collaboration and family involvement in service delivery and management.

Emergency placements for Foster Care cases are authorized but MUST be brought before FAPT within 14 days of placement or funding will be denied. Emergency Placement is defined as the initial placement, and/or movement to a more restrictive/less restrictive placement between normally scheduled FAPT meetings.

The CPMT shall allow emergency FAPT meetings in crisis situations when the child is at risk of removal from their home and the monthly FAPT meeting has already been held. This risk for removal from the home could be due to abuse, neglect, or behavior or conduct of the child that presents a serious threat to the wellbeing or physical safety of the child, or the well-being or physical safety of another person if the child is under the age of 14.

Out of state placements will only be considered when all in-state options have been exhausted.

The CPMT requires member agencies to inform the CSA Coordinator as soon as they become aware that a family receiving CSA services has moved out of King George County. A new address should be provided to the CSA Coordinator and the family should be advised of the option of receiving CSA services from the new jurisdiction. The CSA Coordinator will immediately notify the new CSA jurisdiction and service vendor(s) in writing of the case transfer. King George CSA will remain responsible for payment of non-special education services for thirty (30) days from the date the receiving locality receives the written notification. Copies of the signed parental consent form, most recent IFSP, CANS, and IEP will also be provided to the new CSA jurisdiction. For private special education services, the former CSA Jurisdiction is responsible for providing written notification of the change of residence with appropriate documentation (IEP, IFSP, and other FAPT/MDT documents) to the new/receiving CPMT and funding education services until the student no longer resides within their school division jurisdiction. The new/receiving CPMT is responsible for notifying their Local Education Agency (LEA) that a student has transferred to their locality and funding educational services immediately when the student resides within the new school division.

#### **E. Fiscal Administration & Management:**

The expenditures of CSA funds will be planned, authorized, and monitored by CPMT to ensure appropriate and effective use of resources. Expenditures will be documented on a monthly financial report to be reviewed each month at CPMT. Budget projections will be reviewed during the last quarter of the fiscal year, with supplemental funds requested from OCS as needed.

Whenever possible, alternate funding sources such as Medicaid, IV-E, or private insurance, will be used to pay for services in lieu of CSA funds.

Purchase orders will be issued for all CPMT approved expenditures and will serve as authorization for the expenditure of CSA funds.

Pool reports will be submitted and approved by the Fiscal Agent on a monthly basis to ensure timely reimbursement from the State for CSA expenditures.

Following the end of the fiscal year on June 30, the CSA Coordinator will ensure that all invoices have been received and paid by September 30 to avoid having these expenditures become a 100% local expense.

Administrative Funds will be requested from OCS by the established deadline each fiscal year.

CSA balances from Thomas Brothers will be reconciled with County general ledger accounts each month after the County has loaded the new fiscal year budget.

#### **F. Administration of Funds:**

The King George CPMT shall administer funds pursuant to [COV § 16.1-309.3](#).

#### **G. Review of Data:**

The CPMT shall review and analyze data in management reports provided by the Office of Children's Services for At-Risk Youth and Families in accordance with [COV § 2.2- 2648 D18](#) to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program. The team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. These data reports shall be reviewed twice annually at regularly scheduled CPMT meetings.

Additionally, the CPMT team shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community.

## **H. Collect and Provide Uniform Data:**

In accordance with [COV § 2.2-2648 D16](#) the CPMT shall collect and provide uniform data to the Council as requested by the Office of Children's Services for At-Risk Youth and Families.

Monthly Pool Fund reports will be generated through the Thomas Brothers system and uploaded to OCS the first week of each month.

The CPMT will complete an annual Risk Assessment and GAP Survey provided by the OCS to determine any potential risks to the King George CSA program and service gap needs in our locality.

The CPMT will review and approve an Administrative Funds request to OCS to help offset the non-services cost of implementing King George CSA. These funds may go toward administration/coordination of services (e.g., the salary of the CSA Coordinator).

The CPMT shall approve any Supplemental Funds request from OCS for the State share of costs that exceed the current fiscal year allocation.

## **I. Intensive Care Coordination:**

[COV § 2.2-2648 D22](#)- Requires the State Executive Council to “oversee the development and implementation of mandatory uniform guidelines for Intensive Care Coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program”. The Community Policy and Management Team (CPMT) is responsible for establishing policies for providing Intensive Care Coordination services. These policies must outline the local process for identifying those children who are appropriate for Intensive Care Coordination.

The CPMT supports the use of Intensive Care Coordination (ICC) services for children who are at risk of entering, or are placed in, an out-of-home placement. the specific purpose of maintaining the child in, or transitioning the child to, a family-based or community-based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

The need for ICC services for eligible children will be identified by the FAPT team and purchased by appropriate providers.

## **J. Utilization Management and Review:**

Utilization Management is a set of steps taken by, or on behalf of, purchasers of health and human services to manage the provision and cost of services purchased. The first step is the initial case assessment, and is followed by a determination of desired outcomes, identifying required services and level of need, recognition of any mitigating circumstances, development of a service plan, finding an appropriate vendor, implementing the plan, a review of the service results, and an adjustment of goals and services as needed.

Utilization Review is a formal assessment of the necessity, efficiency, effectiveness, and

appropriateness of services and treatment for an individual. It measures the progress of the child and family toward the goals and objectives outlined in the Individual Family Service Plan (IFSP). It is the process by which the IFSP and services are reviewed, and recommendations provided. It is a collaborative approach to service planning that looks at the child and family progress objectively to improve outcomes.

The King George County FAPT will review all CSB, CHINS, and CSU cases quarterly. The CSA Coordinator will complete a Utilization Review form prior to the FAPT meeting. The FAPT team will certify Utilization Review elements were met by signing the Utilization Review form at monthly FAPT meetings. This review form will become part of the child's official CSA file.

The King George County FAPT will review all DSS cases every six months. The CSA Coordinator will complete a Utilization Review form prior to the FAPT meeting. The FAPT team will certify Utilization Review elements were met by signing the Utilization Review form at monthly FAPT meetings. This review form will become part of the child's official CSA file.

The IEP/IEP Review shall serve as a Utilization Review for School cases and will be completed by the IEP team with goals outlined in the IEP. A copy of the IEP/IEP review shall be provided to FAPT in order to meet Utilization Review requirements.

#### **K. Electronic CPMT Meeting Policy**

The King George CSA CPMT recognizes the need to provide accommodations in order to promote participation of CPMT members and the public in CPMT meetings. In accordance with Virginia Code §§ 2.2-3708.2 and 2.2-3707.3 and as outlined in the CPMT Electronic Meeting Policy, CPMT may meet by electronic communication means in the following instances:

##### *Without a Quorum Physically Present During a Declared Emergency*

- Only when the Governor has declared a state of emergency in accordance with § 44-146.17 or the locality has declared a local state of emergency pursuant to § 44-146.21.
- The nature of the declared emergency makes it impracticable or unsafe for CPMT to assemble in a single location.
- The purpose of the meeting is to discuss or transact the business statutorily required or necessary to continue operations of CPMT as defined in § 54.1-2345 of the Code of Virginia and the discharge of its lawful purposes, duties, and responsibilities.
- CPMT shall make available a recording or transcript of the meeting on its website in accordance with the timeframes established in §§ 2.2-3707 and 2.2-3707.1 of the Code of Virginia
- CPMT shall publish notice and minutes of the meeting on the King George County Website
- CPMT shall make telephonic and/or electronic communication arrangements to allow for public access and participation in the meeting.
- The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes of CPMT.



*Without a Quorum Physically Present No More Frequently Than 25% of Meetings in a Calendar Year*

- At least three working days prior to a meeting (except in the event of an emergency as provided above), upon a motion carried by a majority of CPMT at a prior meeting, or if notice of a meeting previously scheduled included a statement that a new public notice would be issued if the meeting method was changed from a physical meeting as provided by § 2.2-3707.3, for good cause upon direction of the Chair to staff, notice may be given to the public as provided by § 2.2-3707 and CPMT members that a meeting will be convened all-virtual or without a quorum being physically present.
- The notice to the public shall include a website address to a videoconferencing platform or other information to provide an electronic means of public access that provides reliable audio transmission at a minimum. The notice or a link within the notice to instructions shall include a phone number or other live contact information to alert CPMT or its technical support if the electronic transmission fails.
- A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to the members of the board must be made public in electronic format at the same time that such materials are provided to CPMT members.
- Except in the event of a declared emergency, a meeting may be convened without a quorum physically present no more than the greater of two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number. This cap includes joint meetings with other governing bodies.
- No two consecutive meetings may be convened all-virtual (unless there is a declared local or state emergency).
- The public must be given the opportunity to comment through electronic means, including by way of written comments, at those meetings for which public comment is customarily received.
- The successful transmission by electronic means must be monitored while the meeting is in progress, and if CPMT directly or through its designated contact is aware in the course of a meeting that an electronic transmission fails (by other than operator error or conditions external to the functionality of the electronic transmission platform affecting individual remote participant(s)), the public body must adjourn or recess until public access is restored if the transmission fails for the general public.
- Minutes of an all-virtual meeting shall expressly state that the meeting was held of electronic communication means and the type of electronic communication means by which the meeting was held.

*With a Quorum Physically Present*

- On or before the day of a meeting, a member of CPMT notifies the chair of the board that:
  - a) The member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or
  - b) The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

- If participation by a member through electronic communication means is approved by the chair, CSA Coordinator holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by general description. If participation is approved pursuant to subdivision (a), the CSA Coordinator shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision (b), the public body shall also include in its minutes the specific nature of the personal matter cited by the member.
- Individual participation from a remote location shall be approved subject to technical feasibility, unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act. Notwithstanding the foregoing, if the number of members seeking to participate remotely causes the chair to reasonably anticipate the lack of a quorum, the chair should prioritize allowable remote participation requests based on (1) medical or disability reasons, and then based on (2) order in which requests were received.
- If a member's participation from a remote location pursuant to subdivision (b) is disapproved because such participation would violate the policy adopted, such disapproval shall be recorded in the minutes with specificity.
- This policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

Public Notice of CPMT meetings will be posted as provided by § 2.2-3707, including on the King George County Website with instructions for telephonic or other electronic communication access in order to accommodate public access.

The following scripts will be used by the chair to call electronic CPMT meetings to order and adjournment:

**REMOTE MEETINGS UNDER DECLARED EMERGENCY**  
**QUORUM NOT PHYSICALLY PRESENT**

**CALL TO ORDER**

I HEREBY CALL THIS MEETING OF CPMT TO ORDER.

PLEASE TAKE NOTICE THAT CPMT MEMBERS ARE PARTICIPATING BY ELECTRONIC OR REMOTE MEANS, WITHOUT A QUORUM PHYSICALLY PRESENT, PURSUANT TO AN EXISTING DECLARATION OF A STATE OF EMERGENCY IN KING GEORGE COUNTY AND/OR UNDER STATE LAW. THIS ACTION IS TAKEN AS A RESULT OF THE [STATE THE EMERGENCY AND GOVERNOR/LOCAL DECLARATION OF EMERGENCY (e.g. named storm or other hazard makes it impracticable or unsafe to assemble a quorum a single location)].

ELECTRONIC PARTICIPATION IS PROVIDED BY [STATE THE TYPE OF ELECTRONIC COMMUNICATION MEANS (e.g. GoToMeeting or other platform)].

I NOW TURN IT OVER TO ALL MEMBERS OF CPMT TO STATE WHETHER THEY ARE PHYSICALLY PRESENT OR PARTICIPATING BY ELECTRONIC OR REMOTE MEANS: [NAME & METHOD].

THE CSA COORDINATOR AND THE CHAIR ARE RESPONSIBLE FOR RECEIVING ANY WRITTEN PUBLIC COMMENT.

NOTICE OF OPPORTUNITIES FOR THE PUBLIC TO ACCESS AND PARTICIPATE HAVE BEEN WIDELY DISSEMINATED ON THE COUNTY WEBSITE AND THROUGH OTHER COUNTY RESOURCES.

I DIRECT THE CSA COORDINATOR TO INCLUDE THIS STATEMENT AND THE MEMBERS REMOTELY PARTICIPATING AND THOSE PHYSICALLY PRESENT TO BE MEMORIALIZED IN THE MINUTES.

### **ADJOURNMENT**

THIS MEETING IS HEREBY ADJOURNED TO THE NEXT REGULARLY SCHEDULED MEETING ON [ADD DATE], 20\_\_ AT [ADD TIME]. THAT MEETING MAY BE HELD BY ELECTRONIC MEANS AND REMOTE PARTICIPATION ONLY AND MAY BE CLOSED TO THE PUBLIC BEING PHYSICALLY PRESENT. ALL CITIZENS ARE ENCOURAGED TO PARTICIPATE IN ADVANCE BY WRITTEN COMMENT OR DURING THE MEETING BY ELECTRONIC MEANS IF AN ELECTRONIC MEETING IS SPECIFIED IN THE MEETING NOTICE.

### **CPMT MEMBER ELECTRONIC PARTICIPATION** **QUORUM PHYSICALLY PRESENT**

### **CALL TO ORDER**

I HEREBY CALL THIS MEETING OF THE CPMT TO ORDER.

THE FOLLOWING MEMBERS ARE PARTICIPATING THROUGH ELECTRONIC AND REMOTE MEANS PURSUANT TO THE RULES PREVIOUSLY ADOPTED BY THIS CPMT: [NAME MEMBERS PARTICIPATING BY REMOTE MEANS AND GENERAL LOCATION FROM WHERE THEY ARE PARTICIPATING (e.g., “my private residence” or “private location more than 60 miles from the meeting location”)].

ELECTRONIC PARTICIPATION IS PROVIDED BY [STATE THE TYPE OF ELECTRONIC COMMUNICATION MEANS (e.g. GoToMeeting or other platform)].

THE CSA COORDINATOR & THE CHAIR ARE RESPONSIBLE FOR RECEIVING ANY WRITTEN PUBLIC COMMENT.

NOTICE OF OPPORTUNITIES FOR THE PUBLIC TO ACCESS AND PARTICIPATE HAVE BEEN WIDELY DISSEMINATED ON THE COUNTY WEBSITE AND THROUGH OTHER COUNTY RESOURCES. IF MEMBERS OF THE PUBLIC EXPERIENCE INABILITY TO HEAR THE AUDIO OF THIS MEETING, THEY SHOULD CONTACT [provide live contact, e.g. “The IT team through the comment feature of GoToMeeting.”].

I DIRECT THE CSA COORDINATOR TO INCLUDE THIS STATEMENT AND ANY STATEMENT OF REMOTELY PARTICIPATING CPMT MEMBERS TO BE MEMORIALIZED IN THE MINUTES.

### **ADJOURNMENT**

THIS MEETING IS HEREBY ADJOURNED TO THE NEXT REGULARLY SCHEDULED MEETING ON [ADD DATE], AT [ADD TIME]. THAT MEETING MAY BE HELD BY ELECTRONIC MEANS

AND/OR REMOTE PARTICIPATION ONLY AND MAY BE CLOSED TO THE PUBLIC BEING PHYSICALLY PRESENT. ALL CITIZENS ARE ENCOURAGED TO PARTICIPATE IN ADVANCE BY WRITTEN COMMENT OR DURING THE MEETING BY ELECTRONIC MEANS IF AN ELECTRONIC MEETING IS SPECIFIED IN THE MEETING NOTICE.

### **3. FAPT Purpose and Duties**

The Family Assessment and Planning Team (FAPT) is a group of community partners that looks at the strengths and needs of the individual youth and families, decides what services to provide, and prepares a service plan with input from the families.

The goal of the FAPT is to review a child's needs on a case-by-case basis and make recommendations to the CPMT for funding for the correct services needed for that child so that the child can remain in the community. It is envisioned that these services will help reduce out-of-home placements and maintain the integrity of the family unit.

The FAPT team shall provide for family engagement in all aspects of assessment, planning, and implementation of services. (COV 2.2-5208) Parents and guardians should be present for the initial planning and subsequent reviews for services for their child. The FAPT shall provide for the participation of foster parents in the assessment, planning, and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The opinions of the foster parents shall be considered by the FAPT in its deliberations. Exceptions are for IEP placements where the parent or guardian was present at the IEP meeting.

The CSA Coordinator will notify the parent or guardian of the meeting date, time, and place whenever a parent request for a FAPT meeting is requested. The FAPT case manager will notify the parent or guardian of existing cases assigned to them. Families will be provided with "A Family's Guide to the Children's Services Act" brochure which provides information regarding the CSA process, explains their role, and rights during the process, and explains how decisions are made regarding service delivery. Arrangements will be made to use audio or a secure virtual platform when families are unable to attend FAPT meetings. Should translation services be required, arrangements will be made prior to the scheduled FAPT meeting. As feasible, written communication may be provided in the child and family's language of choice.

The FAPT team should ensure that the family feel at ease and are included in the discussion and planning of services. Families should be encouraged to share what they hope to achieve through CSA. Child and family strengths should be included in service planning discussions, as well as any obstacles identified during the service planning discussion.

Family participation in the FAPT service planning process shall be documented by obtaining the signatures of the parent or guardian on the IFSP.

### **4. Referrals and Eligibility**

Children and families may be referred to FAPT either by a Case Manager or representative of one of the participating agencies or by the parent or guardian. The local CSA office shall be contacted to provide information and/or FAPT forms, and to schedule a FAPT meeting. King George FAPT will hear all cases referred regardless of the eligibility to access funding through the CSA Pool Funds. Both CSA funded and non-CSA funded services will be explored at every FAPT meeting.

Referrals will be made to the FAPT for all individuals, residing in King George, who meet the definitions established in the Children's Services Act (Section 4.1.1) and the Code of Virginia (Section 2.2-5212 subsections 63.2-905, 63.2-100, 16.1-228, and 63.2-905.1). The FAPT shall assess the strengths and the needs of troubled youths and families referred to them utilizing the scores reflected on the CANS as well as review the requested services to ensure that the child's best interests are met and that the services requested comport with the actual needs of the child and that all resources comply with established procurement practices.

The FAPT will accept referrals from youth and/or families who reside in King George County, or from other CPMT and FAPT referrals where relocation has occurred. All cases shall be referred using the Standard Referral form.

The CSA Coordinator will receive all referrals prior to the FAPT meeting. The CSA Coordinator will review all documentation for accuracy and completeness and ensure that the case meets established criteria. Referral forms with inadequate/incomplete information will be returned to the referring agency without action. All referrals that do not meet established eligibility criteria will be returned with a notification on the appeal process. The CSA Coordinator will ensure that FAPT members are provided an agenda and case referral information for their review 5 working days prior to a FAPT staffing.

When a youth has been served through CSA pool funds and the case manager receives notice that the family has changed their legal residence to another locality, the case manager will inform the CSA Coordinator of the change within two working days of notification of a change of address. The family should be advised of the option of receiving CSA services from the new jurisdiction. The CSA Coordinator will immediately notify the new CSA jurisdiction and service vendor(s) in writing of the case transfer. King George CSA will remain responsible for payment of non-special education services for thirty (30) days from the date the receiving locality receives written notification. Copies of the signed parental consent form, most recent IFSP, CANS, and IEP will also be provided to the new CSA jurisdiction. For private special education services, the former CSA Jurisdiction is responsible for providing written notification of the change of residence with appropriate documentation (IEP, IFSP, and other FAPT/MDT documents) to the new/receiving CPMT and funding education services until the student no longer resides within their school division jurisdiction. The new/receiving CPMT is responsible for notifying their Local Education Agency (LEA) that a student has transferred to their locality and funding educational services immediately when the student resides within the new school division.

Within 30 days of receipt of a written referral from another CPMT the IFSP and, where documentation exists establishing residency in King George County, the FAPT will assess the existing IFSP, complete a new CANS, and adopt/review and implement a new service plan submitting copies of all documents to the CPMT for funding approval/ denial. FAPT is not bound by the previous IFSP and may develop a new IFSP to reflect this community's consensus.

When immediate/emergency access to CSA funding is needed, the request for funding must be submitted to the Fiscal Agent prior to initiating the services for temporary emergency funding authorization (emergency placement is for foster care only). The FAPT must meet and staff the request with the team within 14 days of submission for temporary emergency funding. This applies to Foster Care Placements only. All change of placements must be brought before the FAPT within 14 days of placement if there is a change in costs or a more restrictive environment is requested. Any date beyond the 14-day rule for FAPT review eliminates access to CSA funding and will be at the expense of the placing agency.

The CANS will be completed by the Case Manager in keeping with State policy when requesting funds from this source and redone by the Case Manager in accordance with the CANS policy. Copies of the CANS will accompany all requests for funding from this source. Youth shall mean a person less than 18 years of age, and any individual through the age of 21 who is otherwise eligible for mandated services of the participating agencies including Special Education and/or State and Local Foster Care Services. The CANS has been adopted as Uniform Assessment Instruments (UAI) by the King George CPMT. The FAPT team will identify and determine the complement of services required to meet the unique needs of each referral and will forward completed CANS to the CPMT on each individual requesting funds from this funding source IAW the CANS policy. The CANS will become an integral part of the case file and will be maintained by the CSA Coordinator.

## **5. Targeted Service Populations**

King George County CSA will hear all referrals received included those funded by non-CSA sources, but only funds targeted populations as defined in [COV § 2.2-5211](#):

- Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance.
- 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;
- Children who have been 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](#);
- Children who are abused or neglected as defined in [§ 63.2-100](#), for whom foster care services (e.g. full range of casework, treatment and community services, including but not limited to independent living services) are being provided to prevent foster care placements.
- Children meeting the eligibility criteria for foster care prevention services as assessed by the respective DSS agency.
- Children in need of services as defined in [§ 16.1-228](#) who have been identified as needing services to prevent or eliminate the need for foster care placements.
- Children in need of services as defined in [§16.1-228](#) who have been placed through an agreement between the parents or legal guardians and the local department of social services or the public agency designated by the CPMT where legal custody remains with the parents or guardians (Note: current local policy and process is under development);

- 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](#); and
- 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](#) ”

## **6. Eligibility for State Pool Funds**

There is established a state pool of funds to be allocated to Community Policy and Management Teams in accordance with the appropriation act and appropriate state regulations. These funds, as made available by the General Assembly, shall be expended for public or private nonresidential or residential services for troubled youths and families. [COV § 2.2-5211](#)

Funds for private special education services shall only be expended on private educational programs that are licensed by the Virginia Board of Education or an equivalent out-of-state licensing agency. [COV § 2.2-5211](#)

State Pool Fund reimbursements may be utilized for children and youth previously placed pursuant to subdivision 1 in approved private school educational programs for at least six months who will receive transitional services in a public-school setting. State pool Funds shall be allocated for no longer than 12 months for transitional services. Local agencies may contract with a private school education program provider to provide transition services in the public school. [COV § 2.2-5211](#)

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](#)

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

“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.”

Per Code of Virginia Section 2.2-5211 State Pool Fund Reimbursements shall only be expended on private educational programs that are licensed by the Virginia Board of Education or an equivalent out-of-state licensing agency.

Per Code of Virginia Section 2.2-5211 State Pool Fund Reimbursements may be utilized for certain transitional services for students returning from a private special education program to a public-school setting.

Once a child has been determined to be eligible to this funding source (Code of Virginia Section 2.2-5212) and in need of services, a completed recommendation package will be sent to the CPMT for approval.

Each referral package will include, but will not be limited to:

- a. Completed IEP Outcomes with measurable goals
- b. CANS evaluation/determination
- c. Utilization Review form where applicable
- d. A copy of Court Orders
- e. Parental Contribution Agreement where applicable
- f. Verification of Medicaid/Copy of Medicaid Card
- j. List of vendors that were reviewed IAW County Procurement Policy.
- i. Final vendor recommendation with justification
- j. Signed Consent to Exchange Information
- k. A copy of the signed IEP

If there are any missing documents, the package will not be submitted to CPMT for funding.

Copies of the aforementioned documents will be kept in the case manager's file and the FAPT official file maintained by the CSA Coordinator. The CSA Coordinator will conduct a comprehensive review of each submission prior to incorporating the request in the CPMT agenda for compliance. The CPMT Vice-Chair will conduct random audits of case files after each CPMT meeting attended to ensure quality control of said document submissions and to verify that all rules governing CANS, and other such tools have been complied with. Results will be reported to the CSA Coordinator who will follow up with the Case Managers. After a third oversight by a Case Manager a Quality Improvement Plan will be developed.

A case manager or a representative from the FAPT will make a brief presentation to the CPMT on cases when requested by the CPMT.

Emergency Access to Funding:

The CPMT requires the FAPT, in accordance with the Code of Virginia Section 2.1-752, to request emergency access to funding, not to exceed costs from the date of the assessment to the next



scheduled CPMT meeting on foster care cases ~~only~~ and authorizes the requestor to enter into interim agreements with service providers for the same time frame as emergency funding is authorized by the CPMT Chair or Fiscal Agent. When emergency funding is accessed, the FAPT **will** meet within 14 calendar days and will forward through the CSA Coordinator to the CPMT Chair all documentation demonstrating: Cost negotiations, assurances of the least restrictive environment, parental co-pay evaluations/agreements (where applicable), CANS determination, and any commitments made by the FAPT with the vendor (i.e. contracts both verbal and written). The FAPT is bound by all fiscal policies and procedures established for the CPMT. Should the CPMT, at its next scheduled meeting, deny funding, the case manager's agency will be responsible for absorbing the costs associated with that case or will file with the county for funding.

For CSB/CSU/CHINS cases: An emergency FAPT staffing may be requested **if** the child is at risk of removal from their home and the monthly FAPT meeting has already been held. This risk for removal from the home could be due to abuse, neglect, or behavior or conduct of the child that presents a serious threat to the well-being or physical safety of the child, or the well-being or physical safety of another person if the child is under the age of 14. The child would need to be determined to be a CHINS either through the Court System or by the FAPT team using the OCS Eligibility determination Checklist. However, FAPT approved services cannot begin until after CPMT approval of funding.

## 7. Case Manager Duties and Responsibilities

Case Managers shall:

1. Be directly associated with the Lead Agency.
2. Ensure applicants are eligible to access funding.
3. Ensure the IFSP Outcomes is accurate.
4. An IFSP Outcomes **must** be completed for existing cases for non-CSA funded services (Medicaid, IV-E, Private Insurance funded services). Measurable goals will be established, and the case will be monitored to ensure milestones/goals are being met, and progress is being made with the non- CSA funded services.
5. Establish measurable goals for each child and each service supported by this funding source.
6. Ensure a Family Partnership Meeting is held and recorded when there is a possibility or recommendation for foster care.
7. Ensure that all appropriate forms/reports are completed for staffing and are to be provided to the CSA Coordinator prior to the next regularly scheduled meeting.
8. Obtain parent(s)/guardian's signature on the Consent to Exchange Information.
9. Notify the parents/guardians of their right to be involved in every aspect of the process and to encourage their active participation.
10. Provide families/guardians with the appropriate notice of meetings and actions relating to their case.
11. Complete a CANS evaluation on all children accessing CSA funds and comply with the CANS Policy for submission of updated CANS. The CANS policy can be accessed on the CSA website. CANS must be kept current, or funding will be denied.
12. Obtain a completed Parental Contribution Agreement from the parent(s)/guardian(s). A new agreement must be signed each time a service request is brought to FAPT. Updated paystubs and IRS form 1040 must be provided each calendar year or if the household income has changed since the last signed agreement.
13. Complete an IFSP Outcomes Form. Using the Procurement Practices outlined in the Appendices, a list of vendors considered for services **must** be listed on the IFSP. Current

vendor rate sheets need to be provided for the case file at the time of the initial service request. An explanation for the vendor selected for each new service **must** also be listed on the IFSP.

14. Monitor the case ensuring milestones/goals are met, the contractor is meeting all obligations, progress reports are submitted on time, and progress is being made with the client.
15. Conduct site visits quarterly or more frequently in Foster Care Cases to measure the progress a child is making toward achieving the goals and verifying that the quality and quantity of services are being met.
16. Maintain a current copy of the facilities certification sheet (keep all of them do not discard) provided. Follow the visitation schedules in DSS policy for all Foster Care cases.
17. Submit all known records for audits upon request of the CPMT Chair or CSA Coordinator.

Case Managers shall not:

1. Submit a request for funding or present to FAPT unless a CANS has been completed and included in the requesting package.
2. Submit a request for any service without a fully developed goal for each service with measurable goals outlined for FAPT to review and use as a tool on the appropriateness of the service.
3. Sit on the FAPT in a voting capacity on a case that they manage.
4. Start any services prior to a FAPT meeting for service approval and a CPMT meeting for funding approval (except emergency Foster Care Placements)

## **8. Family Engagement**

### **1. Philosophy**

Per [COV § 2.2-5208](#) the CPMT shares in the philosophy that being child-centered, family-focused, and strength-based is at the core of both the CSA and the system of care approach. King George CSA will create a culture of respect, inclusion and equity to promote family engagement and to provide for family participation in all aspects of assessment, planning, and implementation of services.

### **2. Procedures**

The FAPT team shall provide for family engagement in all aspects of assessment, planning, and implementation of services. (COV 2.2-5208) Parents and guardians should be present for the initial planning and subsequent reviews for services for their child. The FAPT shall provide for the participation of foster parents in the assessment, planning, and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement. The opinions of the foster parents shall be considered by the FAPT in its deliberations. Exceptions are for IEP placements where the parent or guardian was present at the IEP meeting.

The CSA Coordinator will notify the parent or guardian of the meeting date, time, and place whenever a parent request for a FAPT meeting is requested. The FAPT case manager will notify the parent or guardian of existing cases assigned to them. Families will be provided with “A Family’s Guide to the Children’s Services Act” brochure which provides information regarding the CSA process, explains their role and rights during the process, and explains how decisions are made regarding service delivery. Arrangements will be made to use audio or a secure virtual platform when families are unable to attend FAPT meetings. Should translation services be required, arrangements will be made prior to the scheduled FAPT meeting. As feasible, written communication may be provided in the child and family’s language of choice.

The FAPT team should ensure that the family feel at ease and are included in the discussion and planning of services. Families should be encouraged to share what they hope to achieve through CSA. Child and family strengths should be included in service planning discussions, as well as any obstacles identified during the service planning discussion.

Family participation in the FAPT service planning process shall be documented by obtaining the signatures of the parent or guardian on the IFSP.

**King George CSA shares in the beliefs:**

1. All families have strengths.
2. Families are the experts on themselves.
3. Families deserve to be treated with dignity and respect.
4. Families can make well-informed decisions about themselves and their children.
5. Family voice and choice is a trauma-informed approach to service engagement.
6. Families are shaped by their rich and unique histories and cultural backgrounds. This includes the entirety of those elements that shape individual members' identities and the family as a whole. Such elements include but are not limited to race, ethnicity, culture, religion, language, sexual orientation, gender identity, disability status, and history of personal and collective trauma.
7. Outcomes improve when families are involved in decision-making; and
8. A team that genuinely includes youth and family is often more capable of creative and high-quality decision-making than individuals or groups of professionals alone.

## **9. Parental Contributions**

A guiding principle of the King George County CSA is that parents will be actively involved in the planning and delivery of services for their children. This involvement includes participating financially where appropriate. Parents of children receiving educational services contained on an Individualized Education Plan (IEP) are exempt from parental contribution requirements for those IEP services according to the Individuals with Disabilities Education Act (IDEA), 20 USC 1400 et seq. Parents of children in Department of Social Services (DSS) custody, or in non-custodial foster care, are to be referred for assessment and collection to the state's Division of Child Support Enforcement (DCSE) pursuant to Department of Social Services procedures and [COV § 63.2.1910](#). Delinquent parental copays are subject to interruption of CSA funded services or a referral for collection efforts.

It is the responsibility of the case manager to inform parents of the policy regarding a financial contribution and to obtain all required forms. DSS is responsible for completing the referral application to DCSE for children in custodial foster care and non-custodial foster care pursuant to state Foster Care policy.

The verifiable inability to provide parental financial contributions will not prevent the delivery of services to any child. Parental unwillingness to accept co-responsibility for the provision of services may be viewed as being detrimental to the effectiveness of services and may disqualify the family from receiving CSA-funded services.

## **10. Foster Care**

Youths in the custody of the King George Department of Social Services, placed in Foster Care shall only be referred and reviewed by the FAPT if they are to access funding from CSA sources.

General maintenance and Clothing Allowances will be brought before the FAPT for review and action only on children accessing this funding source. Copies of FC plans, CANS and VEMAT documents are to accompany the request and become part of the official record. Emergency placements are authorized but MUST be brought before FAPT within 14 days of placement or funding will be denied. Emergency Placement is defined as

- 1) the initial placement, and/or
- 2) the movement to a more restrictive/less restrictive placement between normally scheduled FAPT meetings.

Clothing allowances are not considered emergency issues and must be presented to FAPT prior to purchase. Emergency placements do not preclude the need for an FPM to be conducted within 14 days of the child entering into foster care.

## **11. Foster Care Prevention**

Foster Care prevention services are provided to children and families when intervention is needed when the child is at risk of removal from their home. This risk could be due to abuse, neglect, or behavior or conduct of the child that presents a serious threat to the well-being or physical safety of the child, or the well-being or physical safety of another person if the child is under the age of 14. The focus of services provided requires a community-based, family-focused, and child-centered approach. The philosophy should be on maintaining and strengthening the family unit while ensuring the safety of individual family members. In order to access CSA funds the child would need to be determined to be a CHINS either through the Court System or by the FAPT team using the OCS Eligibility determination Checklist.

## **12. IEP Driven Requests**

Youths with a valid IEP from the King George County School System shall only be referred and reviewed by the FAPT if they are to access funding from CSA sources. A copy of the current IEP and any documents wherein negotiations were made for placement will accompany the request for funding. Educational/residential placements for educational/behavior reasons are not considered an emergency and must be brought before FAPT prior to accessing the services/placement to be funded via CSA. Those services outside of the IEP will require a parental co-pay form at the time of the FAPT meeting. These rules apply only to services expected to be funded via CSA. Wherein a child is placed in a residential setting, the child should be assessed as a household of one within 30 days of placement for Medicaid purposes. Supporting documentation must be submitted to the CSA Coordinator for inclusion in the file.

Private special educational program vendors considered for CSA funding must hold a valid license issued by the Virginia Board of Education or an equivalent out-of-state licensing agency. Requested service dates may not exceed the end date of the valid license or the IEP end date, whichever comes first.

Students returning from a private special educational program to a public-school setting may be eligible for certain transitional services as outlined in Code of Virginia section 2.2-5211

### **13. Intensive Care Coordination**

The King George County CPMT supports the use of Intensive Care Coordination (ICC) services for children who are at risk of entering, or are placed in, an out-of-home placement. the specific purpose of maintaining the child in, or transitioning the child to, a family-based or community-based setting. ICC Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

The need for ICC services for eligible children will be identified by the FAPT team and purchased by appropriate providers as outlined in the Intensive Care Coordination Policy found in Appendix.

### **14. Utilization Management and Review**

Utilization Management is a set of steps taken by, or on behalf of, purchasers of health and human services to manage the provision and cost of services purchased. The first step is the initial case assessment, and is followed by a determination of desired outcomes, identifying required services and level of need, recognition of any mitigating circumstances, development of a service plan, finding an appropriate vendor, implementing the plan, a review of the service results, and an adjustment of goals and services as needed.

Utilization Review is a formal assessment of the necessity, efficiency, effectiveness, and appropriateness of services and treatment for an individual. It measures the progress of the child and family toward the goals and objectives outlined in the Individual Family Service Plan (IFSP). It is the process by which the IFSP and services are reviewed, and recommendations provided. It is a collaborative approach to service planning that looks at the child and family progress objectively to improve outcomes.

The King George County FAPT will review all CHINS, CSB, and CSU cases quarterly. The CSA Coordinator will complete a Utilization Review form prior to the FAPT meeting. The FAPT team will certify Utilization Review elements were met by signing the Utilization Review form at monthly FAPT meetings. This review form will become part of the child’s official CSA file.

The King George County FAPT will review all DSS cases every six months. The CSA Coordinator will complete a Utilization Review form prior to the FAPT meeting. The FAPT team will certify Utilization Review elements were met by signing the Utilization Review form at monthly FAPT meetings. This review form will become part of the child’s official CSA file.

The IEP/IEP Review shall serve as a Utilization Review for School cases and will be completed by the IEP team with goals outlined in the IEP. A copy of the IEP/IEP review shall be provided to FAPT in order to meet Utilization Review requirements.

### **15. CSA Coordinator**

The CSA Coordinator is the primary program administrative support for CSA functions in the County and performs work under the general supervision of the CPMT. Duties will include performing responsible, professional, and administrative work coordinating the CSA program. The CSA Coordinator will prepare and maintain files and records, submit financial reports, and handle sensitive, confidential information. They will serve as a liaison between CSA and various

other local and state agencies.

Duties shall be:

1. Develop the FAPT and CPMT meeting agendas, maintain a system of records for all supporting documents, and produce the minutes from the prior meetings.
2. Will produce monthly reports on finances.
3. Maintain the CSA files in accordance with the Library of Virginia's Record of Retention Policy.
4. Will maintain the following on a Secured Shared Drive that shall be readily accessible to the CSA Coordinator Backup in the event that the CSA Coordinator is unavailable, and the CSA Coordinator Backup needs to step in to perform the CSA Coordinator's duties:
  - a) Instructions for preparing for the FAPT or CPMT meetings to include samples of all forms used for the meetings.
  - b) Instructions for preparing and maintaining FAPT and CPMT minutes records.
  - c) Instructions for the appeals process to include samples of all forms used.
  - d) Instructions for CSA records retention in accordance with the Library of Virginia's Record and Retention Policy.
5. Submit monthly Pool Reports to OCS to ensure timely reimbursement from the State for CSA expenditures.
6. Submit Supplemental Allocations to OCS when additional State funds are needed to cover CSA expenditures. A hard copy signed by the County Administrator, CPMT Chair, and Fiscal Agent will be kept in the CSA binder at the local CSA office.
7. Submit annual Administrative Plan request to OCS.
8. Forward requests for funding to the CPMT at the regularly scheduled CPMT meeting include all supporting documentation.
9. Coordinate a meeting between the FAPT and CPMT once annually or more frequently should situations arise that require a meeting or training.
10. Coordinate an annual training for all FAPT members and where appropriate should issues arise, this is to be done in coordination with the CPMT approval.
11. Will ensure all cases referred to the CPMT have met the 14-day rule for placement/services and review as well as ensure that all CANS are in the file and comply with CANS policy.
12. Will maintain an automated system of records on each child and will record the projected dates for a CANS and the coordinated completion date of CANS for each case ensuring that a CANS is done at the beginning of a case, at 6-month intervals and at case closure.
13. Will close cases once reported by the Case Manager that services have been completed or are no longer needed. Cases will be closed after final payment has been made by the Finance Department. The CSA Coordinator will monitor the funding report and use it as the final document for case closure.
14. Will maintain the closed cases for three (3) years from the last date of service.
15. Will maintain the IFSP Outcomes for all non-CSA funded cases presented to FAPT for three (3) years.
16. Will reopen a case and attach the closed case to the file if the new case opening occurs prior to the (3) year destruction date. If a case opens (either new or a re-opening) after the (3) year destruction case a new file will be opened. In both instances, even if the case has only been closed a week) all information will be taken as if it were a new case.

17. Will analyze the aggregate data collection report created by the CSA Automated System and provide it to the CPMT for their meeting quarterly.
18. Will ensure that no conflict of interest arises wherein a case manager is representing a case and requesting funding from this account. Where no funds are being requested, it is not considered a conflict. Should there be the appearance of a conflict; the FAPT Chair is responsible for having the alternate at the panel for a vote.
19. Will ensure that a Statement of Economic Interests is submitted and signed to the CPMT for all non-agency FAPT Members upon their appointment.
20. Will participate as a non-voting member on both the King George FAPT and CPMT.
21. Will record attendance and team findings on cases and record discussions outside of the executive session in the form of minutes.
22. Will take and type all minutes of each meeting, retaining the minutes permanent in agency to comport with Library of Virginia Schedule GS-19, Administrative Records, along with the supporting documentation supporting requested services.
23. Will document recommendations and actions taken by the FAPT.
24. Will ensure all forms (to include Consent to Exchange Information, Confidentiality Agreement, and IFSP Outcomes) are signed by FAPT members/Parents and then are collected and placed in the Official file.
25. Will maintain a separate and formal system of records that reflect the initial application, all forms, reports and recommendations to include, but not limited to the IFSP, IEP, FCP, associated court orders, CANS, Vendor Evaluations, Income Assessment/Parental Contribution Agreement, FAPT Checklist, Service Planning chart, Proof of Parental involvement, narrative on progress/regression of clients, Vendor Cost Evaluations, any copies of request for funding sent to the CPMT, Confidentiality forms, IEP documents and FC Plans/Orders and all relative documents not listed here that will support decisions made on services.
26. Will make presentations to the CPMT on cases upon request of the CPMT.
27. Will receive referrals to the FAPT and share with the FAPT Chair.
28. Will ensure files are complete and ready for an audit.
29. Will notify the case managers of meeting times/locations.
30. Will compile IFSP packages for review by the CPMT.
31. Will ensure that invoices received for CSA services are matched to an approved purchase order prior to making payment.
32. Will send monthly invoices and statements to all parents/guardians who have been assessed a parental co-pay for CSA services. Funds collected will be processed in a timely manner and will be recorded on monthly financial reports provided to the CPMT team.

## **16. Contracting of Service**

A signed Contract for Services and all required contract documents will need to be on file in the CSA Coordinator's office for all service providers utilizing CSA funds. King George CPMT also adheres to the practice of issuing purchase orders for all services that have been approved by FAPT and funding has been approved by CPMT. All purchase orders issued will be signed by the Case Manager, Case Supervisor, and Fiscal Agent prior to being sent to individual vendors for approval. The Fiscal Agent has the authority to sign all other financial obligation documents that outline terms, parameters, guidelines, and expectations for CSA services where funding has been approved by CPMT.

## **17. Payment for Services**

### Philosophy:

King George County shares in the philosophy that it is a priority that children and families are provided the best service available in the least restrictive environment. Children's Services Act (CSA) funds may be used to pay for services for children and families that meet the criteria established by code and regulation. Funds used to pay for these services are a combination of state and local funds. It is important to verify that the services funded are the services being received in regard to quality, duration, and intensity.

### Process:

King George County CSA requires a vendor contract from all service providers and utilizes the purchase order and invoice system. A CPMT approved vendor contract and purchase order must be on file for all CSA funded services.

Any payment made outside of this process for CSA services will be made from local only funds.

### Supporting Documents:

In addition to an approved purchase order, treatment plans and expectations are formulated and approved by parent(s)/guardian(s), case manager, and the selected vendor once a child/family begins receiving CSA funded services. These treatment plans shall be included with FAPT paperwork when the case is brought back for review or approval of additional services and will become part of the CSA case file.

Foster Care case managers will also obtain Single Case Agreements from the selected vendor that outlines CPMT approved services. This agreement will be approved by the Fiscal Agent and a copy of this agreement shall become part of the CSA case file.

Individualized service needs and goals are outlined in student IEP's and are approved by the parent(s)/guardian(s) and CSA case manager. A signed copy of the current IEP must be provided to the CSA Coordinator as part of the CSA case file.

## **18. Appeals**

### Service Plan Appeal:

The King George CPMT will ensure that due process for complaints and appeals are followed. In cases not before a court or subject to appeal under applicable statutes the family will have the right to appeal the FAPT service plan to the CPMT. An appeal must be submitted in writing no later than 10 workdays after the receipt of the FAPT decision. All letters of appeal should be submitted to:

King George CSA Coordinator  
P.O. Box 130  
King George, Virginia 22485



The CPMT will convene an Appeals Board which will consist of the FAPT Chair, CPMT Chair, and the CSA Coordinator to hear the appeal. After hearing the appeal, the Appeal Board will render a final decision in writing within 10 business days.

#### CPMT Denial Appeal:

The King George CPMT will ensure that due process for complaints and appeals are followed. The family will have the right to appeal a denial by the CPMT. An appeal must be submitted in writing no later than 10 working days after the receipt of the CPMT decision. Letters of appeal should be submitted to:

King George CSA Coordinator  
P O Box 130  
King George, VA 22485

The CPMT will convene an Appeals Board which will consist of the FAPT Case Manager, CPMT Vice-Chair and the CSA Coordinator to hear the appeal. After hearing the appeal, the Appeal Board will render a final decision in writing within 10 business days. Families have the right to appeal the final decision of the Appeals Board to the Office of the Children's Services.

## **19. Fraud, Waste and Abuse Risk in the CSA Program**

King George County is deeply committed to conducting CSA business in an ethical and legal manner. Principles, practices, and policies required to be followed by the CPMT, FAPT, CSA Staff, and individual agency representatives seeking funding through CSA are identified in the CPMT Code of Ethics. All CSA parties have a duty to report any concerns they have or to report any information provided to them about possible fraudulent, corrupt, or unethical activity.

#### Risk Concerns:

- Fraud: an intentional act or omission designed to deceive others
- Waste: Mismanagement or inadequate oversight of CSA resources or funds, including incurring unnecessary costs
- Abuse: excessive or improper use of a resource for personal gain
- Illegal Acts: violations of laws or regulations
- Bribery: the offering, giving, receiving, or soliciting of any item of value to influence others
- Collusion: an agreement between two or more people to participate in inappropriate or illegal activity for profit or gain
- Corruption: the abuse of a person's power or position to acquire personal benefit
- Embezzlement: to steal or misappropriate funds

#### Risk Examples:

- False representation of facts relating to CSA cases or reports
- Making false or misleading statements related to CSA matters.
- Concealing facts that should have been disclosed.
- Careless expenditure or mismanagement of CSA funds
- Unauthorized expenditures of CSA funds
- Reports are intentionally prepared with omissions or misstatements.
- Failure to submit reports or reimbursements in a timely manner.
- Accessing information without a legitimate business need

- Internal controls are intentionally overridden for an illegitimate purpose.

#### Preventive Measures:

- The FAPT ensures that a child/family is eligible for CSA funding prior to forwarding a funding request to CPMT.
- The FAPT explores the use of non-CSA funded services when applicable.
- CSA Coordinator reviews all CSA funding requests prior to CPMT meetings to ensure there is no duplication of funding requests.
- CSA Coordinator reviews all CSA funding requests prior to CPMT meetings to ensure that services requested by the schools are outlined in the child's current IEP.
- CPMT Vice Chairperson randomly audits CSA case files after each CPMT meeting attended to ensure quality control and compliance.
- CSA files and records are reviewed annually by an outside audit firm.
- New CSA vendor W-9's are forwarded to the County Finance Department to be set up in the AS400 system as a new vendor.
- CSA Purchase Order process is strictly adhered to for all CSA expenditures.
- CSA Pool reimbursements are submitted monthly and by the end of the fiscal year deadline established by OCS.

Risk concerns should immediately be reported to your Agency Supervisor who will report the concern to the CPMT Chairperson if warranted. Depending on the circumstances, the CPMT reserves the right to terminate an individual's participation as a CSA case manager, or as a FAPT or CPMT representative. For any discovery of a reasonable possibility that an illegal activity has occurred, the CPMT Chairperson will report this information to the King George County Administrator.

## **20. Contingency Plans**

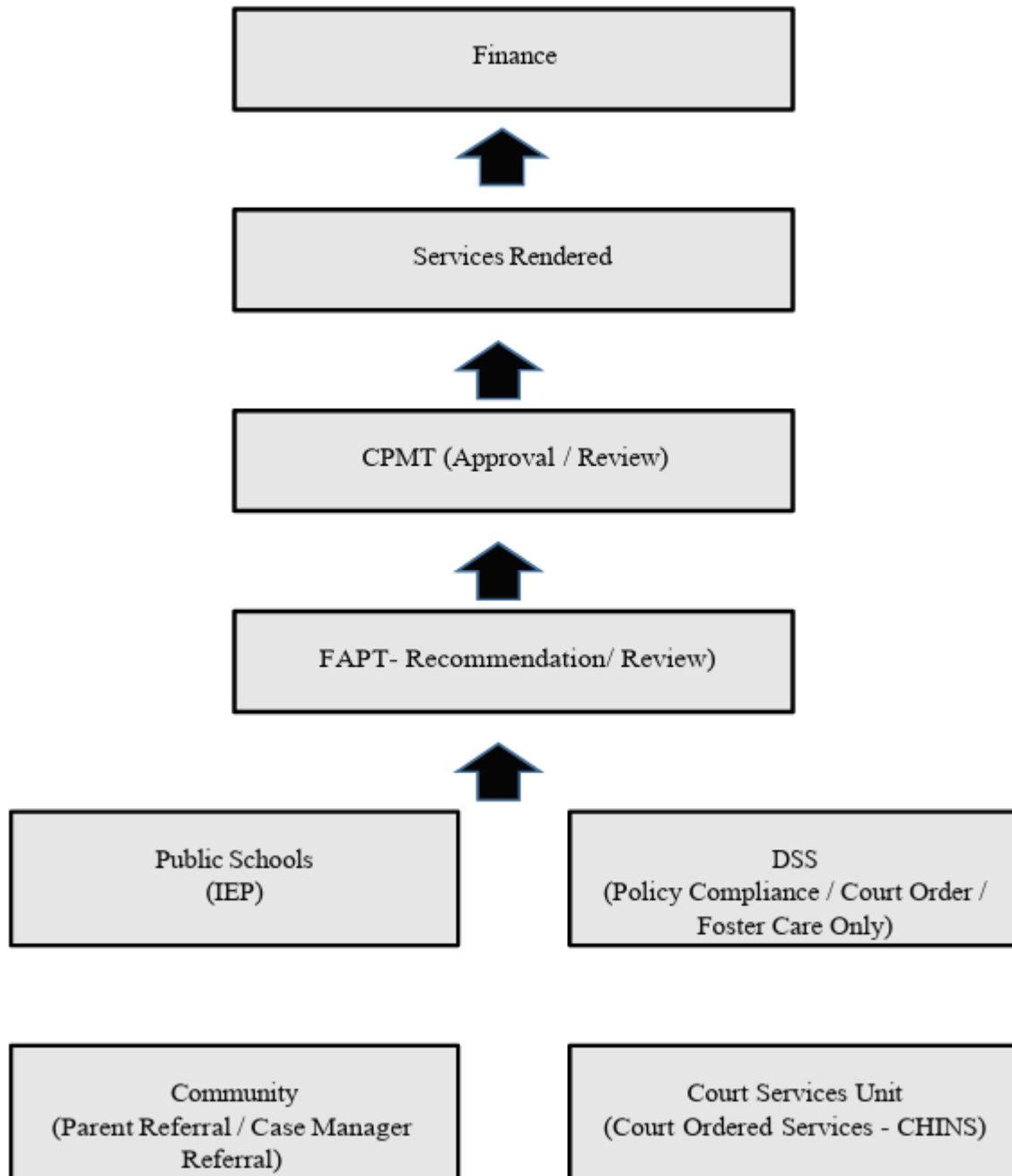
In the event that the CSA Coordinator, be unavailable for an extended period of time, the CSA Coordinator Backup will assume all duties as outlined in Section 15.

In the event the Fiscal Agent is unavailable to sign financial documents for our CSA cases, the CPMT Chair has the authority to sign any document where CPMT has approved the funding for the service.

In the event that the CPMT Chair, CPMT Vice-Chair, or the CPMT Fiscal Agent are no longer able to perform their duties as outlined in Section 5, the CPMT will vote for a replacement Officer immediately and will not wait until the bi-annual elections. Changes in Officers will be immediately reported to OCS.

In the event of a natural disaster the King George CSA office will follow the emergency guidelines as outlined in the King George County Emergency Operations Plan. The King George CSA Office will follow the succession of authority for the Department of Social Services as outlined in the King George Emergency Operations Plan.

King George County CSA  
Organizational Chart



# King George CSA Contingency Plans

CSA Coordinator is  
absent for an extended  
period

- CSA Coordinator backup will assume these duties.

Fiscal Agent is absent for  
an extended period

- CSA Case Managers should provide the financial documents to the CSA Coordinator who will obtain the CPMT Chair's signature.

CSA Office is unusable  
due to a natural disaster

- The CSA Office will be relocated under the direction of the KG County Administrator. CSA Coordinator will notify CPMT, FAPT, and Case Managers of the new office location.

County Phone/ Email  
systems are unavailable  
due to a natural disaster

- Alternate communication methods will be determined by King George County Administrator.

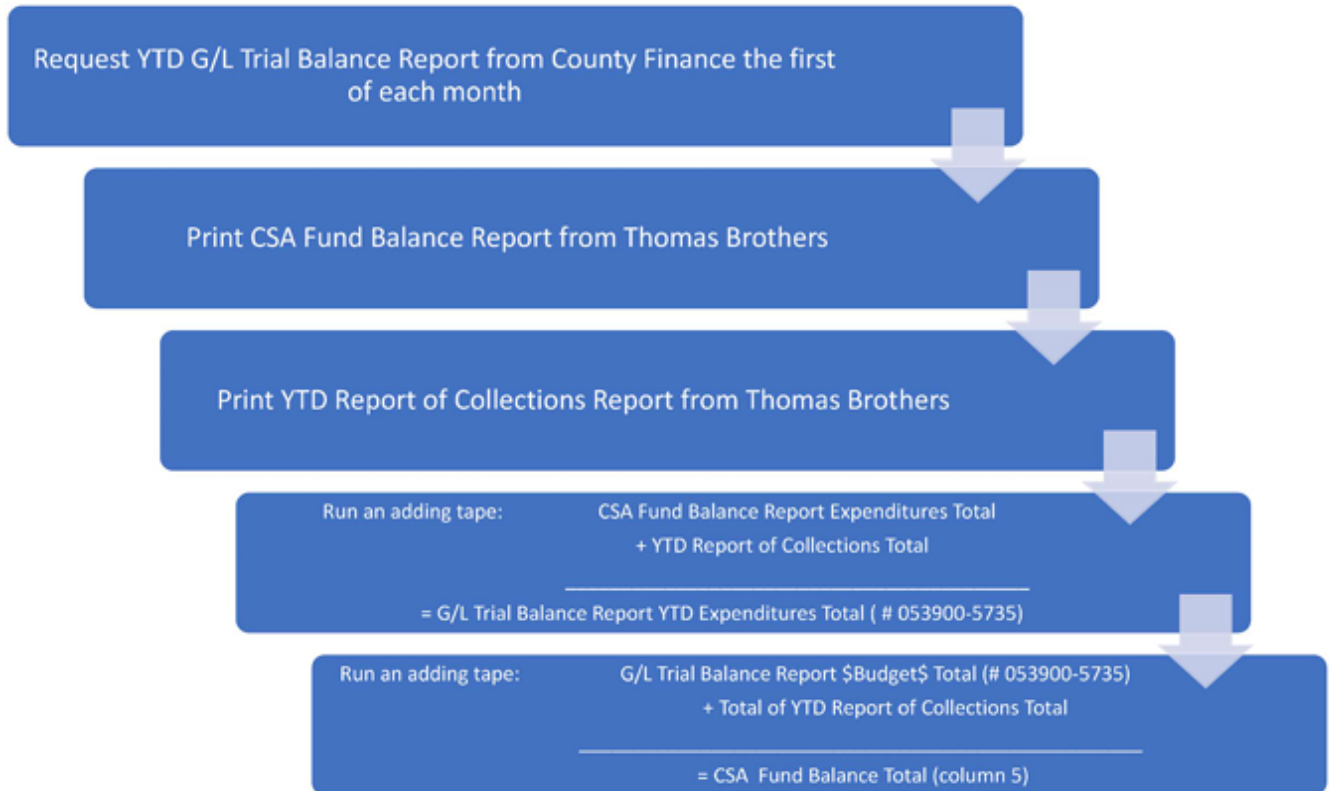
Computers used for CSA  
Information are  
unavailable due to a  
natural disaster

- Alternate computer access will be established by the King George County Administrator.

Thomas Brothers or  
AS400 is unavailable to  
process vendor  
payments

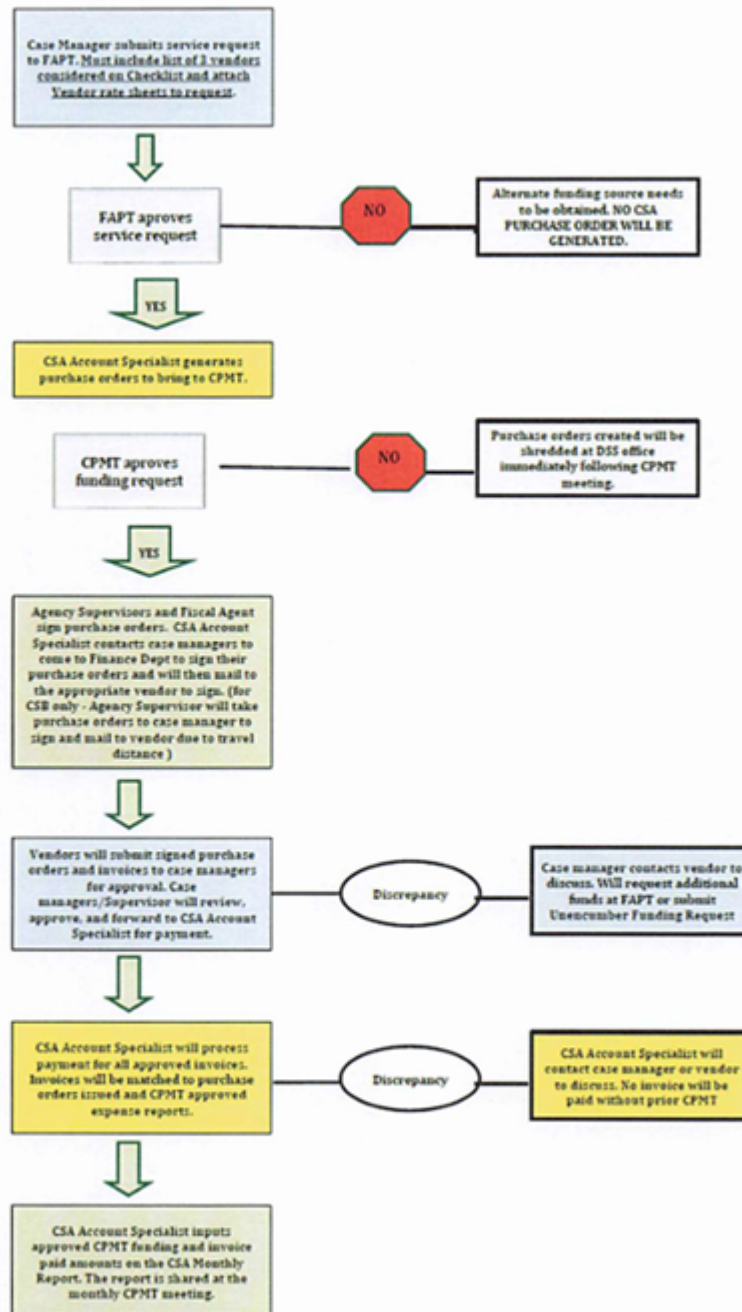
- CSA Coordinator will follow the direction of the King George Director of Finance for alternate methods of processing payments.

### General Ledger Reconciliation Flowchart



Note: County Finance system does not capture purchase order encumbrances, parental copays or vendor reimbursements that are entered into the Thomas Brothers system. As reimbursements are entered into Thomas Brothers it reduces the YTD expenditures total.

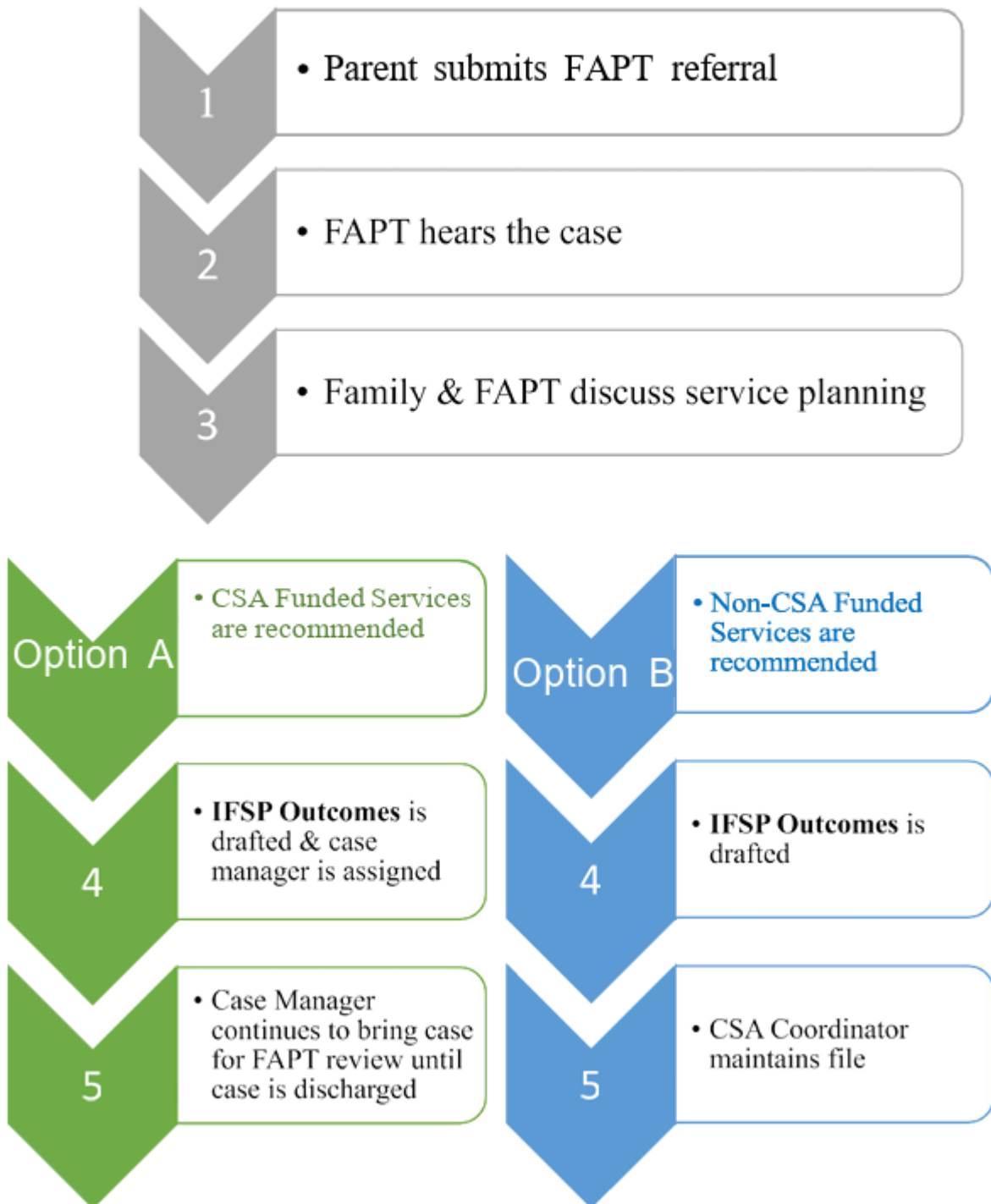
## CSA Purchase Order Flowchart



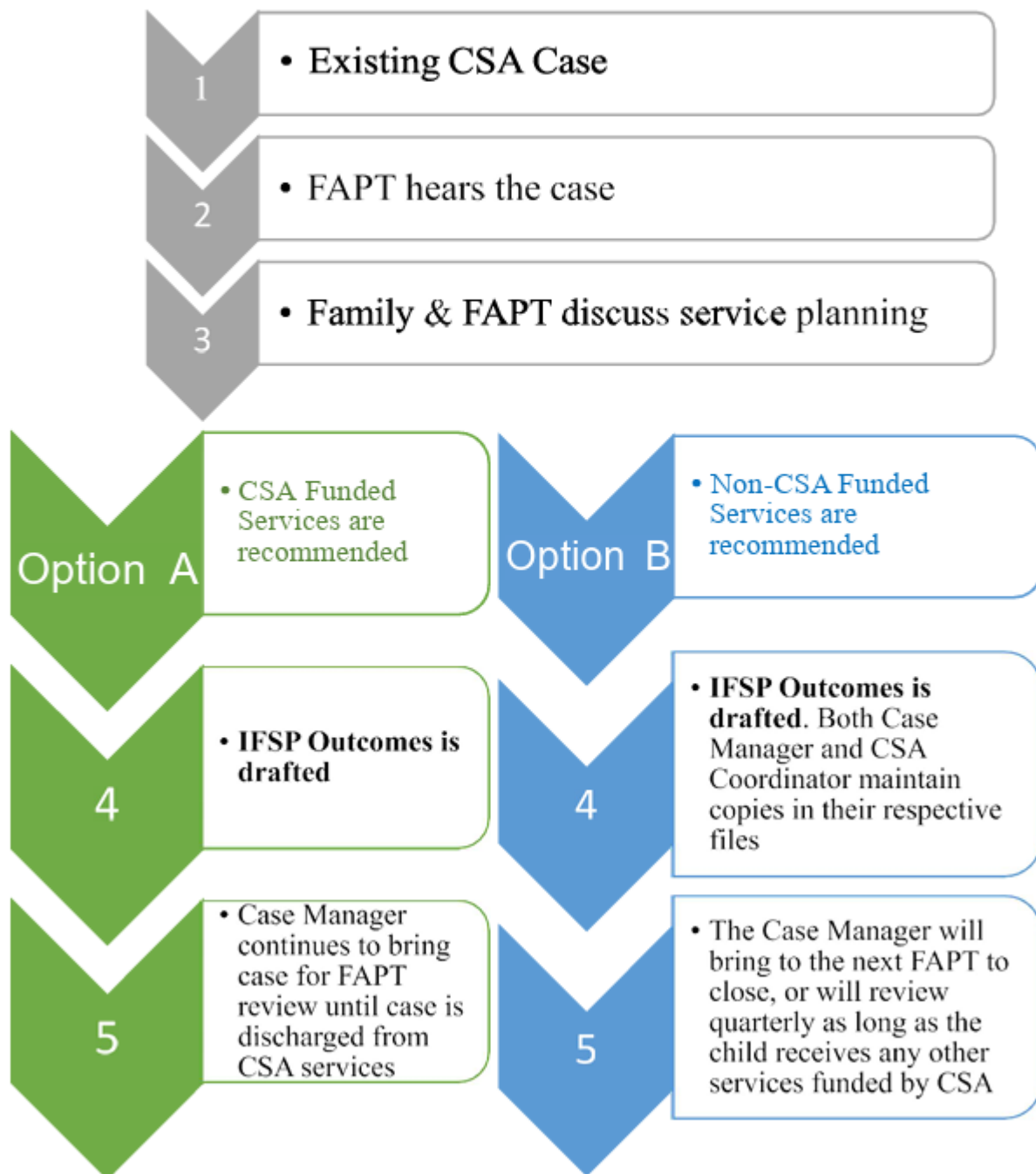
"If you have any concerns please report to your immediate supervisor"

CPMT Vice Chair will randomly audit case files after each CPMT meeting attended. Reports results to CSA Coordinator who follows up with Case Managers as needed for any overights. After third overnight a Quality Improvement Plan will be developed for the Case Manager.

## Parent Referral Process



## Existing CSA Case Referral Process





## Frequency of Administration of the CANS

### 90 Day Reassessment:

- \* Clinical Services:
  - .....substance abuse treatment
  - .....sexual offender treatment
  - ..... anger management
- \* Intensive In-Home Services
- \* Therapeutic Foster Care
- \* Residential Care

### 6 Month Reassessment:

- \* Basic Foster Care
- \* Community-based Services:
  - .....mentoring
  - ..... job coaching
- \* Special Education Services:
  - .....private day
  - ..... speech
  - ..... counseling
  - .....occupational therapy

### Comprehensive CANS:

- \* Initial Assessment
- \* Once Annually
- \* Upon Discharge from CSA

**\*\*\*\*Any significant service change requires a Reassessment CANS regardless of when the last CANS was done\*\*\*\***

**King George County CSA Confidentiality Statement**

Members of the Community Policy and Management Team for Youth and Family Services (CPMT), and members of the Family Assessment and Planning Team (FAPT) review public agency records of services, treatment or education of the referred families and children in the course of performing their official duties.

Virginia Code §2.2-5210 provides for the confidentiality of CPMT and FAPT meetings and records as follows:

1. Meetings: "Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being assessed by this team or reviewed by the community management and planning team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open."
2. Records: "all information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential."

The members of the CPMT and FAPT, along with public agency staff, are responsible for maintaining the confidentiality of their proceedings and records.

Accordingly, the members of the CPMT and the FAPT agree that they will take care to maintain the confidentiality of the meetings and records as provided by Virginia law.

**I, the undersigned, agree to preserve the confidentiality of all information discussed at any CPMT and FAPT meetings.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Code of Ethics**  
**King George County CPMT**  
**King George County FAPT**

The King George Community Policy and Management Team (CPMT) Code of Ethics is structured to identify principles, practices and policies that shall be followed by the CPMT, Family Assessment and Planning Team (FAPT), staff, and individual agency representatives seeking funding through the Children's Services Act (CSA). All Team members, staff, and individuals seeking CSA funding are expected to adhere to legal, moral and professional standards of conduct in the fulfillment of their professional responsibilities. Such standards of professional conduct as set forth in this Code of Ethics are issued in order to enhance the performance and integrity of all persons engaged in CSA operations and activities. Copies of the Ethics and Privacy Codes are provided each year by the County when their names come before the Board of Supervisors for participation.

Each Team member shall adhere to the following Code of Ethics:

1. Be faithful, diligent, and dependable in discharging your duties to uphold at all times the laws and CSA policies and procedures that protect the rights of others.
2. Team members shall act with integrity and in an ethical and professional manner in their interactions with each other.
3. Team members shall use proper care and exercise independent professional judgment in the performance of their duties.
4. Team members shall maintain confidentiality about all matters that are considered in closed meetings.
5. Team members are required to be familiar and comply with the provisions of the State and Local Government Conflict of Interests Act [COV § 2.2-3100](#) and submit the Conflict of Interest Statement as provided by law to the CPMT chair.
6. Team members shall recuse themselves and will not participate in the consideration of any matter, or attempt to affect the outcome of any issue before the Team, when to do so might result in even the appearance of conflict of interest as defined by the State and Local Government Conflict of Interests Act.
7. Team members will respectfully consider the opinions of others during deliberations, strive for integration of viewpoints or consensus building in decision-making, and will respect the corporate judgment of the Team.
8. Not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
9. Evaluate all decisions so that the best service or product is obtained at a minimal cost without sacrificing quality and fiscal responsibility.

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10. Strive for professional excellence by maintaining and enhancing professional knowledge, skills, and abilities.
11. Expose corruption wherever discovered.
12. Hold ourselves accountable for adhering to this Code of Ethics.
13. Members who violate the Code of Ethics will be reported to their individual agency and may be replaced as a member of the CPMT or FAPT team.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## A Family's Guide to the Children's Services Act (CSA)



The overall vision of the King George CSA is to be able to reduce out of School placements, reduce the number of children coming into foster care, and to ensure youth with mental or social challenges a system of support which will allow them to be maintained in their respective homes and improve the quality of their lives.

### **What is CSA?**

The Children's Services Act (CSA) is a law enacted in 1993 that establishes a single state pool of funds to support services for eligible youth and their families. State funds, combined with local community funds are managed by local interagency teams who plan and oversee services to youth.

### **How Does CSA Work?**

A child may be referred to the local CSA program either by a case manager in one of the participating agencies or by the parent themselves by contacting the CSA program office in the locality in which they reside. A FAPT meeting is scheduled for the youth and/or family where a service plan is developed. If CSA funded services are approved the requests are then taken to CPMT for funding approval. Services can begin once CPMT has approved the funding.

### **What is FAPT?**

The Family Assessment and Planning Team (FAPT) is a group of community partners that looks at the strengths and needs of the individual youth and families, decides what services to provide, and prepares a service plan with input from the families.

### **What is CPMT?**

The Community Policy and Management Team (CPMT) manages the local CSA program by coordinating agencies efforts, managing the available funds, and establishing local CSA program policies.

### **Who is Eligible for Services?**

A child may be eligible for CSA funded services if they meet one or more of the following criteria:

- Requires educational services in an alternate setting as determined by an IEP
- Receives foster care services
- Has been found to be a CHINS through Juvenile and Domestic Relations Court
- Has serious emotional or behavioral problems
- Could be at risk of a more restrictive out of home placement

### **What Happens at the FAPT Meeting?**

- The child and the family take an active part in the meeting to discuss their needs. Families are encouraged to bring a family member, friend, minister, family advocate, lawyer, or anyone else who can provide support or input that is relevant to the family situation.
- A service plan is developed and the family signs the service plan if they agree with the plan
- If they don't already have one, a case manager is assigned to work with the youth and family.
- Parents may be required to make parental co-payments for CSA funded services.

### **You Have the Right:**

- To understand the local CSA process and timelines for receiving referral
- To understand the information that you receive in your native language, if possible
- To participate and be present for the entire FAPT meeting and discuss your child, family strengths and needs, and to participate in decisions that apply to you and your family
- To assistance from someone assigned to you as a case manager
- To review the assessment and service plan
- To consent and agree in writing before beginning any services, except when ordered by the Court
- You have the right to read records, challenge information, give permission or release of records, and be provided a written copy of the records
- To disagree with the assessment and service plan, or any part of the service plan.

### **Appeals**

The King George CPMT will ensure that due process for complaints and appeals are followed. In cases not before a Court the family will have the right to appeal the FAPT service plan to the CPMT. A family also has the right to appeal a denial by the CPMT. An appeal must be submitted in writing no later than 10 workdays after the receipt of the FAPT or CPMT decision. Letters of appeal should be submitted to:

King George CSA Coordinator  
PO Box 130  
King George, VA 22485

The CPMT will convene an Appeals Board to hear the appeal. Families have the right to appeal the final decision of the Appeals Board to the Office of the Children's Services.

**For questions or to obtain a referral application please contact the King George County CSA Coordinator at (540-775-3045.**

### King George County FAPT Referral

<b>Parent(s)/Custodian(s):</b>	Click or tap here to enter text.
<b>Mailing Address:</b>	Click or tap here to enter text.
<b>Phone Number(s):</b>	Click or tap here to enter text.

<b>Child's Name:</b>	Click or tap here to enter text.	<b>Date of Birth:</b>	Click or tap here to enter text.
<b>Social Security#:</b>	Click or tap here to enter text.	<b>Gender:</b>	Click or tap here to enter text.
<b>Child's School:</b>	Click or tap here to enter text.	<b>Race:</b>	Click or tap here to enter text.

<b>Child's Mother:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.
<b>Address, if different than above:</b> Click or tap here to enter text.			
<b>Child's Father:</b>	Click or tap here to enter text.	<b>Phone:</b>	Click or tap here to enter text.
<b>Address, if different than above:</b> Click or tap here to enter text.			
<b>Other Custodian:</b>	Click or tap here to enter text.	<b>Relationship:</b>	Click or tap here to enter text.

**Other Household Members (i.e. siblings):**

<b>Name:</b>	<b>Age:</b>	<b>Relationship to Child:</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**Insurance / Financial Information**

<b>Primary Insurance Company:</b>	Click or tap here to enter text.	<b>ID Number:</b>	Click or tap here to enter text.	
<b>Secondary Insurance Company:</b>	Click or tap here to enter text.	<b>ID Number:</b>	Click or tap here to enter text.	
<b>Medicaid:</b>	<b>YES NO Pending</b>	<b>Medicaid Number:</b>	Click or tap here to enter text.	
<b>Social Security Disability Insurance:</b>	<b>YES NO NA</b>			
<b>Supplemental Security Income:</b>	<b>YES NO NA</b>			
<b>Is the child adopted?</b>	<b>YES NO</b>	<b>Type/ Date:</b> Click or tap here to enter text.		

Reason for Referral to FAPT (Narrative of past and ongoing events to include family history, presenting problems, strengths, and needs of the child and family. Provide as much detailed information as possible)

Click or tap here to enter text.
----------------------------------

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Amended 6/20/2024



<b>Is the FAPT meeting court orderd?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Is the child on probation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

**Detail any legal issues and /or court involvement:**

Click or tap here to enter text.

**Detail any medical and /or mental health issues:**

Click or tap here to enter text.

**Current Medications:**

Click or tap here to enter text.

**Previous Service Information:**

Agency / Service	Start/ End Date	Outcome
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
----------------------------------	----------------------------------	----------------------------------

**The above information is complete and accurate to the best of my knowledge.**

---

**Parent/Custodian**

---

**Date**

**Completed forms may be returned in one the following manners:**

**Via Email:** [robin.thompson1@dss.virginia.gov](mailto:robin.thompson1@dss.virginia.gov)

**Via US Mail:** King George DSS  
Attn: CSA Coordinator  
P.O. Box 130  
King George, VA 22485

**In-Person:** King George DSS  
10069 Kings Highway  
King George, VA 22485

Rev 6/16/2022

Amended 6/20/2024

### KING GEORGE COUNTY CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, [FULL PRINTED NAME OF CONSENTING PERSON(S)] Click or tap here to enter text. \_\_, am signing this form for:

FULL PRINTED NAME of CLIENT: Click or tap here to enter text. \_\_\_\_\_

CLIENT'S ADDRESS: Click or tap here to enter text. \_\_\_\_\_

CLIENT'S BIRTH DATE: Click or tap here to enter text. \_\_ CLIENT'S SSN: Click or tap here to enter text. \_\_\_\_\_

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

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

YES	NO	YES	NO	YES	NO
[8J]	<input type="checkbox"/> Assessment Information	[8J]	<input type="checkbox"/> Medical Diagnosis	[8J]	<input type="checkbox"/> Education Records
[8J]	<input type="checkbox"/> Financial Information	[8J]	<input type="checkbox"/> Mental Health Diagnosis	[8J]	<input type="checkbox"/> Psychiatric Records
[8J]	<input type="checkbox"/> Benefits/Services Needed, Planned, and/or Received	[8J]	<input type="checkbox"/> Medical Records	[8J]	<input type="checkbox"/> Criminal Justice Records
		[8J]	<input type="checkbox"/> Psychological Records	[8J]	<input type="checkbox"/> Employment Records
				[8J]	<input type="checkbox"/> Substance Abuse Records

Other information (please specify): \_\_Click or tap here to enter text. \_\_\_\_\_

I authorize the following agencies to be able to exchange this information:

**King George Social Services, King George Health Department, King George County Schools, RACSB, 15<sup>th</sup> District Court Services Unit, King George FAPT and CPMT, King George CSA Coordinator, Others: Selected Vendors per IFSP, Office of Children's Services/Statewide/Local CSA Offices as applicable.**

I want this information to be exchanged ONLY for the following purposes:

☒ Service Coordination and Treatment Planning ☐ Eligibility Determination

☐ Other (specify): \_\_\_\_\_

I want information to be shared (check all that apply):

☒ Written Information ☐ In meetings or by phone ☐ All Electronic Data ☐ Faxed Data

I want to share additional information received after this consent is signed: ☒ Yes ☐ No

**This consent is good until: ~~revoked in writing.~~**

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information.

**If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.**

Signature(s): **X** \_\_\_\_\_  
Consenting Person(s)

Date: **X** Click or tap here to enter text. \_\_

Person Explaining Form: Robin Thompson CSA Coordinator (540) 775-3045  
(Name) (Title) (Telephone Number)



## KING GEORGE COUNTY INDIVIDUAL & FAMILY SERVICE PLAN OUTCOMES

☐ Initial ☐ Review

(DSS, CHINS, CSB & CSU Only)

**FAPT Date:** Nov **Lead Agency:** Choose an item. **Case Manager:** Click here to enter text.

**Name:** Click here to enter text.

**Estimated Discharge Date:** Click here to enter text. **Next FAPT Meeting:** Click here to enter text.

**DOB:** Click here to enter text. **Age:** Click here to enter text.

**Social Security #:** Click here to enter text. **CSA Case #:** Click here to enter text.

**OASIS case #** Click here to enter text. **OASIS Client #** Click here to enter text. **STI #** Click here to enter text.

**Gender:** Choose an item. **Race:** Choose an item. **Adoption:** ☐ Yes ☐ No **List agency:** Click here to enter text.

**Address:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Parent/Guardian Email:** Click here to enter text.

**School:** Click here to enter text.

**Grade:** Click here to enter text. **IEP:** Choose an item.

**Mother:** Click here to enter text.

**Father:** Click here to enter text.

**Legal Custodian(s):** Click here to enter text.

**Relationship to Child:** Click here to enter text.

**Siblings (name/age):** Click here to enter text.

**Others household members / Relationship to child:** Click or tap here to enter text.

**Primary Reason for Services (Required):** Choose an item.

**Secondary Reason for Services (Optional):** Choose an item.

**Tertiary Reason for Services:** Choose an item.

### Mitigating Circumstances:

- |  |   |
|--|---|
| <input type="checkbox"/> Child/Family Not Cooperating    | <input type="checkbox"/> Ineffectiveness of Current Treatment |
| <input type="checkbox"/> Community Capacity for WRAP     | <input type="checkbox"/> Legal Constraints                    |
| <input type="checkbox"/> Community Resources             | <input type="checkbox"/> Placement Safety                     |
| <input type="checkbox"/> Community Safety                | <input type="checkbox"/> Resources of Caregiver               |
| <input type="checkbox"/> Family Preference for treatment |   |

**Additional Information:** Click here to enter text.

**CANS Identified Needs:** Click here to enter text.

**CANS Identified Strengths:** Click here to enter text.

**Legal Issues/Court Involvement:** Click here to enter text.

**Medical/Mental Health Issues:** Click here to enter text.

☐ YES ☐ NO **Child has a DSM-IV mental health diagnosis** **Diagnosis:** Click here to enter text.

☐ YES ☐ NO **Child takes a prescription medication for a mental health problem**

**Medication(s):** Click here to enter text.

Present status of case (narrative of past and ongoing events to include family history, presenting problems, strengths, and needs of the child and family): [Click here to enter text.](#)

Short Term Goals	Target Date
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Long Term Outcome(s): [Click here to enter text.](#)

What progress has been made in meeting the identified outcome? [Click here to enter text.](#)

Step Down / Discharge Plan: [Click here to enter text.](#)

Have there been difficulties in providing or in participation of services? ☐ YES ☐ NO

If YES, explain: [Click here to enter text.](#)

Explain changes made in the child's service plan (ex: services, medications, goals, etc.) [Click here to enter text.](#)

#### Recommended CSA Funded Service Requests:

Provider #1: <a href="#">Click or tap here to enter text.</a>	Service Provided: Choose an item.
Start Date: <a href="#">Click or tap here to enter text.</a> End Date: <a href="#">Click or tap here to enter text.</a>	
Rate Charged by Vendor: \$ <a href="#">Click or tap here to enter text.</a> Per: Choose an item.	
Total # of Choose an item. requested for service period: <a href="#">Click or tap here to enter text.</a>	
Total \$ <a href="#">Click or tap here to enter text.</a> requested for service period.	

Provider #2: <a href="#">Click or tap here to enter text.</a>	Service Provided: Choose an item.
Start Date: <a href="#">Click or tap here to enter text.</a> End Date: <a href="#">Click or tap here to enter text.</a>	
Rate Charged by Vendor: \$ <a href="#">Click or tap here to enter text.</a> Per: Choose an item.	
Total # of Choose an item. requested for service period: <a href="#">Click or tap here to enter text.</a>	
Total \$ <a href="#">Click or tap here to enter text.</a> requested for service period.	

Provider #3: Click or tap here to enter text. Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period.

Provider #4: Click or tap here to enter text. Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period.

Provider #5: Click or tap here to enter text. Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period.

Provider #6: Click or tap here to enter text. Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period.

Provider #7: Click or tap here to enter text. Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period.

<b>Provider #8:</b> Click or tap here to enter text.	<b>Service Provided:</b> Choose an item.
<b>Start Date:</b> Click or tap here to enter text. <b>End Date:</b> Click or tap here to enter text.	
<b>Rate Charged by Vendor:</b> \$ Click or tap here to enter text. <b>Per:</b> Choose an item.	
<b>Total # of</b> Choose an item. <b>requested for service period:</b> Click or tap here to enter text.	
<b>Total \$</b> Click or tap here to enter text. <b>requested for service period.</b>	

**Recommended Non-CSA Funded Services**

Service	Provider
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

**Audit Documentation:**

Consent to Exchange Information Form   ☐ Attached   ☐ Previously Submitted

Most Recent Reassessment CANS completed: Click or tap here to enter text.   ☐ Attached   ☐ Previously Submitted

Most Recent Comprehensive CANS completed: Click or tap here to enter text.   ☐ Attached   ☐ Previously Submitted

RACSB Utilization Review (CSA Purchased Service):   ☐ Attached   ☐ N/A

FAPT Utilization Review:   ☐ Attached   ☐ N/A

CHINS Order / Court Updates:   ☐ Attached   ☐ Previously Submitted   ☐ N/A

Parental Contribution Agreement / DCSE Referral:   ☐ Attached   ☐ Previously Submitted

Medicaid Verification:   ☐ Copy of Card Attached   ☐ Copy of Card Previously Submitted   ☐ N/A

Vendor Treatment Plans/Progress Reports/Report Cards:   ☐ Attached

Vendors Considered for current service requests: Click or tap here to enter text.   Click or tap here to enter text.

Click or tap here to enter text.   Click or tap here to enter text.

Click or tap here to enter text.   Click or tap here to enter text.

Click or tap here to enter text.   Click or tap here to enter text.

Reason for choosing current vendor(s): Click or tap here to enter text.

Vendor Rate Sheets:   ☐ Attached

☐ Previously submitted

Recommendations for funded services are subject to approval and authorization by the King George County Community Policy and Management Team.

I have been notified of my right to appeal any element of this plan. I have also been notified that implementation of this plan is contingent upon CPMT approval. Your signing of this IFSP is an obligation to participate in the treatment recommendations for your child and family as described in this document. Failure to participate may result in the denial of CSA funding.

<hr/>	<input type="checkbox"/> I agree to this plan
Parent / Guardian Signature	<input type="checkbox"/> I disagree with this plan, because
Date	<hr/>
<hr/>	<input type="checkbox"/> I agree to this plan
Parent / Guardian Signature	<input type="checkbox"/> I disagree with this plan, because
Date	<hr/>
<hr/>	<input type="checkbox"/> I agree to this plan
Youth Signature	<input type="checkbox"/> I disagree with this plan, because
Date	<hr/>
<hr/>	<input type="checkbox"/> I agree to this plan
Case Manager Signature	<input type="checkbox"/> I disagree with this plan, because
Date	<hr/>
<b>FAPT Members Signatures</b>	
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree <input type="checkbox"/> disagree
<b>Other Participant's Signatures</b>	
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>





## KING GEORGE COUNTY INDIVIDUAL & FAMILY SERVICE PLAN OUTCOMES

### Schools Only

- ☐ Initial  
☐ Review

**FAPT Date:** Click here to enter text.

**Case Manager:** Click here to enter text.

**Name:** Click here to enter text.

**Mother:** Click here to enter text.

**Father:** Click here to enter text.

**DOB:** Click here to enter text. **Age:** Click here to enter text. **Gender:** Choose an item. **Race:** Choose an item.

**Social Security #:** Click here to enter text.

**CSA Case #:** Click here to enter text.

**STI #** Click here to enter text.

**Address:** Click here to enter text.

**Phone Number:** Click here to enter text.

**Parent/Guardian Email:** Click here to enter text.

**School:** Click here to enter text.

**Grade:** Click here to enter text.

☐ YES

☐ NO

Child has a DSM-IV mental health diagnosis

Diagnosis: Click here to enter text.

☐ YES

☐ NO

Child takes a prescription medication for a mental health problem

Medication(s): Click here to enter text.

### Recommended CSA Funded Service Requests:

**Provider #1:** Click or tap here to enter text.

**Service Provided:** Choose an item.

**Start Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**Rate Charged by Vendor:** \$ Click or tap here to enter text. **Per:** Choose an item.

**Total # of** Choose an item. **requested for service period:** Click or tap here to enter text.

**Total \$**Click or tap here to enter text. **requested for service period**

**Provider #2:** Click or tap here to enter text.

**Service Provided:** Choose an item.

**Start Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**Rate Charged by Vendor:** \$ Click or tap here to enter text. **Per:** Choose an item.

**Total # of** Choose an item. **requested for service period:** Click or tap here to enter text.

**Total \$**Click or tap here to enter text. **requested for service period**

**Provider #3:** Click or tap here to enter text.

**Service Provided:** Choose an item.

**Start Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**Rate Charged by Vendor:** \$ Click or tap here to enter text. **Per:** Choose an item.

**Total # of** Choose an item. **requested for service period:** Click or tap here to enter text.

**Total \$**Click or tap here to enter text. **requested for service period**

Provider #4: Click or tap here to enter text.

Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period

Provider #5: Click or tap here to enter text.

Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period

Provider #6: Click or tap here to enter text.

Service Provided: Choose an item.

Start Date: Click or tap here to enter text. End Date: Click or tap here to enter text.

Rate Charged by Vendor: \$ Click or tap here to enter text. Per: Choose an item.

Total # of Choose an item. requested for service period: Click or tap here to enter text.

Total \$Click or tap here to enter text. requested for service period

Special Education Category (only required if SPED is mandate type):

☐Autism

☐Hearing Impairment/Deaf

☐Orthopedic Impairment

☐Deaf-Blindness

☐Learning Disability

☐Other Health Impairment

☐Developmental Delay

☐Intellectual Disability

☐Severe Disabilities

☐Emotional Disturbance

☐Multiple Disabilities

☐Traumatic Brain Injury

#### **Audit Documentation:**

Consent to Exchange Information Form ☐ Attached ☐ Previously Submitted

Most Recent Reassessment CANS completed: Click or tap here to enter text. ☐ Attached ☐ Previously Submitted

Most Recent Comprehensive CANS completed: Click or tap here to enter text. ☐ Attached ☐ Previously Submitted

Current IEP end date: Click or tap here to enter text. ☐ IEP Attached ☐ IEP Previously Submitted

Current ESY IEP end date: Click or tap here to enter text. ☐ ESY IEP Attached ☐ ESY IEP Previously Submitted ☐ N/A

Vendor Progress Reports/Report Cards: ☐ Attached

Vendors Considered for current service requests: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Reason for choosing current vendor(s): Click or tap here to enter text.

Vendor Rate Sheets: ☐ Attached ☐ Previously submitted

Recommendations for funded services are subject to approval and authorization by the King George County Community Policy and Management Team.

<hr/>		<input type="checkbox"/> I agree to this plan
<hr/>		<input type="checkbox"/> I disagree with this plan, because
Case Manager Signature	Date	<hr/>
<b>FAPT Members Signatures</b>		
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<hr/>	<input type="checkbox"/> agree	<input type="checkbox"/> disagree
<b>Other Participant's Signatures</b>		
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	



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

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

Name of Child \_\_\_\_\_

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

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

**Criterion 1** (Check only one box)

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

**D** A court has found that the child is in "need of services" in accordance with §16.1-228;

☐

Date of court finding/Name of Judge: \_\_\_\_\_

The FAPT or approved multidisciplinary team has determined that the child's behavior, conduct, or condition meets the statutory definition above and is of sufficient duration, severity, disabling and/or self-destructive nature that the child requires services.

**D** The child **does not** meet the statutory definition of a "child in need of services" or either of the two options above.

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

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

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

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

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

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**Criterion 3** (Check One)

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

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

OR

- placement outside of the home through an agreement between the public agency designated by the CPMT and the parents or legal guardians who retain legal custody. The discharge plan for the child to return home is included in the IFSP.

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

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**Criterion 4 (Check One)**

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

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

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

☐

Department for Social Services.

This child should be referred to the local

☐

This child should be referred for evaluation for

**D** inpatient psychiatric treatment.

Other: \_\_\_\_\_

Conclusion of Team (Check only one)

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

☐ There are sufficient facts that this child meets all 4 of the above criteria required for CSA funding.

Signatures

_____	_____
Team Chair	Date

_____	_____
Other Team Member	Date

_____	_____
Other Team Member	Date

_____	_____
Other Team Member	Date

_____	_____
Other Team Member	Date

_____	_____
Other Team Member	Date

## Unencumber Funding Request Form

**Child's Name:** [Click here to enter text.](#)

**Case#:** [Click here to enter text.](#)

**Vendor:** [Click here to enter text.](#)

**Service Dates not used:** [Click here to enter text.](#)

**Service not used:** [Choose an item.](#)

**Dollar Amount to Unencumber:** [Click here to enter text.](#)

**Reason to unencumber funds:** [Click here to enter text.](#)

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

### Finance Office Use Only:

**Funding Purchase Order#:** \_\_\_\_\_

**Date Funds Unencumbered:** \_\_\_\_\_

**Amount Unencumbered:** \_ \_ \_ \_ \_

\_\_\_\_\_  
CSA Coordinator

Revised: 8/01/2018



### Utilization Review

Child's Name \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Review: \_\_\_\_\_

What Services Are in Place?

Service	Provider

- Are you accomplishing the intended goals? Yes \_\_\_\_ No \_\_\_\_  
How Do you know?
- Does the family (to include the youth) believe the services are addressing the needs that brought them to CSA? Yes \_\_\_\_ No \_\_\_\_  
How do you know?
- Discharge Planning: Is there a clear discharge plan? What is the evidence for work towards discharge? What would it take for the youth /family to discharge from services?
- What are the next steps? How will the IFSP goal and objectives be updated to reflect progress or to address barriers? Are there changes to services provision warranted? If so, what changes?

**King George County**  
**Policy for Parental Contributions to CSA Services**

A guiding principal of the King George Community Policy and management Team (CPMT) is that parents, including biological parents, step-parents, and legal custodians, will be actively involved in the planning and delivery of services to their children. The parent(s) will attend all King George Family Assessment, Planning and Treatment (FAPT) Team staffings, provide input into the planning process, participate actively in the delivery of services, and share in the cost of services at a level consistent with their ability to pay when not specifically prohibited by Federal or State law or regulation (Code of Virginia, Sections 2.1-752 and 2.1-754).

The FAPT Team is to assess the financial situation of the family and address parental support during the staffing process. The verifiable inability to provide parental financial contributions will not prevent the delivery of services to any child. Parental unwillingness to accept co-responsibility for the provision of services, or unwillingness to cooperate in the delivery of services, may be viewed by the CPMT as being detrimental to the effectiveness of services and may disqualify the family from receiving CSA-funded services.

**Policies**

1. All parents of children receiving CSA-funded services shall be assessed for parental contribution in accordance with policies, procedures and fee schedules adopted by the King George CPMT, except:
  - a. Parents of children receiving educational services included in the Individualized Education Plan (IEP) are exempt from parental contribution requirements for those services per Public Law 94-142. Parents will be assessed for a parental contribution for those services outside of an IEP.
  - b. Parents of children in the Department of Social Services custody, or in non-custodial foster care, will be referred for parental assessment and collection to the Division of Child Support Enforcement pursuant to Department of Social Services procedures and Code of Virginia: 20-108.2.
2. Parents of children who receive Supplemental Security Income (SSI) on behalf of their child will be advised that the Social Security Administration requires immediate notification when the child's residency has changed and must submit the appropriate notifications to the Social Security Administration.
3. When it is determined that a child is eligible for CSA-funded services, the Case Manager is responsible for:
  - a. Ensuring that the family receives a full explanation of the CSA process and that the parents(s) are advised of the expectation that they will assume an active role in the planning and delivery of services for their child(ren), and that this role includes financial participation in the cost of services as determined by their assessed ability to pay, where applicable.

- b. Assessing the parents' ability to participate financially by determining the household's gross monthly income, the number of household members, and the corresponding level of parental contribution based on the CPMT's family contribution schedules
  - c. Informing parents of the results of the financial assessment and the level of parental contribution which will be expected.
  - d. Obtaining signed consent on the Parental Contribution Agreement.
  - e. Reaffirming the parental contribution agreement each time the service plan is reviewed for progress by the FAPT Team or, revising the contribution agreement to reflect changes in the family income or the nature of services.
- 4. Parents dissatisfied with the level of parental contribution as assessed by the Case Manager may request financial relief from the CPMT by completing the Intent to Request Financial Relief form.
- 5. A special welfare account will be established for children who are in the Department of Social Services custody whose contributions exceed the cost of services being provided. All excess funds will be credited to such child's account in accordance with regulations established by the Virginia Board of Social Services.

#### Procedures for Payments

- The CSA Coordinator will send out a monthly invoice to the parent(s)/legal guardian(s). Payments are due by the 15<sup>th</sup> of every month.
- Parental contributions checks or money orders will be made out to the King George County Treasurer and indicate to which client the payment is to be credited.
- Payments may be mailed to: King George County DSS  
Attention: CSA Accounting  
P.O. Box 130  
King George, VA 22485
- Payments may be paid in person: King George County DSS  
10069 Kings Highway  
King George, VA 22485
- All payments received will be treated as refunds for services and will be credited to the CSA pool.

#### Past Due Accounts

- Accounts will be considered past due after 60 days. The CSA Coordinator will send a letter to the parent(s)/legal guardian(s) offering an opportunity for the payment to be made in full or for a payment schedule to be arranged.
- Accounts that are 90 days or more past due will be brought before the CPMT for review and determination of action to be taken. This could include interruption of CSA funded services until payment is made or having the account referred for collections.

#### **Determining Household Income - Definitions**

The basis for the determination of the parental financial contribution is the total gross annual income of the household unit.

1. The household unit is defined as one or more adults and dependent children residing in the same home and filing joint tax returns. Dependents include all individuals who are members of the household unit and are solely dependent on the total household unit annual income for subsistence. There may be more than one household unit in a home. Separate units are separate households for the purpose of determining parental contribution levels. Examples of separate households may include, but are not limited to, related adults (other than spouses) living in the same home, an aged parent living with an adult child, a young adult child living with his/her parents and paying room and board expenses.

Household Unit Exception# 1: the biological parent is absent from the home and retains custody rights, his/her income shall also be subject to a parental financial contribution unless that parent is providing monthly child support payments.

Household Unit Exception# 2: If a cohabitating couple consents to being considered a household unit, they and their dependent children shall together be considered a household unit and their combined incomes shall be used in determining household annual income.

2. The total gross annual income includes all income received by all members of the household unit (prior to deductions for taxes, insurance, benefits, etc.). It includes, but is not limited to, salaries (full-time, part-time, primary and secondary employment), TANF, Unemployment, Social Security, Supplemental Security, Alimony, Child Support, Interest/Dividend, Annuity Income, Trust Income, Life Insurance, Disability, Workers Comp, Retirement, Food Stamps, Adoption Subsidy or Rental Income.
3. The total gross annual income will be established by:
  - a. Using the federal tax return (IRS form 1040) for the most recent tax year and pay stubs covering a one-month period; **OR** federal tax return (IRS form 1040) and other income documentation.
  - b. Requesting that the parent(s)/guardian(s) complete the Parental Contribution Agreement listing all sources of income (documentation of all household income

sources and amounts will be requested).

4. Monthly co-payments assessed will be based on the following Gross Annual Income scales. Households meeting the Federal Poverty Guidelines for their household size will not be assessed a monthly co-payment. For months in which 15 days or less of service are received, the co-payment for that month will be reduced to  $\frac{1}{2}$  of the assessed value.

CSA Ability to Pay Scale	
Gross Annual Income	Monthly Co-pay
\$0 - \$12,500	\$0
\$12,501 - \$20,000	\$20
\$20,001 - \$27,500	\$40
\$27,501 - \$35,000	\$60
\$35,001 - \$42,500	\$80
\$42,501 - \$50,000	\$100
\$50,001 - \$57,500	\$120
\$57,501 - \$65,000	\$140
\$65,001 - \$72,500	\$160
\$72,501 - \$80,000	\$180
\$80,001 - \$87,500	\$200
\$87,501 and above	\$220

Household Persons/Poverty Guideline		Household Persons/Poverty Guideline	
1	\$15,650.00	5	\$37,650.00
2	\$21,150.00	6	\$43,150.00
3	\$26,650.00	7	\$48,650.00
4	\$32,150.00	8	\$54,150.00
For more than 8 persons add \$5,500 for each additional person			

*"The parties agree that the Virginia Office of Children's Services (the "OCS") shall be a party to the parental contribution agreement. Local debt collection practices may be employed to seek recovery."*

Rev 7/21/2022

## Intensive Care Coordination Policy

The CPMT supports the use of Intensive Care Coordination (ICC) services for children who are at risk of entering, or are placed in, an out-of-home placement, the specific purpose of maintaining the child in, or transitioning the child to, a family-based or community-based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as "Mental Health Case Management."

The need for ICC services for eligible children will be identified by the FAPT team and purchased by appropriate providers.

Eligible youth shall include:

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

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

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

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

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

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

## Utilization Management and Review Policy

### Utilization Management

A set of steps taken by, or on behalf of, purchasers of health and human services to manage the provision and cost of services purchased. The first step is the initial case assessment, and is followed by a determination of desired outcomes, identifying required services and level of need, recognition of any mitigating circumstances, development of a service plan, finding an appropriate vendor, implementing the plan, a review of the service results, and an adjustment of goals and services as needed. A summarization of these steps is as follows:

A. Collect Assessment Data

Assessment may consist of a completed IFSP or Foster Care Plan, an agency social history of the case, a comprehensive intake assessment, and *Must Always* include the CANS. Whatever instrument used, the child's multiple life domains (behavior, school, family, peers, service history, etc.) are assessed.

Responsibility: CSA Case Manager

B. Identify Desired Outcomes

A desired outcome is a measurable result within a set time period. It should be specific, observable, and child and family oriented. Long and short-term outcomes need to be established and followed logically.

Responsibility: CSA Case Manager, Child, Family, FAPT

C. Identify Child and Family Service Needs

Service needs should be established by determining what can be put in place to achieve the desired outcomes.

Responsibility: CSA Case Manager, Child, Family, FAPT

D. Recognition of Mitigating Circumstances:

It should be determined if there are any unique and challenging circumstances that exist which would justify why certain services or placements were selected.

Responsibility: CSA Case Manager, Child, Family, FAPT

E. Service Plan Development:

An appropriate service plan should be developed as a collaborative effort by the FAPT team, CSA Case Manager, and the family. To be effective it should be:

1. Child-centered, family-focused, and community based
2. Aimed at the least restrictive, most appropriate environment
3. Based on the desires of the family
4. Necessary to achieve outcomes (step-down/transition planning)

Responsibility: CSA Case Manager, Child, Family, FAPT

F. Find an Appropriate Vendor:

Vendor selection should be based on family preference and what services a vendor can offer that will help meet desired outcomes. Services, needs, and expectations should be clarified with the vendor.

Responsibility: Case Manager, FAPT

G. Implementing the Service Plan:

Once a final agreement on the treatment plan has been finalized with the vendor, and service terms have been approved and agreed upon, the service plan can be implemented.

Responsibility: Case Manager

### **Utilization Review**

A formal assessment of the necessity, efficiency, effectiveness, and appropriateness of services and treatment for an individual. It measures the progress of the child and family toward the goals and objectives outlined in the Individual Family Service Plan (IFSP). It is the process by which the IFSP and services are reviewed and recommendations provided. It is a collaborative approach to service planning that looks at the child and family progress objectively to improve outcomes.

#### **Elements Required in Utilization Review:**

1. Service dates initiation verification
2. Delivery of service verification
3. Quality of service verification
4. Verification that progress with identified, specific short-term goals in the IFSP is being made
5. Verification that progress with identified, specific long-range goals in the IFSP is being made
6. Current medication status, as applicable
7. Educational process
8. School attendance verification



9. Current CANS
10. Case related documents (ex. Court Orders, Foster Care Plan, IEP, Vendor Treatment Plan, etc.)
11. Participation of the family/legal guardian in client interventions and in other services included in the IFSP or IEP
12. Strategies for family engagement if the family is not currently participating
13. Steps to be taken if progress has not been made in meeting outcomes (May include changing services and/or vendors)
14. Steps to be taken if meeting outcomes progress has been made (May include continuation of services or developing a plan or timeline to transition the child to a less restrictive setting)
15. Date of the next Utilization Review

Responsibility: CSA Coordinator

Update of Service Goals:

The Utilization Review should provide information upon which to base service plan adjustments such as:

1. Change the length of time current service may be required
2. Change the service objective(s)
3. Change aspects of the environment
4. Change service provider or placement
5. Change treatment procedure

Responsibility: CSA Case Manager, Child, Family, FAPT

Review of CSA Cases:

The King George County FAPT will review all DSS, CSB, and CSU cases quarterly. The CSA Coordinator will complete a Utilization Review form prior to the FAPT meeting. The FAPT team will certify Utilization Review elements were met by signing the Utilization Review form at monthly FAPT meetings. This review form will become part of the child's official CSA file.

The IEP/IEP Review shall serve as a Utilization Review for School cases and will be completed by the IEP team with goals outlined in the IEP. A copy of the IEP/IEP review shall be provided to FAPT in order to meet Utilization Review requirements.

Responsibility: FAPT, CSA Coordinator

## **Procurement Practices**

### **Competition for Business:**

In general, price competition is the best way to make limited funds go further. IAW with County Procurement policy *King George CSA* advocates fair and open competition, and endeavors to ensure that CSA funds are expended without the appearance of impropriety or favoritism, and that the services obtained are the best value for the children and families of King George County. Best value means the overall combination of quality, price, and various elements of service.

### **Vendor Consideration for Services:**

For each service considered using CSA funds a case manager needs to obtain rates from 3 separate vendors. Current rate sheets will be provided to the CSA Coordinator with the IFSP for each new service request presented to the FAPT team. The vendor selected should provide the best overall value for service.

A good faith review of available sources for a service may determine that there is only 1 vendor practicably available for a particular service. In that instance only the rate sheet for that vendor will need to be provided with the FAPT IFSP.

### **Procurement Compliance:**

- Current vendor rate sheets will be provided with the FAPT IFSP for each new service request
- All vendors considered for each new service will be documented on the FAPT IFSP
- An explanation for each vendor selected for new services will be documented on the FAPTIFSP
- A purchase order will be issued for all CPMT approved service funding and will be signed by the Fiscal Agent for *King George CSA*

### **Vendor Resources:**

- [csa.virginia.gov/Directory/ServiceFee](http://csa.virginia.gov/Directory/ServiceFee)
- [dbhds.virginia.gov/quality-management/Licensed-Provider-Location-Search](http://dbhds.virginia.gov/quality-management/Licensed-Provider-Location-Search)
- [virginiamedicaid.dmas.virginia.gov/wps/portal/SearchForProviders](http://virginiamedicaid.dmas.virginia.gov/wps/portal/SearchForProviders)
- [doe.virginia.gov/special\\_ed/day\\_residential\\_schools/index.shtml](http://doe.virginia.gov/special_ed/day_residential_schools/index.shtml)
- [dss.virginia.gov/facility/search/crf.cgi](http://dss.virginia.gov/facility/search/crf.cgi)
- [magellanoofvirginia.com/welcome/find-a-provider](http://magellanoofvirginia.com/welcome/find-a-provider)

## Reasonable Candidacy Documentation Form

INSTRUCTIONS & GUIDELINES	
<p>c-R <u>Only</u> LOSS employees are authorized to make the determination of reasonable candidacy for foster care.</p> <p>c-R A copy of this form is to be maintained in the service record.</p> <p>c-R The LOSS family services specialist must comply with all applicable Foster Care Prevention and Child Protective Services guidance.</p> <p>c-R A child is a reasonable candidate when he/she is documented as a serious risk of removal from the home as evidenced by the LOSS family services specialist either pursuing removal from the home, or making reasonable efforts to prevent such removal.</p>	
PART A – CLIENT INFORMATION	
LDSS/ FIPS:	
FAMILY SERVICES SPECIALIST NAME:	WORKER IDENTIFICATION #:
CHILD'S NAME:	CASE#:
CLIENT ID#:	
DATE OF BIRTH: _____-(Check one of the following) <input type="checkbox"/> Under the age of 18 <input type="checkbox"/> Age 18 or older - <i>Not a Reasonable Candidate</i>	
WHERE IS THE CHILD LIVING? - (Check one of the following) <input type="checkbox"/> In his/her home <input type="checkbox"/> Outside of the home: <u>foster care setting/detention/fosterv camp/psychiatric hospital</u> - <i>Not a Reasonable Candidate</i>	
PART B – REASONABLE CANDIDACY DOCUMENTATION METHOD	
CHECK ONE: <input type="radio"/> Initial Determination <input checked="" type="radio"/> Re-determination	
Check <u>one</u> of the appropriate methods to document a child's reasonable candidacy status: <input type="checkbox"/> A case plan which clearly indicates: <i>(fill) of the requirements below must be verified and <u>all</u> boxes must be checked to properly document a child as a reasonable candidate)</i> <div style="margin-left: 20px;"> <input type="checkbox"/> that absent effective preventive services, foster care placement is the planned arrangement of the child; <u>and</u>  <input type="checkbox"/> that the plan was developed jointly with the child, and the parents or guardians when appropriate; <u>and</u>  <input type="checkbox"/> a description of the services offered and/or provided to prevent the removal of the child from the home; <u>and</u>  <input type="checkbox"/> the case is actively being managed to maintain the child in the home and/or prevent placement into foster care           </div> Or, <input type="checkbox"/> Evidence of court proceedings in relation to the removal of the child from his/her home, in the form of a petition, a court order, or transcript of the court proceedings <u>and</u> a copy is maintained in the child's service record.	
FAMILY SERVICES SPECIALIST SIGNATURE:	DATE:
SUPERVISOR'S SIGNATURE:  A re-determination is due within six months of this date.	DATE:
Date the child is no longer considered a reasonable candidate.	DATE:

032-02-0510-02-eng (02/14)

## FAMILY SERVICE AGREEMENT

<b>FAMILY NAME:</b>	<b>CASE/REFERRAL #</b>
<b>FSS:</b>	<b>LOCALITY:</b>
<b>DATE:</b>	<b>REVISED:</b>

CHECK PRIMARY GOAL	
<b>PREVENT ABUSE/NEGLECT</b>	<b>PREVENT REMOVAL</b>

<b>STRENGTHS:</b>
1.
2.
3.
<b>NEEDS:</b>
1.
2.
3.

SERVICE PLAN				
OBJECTIVE	SERVICE	ACTIVITIES TASKS	RESPONSIBLE PARTY	TARGET DATE
<i>EXAMPLE: PARENTS WILL LEARN ALTERNATIVE STYLES OF DISCIPLINE THAT DO NOT CAUSE INJURY TO THE CHILD</i>	<i>PARENTING EDUCATION</i>	<i>ENROLL AND ATTEND PARENTING CLASSES AT THE YMCA</i>	<i>PARENTS</i>	<i>3 MONTHS</i>



032-02-0038-04-eng (4/19)

## FAMILY SERVICE AGREEMENT

SERVICE PLAN				
OBJECTIVE	SERVICE	ACTIVITIES TASKS	RESPONSIBLE PARTY	TARGET DATE

This agreement will be **reviewed in 90 days** \_\_\_\_\_ (date) or sooner if requested earlier by the local department, family or service provider.

This is **not** a legally binding document. However, it is:

\_\_\_ A statement of mutually identified child and family service needs, agreed to by the family and the local department of social services and others.

\_\_\_ Notice to the family of the child safety concerns and recommended services, activities and tasks to protect the child, prevent future abuse or neglect, and strengthen the family.

If applicable:

\_\_\_ Absent effective preventative services, foster care is the planned living arrangement for [child name(s)]: \_\_\_\_\_

	Signature	Date
Parent/Caretaker		
Parent/Caretaker		
FSS		
Service Provider		
Other		



032-02-0036-04-eng (4/19)

## In-Home Services Case Review Form

**Oasis Case#:** Click or tap here to enter text.

**In-Home Service Worker:** Click or tap here to enter text.

**Date of Consultative FAPT Meeting:** Click or tap here to enter text.

**Supporting Documents included in case review:**

- ☐ Reasonable Candidacy Documentation Form
- ☐ Current CANS
- ☐ Prevention Plan

**Next Consultative FAPT case review Date:** Click or tap here to enter text.

**Referred to FAPT for CSA funding:** ☐ Yes ☐ No

**FAPT Member Signatures:**

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**CSA Coordinator Signature:** \_\_\_\_\_

**In-Home Services Worker Signature:** \_\_\_\_\_