



FAMILY ASSESSMENT & PLANNING TEAM

OPERATING MANUAL

Revised January 2019

For the complete CSA Manual, please refer to www.csa.virginia.gov

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I. Intent and Purpose

- The intent of the **Children’s Services Act** is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth.
- The purpose of the **Community Policy and Management Team (CPMT)** is to coordinate agency efforts, manage available funds from the State Pool funds and ensure that eligible youths receive access to services.
- The purpose of the **Family Assessment and Planning Team (FAPT)** is to assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.
- The purpose of the **FAPT Operating Manual** is to provide guidelines for FAPT members and case managers wishing to have cases staffed by FAPT and/or request payments for services for clients.
- **Members of FAPT (and CPMT) include:**

Radford City Department of Social Services
Radford City Public Schools
New River Valley Community Services
27th District Court Services Unit
Parent Representative
Private Provider

II. CSA Coordinator

- The CSA Coordinator provides support to the CPMT and the FAPT. Duties include clerical (preparing agendas, minutes, scheduling cases, etc.), providing orientation to new members of teams, interpreting and writing policy/procedures/forms, utilization management, completing/submitting

reports to the Office of Children's Services, maintaining records, developing and managing the budget, locating and developing services and collaborating with private and public resources.

III. Confidentiality

- CPMT and FAPT meetings where children/families are discussed shall be confidential and not open to the public unless the child and family, who are the subjects of the meeting, request in writing that it be open. All information about specific children and families obtained by the Team members and guests shall be confidential and only used for the professional purpose for which it was obtained. CPMT member sign a confidentiality statement annually, FAPT members and guests sign a confidentiality statement for each case staffed during every meeting.

IV. Code of Ethics

1. Employees and team members will conduct themselves at all times in such a manner as to create respect for themselves as public servants and the jurisdictions they represent.
2. Employees and team members will place public interest above individual, group, or special interests and will consider their jobs as an opportunity to serve the public.
3. Employees and team members will not discriminate because of race, color, religion, age, sex, sexual orientation, disability, political affiliations, or national ancestry. Each employee and member will work to prevent and eliminate such discrimination in providing services, assigning work schedules, and in executing all personal actions.
4. Employees and team members will not have any material financial interest in any private business or professional activity which would be in conflict with their job responsibilities. Employees and team members will not engage in any business activity or professional activity that would appear to be in conflict with their job responsibilities or that would tend to impair independence of judgment or action in the performance of official duties. (See Section 2.1-639.8 Code of VA).

5. Employees and team members will refrain from using their positions for personal gain and will keep confidential all information not available to all citizens that is acquired by virtue of their position in the organization. (See Section 2.1-639.4 Code of VA).
6. Employees and team members will not accept any personal gift, favor, service, money or anything of value from the public which might reasonable tend to influence the impartial discharge of duties. (See Section 2.1-639.4 Code of VA).
7. FAPT members sign a Code of Ethics agreement annually (Appendix A).

V. Inclement Weather Policy

- CPMT and FAPT meetings may be cancelled when Radford City Schools are closed due to weather conditions. Call the CSA Coordinator, 540-731-5024 to confirm.

VI. FAPT Members Roles and Responsibilities

- The **FAPT Chair position** will rotate each fiscal year (July – June) as follows:

27th District Juvenile Court Services Unit
Radford City School
New River Valley Community Services
Radford City DSS

Due to the nature of the Chair position, the Family Representative and the Community Representative do not serve in this role.

Other members may be appointed at the discretion of the CPMT.

The quorum for all FAPT meeting shall be fifty percent of the members including the Chair.

If the Chairperson is unavailable to attend a meeting, the person representing the succeeding agency will assume the responsibility for Chairperson for that meeting.

The **FAPT Chair person** is responsible for calling the meeting to order, following the agenda, welcoming guests, explaining the FAPT proceedings, scheduling reviews, signing purchase orders to signify FAPT approval, presenting requests for services and expenditures at CPMT and serves as a liaison to the CPMT.

- **FAPT Responsibilities** include:

1. Reviewing referrals and discussing strengths, concerns and services.
2. Ensuring family participating in all aspects of the assessment, planning and implementation of services.
3. Developing an Individual and Family Services Plan (IFSP) for youths and families which provides for appropriate and cost-effective services.
4. Referring the youth and family to community agencies and resources in the accordance with the IFSP.
5. Assessing the ability of parents/legal guardians to contribute financially to the cost of the services and provide for appropriate financial contributions utilizing the chart adopted by CPMT (except where prohibited by law which includes IEP day school and residential placements and services for children in the custody of DSS). A request for waiving or reducing co-payments may be made by FAPT to be presented to CPMT.
6. Recommend to the CPMT expenditures from the local allocation of the state pool funds.
7. Designate a person responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the goals of the IFSP.

- **All FAPT members are expected to:**

- Express opinions, make suggestions, etc. in accordance with their position.
 - Attend all meetings. If unable to attend, send a designee to represent their agency.
 - Assist case managers from their agency with required CSA paperwork.
 - Notify case managers from their agency of upcoming meetings.
- Treat other members, case managers and families with respect, empathy and courtesy.

VII. Target Population

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

The target population shall be the following:

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

Children that require foster care prevention services must have been determined as a Child in Need of Services by a Court Order or by FAPT using the CSA Foster Care Prevention/CHINS Checklist. (Appendix B)

VIII. Eligibility Criteria

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

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

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

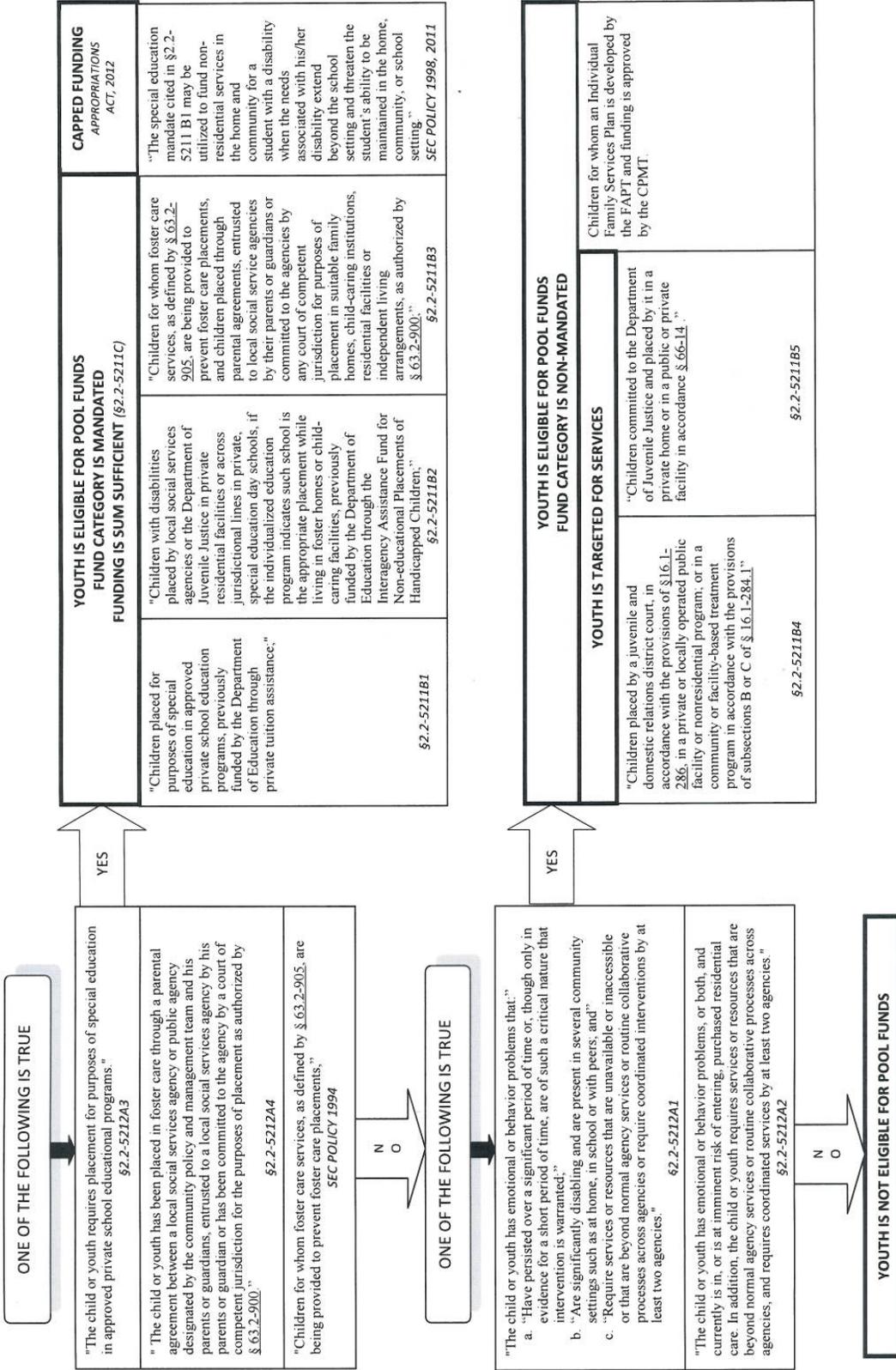
Per OCS Question and Answer portal, February 23, 2012

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

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

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

DETERMINING ELIGIBILITY FOR FUNDING UNDER THE COMPREHENSIVE SERVICES ACT



IV. Referring a Case to FAPT

The following agencies can make referrals to FAPT:

- Radford City Department of Social Services
- Radford City Public Schools
- 27th District Juvenile Court Services Unit
- New River Valley Community Services

If not one of these agencies, contact the Radford City CSA office 540-731-5024 to have a referral made to the appropriate agency. Parents may make referrals to FAPT via contacting the CSA Coordinator directly. The CSA Coordinator will determine if the case is eligible for CSA funding and if so, will determine the appropriate case managing entity.

Referrals should be made to the FAPT if:

1. A family/child has a long-standing problem and there is multiple agency involvement.
2. A family/child is in need of services or supervision (CHINS) and the Court has entered an order referring the case for FAPT recommendations.
3. A child is being considered for residential, private day or foster care placement.
4. A child is returning to the community from a residential placement and an interagency plan is needed.

Mandated and Non-mandated cases

There are 3 categories in which a child's services would be mandated:

1. The child is brought to FAPT by the school system for private day school or residential placement identified in the child's IEP (Special Education, Individual Education Plan).
2. The child is in the custody of the local Department of Social Services and services are part of the child's foster care plan.
3. The child is receiving foster care prevention services. Foster care prevention cases are those in which intervention is needed to prevent long-term out of home and/or out of community placement of a child. The child must be in imminent risk of removal and placement into foster care. Foster care

prevention must be indicated on a court order or determined by FAPT using the Foster Care Prevention/CHINS Checklist (Appendix B).

All other cases are considered non-mandated. There is a limited amount of funds (\$10,000) each year for non-mandated cases.

Before Referring a Case to FAPT

- Assure that all of the available services and resources that can be provided by the individual agency have been depleted and there is no other agency that may be able to provide the needed services, then the case will likely be appropriate for a Family Assessment and Planning Team (FAPT) meeting.
- Explore other possible funding sources, (i.e. Family Insurance, Medicaid, Adoption Subsidies, Special Welfare Accounts, Title IV-E, Court Services funds, Mental Health Initiatives, EPSDT, Waivers, Promoting Safe and Stable Family). All other possible sources of funding should be eliminated before making a referral to FAPT.
- Consider every aspect of the family system when planning for services. Explore what is occurring in the Court, home, school, community, and all mental health diagnosis. Explore whether there are other agencies and support systems that are involved with the family and engage them in the service planning process.
- Contact the Radford City CSA office karen.laplante@radfordva.gov or 540-731-5024 to discuss the circumstances of the case and to determine if the case is eligible.

To Prepare for FAPT

- The case manager will meet with the family to discuss the FAPT process and the expectation for the parents' participation. The guardian is required to attend the initial FAPT meeting and future meetings when possible. The **guardian will sign the FAPT Authorization to Exchange Information** form which should be end dated with "until case closed or revoked". The

guardian's signature on the initial Authorization to Exchange Information form shall serve as validation that the FAP Team has permission to discuss the case and begin to plan for service provision. If youth is 18 or older, and receiving CSA funds, he/she (unless incapacitated) **must** sign his/her own Authorization to Exchange Information form.

- The case manager will inform the parents of the function and membership of the FAPT. The FAPT consists of a representative from the Court Services Unit, Radford City Department of Social Services, NRV Community Services, Radford City Public Schools, a Parent Representative and possibly a Private Provider.
- **Parents/guardians should be given a FAPT Parent Brochure** (Appendix C) prior to the meeting. This brochure includes a summary of Child and Family Rights and Procedural Safeguards.

Parent/ Guardian attendance

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

Scheduling a FAPT meeting

- The case manager must contact the CSA office to request a meeting time on the FAPT agenda. Once the case has been scheduled to be staffed, it is the responsibility of the case manager to notify the family, service providers and other pertinent parties of the FAPT date and time.
- An Individual Family Services Plan (IFSP) must be emailed to the CSA office the Friday before the scheduled meeting. The Authorization to Release Information, signature cover page of the CANS, parental copay forms (if needed), monthly reports, current psychological evaluations, assessments, etc. may be submitted at the FAPT meeting. All CANS assessments must be entered in CANVAS <https://www.csa.canvas.virginia.gov> prior to the meeting.
- All CANS assessments should be “closed” as soon as all information has been added but no later than 30 days after being entered. A discharge CANS is required within 30 days of a case being closed to services.
- Case manager must complete the CANS every three months for residential, treatment foster care and community based clinical services cases and every 6 months for family foster care and non-clinical services. If significant changes occur in the status of the case or if the case manager is requesting a change in services, the CANS should be completed prior to the FAPT meeting during which the request is being made. The case manager is responsible for ensuring that the CANS is inputted into the CANVAS online system <https://www.csa.canvas.virginia.gov> and providing a copy of the CANS to service providers so that Medicaid billing can occur for services that qualify. The case manager is responsible for re-certifying in the CANS on an annual basis.

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

- Radford City Parental Financial Contributions Policy is part of CPMT policy (Appendix E).

- All cases except foster care and IEP require a parental co-pay assessment. The case manager will explain the Parental Financial Contributions Worksheet (Appendix F) to the parent/guardian.
- Guardian/parents may sign that they “agree” or do “not agree” to make a monthly payment.
- For Guardians/Parents that agree to a co-payment, the CSA Coordinator will send an invoice requesting payment after the child has received the services, and CSA has paid the invoice(s).
- If the guardian/parent does not agree to make a payment, or does not actually make the payment after agreeing to do so, no further action will be taken.

Presenting at FAPT

- Case managers should present all items on the IFSP. The form includes all pertinent information for utilization review.
- Once FAPT recommends the requested services, the FAPT attendees will sign the signature page of the IFSP to signify agreement; however they may also note disagreement on this page as well. In the event that the guardian refuses the services, the FAPT case is closed, unless the service is Court Ordered or required by Federal Law through an IEP. The CPMT must issue a Purchase of Service Order (or Authorization) and have a signed vendor contract in order to services to be provided.

In the event of an emergency placement, the CSA Coordinator must be notified within 3 business days and a FAPT staffing must occur within 14 days. Failure to have the case staffed by FAPT within 14 days will result in a CSA error. The initial invoice affected by the error will be paid by local only funding and any future invoices affected will be reviewed by CPMT on a case by case basis to determine payment.

V. Parental Placements, Parental Agreements and Non-Custodial Placements

- A **Parental Placement** is an out-of-home placement of a child in a residential facility or group home made by the parent(s)/legal guardian(s) that may not require any CSA involvement or funding.
- A **Parental Agreement** is an out-of-home placement of a child in a residential facility or group home agreed upon by the parent(s)/legal guardian(s) and the Radford City CPMT, whereby the parent(s)/legal guardian(s) retain legal custody of the child. A Parental Agreement does utilize CSA funding and must follow CSA process. The family will be assessed for a parental contribution for all parental agreements. These placements must be reviewed monthly and should be involved in the Magellan IACCT process if the facility accepts Medicaid and if the child has Medicaid. See Appendix I - K.
- A **Non-Custodial Placement** is an out-of-home placement of a child by the parent(s)/legal guardian(s) and the Department of Social Services, whereby the parent(s)/legal guardian(s) retain legal custody. If Non-Custodial placement is to be longer than six months, it requires the approval of the DSS Regional Foster Care Program Consultant. The family will be assessed for a parental contribution through Division of Child Support Enforcement for all non-custodial placements. Non-Custodial Placements are at the discretion of the local Department of Social Services.

VI. Utilizing Medicaid and IVE Payments

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

All children **must** be screened for Medicaid prior to meeting with the FAPT (unless prohibited by Special Education policy).

Prior to the child's admittance to a Medicaid Residential Facility, the must be referred to IACCT. See Appendices K - M.

VII. Utilization Management

All cases receiving services funded by CSA are reviewed during FAPT to insure documentation has been received and that service goals are being met. Residential placements are reviewed monthly, treatment foster care cases are reviewed monthly or quarterly depending on the services and needs, family foster care, independent living, and private day school cases are reviewed every 6 months or more frequently depending on the needs of the case.

VIII. Vendors

The CSA office must have a current Agreement for Services (contract) with each vendor before services are provided. Please contact the CSA office to ensure there is a current contract (with licenses, proof of insurance and rate sheet).

IX. Payment for Services

Requested services should be included in the Summary of Planned Services page of the IFSP which needs to be emailed to the CSA Coordinator at least 3 days prior to the FAPT meeting. The CSA Coordinator will create a Purchase of Services Order that will be signed by the Chair person at the FAPT meeting. Purchase of Services Orders are required in advance of services beginning and must be signed by the CPMT Chair person.

If it is necessary to begin a service prior to FAPT staffing the case, the case manager will complete and forward the CSA Emergency Approval Request (Appendix H) to the CPMT member representing their agency. The CPMT representative will approve (or deny) the Request and forward it to the CSA Coordinator within 5 days. If FAPT will be meeting within 14 days of the start of the service, the case manager will present the service to FAPT. If FAPT will not be meeting within 14 days, the case manager will send the Request to all FAPT members for an email approval (or disapproval) within 5 days of the start of the service. The Request Form, along with documentation of the email votes, will be sent to the CSA Coordinator within 5 additional days in order for a Purchase of Services Order to be created.

Services and expenditures must be approved by CPMT on the CPMT Request Grid in order for payments to be made to vendors.

Vendor invoices are sent to individual case managers. Each case manager should sign the invoice to indicate that monthly reports have been received. Invoices are then forwarded to the CSA office for processing. After being entered into the Thomas Brothers system, invoices are uploaded to the City MUNIS program and will be paid on the Thursday after they are received in the Finance Department office.

CPMT reviews all payments monthly and may deny payment for services that are not in compliance with local policy and the Agreement for Services (contract).

X. Glossary of CSA Terms

IV-E	A category of federal foster care funding (including foster care prevention.)
CANS	Child and Adolescent Needs and Strengths Assessment (replaced the CAFAS in 2009 as the assessment tool used for assessing the strengths and needs of individual children, ages 0-18, and their families, tracking progress, and identifying service gaps.)
CHINS	Children in Need of Services (a petition to the juvenile court judge to mandate certain services.)
CHINSup	Children in Need of Supervision (a petition to the juvenile court judge to mandate certain services up to and including probation.)
CPMT	Community Policy and Management Team (the local governing group composed of agency/department heads that gives final approval/denial of services/funding through CSA.)
CSU	Court Service Unit (local level, within the DJJ system.)
DCSE	Division of Child Support Enforcement (a division of DSS that enforces child support payments from non-custodial parents.)
DJJ	Department of Juvenile Justice
DMAS	Department of Medical Assistance Services (state's Medicaid administrator)
DSS	Department of Social Services
FAMIS	Family Access to Medical Insurance Security Plan (state provided medical insurance for youth-replaced the old CMSIP program.)
FAPT	Family Assessment and Planning Team (local governing group composed of agency representatives that provides service recommendations for youth and families and forwards such to CPMT for final approval of funding through CSA.)
Foster Care Prevention	Services that are provided to keep children out of foster care placement.
GAL	Guardian Ad Litem (guardian appointed by a court to represent interests of a minor.)

Goals	<p>Long Term: Broader than short term goals; should describe behavior changes that are anticipated/targeted over the next 12 months; should be directly related to the behaviors that the youth/family is displaying in the home, school and community that place them at risk.</p> <p>Short Term: Should describe behavior changes that are anticipated over the next few weeks to the next few months; should be related to the broader long term goals, but more specific, measurable and observable; in addition, time frames for completions and the persons/agency responsible for coordination of each short term goal should be identified on the IFSP.</p>
Interstate Compact	Administered by the Virginia Department of Social Services and is the mechanism for Virginia to cooperate with other states in placement of children. In general, all cases requiring out-of-state placements must have the Interstate Compact completed before the child is actually placed.
IEP	Individualized Education Program (plan developed by the school system for special education services.)
IFSP	Individual Family Services Plan (goals, objectives and services for the youth and family.)
J&DR Court	Juvenile and Domestic Relations Court
Non-Custodial Placement	An agreement between parent and Department of Social Services to allow services to be provided without the parent giving up legal custody of the child.
OCS	Office of Children’s Services (state office responsible for developing programs and fiscal policies to provide services at the state and local levels to CSA youth. Also provides training, oversight and technical assistance to localities, and serves as liaison to participating state agencies and the SEC.)
Parental Contribution	Contribution made by parent(s) to help fund services provided to youth and family. Determined by Parental Contribution Chart.
Parental Placement Agreement	An agreement between the parent and an agency to allow services to be provided without the parent giving up legal custody of the child.
SEC	State Executive Council (oversees the statewide implementation of CSA. Composed of directors of state agencies, parent representative, local government officials.)

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

XI. CSA Website

The state CSA website <http://www.csa.virginia.gov> includes an abundance of information related to all things CSA. Some of the information included on the web site:

- **Parents & Families**
Information for Families
Overview of Systems of Care

- **Local Government**
Program Audits
Reporting
Service Fee Directory

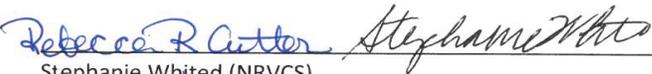
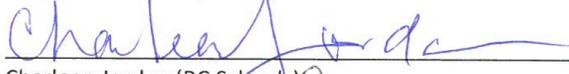
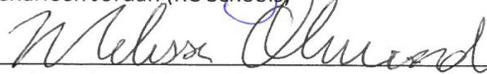
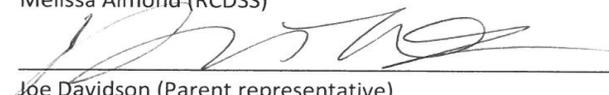
- **Resources**
Administrative Memos
CANS
Forms
Guidance
High Fidelity Wraparound
OCS Newsletter
CSA Policy Manual and CSA User Guide
Training Material

- **Statistics and Publications**
Reports and Publications
Service Gap Survey
Statewide Statistics

- **Contacts**
OCS Contacts
Local Government Contacts
Technical Assistance

City of Radford Children’s Services Act Code of Ethics

1. Employees and team members will conduct themselves at all times in such a manner as to create respect for themselves as public servants and the jurisdictions they represent.
2. Employees and team members will place public interest above personal individual, group, or special interests and will consider their jobs as an opportunity to serve the public.
3. Employees and team members will not discriminate because of race, color, religion, age sex, sexual orientation, disability, political affiliations, or national ancestry. Each employee will work to prevent and eliminate such discrimination in providing services, assigning work schedules, and in executing all personal actions.
4. Employees and team members will not have any material financial interest in any private business or professional activity which would be in conflict with their job responsibilities. Employees will not engage in any business activity or professional activity that would appear to be in conflict with their job responsibilities or that would tend to impair independence of judgment or action in the performance of official duties. (See Section 2.1-639.8 Code of Virginia.)
5. Employees and team members will refrain from using their positions for personal gain and will keep confidential all information not available to all citizens that is required by virtue of their position in the organization (See Section 2.1-639.4, Code of Virginia.)

 Lacey Sayers, FAPT Chair (27 th District CSU)	Date
 Stephanie Whited (NRVCS)	7/25/18 10/10/18 Date
 Charleen Jordan (RC Schools)	8/22/18 Date
 Melissa Almond (RCDSS)	07/25/18 Date
 Joe Davidson (Parent representative)	8/22/18 Date
 Kirk Dent, (Family Insight, private provider)	7/25/18 Date

City of Radford Foster Care Prevention/CHINS Checklist

Child Name: _____

DOB: _____

Eligibility A: – Abuse and Neglect

The child is eligible for services because they are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by Virginia Code 63.2-100.

Eligibility B: – CHINS (Child in Need of Services)

The child is eligible for services because they are at risk of removal from their home and placement into foster care due to meeting all 4 CHINS criteria below.

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

Criterion 2 has *emotional and/or behavioral problems* where *either*:

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

Criterion 3 The child requires services:

- a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
- b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
- c. the child has been identified by the 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
 - placement outside of the home through agreement between public agency and legal guardians

Criterion 4 The goal of the family is to maintain the child at home.

Case Manager

Case Manager printed name

Date

CSA Coordinator Signature

CSA Coordinator printed name

Date

What if I do not agree with the decision that is made?

During a FAPT meeting, you have the right to voice your disagreement with any part of the IFSP or any decision made. You also have the right to appeal a decision made by the FAPT by expressing disagreement in a written letter to the FAPT Chairperson within 10 days of being notified of any decision or action. You may contact the CSA Coordinator for appeal information.

Comprehensive Services Act (CSA) - A collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and families.

Agency case manager—the designated person working with you and your child(ren) either from DSS, Public Schools, District CSU, or New River Valley CSB.

Child specific team—team which meets to discuss service planning and progress; made up of the youth, parents/guardians, other family members, agency case manager, service providers, etc.

IFSP—the plan that describes your family's strengths and needs/services that would benefit your child/family.

Radford City FAPT meetings are held at 928 West Main Street, Radford, VA 24141 (DSS office). They are held every 4th Tuesday of the month (note: November and December meetings are combined and will be on the first Tuesday in December). Please contact your case manager for the exact time to be present.

Your case manager is:

And can be reached at:

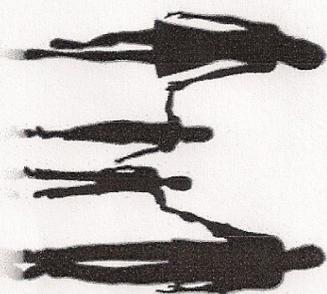
For additional information, you may contact the City of Radford CSA office:

Karen LaPlante, Coordinator
928 West Main Street
Radford, VA 24141
540-731-5024
klaplante@radford.va.us

Or visit: www.csa.virginia.gov

**City of Radford
Family Assessment
and Planning Team
Meetings**

A Guide for Parents/Guardians



The Family Assessment and Planning Team, or FAPT, is a group of community partners that meets to discuss the strengths and needs of youth and families. Along with the family and service providers, the FAPT helps develop a plan that builds on family's strengths and determines which services a family may need.

Who attends a FAPT Meeting?

The FAPT consists of representatives from the Department of Social Services (DSS), Public Schools, New River Valley Community Services Board (CSB), District Court Services Unit (CSU), and a Parent Representative. These people make up what is called a child specific team, or the team which meets to discuss service planning and progress for a youth/family.

It is important that you and your child, if appropriate, attend the FAPT meeting as important members of the team.

In addition to you and your child, members of the FAPT and the agency case manager will attend the meeting. Other people who may attend the meeting include the following:

- Family – parents, grandparents, aunts/uncles, any other family members.
- Family supports – friends, church members, neighbors, etc.
- Community Agencies – public and private service providers
- Attorneys or Guardians ad litem

How to prepare for a FAPT meeting

Before a FAPT meeting, your agency case manager will be working with you to identify strengths and needs. At the meeting, you will work with the child specific team to come up with a plan of services that may be helpful to your family. The agency case manager will write a plan, called an Individual Family Service Plan (IFSP).

The team, including you, will decide which services are appropriate to assist your family. If your child does not have an IEP or is not in foster care, a parental co-pay may be assessed.

Child and Family Rights and Safeguards:

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

The right to notice... You will be notified before your child is assessed and/or offered services. This notice should be in your native language, unless clearly impractical to do so.

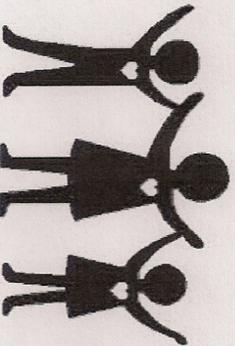
The right to consent... You must consent in writing before beginning services listed on the Individual Family Services Plan (IFSP), unless otherwise ordered by the court, upheld by the appropriate appeals process, or authorized by law.

The right to assistance... If you wish, you can have other members of your family, a friend, an advocate or support person, or an attorney present during Family Assessment and Planning Team meetings.

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

The right to review... If you disagree with any of the recommendations about your child's assessment or service plan, you have the right to state your disagreement in writing to the Community Policy and Management Team (CPMT) and receive an answer in writing within 30 days of receiving your request.

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



August 2014

FAPT Date: select date

Client Name: last, first

City of Radford Individual and Family Services Plan

Demographic Information:			
Client Name: (first middle last)	SS #: ()	DOB: (date)	Age: (years)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (select)	Ethnicity: (select)	
Client ID (OASIS client ID, DJJ or STI) #: ()			
Address: (street, city, state, zip)			
Parent/Legal Guardian: (first, last)		Phone Number: () - () - ()	
Siblings: (name/age)			
Others Involved: (name/relationship)			

Persons Invited to FAPT			
	Y or N	Date	By phone, letter, text, etc.
Child			
Parent			
Foster Parents			
Other			
If Parent/Guardian NOT present, please specify reason:			

Case Management Information:		
Case Manager: (first last)	Referral Source: (agency)	
Reason for Referral: (Include how child/family is known to your agency.)		
Primary Mandate: select mandate	Secondary Mandate: select mandate	Tertiary Mandate: select mandate

Financial Information:		
Title IV-E: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSI or SSA: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: (monthly)		
Parental Contribution Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt; If exempt, why? (reason)		

CANS Completion Information:	
Date of Initial CANS: (select date)	Date of Current CANS: (select date)

FAPT Date: select date

Client Name: last, first

Discharge FAPT? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, is discharge (comprehensive) CANS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Evaluations/Diagnoses/Medication

Evaluations: (Include name/date of assessment and results.)
Diagnoses: (DSM-5)
Medications: (Include medication type, dosage, frequency, and prescribing doctor.)

Family Input:

Goal: (What is the family’s overall desired outcome?)
Strengths: (In the family’s words.)
Natural Supports: (Who does the family identify as their support system?)
Needs: (In the family’s words.)

Strengths (As evidenced by the CANS Assessment):

(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)

Needs (As evidenced by the CANS Assessment):

(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)

FAPT Date: select date

Client Name: last, first

Goals are overreaching outcomes that the family and team desire for the child and family. Although goals are broad, they guide team decision making and are generally, but not always tied to agency-specific goals for the child/family.

Objectives are specific measurable steps that can be taken to meet the goal. Objectives should be concrete, tangible, and measurable steps which directly address the needs as they are reflected by the CANS Assessment.

Goals and Objectives should be SMART (Specific, Measurable, Attainable, Relevant, and Time-bound).

Goal:

(What is the long-term goal for this child/family?)

Objective:

Progress:

(measurable short-term objective)

(progress toward objective)

Objective:

Progress:

(measurable short-term objective)

(progress toward objective)

Overall Summary to Date:

(date and progress)

Discharge Plan/Progress Toward Discharge

Discharge to: (What is the next LRE?)

Proposed Discharge Date: (select date)

Summarize discharge planning efforts: (services, community resources, educational plan, etc.)

Per my signature, copies of monthly reports have been received, reviewed and are located in my agency's file for this client.

Case Worker: _____ **Date:** _____

Participation and consent of youth and parent/guardian:

The undersigned have had the opportunity to participate in the development of the Individual Family Services Plan (IFSP), including the goals, objectives, and services contained within. Those who disagree with any or part of the IFSP may provide comment below.

Signature	Date	Role	Agree/Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Dissenting Opinion Comments:

Participation and consent of the Family Assessment and Planning Team (FAPT):

The undersigned had the opportunity to participate in the development of this Individual Family Services Plan (IFSP). We understand the IFSP and, unless otherwise indicated below, agree with its implementation.

Signature	Date	Agency	Agree/Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Agree Disagree

Next FAPT Review:

Date:	Time:	Location:
-------	-------	-----------

FAPT Date: select date

Client Name: last, first

List ALL services being provided to this child/family, including new services.

Source of Funding (CSA, IVE or Medicaid) Indicate all that apply	Vendor Providing Service	Vendor Contract Current (yes/no)	Service Definition	Begin Delivery Dates	End Delivery Date	Rate	Unit (day, hour, week, etc)	Total Monthly Amount	Total Amount For Approval Period
New services									
Existing or previous services									

The City of Radford Parental Financial Contributions for Comprehensive Services Act (CSA) Services

Mandate

The Radford Community Policy and Management Team has adopted the following policies and procedure which shall be used 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;" [COV § 2.2-5206 \(3\)](#)

Policies

1. Any parent/guardian of a child receiving CSA-funded services shall be assessed for parental contribution except those:
 - a. Receiving educational services contained on an Individualized Education Plan (IEP).
 - b. In Department of Social Services custody or in non-custodial foster care.
2. Income of parents/guardians of non-mandated, foster care prevention, and CHINS cases will be assessed using the Radford Parental Financial Contributions Worksheet, which includes a sliding fee scale. Guardian/parents may sign that they “agree” or do “not agree” to make a monthly payment.
3. For Guardians/Parents that agree to a co-payment, the CSA Coordinator will send an invoice requesting payment after the child has received the services, and CSA has paid the invoice(s).
4. If the guardian/parent does not agree to make a payment, or does not actually make the payment after agreeing to do so, no further action will be taken.
5. Parental co-payment(s) will have no impact on the provision of services.

CITY OF RADFORD PARENTAL CONTRIBUTIONS FINANCIAL WORKSHEET

Name of Child: _____
 Medicaid #: _____
 Insurance: _____ Policy #: _____ Group #: _____
 Parent Name: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Employer Name and Address: _____

Please complete the following with information from the three most recent pay stubs. If self-employed, please complete using information from your most recent quarterly tax report and attach a copy. Parent paying child support is excluded.

<u>GROSS MONTHLY INCOME:</u>	<u>MOTHER</u>		<u>FATHER</u>		<u>TOTAL</u>
1. Salary, tips, bonuses, professional fees, workers comp., farm, etc.	_____	+	_____		=
2. Net income from rental property	_____	+	_____		=
3. Social Security, pensions, annuities, trust funds, disability benefits	_____	+	_____		=
4. Alimony and/or child support	_____	+	_____		=
5. Other Income (severance pay, gambling/lottery winnings and military leave and earning statements)	_____	+	_____		=
			TOTAL		

Monthly Income	Community Based co-pay	Residential co-pay
\$0 - \$1,000	\$0	\$0
\$1,001 - \$2,000	\$20	\$25
\$2,001 - \$3,000	\$30	\$50
\$3,001 - \$4,000	\$40	\$75
\$4,001 - \$5,000	\$50	\$100
\$5,001 - \$6,000	\$60	\$125
\$6,001 - \$7,000	\$70	\$150
\$7,001 - \$8,000	\$80	\$175
\$8,001 - \$9,000	\$90	\$200
\$9,001 - \$10,000	\$100	\$225

Appendix F

I **agree** to make a \$_____ monthly co-payment for the services my child will receive.

Parent Signature: _____ Date: _____

I **do not agree** to make a monthly co-payment for the services my child will receive.

Parent Signature: _____ Date: _____

CITY OF RADFORD CSA PARENTAL AGREEMENT

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

All signing parties agree that the placement of this child in a state approved home or licensed facility is:

- a. in the child’s best interests at this time,
- b. is the most appropriate and least restrictive setting to meet the child’s needs at this time, and
- c. is agreed upon by the members of the child’s Family Assessment and Planning Team (FAPT) and the parent(s) or legal guardian(s).

PLACEMENT AUTHORITY

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

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

1. I/we retain legal custody of my/our child.
2. I/we agree that the goal is for my/our child to return home as soon as it is deemed appropriate.
3. I/we will to the best of my/our ability:
 - a. Actively and consistently participate in all aspects of assessment, planning and implementation of services throughout the time this agreement is in effect,
 - b. Attend and participate in FAPT meetings for the purpose of planning, reviewing and monitoring the service plan in relation to my/our child’s and our family’s needs,
 - c. Attend all court hearings concerning my/our child’s placement and service planning,

Appendix G

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

RIGHTS AND RESPONSIBILITIES: AGENCY DESIGNATED BY THE CPMT

The Agency agrees:

- a. to work with me/us and my/our child to develop and provide case management services and to implement the IFSP,
- b. to provide me/us with the information on court processes related to this agreement, including when court reviews may be required,
- c. to provide case specific information to me/us in accordance with established local CPMT policies and procedures and relevant law, and
- d. to provide utilization management in accordance with established CPMT policies and procedures.

FISCAL AUTHORITY/PAYMENT TERMS

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

- Parental co-pay,
- Insurance policies,
- Child support (Division of Child Support Enforcement),
- Federal and/or state resources, and
- CSA Pool Funds.

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

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

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

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

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

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

- another Virginia Locality, the new locality has up to 30 calendar days to determine what appropriate services and agreements will apply according to their CPMT policies. The 30 calendar days begins upon receipt by the new CPMT of written notification of the residency change. This Parental Agreement will terminate when the new locality's CPMT implements services or when the 30 calendar days has elapsed, whichever occurs first.
- a locality outside of Virginia, this Parental Agreement terminates immediately, meaning the CPMT has no obligation to continue funding the placement, and the parent(s)/legal guardian(s) must assume responsibility for the placement and care of the child.

CONDITIONS FOR TERMINATION OF AGREEMENT

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

I/we understand that the Agency may terminate this agreement by giving me/us 14 days written notice of the termination, including reasons and documentation supporting the reasons for termination. Reasons may include: the Agency determines that based upon a utilization management review or otherwise that the placement is not in the best interest of my/our child, is not the most appropriate or least restrictive setting to meet my/our child’s needs, or the child is not making adequate progress in the placement; or that I/we fail to comply with the recommendations of treatment providers and/or conditions and terms of this agreement.

APPEAL PROCESS

I/we understand that if I/we disagree with the decision of the Agency to terminate this agreement, I/we have the right to appeal this decision by submitting a written request following the local CPMT policies and procedures on appeals, and thereafter through any applicable processes available under existing policy or law. By signing this agreement I/we acknowledge receipt of the local CPMT policies and procedures on appeals.

SIGNATURES

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

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

LINK Excel.Sheet.8 "C:\\Users\\klaplante.MUNICIPAL\\Documents\\CSA\\FAPT Forms\\Emergency Authorization.xls" "Emergency Approval !R1C1:R13C16" \\a \\f 4 \\h * MERGEFORMAT

CSA Emergency Authorization

Client Name:			
Vendor Name:			
Vendor Address:			
Service requested and description:		Service Begin Date	Service End Date
Service Unit Type, Amount and Rate:	TOTAL		
Reason for Emergency (vs. regular protocol)			

Service Category:	Foster Care	<input type="checkbox"/>	Special Ed.	<input type="checkbox"/>	FC/CHINS Prevention	<input type="checkbox"/>	Non-Mandated	<input type="checkbox"/>
--------------------------	-------------	--------------------------	-------------	--------------------------	---------------------	--------------------------	--------------	--------------------------

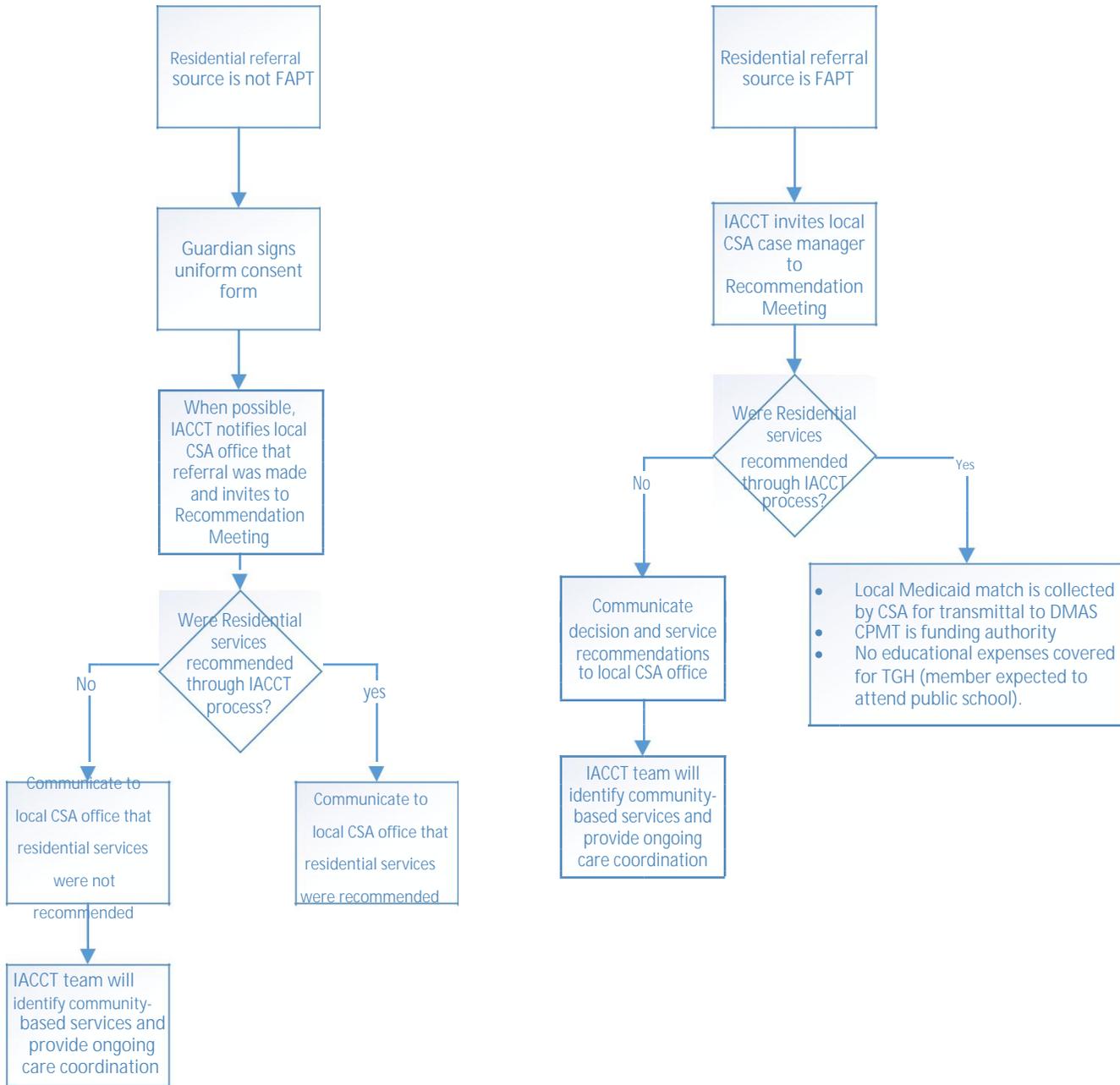
Per my signature below, I attest this service is required, is an emergency and cannot wait until the normal FAPT process. ALL other possible funding has been exhausted.

Case Manager Signature	Title and Agency		Date:	
-------------------------------	-------------------------	--	--------------	--

Per my signature below, I approve this service to begin immediately, realizing that if the CPMT does not approve the service, expenses will be paid from funding of the agency I represent.

CPMT Representative	Title and Agency		Date:	
----------------------------	-------------------------	--	--------------	--

CSA IACCT Decision Tree



Authority to obligate CSA funds is in all cases retained by the local CPMT. DMAS/Magellan, through the IACCT process, in all cases retains authority to obligate Medicaid funds to pay for the covered components of such placements.

DMAS regulations and Magellan work flow require that, with the parent’s consent, the IACCT will notify the local CSA office. The IACCT teams and the CSA office in each locality will need to develop protocols for information exchange and the local CSA program should develop policies and procedures as needed regarding how to integrate these children and families into their CSA processes, as appropriate. CSA eligibility determination and service planning will then occur according to state and local CSA policies

Your guide to IACCT

Independent Assessment, Certification, and
Coordination Team

01 Magellan receives residential inquiry



An inquiry for residential treatment may come from the child's parent/guardian, from the child's private provider, from the child's school, or from other agencies/sources involved in the child's life.

The inquiry form asks for basic demographic and contact information. The form also asks whether the child is in foster care and if the child has current involvement with their local Family Assessment and Planning Team (FAPT).

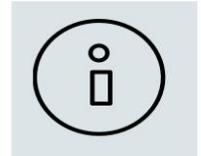
A parent/guardian may request assistance with completing the residential inquiry form by calling the Magellan Customer Service Line (1-800-424-4046).

02 Parent/guardian receives education about community resources and the IACCT process

When the inquiry form is received, the Magellan Residential Care Manager (RCM) will contact the parent/guardian within 5 business days to provide education about community resources and the IACCT process.

The education session will include discussion of available community resources and education to ensure the parent/guardian's understanding of the IACCT process. The goal of the education session is to discuss the least restrictive mental health services that can best meet the needs of the child and to allow the parent/guardian to make an informed decision about whether they would like to proceed with the IACCT process.

If the parent/guardian wishes to proceed with the IACCT process, the RCM will obtain the parent/guardian's verbal consent and complete the residential referral form.



03 Magellan completes residential referral and contacts IACCT LMHP



If the parent/guardian chooses to pursue the IACCT process, the residential referral form will be submitted to Magellan.

The Magellan RCM will forward the referral form to the IACCT LMHP* via secure email and call the IACCT LMHP to inform them that the residential referral was submitted.

When the referral is sent to the IACCT LMHP, the 10 business day timeline begins on the next business day.

04 IACCT schedules face-to-face assessment

The IACCT LMHP (or administrative representative) schedules a face-to-face assessment with the youth and family/legal guardian to take place within 2 business days of the LMHP's receipt of referral.



- If the youth is in an inpatient facility, the LMHP will contact the facility to arrange the face-to-face assessment and to obtain the psychosocial assessment if one was completed during the youth's admission.

The face-to-face assessment can take place in the LMHP's office, the home, an inpatient facility, or via telemedicine.

The IACCT LMHP should ask that the parent/guardian bring supplemental documentation (e.g., IEP or other relevant school records, and any FAPT or legal records).

The IACCT LMHP alerts Magellan RCM of face-to-face assessment appointment date and the IACCT Recommendation Meeting date. The Magellan Family Support Coordinator (FSC) will engage the family and remind the family of appointment dates.

05 IACCT completes assessment



Conduct psychosocial assessment

If a psychosocial has been completed within a calendar year of the referral date, LMHP may complete an abbreviated psychosocial addendum.

60 minutes*



Complete CANS and ACES**

If a CANS or ACES** was completed within 30 days, you do not need to complete a new one.

CANS assessor must be certified. ACES** must be completed by the LMHP or a physician.

45 minutes*



Conduct follow-up service coordination

During face-to-face assessment, obtain releases to contact Physician and other relevant sources (e.g., school).

Contact any relevant parties to obtain follow-up information

30 minutes*



Complete assessment documentation

Complete assessment documentation in preparation for recommendation meeting. Submit assessment to Magellan prior to meeting and within one business day of completion.

60 minutes*



Schedule Recommendation Meeting

The IACCT LMHP schedules the Recommendation Meeting. This meeting should take place after the face-to-face assessment but within the 10 business day window.***

* Projected time **Must be CYW-ACES Q or WCA-ACES

***If the IACCT is at risk of not completing the assessment and conducting the Recommendation Meeting within 10 business days due to the family missing the appointment or difficulty engaging the physician, immediately contact the Magellan RCM. In these situations, an extension of three days may be granted for a missed appointment, and an extension of three days may be granted to allow for physician engagement efforts.

06 IACCT engages the child's physician or psychiatrist

The IACCT LMHP or a designated administrative staff will contact the youth's Psychiatrist or PCP to request his or her participation in providing information regarding the appropriate level of care for the youth.



If either of these physicians is not able to make recommendations regarding the appropriate level of care, or if the youth does not have a Psychiatrist or PCP, the LMHP will contact the RCM.

The RCM or FSC will help the parent/legal guardian obtain a PCP.

If the Psychiatrist or physician has not had prior contact with youth, a face-to-face or telemedicine appointment must take place before recommendations can be provided.

See Physician engagement process for more details.

07 IACCT Recommendation Meeting



The IACCT Recommendation Meeting must include the following participants: Youth; Family/Legal Guardian; RCM; and IACCT LMHP. Participants may join telephonically or in person.

Physician participation is required. The physician can participate either by attending the Recommendation Meeting or by providing recommendations that can be shared at the meeting.

Best practice involves including the following participants: FSC; FAPT; school representative; current service providers; other participants requested by family. If optional participants are unavailable to attend, their input can be included and shared during the meeting.

The IACCT recommendation meeting includes the following discussion items:

- LMHP recommendations
 - Youth and family voice
 - Viable options to meet the youth's and family's needs
 - The alignment of service recommendations with medical necessity criteria
-

08 Service coordination following IACCT Recommendation Meeting

The legal guardian completes a consent to share IACCT Assessment.

The Magellan RCM develops a referral list with the family, taking into consideration the proximity of the service provider to the family's residence.

If residential placement is recommended, the LMHP will send the IACCT assessment and Certificate of Need (CON) to the selected residential facility within one calendar day of the facility selection.

If community services are selected, the RCM will work with the family to coordinate community based services.



09 IACCT Follow-up and Re-assessment Process



If the child has been referred to residential via the IACCT process, the RCM will engage in care coordination at 14 days after admission. The RCM will continue to engage in care coordination at a minimum of every 30 days.

If the child has been referred to community based service options via the IACCT process, the RCM and FSC will make contact with the child as needed. The RCM and FSC are available to the youth and family for up to 90 days.

If the child is receiving residential treatment, the IACCT LMHP will conduct a re-assessment at 90 days or earlier (recommended).

The re-assessment process includes:

- o A psychosocial addendum if deemed clinical necessary by the IACCT LMHP
- o An updated CANS submitted by a person certified to complete the CANS
- o A review of the CANS individualized outcome report
- o Recommendations for any updates or changes needed to the current residential IPOC/CIPOC.

See our website for additional information about the Residential Program Process
<http://www.magellanofvirginia.com/for-providers-va/residential-program-process.aspx>

IACCT Foster Care Special Considerations

Children in the Custody of a Local Department of Social Services (LDSS)

This educational document is intended to assist providers and members of the special considerations in the pre-referral IACCT process for children in the custody of the LDSS. For an enhanced understanding of the Office of Children’s Services (OCS) guidance on Non-Emergency and Emergency Placements, please follow their guidance for CSA Community Policy and Management Teams Regarding the DMAS/Magellan Independent Assessment and Care Coordination Team (IACCT) Process.

Placement of Youth in Foster Care

All placements of children in custody of an LDSS will be initiated by the LDSS as the legal guardian through established Virginia Department Social Services (VDSS) regulations and policies as well as local Children Services Act (CSA) policies governing “emergency” and “non-emergency” placements. As the legal guardian, LDSS will be expected to participate in the defined IACCT processes in addition to the current FAPT requirements. (Virginia's Office for Children Services, 2016, p. 1)

“Non-Emergency Placements”

These are children in the custody of an LDSS who are presently in a viable foster care placement (family foster home or treatment foster care) and for whom the LDSS is recommending a placement change to a residential treatment facility or therapeutic group home (Virginia's Office for Children Services, 2016, pp. 1-2).

- If the child’s **Medicaid eligibility is already established**, such children shall be concurrently referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established LDSS and CSA local policies and to the IACCT for that locality. The FAPT (via the LDSS family service worker) will collaborate with the IACCT on the recommendation for residential or alternate community-based services. (Virginia's Office for Children Services, 2016, p. 2)

At this time, this youth will be engaged in the standard IACCT process with the LDSS serving as the child’s legal guardian.

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“Emergency Placement”

These are children in the custody of an LDSS who are in immediate need of placement in a residential treatment facility or therapeutic group home and do not meet the criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services. These are defined in the DMAS regulations as “emergency admissions” or “placements”. Such “emergency placements” are authorized under the CSA (§2.2-5209) for up to 14 days at which time the “routine” FAPT and the local Community and Policy Management Team (CPMT) processes must occur. The circumstances under which the LDSS initiates an emergency placement or admission are the same as under current CSA and LDSS practice. Emergency placements in residential facilities for children in foster care should generally be an action of last resort after other, less restrictive placements are explored and ruled out. (Virginia's Office for Children Services, 2016, p. 2)

All children placed in a residential treatment facility or therapeutic group home under LDSS/CSA emergency placement authority shall immediately be referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established local practices. (Virginia's Office for Children Services, 2016, p. 2)

Medicaid Eligibility Status of Foster Care Children

If the foster care child ***is NOT a Medicaid member*** at the time of placement, the assigned foster care worker and residential facility will work to obtain Medicaid for that child. Within **5 business days** of the child becoming Medicaid eligible, the assigned foster care worker will submit a residential inquiry form to Magellan. Alternatively, this form can be completed telephonically with Magellan.

If the foster care child ***is a Medicaid member***, the assigned foster care worker will submit a residential inquiry form to Magellan within **5 business days** of the member's admission to the residential facility. Alternatively, this form can be completed telephonically with Magellan.

Medicaid Certificate of Need

According to 12VAC30-50-130, the Certificate of Need (CON) for such emergency admissions shall be completed by the (facility-based) team responsible for the child's plan of care within **14 days of admission** and submitted to Magellan. The certification shall cover the full period of time after admission and before for which claims are made for reimbursement by Medicaid. The facility admitting a foster child under the “emergency placement” process shall work with the legal guardian (LDSS) to refer that child to the IACCT in

Appendix K

the locality where the LDSS holds custody within **5 days of admission**, but the Certificate of Need will be completed by the facility team, not by the IACCT. (Virginia's Office for Children Services, 2016, p. 4)

IACCT Process for Foster Care Youth who have had an Emergency Placement

- A residential inquiry form is received by Magellan for a youth identified as being in foster care.
- The IACCT Residential Care Manager (RCM) will contact the parent/legal guardian (LDSS) within **5 business days** and provide the education session to the parent/guardian. (See IACCT Guide, Section 2, for more details about this process).
- If LDSS (guardian) wishes to proceed with the IACCT process, the RCM will obtain the LDSS worker's verbal consent and complete the residential referral form.
- The RCM will then submit the referral to the IACCT Licensed Mental Health Provider (LMHP)ⁱ responsible for the member's plan of care to assess needs and review for medical necessity back to the date of eligibility.
- The IACCT LMHP will schedule a face-to-face or telemedicine assessment and will coordinate with the assigned foster care worker and facility to gather any diagnostic and clinical assessments that were completed during the member's current residential placement and any previous treatment placements.
- At the time of the face to face assessment, the IACCT LMHP will schedule with the youth and LDSS worker the Recommendation Meeting.
- The IACCT Recommendation Meeting will include, at minimum, the youth, assigned foster care worker (LDSS is legal guardian), RCM, the youth's physician or psychiatrist, and IACCT LMHP. Participants may join telephonically or in person.
- Best practice in the IACCT Recommendation Meeting should include the following participants: Physician(s); FSC; FAPT; School Representative; current service providers; and other participants as requested by assigned foster care worker. If these individuals are not available to attend the meeting, they are strongly encouraged to submit their input to the RCM prior to the meeting given that supporting documentation can influence determining the appropriate level of care.
- During the IACCT Recommendation Meeting, the team will jointly review viable options to meet the youth's needs. Subsequent to the meeting, the RCM will determine if the child's needs meet Medical Necessity Criteria.

Process after IACCT Recommendation

If the child has been referred to **residential** via the IACCT process, the RCM will engage in care coordination at **14 days after admission**. The RCM will continue to engage in care coordination **at a minimum of every 30 days**.

If the child has been referred to **community based service** options via the IACCT process, the RCM and FSC will make contact with the child **as needed**. The RCM and FSC are available to the youth and assigned foster care worker for up to **90 days**.

i LMHP includes LMHP-Resident (LMHP-R), LMHP-Resident in Psychology (LMHP-RP) and LMHP-Supervisee (LMHP-S)

Radford City FAPT – As of 7/25/18



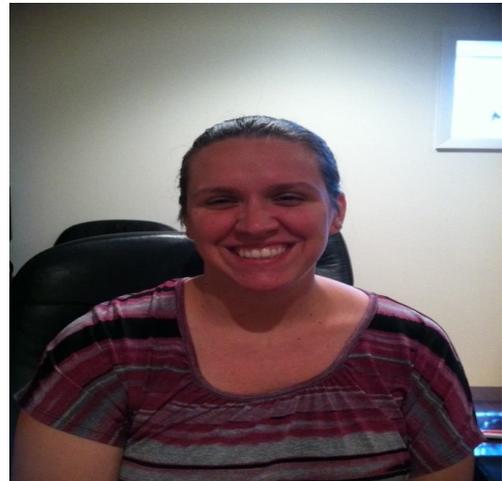
Stephanie Whited– NRVCS
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Lacey Sayers – Court Service Unit
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Appendix N



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